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Thesis: The Feeling of Cancer

Exegesis:

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Candidate's signature

A handwritten signature in blue ink that reads "Sandra Russell". The signature is written in a cursive style with a large initial 'S' and a distinct 'R'.

Sandra Russell

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Also, I'm grateful to my fellow students for providing stimulating discussion and camaraderie during the months of study.

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Ethics Approval

This research project did not involve human participants or any other potentially contentious elements, and as such did not require approval from the AUT Ethics Committee (AUTEC).

Abstract

Exegesis

The exegesis begins by giving background and context to my thesis, *The Feeling of Cancer*, followed by an analysis of my work centring on my themes, narrative style, and narrative voice. I refer to several theoretical works on illness memoirs, particularly Frank's *The wounded storyteller: body, illness and ethics* (2013), Reiffenrath's *Memoirs of well-being: rewriting discourses of illness and disability* (2016), and Gosselin's *Memoirs as mirrors: counterstories in contemporary memoir* (2011). Other illness/disability memoirs that are used by way of illustration and comparison are Sara Gabriel's *Eating Pomegranates: a memoir of mothers, daughters and genes* (2010), Trish Harris's *The Walking Stick Tree* (2016), Cory Taylor's *Dying: a memoir* (2016), Arthur Frank's *At the Will of the Body: reflections on illness* (2002), Kathlyn Conway's *Ordinary life: a memoir of illness* (1997) and Diana Wichtel's *Driving to Treblinka: a long search for a lost father* (2017).

Thesis

The creative thesis, *The Feeling of Cancer*, is a memoir, telling the story of the emotional impact of my diagnosis of incurable cancer six years ago, and is informed by my work as a psychotherapist. The main landscape of the narrative is the lived reality of my emotional experience as I negotiate diagnosis, treatment, remission, and relapse. I focus on my emotional states throughout as my narrative explores such themes as trauma and diagnosis, the changing relationship with the body, managing vulnerability, grief and loss, anxiety and depression, learning about self-compassion and gratitude, and living with uncertainty. The memoir culminates in my profound experience of integrating my thinking and feeling through telling my story.

Exegesis

Writing an Illness Memoir: Counterstories and Memoirs of Well-being

Introduction

Writing my memoir, *The Feeling of Cancer*, was a process that began formally almost two years ago, but as with many such personal writing projects, the seeds were sown long before this. I begin this exegesis by looking at the relationship my earlier writing and study has with my memoir, before describing my motivation to write based on a gap I identified in my reading. I then look at my process of engaging with memoir as a genre and my struggle to find my narrative voice, before looking at the specific genre of illness memoirs. Finally, I consider my themes of emotional health and identity, tense and point of view, and temporality and endings, referring to several theorists and illness memoirs in my analysis.

Background and Context

I was working as a registered psychotherapist when I was diagnosed with an incurable blood cancer six years ago. Talking about feelings and analysing them for case studies and presentations is central to psychotherapeutic work, and I've spent many years immersed in this world. How people develop emotional awareness, represent emotional truth, and inform their stories with emotional meaning has always driven my study, my work, and my reading.

The Feeling of Cancer came into being as a direct response to my reading after I was diagnosed with cancer. I was surprised to find little that satisfied my desire to hear stories that reflected, in some detail and depth, the emotional trauma I was experiencing after my diagnosis and during treatment. I needed these stories to help

my own emotional recovery, as “self-healing...to assure myself I wasn’t crazy” (Frank, 2013, p. 25).

In terms of my earlier writing, I developed my interest in the expression of the subjective feeling world in my psychotherapy master’s degree thesis (2005). My work examined the interplay between subjectivity and intersubjectivity in the therapeutic relationship, in the work of an influential psychoanalytic theorist Thomas Ogden. Ogden was groundbreaking in using his awareness of his own internal states to inform his work and also in sharing his deeply personal associations with clients. I pursued this study as I wanted to apply Ogden’s fundamental ideas to my own therapeutic work, particularly by bringing the deep feelings of the therapist to the fore and using them as a way of creating meaning alongside the feelings of the client.

Looking back further, several years before I became a psychotherapist I was following my interest in the way in which writing is able to bring the inner world to life. My undergraduate English dissertation, *The Modernist Method of Katherine Mansfield*, explored how Mansfield, working within the restrictions of Modernism and the short story genre, was able to communicate the emotional states of her characters through her use of symbolism, subjective symbolism, and interior monologue (1997).

Looking at Mansfield’s use of language as a way to access authentic feeling, I wrote that it is “through the consciousness of her protagonists...that we can gain access to real, human issues and emotions (1997, p. 28). It is through my own consciousness, as the protagonist in *The Feeling of Cancer*, that I hope to provide the reader with similar experiences.

