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# 14 Cancer, Finitude and Life Configuration

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Cancer is a radical confrontation with the finitude of human being. The aim of our research is to understand the experience of women who survived breast cancer. The sample consists of seven women with a diagnosis of breast cancer who participated in the Mamma-Help program. We used narrative interviews to obtain a spontaneous articulation of this critical point in the women's life. In our paper we deal with the breast cancer experience of women from the perspective of the whole. We pay attention mainly to how the experience of this disease is configured by narrative means such as figures, plots, or life story genres. The particular life stories suggest that confrontation with the finiteness of life is a key tool for narrative configuring of the woman's life. We also found that a substantial aspect of narrative configuration is the stipulation of some sphere of influence over, active participation in, and responsibility for, the progress of her life.

**Key words:** narrative understanding, narrative configuration, genres of life stories, experience with cancer

## Introduction

The researches helping us to understand the experience of chronic and life-threatening illness such as cancer concentrate often on the influence this illness has on the emotional reactivity of patients (Maguire, 1985; Massie and Holland, 1988; Stefanek, Derogatis and Shaw; 1987). The cognitive adaptation and control of patients in the context of the illness with adverse prognosis is also studied (Taylor, 1983; Wood, Taylor and Lichtman, 1985).

The question, "What meaning does an experience of an illness such as cancer has for the ill person?" is seldom asked. But we can raise such a question and within this question, problems of "influence" and "control" can be explored. The narrative perspective is the space, where we can do it.

Narrative approaches have one main thing in common - they see narration not only as the means for communicating the experience of the illness, but also as the means through which this experience is structured: "The personal narrative does not merely reflect illness experience, but rather it contributes to the experience of symptoms and suffering" (Kleinman, 1988, p.49). The

narration bestows upon the illness a meaning on the level of individual experience as well as on a socio-cultural level (Hydén, 1997).

Kleinman (1988) thinks, that the narration is mainly important for it enables us to depict and “give voice” to human suffering. The other function of the narration is to reform the identity in the face of new life conditions brought about by the illness (Mathieson and Stam 1995; Hydén, 1997). The chronic illness touches upon the substantial aspect of human life - its timing. From the narrative perspective, the continuity and the coherence of human life are constructed through narration. According to Ricoeur (1984) time can be seen as an exclusively human category if it is articulated as a narrative modus. The narration creates the space, in which the time dimension of human existence can be re-articulated, disturbed or infringed upon in confronting a life-threatening illness.

## **Description of the Research**

### *The Aim of the Research and Methodological Background*

The study is an attempt to gain an understanding of the experience of women with breast cancer. The hermeneutic-narrative approach served as a theoretical and methodological background (Čermák, 1999; 2002). The stories narrated by the women had been dealt with as “life-interpretations”. Researchers then “interpret interpretations” shaped in stories of the interviewed individuals (Chrząst, 2004).

### *Sample*

Seven women diagnosed with breast cancer were interviewed. One of the co-authors (Veronika Plachá) asked the women involved in the Mamma-Help program to share their experiences of their illness. The sample was created from all the women who took her request as a challenge and agreed to cooperate.

### *Data Collection*

The method of narrative interview was used. The women were encouraged to narrate autobiographical events spontaneously with their specific situational course (Schütze, 1999). The aim of the research had been presented to the respondents.

With the permission of the respondents the narrations were taped on a dictaphone and subsequently transcribed in their entirety.

### *Analysis and interpretation*

The “readings” of the data were done in three steps. During *the first reading* relevant categories “emerged” from the text. First, we tried to concentrate on the regularities in the course of the examined experience. Subsequently we identified the re-occurring themes of experience. This phase led to a creation of the more general categories such as AGENCY and POSITIONING. During *the second reading* analysis and interpretation of the interviews were done from the perspective of the suggested categories and we tried to concentrate mainly on INFLUENCE, RESPONSIBILITY and COPING. During *the third reading* we tried to perceive the experience of the individual women as a whole unit. We tried to concentrate on the configurations of the experience with cancer via figures, plot lines or genres of life stories.

