

Horror & Life: Telling a Story in Order Not to Run

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Abstract

In my paper, I develop and reflect on a method that is close to writing therapy, in which writing is used to cope with difficult experiences including mental and physical illness and is partially inspired by the principles of narrative medicine. The method which I am proposing is about combining own experience with the body and with medical encounters with supernatural horror (horror movies/books/one's own horror stories) to tell a story that can ease anxiety. More importantly, to combine own experience with the body/medical encounters with supernatural horror could be a way of telling the body's stories to oneself and of translating the body language to oneself to reach an understanding (if ever possible), to cope with the body unknown, and to advance communication skills when faced with the medical personnel. To produce such a story does not mean giving in to the neo-liberal culture of an individual who is able to fix every problem on their own. It also does not mean that doctors should be released from the responsibilities set by their profession. In fact, such storytelling, such narrative competence has to do with the need of the embodied, embedded, relational, and multiple self to regain and/or maintain its agency in the flux of life in general and when opening the doors to the medical centres in particular.

Keywords

Endometriosis, Medical Encounters, Supernatural Horror, Narrative Competence, Storytelling in Health, Narrative Practices in Health

We make up horrors to help us cope with the real ones.

Stephen King (2010: p. 13)

The idea for this article came when I was writing yet another article. The one that I was writing was to be based on autoethnography (Cooper & Lilyea, 2022), autophenomenography (Allen-Collinson, 2010), and my own poetry, and was

supposed to bring forward my bodily experiences with the disease known as endometriosis including my medical encounters. Yet, when writing the autoethnographical part coupled with my poetry-excerpts, I could not move forward. Needless to say, that, at least for me, writing about genuinely difficult experiences means revisiting and re-living them one more time or many times given writing requires reflection and constant editing. Writing about my tough experiences in an autoethnographic manner, even with the poetry parts aimed to both enrich the narration and ease my anxiety, was too much to take for my embodied and embedded brain. Thus, I thought about what I could possibly do to be able to tell the story and to make my points yet do it in a sustainable for myself way. And then I realized that to be able to tell the story and to make my points, I needed firstly another sort of writing exercise. Another method tried first, a method that will allow me to continue with the first article the way I was planning to write it.

But what method?

The method, which I want to discuss in this text, is undoubtedly close to writing therapy, in which writing is used to cope with difficult experiences including mental and physical illness (e.g., Bolton 1999; Schneider, Austin, & Arney, 2008; Singer & Singer, 2008). The method that I started to think about was first meant to ease the anxiety linked with the reporting of the difficult experiences related to the body and the medical encounters. Yet the more I thought about it, the even more important applications of it came to my mind. The method could be used to tell the body's stories to oneself, to try to translate the body-specific language to oneself, to describe an existence in and with the speaking-body to oneself including the storytelling of experiences with medical encounters. Logically, one may think that such storytelling should lead to the understanding of the body, but this is not exactly what I had in mind. If it does lead to an understanding then, I would say, good for us. Brilliant (no irony meant). But I am more interested in telling stories to us to be able to live with the enigma that the body seems to be. The body, even if I would like it to be otherwise, is not an open and comprehensible book ready to be read and easily understood (Van Dijk, 2005). Personally, I do not think that we should accept that the body is an enigma and move on. I strongly believe that when doctors tell me that my symptoms are "strange", "weird", or "uncommon" it does not mean that I am "special", but rather that there is a lack of knowledge and not enough medical research is done. However, so far body remains enigmatic on many occasions, and it is this enigmatic aspect of it that I find particularly difficult to cope with. Thus, I think, we need a storytelling that will support one in coping with the unknown and opaque that may never be comprehended.

To briefly summarize what have been said so far, the storytelling can possibly increase our understanding of the body. The storytelling can also help to deal with the enigmatic "nature" of the body. One of the most difficult experiences for me is not to understand what is going on with my body. This lack of understanding may drive one mad. And yet it is what it is. How to live with that is

another question. And so, the storytelling may be a way to cope with the body unknown.

