

Reframing Cancer Narratives as Narratives of Regeneration

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Abstract: Stories are uniquely shaped by narrative techniques specific to their cultural context. Narratives reflect the traditions, ethnicities, and personal preferences of the cultures from which they originate. Arthur W. Frank states that recognising illness narratives “encourages closer attention to the stories ill persons tell; ultimately, to better listen to the ill” (76), and classifies these narratives into three types: Restitution, Chaos, and Quest. Narration is intricate because “Illness stories blend and intertwine various narrative elements” (Frank 76). Authentic storytelling integrates all these patterns, with each influencing the others. In Illness Narratives, it is believed that “all three narrative types are told, alternately and repeatedly” (Frank 76). Cancer narratives often begin in a chaotic state, later transcending to a healing stage, inspiring hope and ultimately urging a fresh perspective on life, with a desire to acquire new aspirations from traumatic experiences that transcend pathos. The study traces the trajectory of illness narratives. It demonstrates that although the initial stage may appear chaotic, it gradually reveals opportunities for recovery and overcoming hardships, culminating in the transformation and revitalisation of life by the conclusion. The primary texts driving this study include illness narratives such as Manisha Koirala’s (with Neelam Kumar) "Healed: How Cancer Gave Me a New Life" (2018), *Dying to Be Me* (2012) by Anita Moorjani, "Close to the Bone" (2019) written by Lisa Ray, and Neelam Kumar’s "To Cancer with Love: My Journey of Life" (2015). These are reviewed to support the study's arguments. Arthur W. Frank’s "The Wounded Storyteller" (1997) serves as the theoretical framework.

Keywords: Medical Humanities, Life Writing, Illness Narrative, Trauma and Healing, Survivorship Discourse

Introduction

In the present literary framework, human beings have begun to express their innate experiences of illness, pain, and disease through various literary forms and genres, including memoirs, diaries, journals, biographies, autobiographies, and medical testimonies.

Medical writings and testimonies that share doctors' experiences have become platforms for exploring how cancer is depicted in literature. Starting in the 1970s, a new genre called cancer narratives appeared, beginning with Susan Sontag's "Illness as a Metaphor" and later, Audre Lorde's "The Cancer Journals," which identifies cancer as a metaphor that explains mortality. These works create a mysterious allure while framing it as a life challenge, reflecting Lorde's perspective. Discussions about cancer have created a space for instilling awareness with publications of memoirs, stories, etc. that are inspiring and lead towards resilience and post-traumatic growth. In the 21st century, writing has become more popular due to a more resilient perspective, characterised by greater optimism, despite writers' involvement in treatment procedures or their facing physical and psychological hardships.

Review of Literature

The literary landscape of the day has seen the emergence of cancer narratives that have evolved into memoirs and autobiographies, and found a foothold in comics and graphic narratives created by affected individuals. Several factors contribute to this shift toward resilience, both physical and psychological. Advanced treatment methods, social acceptance of the disease, improved chances of recovery, and government initiatives all foster hope for surviving through resilience.

Arthur W. Frank suggests that categorising illness narratives encourages closer attention to the stories told by sick individuals, ultimately helping others listen more effectively. He identifies three types of illness narratives: Restitution, Chaos, and Quest. Storytelling is complex because "Illness stories weave and blend different narrative threads" (Frank 76). Narration involves all three types simultaneously, with each constantly interrupting the others. In illness narratives, it is common to see all three types told, sometimes alternately or repeatedly (Frank 76). The study highlights that these narratives typically begin with chaos, then move toward restitution, build hope, and eventually evolve into a quest for new life realities, leading individuals to seek meaning and growth through their traumatic experiences.

This study employs a qualitative research approach. Four Cancer Narratives are selected by analysing different survival stories and identifying literary devices, such as images, symbols, dreams,

metaphors, and similes, used to depict past experiences. By examining these narratives and reviewing existing literature, the research gap was recognised as causative to the investigation topic.

The research paper delineates how narratives about cancer commonly commence with a depiction of chaos, subsequently rolling to themes of recovery that foster hope. They serve to motivate individuals and to foster contemplation of novel perspectives on life. Although these narratives often arise from disorder, they gradually incorporate elements of healing and trauma resolution, culminating in a sense of renewal and personal growth.