### *Specification of the research topic*

We would like to describe mainly the results of the third reading, in which the theme of the finitude emerged. The experience of the women as depicted in the interviews shows that cancer represents the radical confrontation with human finitude and that this confrontation is the key moment constituting the unfolding narrative configuration.

## **Finitude and Narrative Understanding**

Our research is theoretically grounded in Heidegger’s (1996) concept of “being-towards-the-end” and in Ricoeur’s concept of narrative understanding (1977, 1984, 1985, 1988, 1991). The narration is understood as an “act of meaning” (Bruner, 1990) during which a certain description or re-configuration of the former world, seen mainly as the world of human actions, is created.

We understand our own experience through the stories that we live. These stories represent the way of our timing and projecting used when we react to the challenges and demands of what “is” or to what we are “thrown”. The ultimate “facticity” in the space of our “thrownness” is our finitude or mortality. That’s why we might expect that the configuration of the stories that we live will be constituted just through confrontation with this finitude. Heidegger’s and Ricoeur’s concepts give us a certain frame for comprehension of the supposed connections between human finitude and life configuration.

### **Experience with Breast Cancer**

Researchers focus on the way in which experience with illness gains its meaning in the process of the narrative construction. This approach enables us to understand different aspects of the experience with chronic or life-threatening illness, such as the reconstruction of identity (Mathieson and Stam, 1995), interpersonal context (Reynolds, 2003), socio-cultural construction of the illness (Mattingly and Garro, 2000) or other questions of human suffering (Kleinman, 1988; Frank, 2001).

Although in the first phases of analysis we were dealing with the partial aspects such as problems of agency, influence and responsibility, the data that we gained as well as the narrative theory led us to the “third reading”. During the “third reading” we concentrated on the figures, plot lines or genres, with the help of which the examined women structured their experience. This way we extended the reasoning in some of our previous works concerned with the problems of more complex forms of experience structuring (Čermák, 2003; Čermák and Chrz, 2005; Chrz, in press). In the following text we will try to present three out of seven narrations in an illustrative way, bringing to the foreground the general configuration of experience with cancer.

#### *Hana's Story*

Having been divorced, Hana (age 51) feels lonely in a huge apartment as well as in her life; her children have grown up and left home. As a result, Hana is trying to be “*the one, who is needed*”, she starts her own business and the stress comes. The diagnosis of breast cancer brings about separation from her partner and represents a turning point in the story. The crisis is deepened by the discovery of the carcinoma in Hana's lungs. At this moment, Hana feels “harshly” confronted with death and she parts from the life: “*And so I said goodbye to life*”. The breaking point in the story is Hana's insight into the fact of her own mortality: “*In this period I somehow reached the conclusion that there is nothing worse that could happen than that I could die*”.

The crisis becomes a turning point from which Hana can bounce back: “*You really hit rock bottom and then you can only go up*”. What is important is that death is accepted with the hope for encountering the dead loved ones: “*So many loved ones have died, that I might meet them somewhere, or whatever*”. The substantial component of the story is represented by the fact, that as a result of the illness that is seen by Hana and her significant others as mortal (“*the word cancer ... means death*“), Hana's original family gets united. Besides, Hana finds her new community in the self-help organization Mamma-Help. As a result of the illness she starts to engage more in her community. The logics of this turnover incorporate also Hana's hope for an encounter with her

dead loved ones. Not only the illness, but even death is accepted as an opening of a new space in interpersonal relationships.

The principle of a happy ending, brought about by fortunate circumstances, is re-appearing in Hana's story. There is a clear tendency not to sharpen the situation and instead to "blunt the edges". Cancer is understood as a profit, a reconciliation with one's fate: "*Finally, the illness gave me more than it took from me. I met people whom I would have never had the opportunity to meet before. ... And also I am not down anymore from being divorced*".