The method, which I want to address here, is partially inspired by the principles of the narrative medicine, and its attitude towards medical staff and patients. Narrative medicine is directed at doctors to support them in developing narrative competence so that they can better attend to the patients' needs (Charon, 2008; Charon et al., 2016). In her book *Narrative medicine. Honoring the stories of illness*, Rita Charon writes,

Narrative medicine proposes that health professionals, as a matter of routine, be equipped with the skills that allow them to competently and naturally absorb, recognize, interpret, and comprehend the value of all that patients tell. Through training in reading, in writing, in reflecting, in decoding these many gestures of life-writing, health professionals can readily become dutiful and powerful readers of their patients' illness narrative.

(Charon, 2008: p. 103)

As such the doctors are supposed to be trained in "(...) telling and listening to stories, reading and talking about literary and visual texts, doing creative writing together, and sharing with one another what they have written" (Charon et al., 2016: p. 4). Needless to say, I strongly support the development of narrative competence among the medical staff. Yet, what struck me the most was this statement,

It is folly to expect that a sick person can tell a professional what the matter is. If some oral narratives of illness sound chronological, well organized, and coherent, it is probably because the patient wrote an outline and rehearsed its performance. Usually, the story of sickness comes out chaotically, achronologically, and interwoven with bits of life and the past.

(Charon, 2008: p. 99)

On the one hand, I cannot but agree with this statement. On the other, I feel a deep need for this to be different. I strongly believe that—we—the patients need a narrative competence, need to be able to tell the story (this is after all the goal of any writing therapy). The storytelling can possibly increase the comprehension of the body, it can help one to deal with the body unknown, but it can also increase the communication skills with the medical staff. Importantly, by saying all of this, I do not want to give in to the neo-liberal culture of an individual who is able to fix every problem and face every challenge on its own. By saying this, I also do not release the doctors from the responsibilities set by their profession. It is crucial to have a doctor companion, who can help with translation of the body language (Charon, 2008: p. 99). By saying this, however, I flag the need of the embodied, embedded, relational, and multiple self to regain and/or maintain its agency in the flux of life in general and when opening the doors to the medical centres in particular. The method, which I want to propose, humbly aspires to contribute to this.

I will emphasize it again; I do not expect anybody to release the doctors from their responsibilities. What I am after, is the agency. Agency that is about being able to produce a narration, to produce a story of one own body coupled with

own experiences of the medical encounters, a story born on the crossroads of one own experiences and supernatural horror.

Yes, the method, which I am proposing here, is about combing own experience with the body and with the medical encounters with supernatural horror. Yet, I do not have in mind a visual analysis of the horror movies or literary analysis of the horror books. What I have in mind is telling the story of own experiences together with horror movies, horror books and one own horror stories if one is up for writing such.

Why the subgenre of supernatural horror? Bodies and supernatural horrors have one thing in common: *paranormal activity*. When suffocated by pain the source of which neither medical imagining technologies nor the doctors could explain to me; when the thought of what was occurring to me made me drown in dark places of my mind, I turned to horror movies. I had to experience something paranormal as paranormal is what my body has become. Beyond the scope of science. I had to see and experience something paranormal and more horrible than what was happening to me. The genre of horror as Stephen King, an American author of horror novels (among other practiced genres), explains in *Danse Macabre* is about *catharsis* (King, 2010: p. 13). “[W]e make up horrors to help us cope with the real ones” (King, 2010: p. 13). King continues, “[f]or a moment—just for a moment—the paradoxical trick has worked. We have taken horror in hand and used it to destroy itself, a trick akin to pulling one’s self up by one’s own bootstraps. (...) For now, the worst has been faced and it wasn’t so bad after all. There was that magic moment of reintegration and safety at the end, that same feeling that comes when the roller coaster stops at the end of its run and you get off (...) whole and unhurt” (King, 2010: p. 14). Watching and experiencing something paranormal and more dreadful than my own horror gave me indeed the feeling of reintegration, safety, comfort, and relaxation. In a horror movie or a horror book I am dragged into the most terrifying paranormal spaces; I face the worst moments; I need to pause sometimes when it becomes too intense to take in and then I continue. Interestingly, the feeling of comfort comes with both positive and not so positive endings. If the ghosts disappear and the demons are exorcised there is a sort of relief—you can face the worst and still, make it. If the ghosts and demons stay there is a sort of relief, too—you know you are not facing the worst on your own, you have your movie-buddy, you have your companion in a struggle even if you are a screen apart.