Following my diagnosis I read widely, and found that as far as cancer and illness memoirs are concerned, many otherwise engaging books did not document the emotional stress such experiences inevitably bring with them. They seemed to lack a

level of emotional reflection and depth on the part of the writer. Over time, I became unable to find a book written by someone facing similar challenges to myself that satisfied my desire to make sense of the ongoing emotional stress, and I began to wonder about writing about this myself.

Writing *The Feeling of Cancer* was a way of exploring the devastating emotional experiences for myself and sharing that story with others. I discovered that it is a difficult and painful but worthwhile endeavour to try to capture such disruptive experiences in words, with the ultimate aim of integrating events into the overall story of your life. As psychotherapist Phillipa Perry says, “part of staying sane is knowing what our story is and rewriting it when we need to” (2012, p. 71).

My memoir parallels the therapeutic process of uncovering through telling and re-experiencing. I searched for language with which to create my own story of my diagnosis, subsequent treatment, remission, and relapse. In an article exploring story and narrative voice in memoir, writer Mura suggests that whilst writing fiction involves creating the story, writing memoir is about discovering the story (2015). However, I didn’t so much discover my story as I wrote, but rather uncovered its meaning to me—which, I believe, is the real story.

I gained much insight from Frank, a medical sociologist and narrative theorist, who addresses the many difficulties in writing truthfully and openly about experiences of illness in his seminal theoretical text analysing illness narratives, *The Wounded Storyteller: Body, Illness and Ethics* (2013). Frank sets out how true and honest accounts of living with illness are usually obscured by the writer’s preoccupation with portraying the medical system in which they are subsumed. He is concerned, he says in his memoir *At the Will of the Body: Reflections on Illness*, that the purpose of the illness memoir is usually to bear witness not to struggles of self, but to the expertise of others (2009, p. 90). Frank believes that illness narratives have the power to reclaim

the experience of illness from the biomedical narrative shaped around medical definitions of wellness, illness, recovery, and death (2013).

An example of a memoir that addresses difficult subject matter but presents little that engages directly with the ongoing emotional difficulties faced by the writer, is Sarah Gabriel's *Eating Pomegranates: A Memoir of Mothers, Daughters and Genes* (2009). The writer talks of striving to survive and retain her identity in the face of breast cancer, whilst also detailing the history of breast cancer treatment, her family's genetics, and the old hospital buildings she was treated in, all within a narrative of strained family relationships. However, Gabriel only occasionally approaches the intensity of her personal feelings around the effects of her diagnosis on her life, something she is quoted as having lamented in a *Guardian* interview (Carpenter, 2009). Talking of her inability to really express the emotions she encountered, she said, "The volatility of mood that can come with cancer is not really talked about. I don't think I've done a very good job at being honest about that".

Gabriel alludes to the fact that the emotional effects of cancer are so challenging to write about because we live in a society where we struggle to talk about painful feelings in general. This is why, I suggest, writing emotionally about illness falls outside the dominant narrative. I am used to the devaluation of feelings in our society and working with the effects of this, and so I understand how emotional stress is difficult to be open about and express authentically, especially where traumatic feelings are involved. Undoubtedly there are barriers to be broken both in revealing emotional depth and being able to put words to it. I believe that as a psychotherapist I might be in a position to better articulate these often-unspoken feelings.

Having identified this gap in the literature, and as I continued to read, I found myself continually asking the same questions, questions such as: What is not being

talked about, or cannot be talked about? And most importantly—why not? These are questions I would often ask myself in the context of a psychotherapy relationship, when trauma has been experienced but is unable to be expressed. I have written *The Feeling of Cancer* in an attempt to answer these questions through telling my own story, and hopefully to further stimulate conversation.

My reading helped me to formulate my overall aim in my writing: to express the emotional devastation caused by cancer beyond the physical and medical demands of treatment. I discuss below how this became the story of my *personal* emotional devastation as my writing developed. Expressing this devastation has been challenging, and whilst, as Conway says, literature may not be entirely able to depict devastating suffering and its effects on the self, it provides the opportunity to “capture something fundamental” and so allow readers to “approach the ground of desolation” and find consolation in doing so. I would suggest that it also provides consolation to the writer. Capturing something fundamental, authentic, and real has informed both my desire to write and my writing practice itself. Writing about the value of memoir, Larson highlights the difficulty of attempting honesty whilst uncovering the painful. However, he suggests that it “may be the truest thing one can do” (2007, p. 16).