The four primary texts studied are from the illness narrative genre: Anita Moorjani's "Dying to Be Me: My Journey from Cancer, to Near Death, to True Healing" (2012), Neelam Kumar's "To Cancer with Love: My Journey of Life" (2015), Manisha Koirala's (with Neelam Kumar) "Healed: How Cancer Gave Me a New Life" (2018), and Lisa Ray's "Close to the Bone"(2019). This review focuses on their narrative structures, analysed using Arthur W. Frank's framework from "The Wounded Storyteller" (1997).

Narration and Style as Chaos Narrative

Themes of survivorship are central to the narrative style and techniques used in these works. They explore life's hardships and uncertainties, including sudden pain after diagnosis, confusion about the future, intrusive negative thoughts, disappointment, regret, guilt, and the pain of past experiences. The constant presence of cancer, alongside socio-cultural reactions, family and societal responses, anxiety from waiting, and lingering fears, leads to mental distress. These themes are vividly portrayed across four cancer narratives, using various storytelling strategies and literary devices. Authors Koirala, Ray, Moorjani, and Kumar utilise diverse natural imagery to offer ingenious perspectives as their narratives evolve from conflict to survival. For instance, in the works of Koirala and Kumar, the sea signifies life and safety. Kumar's narrative, "To Cancer with Love," explores various aspects of maritime imagery associated with human attributes during the process of survival.

The spiritual journey of Lisa Ray represents a pathway of personal growth and advancement. She commences her journey in southern India, devoting several months to visiting sacred sites, and later proceeds north to undergo transformation, marking a new chapter in her life. In Moorjani's narrative, the metaphor of being confined behind closed doors vividly illustrates the profound corporeal and emotive impact of cancer on survivors. She describes her self-imposed isolation, driven by fear and despair, as she envies healthy individuals and those

unaffected by cancer, whom she perceives as fortunate for having escaped the disease that was eroding her body, mind, and life. This imagery of imprisonment effectively underscores the intense suffering inflicted by the illness.

The disorder depicted within the narrative through various survival strategies may be attributed to the narrative style introduced by Arthur W. Frank as chaos narratives. These chaos narratives (Frank 97) feature a particular plot structure that conveys a sense of despair, wherein life is perceived as unlikely to improve. Events within chaos narratives are narrated as the storyteller experiences traumatic life events first-hand. The initial chapters of Manisha Koirala's "Healed" exemplify chaotic elements that resonate with themes of uncertainty and shock. Arthur W. Frank states, "Telling chaos stories represents the triumph of all that modernity seeks to surpass. In these stories, the modernist bulwark of remedy, progress, and professionalism cracks to reveal vulnerability, futility, and impotence" (97). Chaos narratives illustrate how an individual becomes engulfed in suffering. Frank emphasises that such storytellers become injured narrators, devoid of hope. These descriptions are difficult to convey, as they reflect a sequence of unified events that are difficult to articulate because of underlying chaos. Such narratives tend to lack a coherent sequence and offer no significant past or future worth contemplating. In chaos narratives, a struggle to attain sovereignty exists, yet there is also a simultaneous acknowledgement of the futility of suffering.

Chaos is apparent in all four stories, expressing the survivors' suffering and struggles. These narratives lack a precise sequence from diagnosis to the past and future, as demonstrated by Moorjani and also in Kumar's accounts.

Koirala employs the technique of monologues in the initial chapters of the narrative, articulating her doubts and uncertainties about life, which appear to diminish as she successfully navigates them. All four narratives incorporate elements of a chaos narrative during the survival struggle, thereby establishing a chaotic plot structure throughout the stories.

Narration and Style as Restitution Narratives

Arthur Frank states, "Anyone who is ill desires to regain health. Furthermore, contemporary society regards health as the default state that individuals should restore to" (Frank 77). The research on resilience aspects offers hope to the survivors depicted in the four fictional works. The narrators endeavour to detach themselves from thoughts of having cancer and employ various effective strategies to avoid the tragedy associated with illness.