The configuration of Hana's experience with cancer can be characterized in a simplified way as follows: The overall shape of Hana's story is the shape of the letter "U". The story descends to the bottom, from which the happy turn upwards starts. There is the movement from the loneliness and separation towards integration into the community. The happy end is accentuated repeatedly in the narration. The confrontation with the proximity of death ("*there is nothing worse that could happen, than that I could die*") is the key moment of the narrative configuration.

#### *Ida's Story*

Just opposite to Hana's is the configuration of Ida's (age 53) story, where the story line can be represented by the reversed letter U. The story starts with the swift upturn, "flight" in Ida's family and her job. Ida speaks about "*a big euphoria*", when "*everything seemed just fine*". In this situation, cancer is diagnosed. "*Everything went well and then I got ill*".

Here also, confrontation with cancer creates a turning point, but this time in a completely different way. As a result of the illness, Ida's attitude is shifted from orientation towards the future, in which the true life will be realized, towards the realization of the limits of her own existence. This shift in attitude concerns mainly the awareness of the limited and finite time, in which one is responsible for fulfilling certain tasks. "*And this seems to be the only thing the illness gave me - one should never postpone anything. We should do everything we want to since tomorrow we might not get the opportunity*". The limitedness of time is understood as a challenge for realization and engagement for others.

In spite of this, Ida's story bears a sort of "tragic tone". In comparison to Hana's story, in which the successful operation leads to a relatively positive ending, Ida is faced with newly re-discovered tumors accompanied by a problematically tolerated treatment. Ida understands her illness as an undeserved stroke of fate: "*I feel double-crossed by my life*". The opportunity to influence the gloomy situation is perceived as out of control, it is almost possible to hear the dark premonition of another tumor in the course of her narration. On the background of this "tragic tone", also the brighter tones of acceptance, affirmation and reconciliation are re-appearing: "*Today I accept it as it is.*", "*I will reconcile with it*".

Similarly to the preceding case, the configuration of Ida's narration has the features of specific agency: the gloomy situations are hunting the ill person and the possibility of controlling them is substantially out of her control. Ida depicts her life here in the sense of "tragic heroism": The unfavourable oppressive fate is accepted in its entirety as a challenge for engagement and realization.

### *Marry's Story*

For Marry's (age 60) story, fighting between patient and doctor is crucial. She fights against the doctor's tactless and impersonal approach to patients. She told one of the doctors when he was informing a patient insensitively about the diagnosis: "*next time think twice before you say something ..., it can baffle somebody so much that you will be finally baffled yourself*". Marry perceives herself as the "*one who is able to raise her voice*", as a fearless fighter against the wheels of the medical system machinery functioning in an unpredictable and often insensitive way. Even the breast ablation is perceived by Marry as useless and unreasonable: "*Till today I am convinced that I needn't have had the whole breast removed*".

Marry's story resembles the "absurd drama" and it is built somewhere in between tragic burdensomeness and ironic detraction. A doctor gets the role of the one who "*flaps with a notebook*" and instead of operating he "*cuts*" and takes a patient as a "*bagel in a grocery shop*". Marry perceives the procedures, which she had to undergo, as an effort of the nursing personnel to "*get money from the insurance*". She pictures also her own situation with ironic, sometimes brutally bitter and sometimes humorous detachment. She describes the situation before an operation: "*I wasn't even able to look at myself. Cyclops, I say. This is the pre-history.*" With the help of this defence mechanism, Marry is better able to come to terms with her fate and to talk about it. The experience with cancer is depicted here as something absurd, contradictory and incomprehensible. However, in the situation from which she sees no way out, she still has some control and she is the actor creating her own life. This is the type of "rhetoric agency".

Also in Marry's story we can track down some "general life shape", certain configuration or genre, which we can describe with the help of the terms "irony" or "absurd drama". Different aspects of Marry's story are included in the logics of this configuration, be it the description of the health care system as absurd machinery, re-addressing the inconsistency, uncertainty and uselessness, or different ways of detraction.