Genre and Narrative Style

I was engaged in a struggle with genre throughout the early drafts of my memoir, as I wanted to expound on my ideas as well as tell my personal story. Initially, I wondered if I was writing what would be considered more of a self-help book, and this concerned me. I agree with Alain De Botton (2012), who is scathing of self-help books per se, which he describes as presenting a “fierce optimism” that makes “the grave assumption that the best way to cheer someone up is tell them that all will be well”. However, I would like to think of my memoir as belonging to the class of

books “grounded in emotional education”, de Botton’s counter to the category of self-help (2012).

Early drafts were more akin to a series of personal essays interspersed with narrative events. This personal essay style of writing seemed to provide me with a platform for my ideas on subjects such as self-compassion, gratitude, empathy, language and cancer, and support groups. Freeman and Le Rossignol, in their article *Disruption and Resonance in the Personal Essay*, explore how the personal essay is a style that allows a process whereby “fragmentary episodes become segments of a linked narrative” enabling the writer to “leap associatively from personal to universal truths” (2015, p. 384). I worked to embed fragments of my experience within treatises that were accompanied by references to research and literature I felt were important, in the hope that I could somehow bring these together within the greater narrative arc and produce a memoir/essay hybrid.

An author who has found a means to incorporate personal essay into memoir without disrupting the narrative is Trish Harris. In *The Walking Stick Tree: A Memoir* (2016), she writes her story of life with arthritis, from her earliest memories up until the present day. This is a narrative arc that spans a large part of Harris’s life, but she is able to incorporate her deeper thoughts and search for personal meaning in four separate essays positioned at different points in her book. Each is marked out by an alternative font and clearly titled “Essay”, and has its own reflective style that is emotionally connected to her story. Whilst these essays are necessarily in a different tone from the story of Harris’s life itself, with themes of pain, loss, identity, and spirituality, including references to works of interest outside the text, they complement the narrative span by enlightening rather than interrupting the reader, as they are bound up with Harris’s overarching aim to tell her personal story, an “emotional story that felt too big” (2016, p. 1).

Over time, however, I began to realise that my own personal experiences and my ideas about them could mostly be conveyed through the narrative itself. For example, rather than express my beliefs directly to the reader about the importance of containing the emotional life of a therapy group, I could usefully communicate these ideas by writing about my differing personal experiences in such groups, and their effect on my emotional well-being.

As I continued, my personal story expanded and became more and more central to my narrative, and in my final drafts it became increasingly challenging to incorporate the more theoretical sections without sacrificing the texture and fluidity of the narrative. The more I tried to tell this story in the way I wanted to tell it, with depth, openness, honesty, and emotional intensity, the more the essay sections clearly detracted from the flow and tone, disrupting the dramatic tension that supported the narrative. I found that the more overtly educational and theoretical parts sometimes became didactic in tone, particularly with my eagerness to share my passion for psychotherapeutic concepts and texts. In ways that were distancing and somewhat jarring for the reader, this obscured the power inherent in the narrative moments themselves, interrupting and diluting the intensity of my story. This is a story which, if it is to have any impact, relies on the reader not just staying with my experience, but feeling it with me (as much as they can) along the way.

It took until the final drafts for it to become clear to me that that my personal story was enough. If I could let it breathe on the page, the story in itself might be thought-provoking and encourage engagement with the debates I see as important, such as loss of identity and trauma in cancer, for example. I have retained some explanatory transactional moments where I felt the narrative could contain them, but I have tried to keep my personal experiences paramount. I have a short section in italics

in my final section that does directly address the reader with my ideas, and I discuss this later when I look at the ending of my memoir.

I have also retained references to some of my reading through the quotations at the head of each section, which are intended not just to echo in some way the text that follows, but also the works I've consulted along the way that have, at some level, informed my thinking. In the future, I hope to provide either an addendum citing references to these debates, or even a companion text to this manuscript containing essays that have space for the more overtly contentious.

As Couser states, "genre is not about mere literary form, it's about force...about what impact it seeks to leave on the world" (2012, p. 9). These struggles with the narrative style helped me to consolidate my adherence to my central themes and I decided to stand by the weight of my authentic experience to drive the narrative. With emotional well-being at its heart, and by communicating some of my ideas about the value of emotional awareness, I am joining Conway's "distinct minority" writing about "damage to self and life" in order to make an impact (2013, p. 4).

Narrative Voice

Finding my narrative voice was part of this struggle with narrative style and genre. Theorists agree that finding the right voice with which to tell your story is crucial. In her analysis of the form that memoir takes, Vivian Gornick states that central to the memoir is the creation of the self in which the story resides, which she calls the narrator's "persona", in an effort to voice the past (2001, p. 6). Looking more specifically at writing an illness memoir, Frank suggests that we are finding our voice, finding out "which self can speak the voice that is one's own" (2013, p. 71).