Yet, there was something more in my exposure to supernatural horrors than a mere relaxation. With the increasing amount of horror movies/books that I have watched/read, I have realized that supernatural horror when coupled with my own experiences (the moment the movie/book and your life start to form a sort of a rhizomatic entity) allowed me to ponder about my difficult experiences with less anxiety. This gave the spark to the idea of combining own experience with the body and with the medical encounters with supernatural horror to produce a story, to tell a story that can ease the anxiety in and of itself. Then, came even more important realization, namely, that combing own experience with the

body/medical encounters with supernatural horror could be a way of telling the body's stories to oneself and of translating the body language to oneself to reach an understanding (if ever possible), to cope with the body unknown, and to advance communication skills when faced with the personnel of the medical landscapes.

Certainly, this method is not a prescription for everybody. If it does not resonate with one, it does not. Yet perhaps it can resonate with some and so let me try the method now. I am doing it for the first time. Later, I will explain the drill.

I don't know what it is, but it haunts me¹

The feeling that something is wrong. Suddenly there is too much of me in me—a strange “lump” is showing on the right, lower side of the abdomen and it moves, and then it disappears deep under the skin. A sudden clapping of the hands, the clock that stops at 3.07 am every night, a strange smell in the rooms, a bumping on the door (TC, 2013). Your bed moves, you hear the steps approaching (TC2, 2016). Something has changed dramatically, and your existence has been enriched with a presence. Every morning this “lump” appears and moves, yet its shape differs. Everything looks “normal,” habitual, people pass you by, they smile at you, and yet you know that nothing is “normal” anymore. The passersby, especially those who smile at you, remind you of this presence in your life that you cannot simply get rid of. The more they smile, the more you feel the dreadful presence of the presence that prevents you from smiling back (S, 2022). The senses are picking up on this presence, but no sense comes out of it. The “lump” is there, and its company is the severely moving intestines every single time you eat. It is a sort of madness to sense, but not being able to make sense of. You focus on your senses, your senses send the message, but the brain is lost, the mind goes in circles to find out and to understand. Still no answers are given. What is that? Why is this with me? Why does it accompany me? It throws a ball to me in a dark cellar and knocks off all the photographs from the wall (TC, 2013), it pushes a noisy kid-car through a corridor in the middle of the night (TC2, 2016), and shows me the most dreadful visions even when I am awake (M, 2021). What do you fear? That this will kill you? Perhaps. Yet, the bigger fear arises from the fact that something has changed, and it is not a good change. The change impairs your life, disintegrates you, and your existence deteriorates. You lock the doors, which had always been open, so that they do not open in the middle of the night (TC, 2013), you sleep at your friends' house as your own is too unwelcoming (TC2, 2016), you are vigilant and restless, paying attention to every single detail, constantly listening, constantly watching around (IF, 2014). This is what I have been always fearing the most i.e., living with a destructive force that you cannot easily name. This unknown force haunts you every day turning your life into a nightmare. And it hurts. The “lump” hurts, and the mad dance of intestines hurts. The demons cause pain. They drag you violently across the room (TC, 2013). They pull you up in the air and cast you

¹The movies referred to with abbreviations: *The Conjuring* (2013), James Wan (TC, 2013), *It Follows* (2014), David Robert Mitchell (IF, 2014), *The Conjuring 2* (2016), James Wan (TC2, 2016), *Malignant* (2021), James Wan (M, 2021), *Smile* (2022), Parker Finn (S, 2022).

away against the wall (TC2, 2016). They invade your whole interior so that your tears turn blood (TC, 2013). They squeeze into your body changing every single cell you have there so that you cannot recognize yourself anymore, and forget who you used to be (S, 2022). They also made you do things you would have never done if it was not for their presence in your tissues (M, 2021).