Transforming hopeful individuals, they discover new paths of optimism and succeed in their survivorship journeys. This narration style categorises the four stories as Restitution narratives. Arthur W. Frank notes that “The plot of the restitution has the basic storyline: 'Yesterday I was healthy, today I am sick, but tomorrow I will be healthy again’ (Frank 77), and these stories typically follow a health-focused narrative. “This storyline is elaborated with discussions of tests and their interpretation, treatments and their potential outcomes, the competence of physicians, and alternative options” (Frank 77).

In Restitution narratives, survivors are seen as living with illness by accepting their roles as patients, planning for life post-illness, and handling their daily routines (Frank 93).

The resilience process highlights the key features of the restitution narrative across all four stories. Positively adjusting to life by utilising personal skills and being supported by protective elements enables individuals to overcome difficulties. Traits such as intelligence, self-control, strong faith, and hope can ease the process of survivorship, aid recovery, and promote optimism. These resilience qualities are illustrated through imagery and symbols in the stories, which evoke a sense of hope and optimism. In 'Healed', a bird caring for its young in the rain represents hope, suggesting that divine protection will be extended to her during serious illnesses such as cancer. Hence, the restitution themes identified by Arthur W. Frank, as demonstrated in the four stories, confirm their classification as a narrative of restitution.

Narration and Style as Quest Narratives

Narratives focused on survival frequently portray a journey of self-discovery following the suffering and disorder associated with diagnosis and treatment, interpreted through the perspective of posttraumatic growth. Arthur W. Frank asserts that “Illness is the occasion that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person’s belief that something is to be gained through experience” (Frank 115).

The pursuit of a new physical form involves acceptance of scars and amputations, constructing a renewed self-image, and forging a new identity that transcends the patient's crisis and eventually transforms them into a survivor. It encompasses the pursuit of mindfulness and well-being, the acquisition of personal strength, and the pursuit of an improved life through new relationships and opportunities. The transformation of core values and beliefs through spirituality guides survivors towards a new beginning. The narratives of quests provide a voice to the ill, and their distinctive identities and expressions render each of the four narratives unique. These are recognised as quest

narratives, as articulated by Arthur W. Frank: "Restitution stories attempt to outlast mortality by rendering illness transitory. Chaos stories are submerged in the undertow of illness and its attendant disasters. Quest stories confront suffering directly. They accept illness and seek to utilise it" (Frank 115). Furthermore, the narratives become transformational, with all four progressing toward growth across various aspects of life, thereby paving the way for regeneration.

This study examines how cancer survivors depict their experiences through narrative and dialogue. It reveals that all four survivors attempt to organize their complex survival stories into a coherent narrative, overcome trauma, and regain control over their lives. Additionally, the research offers insights into reshaping body image, accepting bodies with scars and amputations, improving health habits, developing positive relationships, forming new identities, gaining strength, valuing life, exploring new opportunities, and nurturing hope for the future.

From Chaotic narrative structure to regenerative narratives

Observations reveal a pattern where narratives typically begin with chaos, progress toward recovery, and ultimately cultivate hope. This framework helps individuals gain new perspectives on life by finding meaning in their traumatic experiences. Survivors often view their experiences positively, seeing cancer as a teacher rather than a deadly threat. Koirala notes, "Cancer taught me to pay attention to the taste of the fruits I ate... it taught me to marvel at the magnificence of sunrises... it taught me to rejoice at God's handiwork" (186). Arthur W. Frank categorises illness narratives into three types: chaos, restitution, and quest.

. It is also observed that survivors are caught between the healthy self and the indeterminate future. The art of expecting hope in their lives and, at the same time, living through survivorship appears highly disturbing. Survivorship helps in understanding the impact of cancer in people's daily lives and the thoughts about the loss created because of cancer, the uncertainty of time left in the future, the helplessness to plan the forthcoming life, the destiny of the period of being alive, the rapidity of ageing, corporeal decline and transience are perused through the process of analysis, finally making each experience relational.

These stories begin in chaos but gradually shift toward recovery as individuals learn to manage trauma and embrace renewal and regeneration.

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