Mine is the voice of the emotional self, deliberately chosen, in the hope that it is both clear and intimate and never reductive of experience. Staying with this voice,

one of free association, pondering, and musing on thoughts and feelings, rather than the polemical tone I found myself falling into, was a key part of this process. This voice fits with the narrative itself as it follows my attempt to integrate fragmented parts into a story that can be felt, thought, and told. I, as protagonist/narrator, make attempts to voice my emotional states as I make meaning of my experiences.

An author who displays a narrative voice that achieves this level of authenticity is Cory Taylor in *Dying: A Memoir* (2016). Speaking from what is the voice of her dying self, in clear and honest language she allows us to be party to her deepest dilemmas and most personal reflections, in writing that is never sentimental. She speaks as only someone who is knowingly in their last few months can speak, and the narrative style is dictated by the ways in which the implicit is made explicit through her themes. For example, the opening maps out her steps to secure euthanasia drugs as well as her dilemmas and misgivings, along with her understanding of the wider debate. For Taylor, this is not just an option to be mulled over; it is a strong possibility, even perhaps a necessity, and she spares little as she tells us why.

Her story is made more powerful by a narrative voice that is able to elucidate the dilemmas of the ending of her life through her most personal thoughts and the stories that envelop them. Taylor's narrative style therefore meets her purpose and her viewpoint: "For so many of us, death has become an unmentionable thing, a monstrous silence. But this is no help to the dying, who are probably lonelier now than they've ever been" (2016, p. 9). Both Taylor's narrative style and courage in mentioning the unmentionable influenced my writing as I searched for ways to write about my reality.

Illness Memoirs

The Feeling of Cancer, I believe, is aligned with various frameworks, definitions, and constructs outlined by theorists who discuss the genre of the illness memoir. Couser,

who writes in general terms about memoir, suggests that the contemporary illness memoir is a “threshold genre” that gives “voice to previously silent populations” and is a vehicle for taking on society’s preconceptions, as it challenges patronising and stigmatising narratives through real-world settings and first-person narratives (2012, p. 9). Countering what he views as the dominant preference for positive narratives, illness memoirs have the ability to widen our understanding of what it means to be human. The deeper subtext, for Couser, is the “active reclaiming of illness and disability” (2012, p. 14).

In a similar vein, Baena, in *Narrative Empathy and Illness Memoirs*, agrees with this view of the capacities of the illness memoir, outlining its purpose as a tool for writing about universal experiences, which she suggests have the ability to modify society’s responses to the experience of illness (2017). A large part of my purpose in writing has been to widen our understanding of what it means to live with cancer, whilst actively seeking to retain my emotional connection to myself as fundamental to my identity, in the hope of resonating with those who are going through similar experiences.

As previously mentioned, an early influence on my writing was Arthur Frank’s memoir of his experiences as a survivor of both heart disease and cancer, *At the Will of the Body: Reflections on Illness* (2002). Frank’s approach to his memoir is to analyse his encounters with illness from within his personal experience, detailing the physical and emotional demands of living with illness. Informed by his sociology background, he pays particular attention to the dehumanising effects of the role of the patient, saying “The idea that cancer represents a defect in the ill person’s identity does not go away easily. Society imposes this idea on us every day in subtle ways” (2002, p. 95).

Those subtle ways are shown through Frank's retelling of his personal stories and emphasised by his tone, which is always humanising in his intention to highlight the stigma faced by ill people. He gives unflinchingly honest accounts whilst questioning the American health system and the expectations of society, and is able to avoid easy and tidy solutions.

If Frank's protagonist is a patient revealed as a person, mine is a protagonist revealed as a feeling person. Reading Frank inspired me to bring my own stories to the fore and write more openly about the specific moments when I felt most emotionally conflicted and challenged.

Frank's belief in the power of writing an illness memoir is clear. He suggests that in order to be "successfully ill" the ill person might "rise to the occasion by telling not just any story, but a good story (2013, p. 62). This good story is the measure of an ill person's success, for Frank. I interpret that good story as a story that is able to stay with the very real human distress whilst being able to integrate that distress into the writer's own continuing personal story.

Memoir of Well-being and Counterstories

I now turn to an analysis of aspects of my memoir using the ideas of two more recent theorists, both of whom have been directly influenced by Frank, and consider how my memoir might meet the criteria they outline for memoirs of well-being and counterstories.