Believe me²

When the unnamed force haunts you, you desire an understanding, and you want to get rid of it. Once you name a demon, it is apparently easier to exorcise it. But before a comprehension and/or relief from the presence become possible, you need to believe yourself and you need somebody to believe you. It takes a while to realize that you are haunted. First, you disbelieve your own senses. You are the first one who does not believe you. All is fine, all is normal. Performing your habitual work duties, you suddenly hear children's laughing and you see a face covered in blood that apparently no one else notices (DufE, 2014); having a drink at home alone after a difficult day you catch a glimpse of somebody staring at you (S, 2022) and yet you oppose your senses. To accept that your life has been enriched with the unknown and unfriendly presence is to accept that first something has changed for the worse, and second that something needs to be done about it. Now you need to be active in the fight for yourself. It is difficult to accept that and so you say to yourself that it will pass. Then you come to realize that it will not. Now you know that something is wrong. The "lump" is still there. The eerie dance of intestines continues. The laughing does not stop (DufE, 2014). You look through the window at work and you notice a figure in the distance looking at you, and the person you know starts behaving strangely when seeing you (it cannot be the same person, you think) (S, 2022). The moment in which you realize that your life has been enriched with the presence—squeezing you into a bed in the middle of the night, removing your covers, distorting the faces of the passersby into demonic shapes (TEoER, 2005)—is the moment when you need somebody who believes you. Somebody who believes that what you experience exists. I wanted somebody to believe in the horror of a morning "lump", of a lower-right part of the abdomen, of a mad dance of intestines. I am not making that up, I am not a hysteric, I am not a neurotic. I am just haunted. Surrounded by the presence Rose was trying to speak about it to her partner, Trevor. Rose: "You're not listening to what I am saying." Trevor: "Okay, Rose. What the f*** am I supposed to say to respond to this right now? Do you hear yourself? I mean, Jesus Christ. You sound crazy." Rose: "I am not crazy!" (S, 2022). "I'm very tired. I cannot sleep. (...) I was exhausted. But not even that. Everyone is afraid of me. I do not have friends. I cannot go anywhere. It makes me feel I'm not normal"—said haunted Janet to Lorraine, a clairvoyant (TC2, 2016). We are "normal", but we are haunted. Believe us. You need somebody who believes you to reach comprehension and/or to exorcise the presence. Yet,

²The movies referred to with abbreviations: *The Exorcism of Emily Rose* (2005), Scott Derrickson (TEoER, 2005), *Babadook* (2014), Jennifer Kent (B, 2014), *Deliver us from Evil* (2014), Scott Derrickson (DufE, 2014), *The Conjuring 2* (2016), James Wan (TC2, 2016), *Smile* (2022), Parker Finn (S, 2022).

such a person is not easy to find. Rose could not convince Trevor (S, 2022). Samuel has been telling his mum, Amelia, that Babadook exists and that it will come to take them over, but she did not believe him (B, 2014). My doctor said, “Stop focusing that much on your abdomen,” “Stop visiting so many doctors,” “Go on with your life.” The demon in me listened to those words and laughed out loud. The presence will not reveal its name or vanish just because you choose not to focus on it. You need somebody who believes you. Eventually, somebody will trust that our story is real, either because they experienced the presence themselves or because they care or because we repeated our story for long enough. Believing, the first steps. Then comes the next one. Somebody should be willing to help you to do something about this unknown force in your life. You need a companion in struggle.