### **Discussion**

The experiences of the women suffering from breast cancer are depicted in their stories within striking configurations. If we concentrate on what makes

these configurations unique and different from the others, we are able to identify provisionally a few “dimensions” or “aspects”. The first outstanding difference is in the “overall shape” of the explored stories derived from their different course of reaching the desired and avoiding the undesired. This finding is in accord with Frye (1957) who says that the basic structuring principles of the narrative imaginations are formed mainly by structures of desire. This aspect is nicely demonstrated in the difference between Hana’s (“U” shape) and Ida’s story (reversed “U” shape). Also Marry’s story, similarly to absurd dramas, lacks a noticeable drift and the question of the desired is marginal.

Another outstanding aspect of the explored configurations is the level of agency. The narrators - trying to reach the desired and avoid the undesired - form their potentials to act differently and thus specify their own control and responsibility. While in Hana’s story fortunate circumstances bring the story to a happy ending, in Ida’s story of “tragic heroism” the hostile fate is accepted as a challenge for engagement. Also Marry creates her own “sphere of control”, in which she is able to play her role in the sense of “rhetoric agency” - she is able to raise her voice in ironic detraction.

Here we get the opportunity to grasp the logics of the narrative configuration with the help of the above mentioned dimensions of reaching the desired and the agency. This way the configuration of typical plot lines can be constituted by the level to which the ending of the story is created by fate or by individual actions of the hero. Murray (1989) understands the four classical genres as the combination of fulfilment and control. He describes the individual types of configurations as comedy (success, fate), romance (success, individual), tragedy (failure, fate), and irony (failure, individual). We can apply this division to the above mentioned stories.

In Hana’s story, the happy ending (success) brought about by the fortunate circumstances is crucial. The configuration of Ida’s “tragic heroism” or Marry’s “absurd drama” is not so easy to grasp schematically, but still even here the dimensions of reaching the desired and agency are helpful.

We asked at the beginning, what connection exists between the configuration of the stories and the experience of the finitude, which can be accentuated in confrontation with cancer. The concept created by Frank (1995) could be illuminating here - each illness interrupts life, or even confronts us with our own mortality - the finitude. A disruption of life represented by the illness might be solved somehow through the story creation, be it the lived one or the narrated one. In this discourse, Frank calls the configurations with the help of which people react to their illness as follows: restitution narrative, chaos narrative and quest narrative. In our research, *control* and *desire* emerged together with *relating to others and to one’s own body* as important aspects of these configurations. Frank convincingly demonstrates that the way in which one reacts through story creation to a shock and disruption

represented by an illness, includes interpretations connected to dimensions of predictability - contingency. We need to predict and control the course of events at least to some extent. On the other hand some level of contingency belongs to the nature of life and, as Frank says, this means that we are exposed to unpredictable and uncontrollable forces.

Frank's concept, stressing the dimension of control versus contingency, gives us the frame for interpretation of the above mentioned stories. The configurations constructed in these stories can be understood as the ways by which ill women responded to shock and disruption when breast cancer entered their lives.

In Hana's story, there is the acceptance head on of the ultimate version of the contingency of human life - mortality ("*nothing worse is going to happen than that I could die*"). This contingency becomes the "happy moment" leading to "the happy ending" in her story.

In Ida's case, the contingency represented by the illness has a gloomier look, even though Ida's approach to this contingency is not really unambiguous. She feels her illness as something unwelcome and undeserved, as a "life double-cross", but on the other hand she reaches some form of acceptance, affirmation and reconciliation with her gloomy fate. In her "tragic heroism" Ida is able to accept the unpredictability and the absence of control and she is also able to realize her potential and engage for others within this accepted contingency.

Also Marry refers herself to the contingency of human life. In the style of "an absurd drama", she describes her situation as incomprehensible and hopeless. We can hardly talk about acceptance of the contingency in her case. It is more proper to say that Marry keeps her distance from her situation by ironically detracting it as something absurd. In a way, she "suspends" the gloomy side of life's contingency by moving it to the sphere of the absurd, hopeless fight with the health system machinery.

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