Reiffenraff sets out a case for a new subgenre, the memoir of well-being, which can "challenge health as merely absence of disease" in her book *Memoirs of Well-Being: Rewriting Discourses of Illness and Disability* (2016, p. 12). For Reiffenraff, this subgenre has emerged in response to societal changes that increasingly value social inclusion, which is motivated to "seize the power to define

well-being from the hands of medical professionals and partake in the construction of alternative narratives of illness and disability” (2016, p. 13).

For Reiffenrath, illness/disability memoirs play an important part in interrogating definitions of health by bringing individual voices to print; voices that represent the wider culture. She gives the illness/disability memoir extensive consideration, pointing out that context is paramount in memoir, as memoirs “do not treat their writers’ lives in isolation, but conceive them intertwined with time, place, culture, and society” (2016, p. 34).

Reiffenrath expands on Frank’s proposition of a “remission society”; the increasing number of people who are currently well enough as a result of modern medicine, but not cured. This is the group to which I belong, and Reiffenrath suggests that one of the major aims in a memoir of well-being is that “in the remission society, the post-colonial ill person takes responsibility for what illness means in his life” (2016, p. 13). Reiffenrath’s view here marries with my aim to take responsibility for both making and presenting my own meaning of my experiences of illness through writing my memoir.

Another key feature of the memoir of well-being is its unwillingness to align its stories to traditional ideas of health. It seems that medical definitions of health are themselves being challenged in some quarters in an attempt to embrace a more holistic approach to the concept of health. Atul Gawande, a doctor writing about modern medicine’s management of end-of-life care in his bestselling book *Being Mortal: Illness, medicine and what matters in the end*, speaks to his own profession as he questions medical decisions based purely on extending life. “We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being” (2015, p. 259).

As I privilege emotional health as my main theme rather than the traditional illness memoir's concentration on purely medical definitions of health, I would place my memoir within the subgenre of memoir of well-being. Health is defined by Reiffenraff as a broad, holistic concept, beyond the binaries of ill/well and ill/cured, and she believes that these memoirs show that "the writer may heal even in face of an affliction" (2016, p. 14).

Ultimately, my memoir is informed by the psychotherapeutic belief that the integration of traumatic and stressful emotions through the creation of a meaningful story can be a profoundly emotionally restorative, and hence healing, experience. This is achieved, as Frank suggests, through the opportunity of "rebuilding the narrative wreckage" (2013, p. 71).

Turning to narrative structures in the well-being memoir, Reiffenrath outlines how the text interrogates conventional plotlines and language styles, creating a "new space within memoir", and so reclaims the illness memoir, which "allows for a breach of storying illness" (2016, p. 12).

Another narrative theorist, Gosselin, also suggests that contemporary illness memoirs have the ability to challenge the dominant discourse through counterstories. Gosselin, in her article "Memoirs as Mirrors: Counterstories in Contemporary Memoir", analyses memoirs of psychological illness. She defines a counterstory as an "alternative narrative created in opposition to the dominant cultural paradigm that accounts for structured experiences" (2011, p. 133). The purpose of a counterstory is to enrich dialogue about the experiences explored in the text through mirroring the experience of the subject, with the aim of being "thought-provoking" rather than "authoritative, conclusive, or definitive" (2011, p. 144).

In the remaining sections, I consider how my memoir breaks with narrative conventions and so might further be categorised as a well-being memoir and as a counterstory.

Narrative Themes

Both Reiffenrath and Gosselin believe that narrative themes are central to the way in which memoirs are able to subvert dominant narratives. My overall premise, that emotional awareness and understanding can be an indicator of health, is in itself outside of narratives that privilege the “hopeful” or “tragic” and offer “drama that safely contains the pain, messiness, and monotony of actual experience”, all features of the dominant narrative, according to Gosselin (2011, p. 133).

My central theme is one of managing one’s emotional well-being through maintaining connection to one’s true feelings. I attempt to take the reader with me, as I, the protagonist, struggle to achieve agency and power through access to my feelings. In all aspects, the abiding focus throughout my memoir is one of feelings and my internal feeling world. This in itself is outside the prevailing, more medically-focussed narrative described as dominant by both Gosselin and Reiffenraff. To write about the subjective, individual experience of living with cancer is common, but to foreground the internal emotional states and conflicts throughout is not.

I would suggest that writing about feelings is an important, but often devalued project. Susie Orbach, an author and psychotherapist who champions bringing an understanding of our emotional world into everyday conversation, indicates the value of emotional literacy: “Without a knowledge of our emotions, their trajectories and transformations, we can’t hope to mature or to think more profoundly about what

motivates us, our desires, and what stands in the (emotional) way of their satisfactions” (1991, p. 5).