Companion/I am completely alone³

As much as your friends and colleagues want to help you, they are not trained in exorcisms. What is more, the presence tires everybody out. Thus, most of the time you face the presence on your own. What can be done about the presence? I want to understand what it is, and I want to unload the presence from my life—not necessarily in this order. I can also accept the lack of comprehension but certainly, I want it to be gone from my existence. When my body is haunted with the “lump,” with the strange sensations in the lower-right part of the abdomen, and with the mad dance of the intestines, I really need a companion who will help me to deal with it. Yet, most of time you are piercingly alone with it. The presence in your body demonstrates itself constantly. It moves, it pulls, it squeezes, it burns, it makes sounds, and it suffocates you. Occasionally, it splits the back of your head in half, violently bends your arms, and makes you walk backwards (M, 2021). It loves to play with the skeleton while twisting necks and joints (TEoER, 2005). The overpowering presence is jealous, it wants you for itself. You cannot feel, what I feel. I am completely alone but with the presence. Splendid. I need a companion but obviously not this one. Companion who fights by your side is *a sine qua non* of your quest against the presence. You will always be alone—you cannot feel, what I feel—but without a companion you are doomed to be forever living in the darkness with the presence close by.

A lullaby for a girl

She left home at night. The air was heavy, soaked with exhaust fumes mixed with smoke from the chimneys of the nearby ugly tenement houses. The color of the night was also ugly, grey, punctuated by the orange light from the concrete lanterns. Moisture, like spider webs, gathered just below the sleepily glowing bulbs.

³The movies referred to with abbreviations: The Exorcism of Emily Rose (2005), Scott Derrickson (TEoER, 2005), Silent Hill (2006), Christophe Gans (SH, 2006), Paranormal Activity (2007), Oren Peli (PA, 2007), The Conjuring (2013), James Wan (TC, 2013), Annabelle (2014), John R. Leonetti (A, 2014), Babadook (2014), Jennifer Kent (B, 2014), Deliver us from Evil (2014), Scott Derrickson (DufE, 2014), Insidious: Chapter 3 (2015), Leigh Whannell (IC3, 2015), The Conjuring 2 (2016), James Wan (TC2, 2016), Host (2020), Rob Savage (H, 2020), The Night House (2020), David Bruckner (TNH, 2020), Malignant (2021), James Wan (M, 2021), Smile (2022), Parker Finn (S, 2022). My own piece: *A lullaby for a girl* (January 2023).

- *What an ugly city this is, she thought, ugly to the core.
She went into the night, just like that.*
- *And as always, there's no one there, she said to herself.
In fact, it was completely empty. No car passed her, no late walker passed her.
In the blocks of flats she passed, she saw the lights of the apartments on, but she
saw no movement. The emptiness was accompanied by a piercing silence.*
- *Where in the world am I? She asked herself.
She sat down on a wooden bench. She took her phone out of her purse. The
screen lit up from the touch of her fingers.*
- *Let's look at the map, she said to herself.
However, the map app wouldn't open.*
- *I'm so tired already, her voice hit the night unheard.
The girl lay on her side on the bench, her back arched, her knees pulled up to
her stomach. It didn't hurt in that position. She fell asleep.
When she slept, a huge eye swam over the city. It paused for a moment over
the sleeping girl. Blind by nature flowed on.
The day was slowly dawning. The orange bulbs of the concrete lanterns and
apartment lights went out. The street was alive again. The cars started. In the
puffs of fumes, adults marched to work, children to nurseries, kindergartens and
schools, young people wherever they wanted. Hardly anyone looked at the girl
sleeping on the bench. They sailed on.
The noise of the morning interrupted her sleep. She woke up numb. As she
tried to straighten her knee, she felt a burning sting in the joint. It hurt again.
She looked around herself. The night lasted.*

(Edyta Just, January 2023)

You need a companion.

Quinn Brenner is locked up in the darkness, embraced by a demon in the unknown terrain of *The Further* and it was a psychic Elise Rainer, two paranormal investigators, Tucker and Specs, Quinn's dad, Sean Brenner, a spirit of a neighbor, Grace, and a spirit of Quinn's mum, Lillith Brenner, who help her to conquer it (IC3, 2015). Evelyn sacrifices her life for Mia, to satisfy the demon so that Mia and her daughter can live (A, 2014). Cybil Bennett supports Rose Da Silva in a violent search for her daughter in a non-real and occasionally devilish dimensions of *Silent Hill* (SH, 2006). In supernatural horror movies companions fight against the presence with you. They try to help you to recognize what is that that haunts you and/or make efforts to vanish the violent force from your life. In my haunted reality such a companion has been incredibly difficult to find. The "lump," the lower-right part of the abdomen, and the weird dance of intestines scared the possible companions off. They spend with you few minutes, sometimes perhaps an hour, but they cannot comprehend the presence and/or cannot make it disappear. The truth is, they also do not have time to go with you on the quest. Then, you are alone again with it. The presence has you for itself. You need a companion. Thanks to them the presence can vanish (TC, 2013; A, 2014; DufE, 2014; TC2, 2016). Of course, sometimes the presence wins even if

the companions are there, either it removes you (H, 2020; S, 2022) or it stays with you. When it stays, you either forget who you used to be (PA, 2007) or you remain aware that it is with you and that your life will never be the same again (B, 2014; TNH, 2020). And yet, even if the presence stays and even if you will be forever wandering in the darkness, companions always increase your chances. Look for companions if you can. Companions, please, look for us.

Seizing control/Losing/Will I ever be back?⁴

When the presence haunts you, I find myself oscillating between two states of being: a fighter and a lost, broken loser. Those states are intertwined, constantly changing though their duration differs. I can be a fighter for a day or a week or a second, and I can be a loser for a few days or just one hour. The presence is genuinely devastating. Yet, you gather your strength over and over again to fight against it. I feel like Quinn Brenner locked up in the darkness; dusty, engulfing, suffocating, and narrowing life pitch-black darkness (IC3, 2015). I am Beth running frantically through the house full of shadows of a face to comprehend what is after me (TNH, 2020). I am Scarlett squeezing through the catacombs beneath Paris to find the way out from the devilish landscape of *inferno* (AA, SB, 2014). I cannot count all the doctors I have visited when on my quest to understand and/or vanish the presence. Yet, in my case they failed at least for now. And so, I fail over and over again. You cannot take it anymore. I am Beth crying broken on the floor (TNH, 2020). I am shattered Janet on the sofa in the haunted house (TC2, 2016). I am Daniel, empty and alone as presence takes its toll (DL, 2020). It feels as if I am forever locked in this eerie *Playground*.

Playground

Deep in the forest, in a clearing that cannot be seen, and which is around every corner of the city, a playground was built. The square had long since forgotten about the crystal souls. It has thinned out, it has grayed out. Paint flakes off the metal parts of the swings, merry-go-rounds, horses and ducks on a spring-loaded leg. Ropes of colorful and movable body toys, rotten. The wooden elements are soaked by the rain. It smells of metal, old wood, dampness, and abandonment. There is no playground anymore. And in this square that no longer exists, at two o'clock in the morning, the ghostly lights of the lamps come on. Shapes come out of the forest and nearby houses. The square is getting crowded. Among the shabby and twisted swings, merry-go-rounds, horses and ducks on a spring-loaded leg, clowns dance. White faces, red eyes, grimaces, shiny vests and pants that animate their bodies in angular movements. It's cold, it's empty, dancing clowns, dancing shadows. At three o'clock the lights go out. Remained metal, damp, and desolation. But if you look closely, you'll see a white

⁴The movies referred to with abbreviations: *The Exorcism of Emily Rose* (2005), *Scott Derrickson* (TEoER, 2005), *Silent Hill* (2006), *Christophe Gans* (SH, 2006), *As Above, So Below* (2014), *John Erick Dowdle* (AA, SB, 2014), *Babadook* (2014), *Jennifer Kent* (B, 2014), *Insidious: Chapter 3* (2015), *Leigh Whannell* (IC3, 2015), *The Conjuring 2* (2016), *James Wan* (TC2, 2016), *Don't Listen* (2020), *Angel Gómez Hernández* (DL, 2020), *The Night House* (2020), *David Bruckner* (TNH, 2020). My own piece: *Playground* (February 2023). Book: *King, Stephen* (2017). *The Girl Who Loved Tom Gordon*, Pocket Books: New York (originally published 1999).

face, a couple of red eyes, a few grimaces, and maybe two shiny waistcoats hidden in the grass.