Whilst I have been unable to find an illness memoir with the emotional world at its centre, one memoir that does foreground the emotional challenges is psychotherapist Kathlyn Conway’s memoir *Ordinary Life: A memoir of illness* (1997). Conway rails against the “narrative of triumph”, which she describes as having a protagonist with “traits that will ensure a triumphant ending: he or she takes action, battles heroically, and maintains an optimistic attitude” (1997, p. 4). Writing about her struggle with breast cancer, she is at pains to reveal the actual experience, and strikes at the heart of the challenge for an “untriumphant narrator” to show both “the devastation of the experience and to transform the raw and shattered experience into a story with shape and coherence” (1997, p. 101).

Conway argues for and tells a different story from the norm, one which chronicles the misery and turmoil thrust upon her world after her cancer diagnosis, and the longer-term psychological damage she feels. However, her narrative is still concerned with biomedical details to the extent that doctors and hospitals, and usually their merit and expertise, are described at length. I wondered when reading this memoir how difficult it might have been to write such a book in 1990s America without referring to one’s healthcare providers: essentially, a book from outside of the system one is caught up in.

It would have been easy for me to fill *The Feeling of Cancer* with details of the many medical teams I’ve been connected with since my diagnosis, and it may be that readers are able to anchor themselves in such details. However, this is something I have intentionally tried to avoid in order to allow the emotional world to take precedence in my narrative. For example, my choice to virtually exclude names of doctors, nurses, or specific hospitals, or designate status to any of the many doctors

mentioned, was a deliberate counter to the prevailing style of memoir, which is often populated by such details. None of that detail seemed to serve the needs of my narrative in any way.

This narrative choice was informed directly by many years of therapeutic encounters where it is common, as emotion intensifies, to go into increasing detail about anything other than feelings, as a defence against those painful feelings. By leaving space in the narrative, just as by clearing space in the therapeutic relationship, I was able to allow my consciousness to emerge at a pace that facilitated depth and complexity of feeling, and to give attention to each of the narrative moments that I understood to be important.

As Conway has done, I tried to stay faithful to my complex emotional reality throughout my writing. There will always be a tension between life as it happens and the way it is shaped into narrative, and I felt this tension most when writing my accounts of intensely emotional states. Emotional states are ongoing and not linear. For example, the effects of trauma described in the early part of the story were and still are apparent at times, but as they subsided I wanted to talk more about other, more pervasive feelings. So, in *The Feeling of Cancer*, I worked to emphasise the confusing and overwhelming nature of emotional states as they happened, partly as a counter to reductive accounts that “limit the ways that people can understand such experiences, both their own and others” (Gosselin, 2011, p. 133).

Looking at identity as a theme, a major focus in my memoir is the effect that living with an incurable illness has on the self, explored in all its ambiguity and complexity. Baena sees the power of memoir as a vehicle to give voice to a patient’s experience of “the identity crisis” that eventuates in the face of serious illness (2017, p. 177). Certainly, part of my motivation for writing about my emotional experiences

in some depth was in order to “modify both affective and cognitive responses to the experience of illness” (Baena, 2017, p. 177).

My narrative is informed by the idea that whilst normally we have access to a wide range of feelings, life-threatening illness can shut those feelings down, cutting us off from ourselves and who we are. To illustrate this, I wanted to show my progression through feeling states and my struggle to manage those states. The resultant integration of feeling and thinking through story is presented precisely as an act of reclaiming my identity rather than side-lining identity and agency, which Gosselin suggests is a feature of dominant narratives (2011), and I look further at this when I consider my ending.

Tense and Point of View

My use of tense and point of view further allow me to stay with my own experience as it unfolds, whilst exploring my reflections on the emotional effects of that experience on my identity.

Most memoirs are naturally written in the past tense, being an act of remembering. Deciding to write almost solely in the present tense was a choice I made to allow me to take the reader with me on my process; one of remembering and also re-experiencing. Similarly, my decision to predominantly use the first-person point of view comes from the same place, and in addition is a useful way to ensure, as Couser suggests, that my narrative “challenges preconceptions” (2012, p. 9). These narrative choices, I believe, enabled me to be more vulnerable, allowing me to focus more intensely on myself, my feelings, and my thoughts, so helping to draw the reader into my world—the world the of my own consciousness.

Whilst it is unusual for memoirs to be written almost totally in the present tense, in her memoir *Driving to Treblinka: A Long Search for a Lost Father* (2017)

Diana Wichtel searches for the truth about her late father's life and employs the present tense for large sections; including her childhood memories and her present-day journey to uncover the details of her father's life. Using the present tense makes for an evocative, immediate, and emotionally involving experience for the reader, bringing the story and characters to life, especially when juxtaposed with the past tense sections of the book, which are more historical in detail.