It's two o'clock in the morning.

(Edyta Just, February 2023)

Will I forget who I used to be? Will I ever be the same again? Will I ever be back? I may fail to recall who I used to be, I may never be back, and I may never be the same again. Precisely like Rose Da Silva in *Silent Hill* (2006)—everything looks the same, it is me, it is my car, it is my house, it is my sofa and yet, I am never fully back. If the presence stays, we may not remember who we used to be and we will never be the same again. *Babadook* does not allow one to forget about itself (B, 2014). If the presence vanishes, we will always remember it living with the memory of it and with its more than real shadows and imprints in our bodies. Father Richard Moore said to Erin Bruner, his lawyer: “Once you’ve looked into the darkness, I think you carry it with you for the rest of your life” (TEoER, 2005). Thus, it will never be the same again. Yet, even if we forget who we used to be and even if it will never be the same again, I want to believe that we, the haunted ones, will never stop being fighters even if just for a day, or an hour, or a second.

The world had teeth and it could bite you with them anytime it wanted.

Run, it said as it came toward her, its big hindquarters swaying from side to side. It was weirdly graceful, leaving clawed prints behind and a scatter of droppings on the surface of the packed earth. Run, it's your last chance. (...)

Let it eat her, let it beat her. It could do both. But she would not beat herself.

And I won't run.

(King, 2017: 3, 290)

It's two o'clock in the morning.

And I won't run.

It's two o'clock in the morning.

And I won't run.

I won't run.

I won't run...

The method: the drill

How did I do it? First, I looked at the list of all supernatural horror movies that I had watched. I recalled the horror books, which I had read. I also checked all the short reflections that I had written and which to me can be classified as meeting the requirements of the genre of horror. I looked at all of this and simultaneously I thought about my own experiences with the body and with medical encounters. Then it happened. The borders between my life and the stories shown in the movies, written in the books and my own brief pieces got blurry. There was a particular resonance, a sort of connection, but even more importantly a feeling/thought of resemblance. Resonance, connection, resemblance between those stories and my own experiences. While the borders were disappearing, particular themes started to come to the surface of my mind: I don't

know what it is, but it haunts me, Believe me, Companion/I am completely alone, and Seizing control/Losing/Will I ever be back? Once the themes were formulated in my mind, I put them in order. The decision about which of the themes came first, second, third and fourth was based on how they resonated with me in terms of importance. The method is grounded in a resonance and resemblance between the stories and own experiences. It does not require a training in visual or literary analysis. It does not require medical knowledge of the body. I take with me from the realm of fiction and my life what matters to me in the moment in a given time and space. Perhaps now different themes would appear, perhaps not. For this reason, some themes such as I don't know what it is, but it haunts me and Believe me, were formulated only in relation to movies. One theme, Companion/I am completely alone, appeared in relation to movies and my own written piece, and one theme, Seizing control/Losing/Will I ever be back? in relation to movies, a book, and my own brief story. I am aware that eventually I related more to movies than books. Yet, honestly, I did not see it as a result of the dominance of the visual over the literature. It was all about the resonance and what mattered to me at that given moment.