I wanted to create an empathic connection between myself and the reader through the text, so that the reader would feel *with* rather than just *for* me, both as a patient and as a fellow human being. Di Summa-Knoop believes that the memoir has the unique ability to encourage the reader to feel *for*, feel *with*, and feel *as* the writer (2017). Also, writing specifically about empathy in *Narrative Empathy and Illness Memoirs*, Baena suggests that writers employ different tools to create this empathic connection beyond genre itself (2017). My hope is that both tense and point of view are tools that bring my emotional experience closer to the reader as the story unfolds, in a way that can be both felt and thought about.

I made a decision to break with the first-person point of view in two places in my memoir for very specific reasons. In the first instance, I use the second-person point of view in the section recalling my near-death experience in intensive care. I made this narrative choice partly in order to augment my own feeling of being detached from my body. I hoped that the lack of "I" in this short section would not only convey my "out-of-body" state during this time, but also provide a deliberate jolt in the narrative, asking the reader to be an observer in the life-and-death scenario being played out. I also chose this point of view for this specific narrative event, presented in a different font, to emphasise this major crisis with all its intensity within the story itself.

I was aware that the second-person point of view also changes the reading experience, demanding absorption from the reader, and may be experienced as quite confrontational. And so, I hoped that the reader would empathise with me, as an observer and cut off from events, but also that they would be drawn into the story and feel somewhat shocked at the unfolding crisis.

Overall, my choices of tense and point of view were used to underscore the uncertainty and unknown in my story. Embracing uncertainty is a feature of the counterstory, as Gosselin points out. A memoir that is a counterstory has the ability to present the complicated, variable, and unknown factors, rather than seeking to “resolve the unresolvable” (2011, p. 140).

Temporality

A central part of traditional plot structures is the manner in which time is embedded in the narrative. Looking at the way time is used to structure our stories, Gosselin suggests that through the use of structure, the counterstory can present an alternative narrative to the dominant cultural paradigm, and so enrich dialogue (2011).

Reiffenraff looks more specifically at how time is a theme in memoirs of well-being, suggesting that themes and motifs around temporality are another way in which traditional ideas around health are challenged (2016). In my reading, I’ve found that time in illness memoirs usually adheres to structures around medical events, often tied to treatment and disease progression and/or cure, and is presented in a linear narrative fashion.

However, time in memoir is always subject to memory and the emphasis placed on the narrative moments remembered. *The Feeling of Cancer* draws on my experience of psychotherapeutic theory and practice, which endeavours to work through emotional trauma by the slowing down of time to reveal the deeper feelings. The self is a time-bound concept, and as the self is affected over time by events, I am

interested in depicting through my narrative how I engage with my changing self over time. Therefore, how I feel time passing as the protagonist informs the pace at which events take place in the writing. For example, my opening pages depicting my diagnosis are written in a way that I hope captures how irrelevant I felt the experience of time passing to be in my helpless, drugged state, but at the same time how urgent and confusing, whilst caught up in a very frightening life event.

In my narrative, I am bound somewhat to the progression of medical events that drive my story, such as diagnosis, treatment, remission, and relapse. However, in an attempt to avoid them taking the fore within the narrative itself, I have deliberately excluded most traditional markers of time, dates, years, and even ages. I have found that these markers are often used to drive the narrative in traditional illness memoirs to show how “time is running out”. The medical timeline comes to take precedence, with dates of diagnosis, treatment, test results, appointments, and doctors’ visits, etc. detailed for the reader. I suggest that we could call this “medical time”. Whilst it is natural as a patient to become somewhat fixated on this representation of time, I wanted to try to portray a different concept of time: time as I experienced it, at different stages, during shifting emotional states—perhaps “emotional time”.

Endings

Baena suggests that personal narratives have the means “to create a new continuity, to replace what was ruptured” (2017, p. 177). A key part of this power of the personal narrative is related to endings. Frank talks about endings in the dominant narrative, which he calls the “restoration narrative” as it aims to “return the sick person to the status quo”, rather than a “renegotiation of society’s obligations and personal identity” (2009, p. 83).

All the illness memoirs I considered as part of my analysis bar one end with an afterword, and none are concerned with returning the writer to the “status quo”, rather providing the reader with the author’s personal reflections. Conway uses her afterword to reflect on the period of her life she has written about, sharing her feelings about her experiences, one year on (1997). Frank uses the opportunity of an afterword written ten years later to update his thinking both specifically, in terms of his personal story, and more generally, in relation to the developments in illness memoir theory in the face of medical advances (2002). In her brief afterword Harris places her memoir within the wider discourse on writing about disability, as well as reflecting on the process of writing the memoir itself (2016).