For each theme, I practiced what one could call an automatic writing (Muhl, 2003) and a stream of consciousness (Cuddon, 2013). No, I do not believe I was guided by any spirit (or was I?), I simply was writing down what came concerning the given theme without much conscious reflection and yet I sensed that the plenitude of my thoughts and feelings were there. It was a rhizomatic exercise in which my experiences and the movie/book/my own written stories were coming together and got enclosed into the written words. To a certain extent my automatic writing was under control since for each theme I mostly used the material that helped me to formulate it at the first place. This probably undermines the whole exercise know as automatic writing and yet, it felt like one especially that when writing I added material I did not think of when formulating the themes. After that, I did a conscious editing changing the noise into recognizable sounds. I, myself, need to recognize the sounds that I am producing. Illegibility pushes the meaning-making *ad infinitum*. However, a temporary meaning is important for one's and the others' sustainability and what I call an epistemic rest. This is how the content of the four themes materialized. This is how the story came to life.

The method: reflections

The question that I have to myself is, has the method done its job? Certainly, at least for me, combining my own experience with the body and with the medical encounters with supernatural horror has resulted in a story that has significantly diminished my anxiety. I hope that now I will be able to write the article, which I was planning to write in the first place. There is hope. However, as mentioned previously, I do not approach this as the major aim of the method, which I am writing about here. Importantly, neither the method nor this text aspires to the field of psychology. I am not a psychologist and I do not claim to be one.

Certainly, it touches upon psychological issues especially if one is reflecting on “coping” and conceptually remains close to writing therapy. Yet, still I see this text rather as of potential interest for Medical Humanities, an interdisciplinary field of medicine, humanities, social science, and the arts. The field of Medical Humanities focuses on issues related to health and illness, the goal of which is to contribute to medical knowledge and practice, and most importantly to patients’ well-being. Furthermore, I direct this text to the patients, but also patients-to-be (we never know when we can become one). Being a patient myself for many years, I desire a narrative competence, the ability to tell the story. I believe that producing such stories can possibly increase an understanding of the body, can help one to cope with the body unknown, and can hopefully advance communication skills with the medical staff. I have chosen the subgenre of supernatural horror as it deals with paranormal activities, and when you suffer and do not know what is happening to you and with you, and what is worse the medical field does not know either, I felt that my body is all about paranormal activity. Thus, supernatural horror resonated well with me. But I guess, other genres may work as well if they can assist one in creating a narrative competence that can support one in dealing with the body unknown. Yet, has the method done its job? Did it increase my understanding of the body, and did it help me to cope with the body unknown? I could not solve the mystery of the “lump” or of lower-right part of the abdomen or of the mad dance of intestines, but I understood the presence. I knew where it was, what it did and since when and for how long. I traced its contours, its shadows, and its habits. So yes, my understanding of the body has increased. I also realized what it means when you are haunted by something that almost nobody can understand (at least the many doctors, which I have been to). I understood that it changes you, causes a withdrawal, and pushes you to the edges as you cannot comprehend what this activity of your body is. Your life becomes your body as it is only the body you are constantly focusing on, not because you are hysterical or neurotic but because your body does not allow you to forget about itself. I understood how important is to realize and admit that something is wrong and how crucial it is to find somebody who believes me. I understood that I need to become a fighter and that I need a companion who will help me to fight against the presence. I realized that I need to befriend the loneliness as none can feel what I feel, and I need not to be afraid of living in the darkness. Yet, I also understood that companions can always increase one’s chances. I also realized that balancing between a fighter and a lost, broken loser is written into a story of illness. Finally, I understood that the presence may never fully leave and so I need to learn how to live in the darkness and try to be a fighter even if it is only for a second and make an effort not to run. *I won’t run*. Thus, yes, the method helped me to cope with the body unknown. Did the storytelling improve my communication skills with the medical staff? Well, this I still need to find out but understanding the presence, its shapes, and habits, I know that I can precisely expose it to the medical ears.

The method is about resonance and resemblance between supernatural stories enclosed in movies and literary texts and own experiences. It is situated in time and space—take what resonates with you now, in this time and space. Edit to produce a meaning in this moment. Perhaps tomorrow a different story will be born, and this is fine. Just produce a story, tell a story, and seize the narrative competence in order not to run. *I won't run.*

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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