There is no afterword to Taylor’s memoir about her own impending death, but rather an ending that inspired me with its authenticity (2016). Taylor stays true to her own views and in her own voice right to the end, imagining her own death scene in the form of a film. There is nothing sentimental or transcendent about this moment. Rather, her final words take us through a montage of scenes from the book, until the final sentence: “fade to black” (2016, p. 147). It is both courageous and powerful, a fitting ending to a book that presents a deeply personal and honest meditation on a life about to end. Thus, Taylor resists inviting someone close to her to provide an afterword to be written after her death, as is the case in many memoirs written by those who are terminally ill.

Reiffenraff suggests that memoirs of well-being defy closure and so “write back at and deconstruct triumphant and restitution narratives” and expose the inadequacy of traditional ideas around health (2016, p. 15). She outlines how endings in memoirs of well-being are able to show experiences in a dynamic way as the narrative ends, as “living experiences that must be confronted continuously” (2016, p.

142). Gosselin, too, believes that counterstories can “emphasize ongoing instability” in their endings, by “avoiding false representations of finality” (2016, p. 142).

My ending takes two forms, which I think adhere to both Reiffenraff’s and Gosselin’s claims for endings that are prevalent in memoirs of well-being and counterstories.

What could have been my first ending, if I had written a more traditional memoir, is this: I briefly talk about my ongoing relationship with my medical status, ensuring that the reader is aware that there is still much that is uncertain as well as unknown. However, I have deliberately not placed this at the very end of *The Feeling of Cancer* as I wished to end my memoir with the powerful experience that follows, when I tell my story.

However, immediately before the final pages, I present a few paragraphs containing what I think of as my personal “manifesto” on the power of integrating trauma through story. I address the reader directly with my views on the importance of reclaiming my story through telling that story. I have used a different form of address and font in order to signal to the reader that this is a dramatic change in the narrative.

This penultimate section is designed to set the scene for my ending, emphasising the significance of the narrative that follows in the context of the whole memoir. The change of address, using the first-person plural point of view pronouns of “we” and “our” is my attempt to broaden and universalise the ideas I am imparting in the text. As well as inviting the reader into an intimacy with me and my experiences at the end, I am hoping to get my message clearly across to the reader, hoping that they are open to my ideas as I approach the final pages of my memoir.

The event that constitutes my ending falls outside of the timeframe in terms of the sequence of events that make up the rest of my narrative. The event itself, telling

my story at a hospice workshop, actually took place during my first period of remission and before my second round of treatment, but as it was a profound experience that played an important part in motivating me to document my story, I have chosen it as my ending. My ending is therefore out of linear time, suspended in its own time, separated from the rest of the text by my “manifesto” in an effort to impact the reader. My self-referencing final sentence is intended to take the reader back to my own realisation that perhaps I should write a book about my experiences: the book, of course, that has just been read.

I believe that by choosing this event as the final part of my narrative I have subverted the dominant narrative form, a form which would have meant ending my memoir with the page about my ongoing health status.

My ending encompasses an act of profound meaning for me. In line with my beliefs and psychotherapeutic understanding, it is not about transcendence in the face of illness, but about reclaiming identity through both the writing and telling of an authentic, emotionally grounded narrative.

Conclusion

Through my themes and narrative choices I have shown that there are other ways, as Reiffenraff says, by which well-being may be achieved outside the medical definitions of health, and that these can be represented through memoir (2016). My aim in *The Feeling of Cancer* is to be “thought-provoking” rather than “definitive” or “conclusive”, as I propose restitution of a different kind, outside the dominant, biomedical narrative: one of emotional health (Gosselin 2011, p. 144).

Now that cancer rates are rising and more people are surviving with cancer for longer, I feel that new voices are needed to add to the conversation about how we might live if we find ourselves in this situation. I believe that we need voices that ask

us to consider how we might stay connected to our deeper selves in the face of the emotional stress it causes, rather than soldiering on and keeping positive. Being chronically ill is an isolating, frightening, and life-changing experience and I have written *The Feeling of Cancer* in the hope that it will provide some insight into managing the emotional challenges this brings.

When you can share your story, it can engender the compassion of others, and in the telling, you can deepen your compassion for yourself. Taking responsibility for your own story is powerful.

If we don't tell our personal, meaningful story, in our own voice, then others will tell it for us (2019, p. 142).

The Feeling of Cancer
Sandra Russell

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