



Research article

# Cancer Survival as a Social Practice: A Study of Selective Indian Women Cancer Narratives

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## Abstract

Researching the survival trajectories of cancer survivors, through their narratives, is indeed crucial for understanding the multifaceted dimensions of their experiences. Within the Indian subcontinent, where cultural, societal, and healthcare dynamics differ widely, studying cancer narratives of female survivors offer a unique perspective. Women often face specific challenges related to gender roles, stigma, access to healthcare, and support systems. Understanding how female cancer survivors navigate through these challenges and develop strategies for survival can benefit both healthcare practices and social support structures. The four primary texts taken for analysis come under the genre of illness narratives: 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) are analytically reviewed for the study. Theoretical perspectives from the survivorship theory of Alex Broom and Katherine Kenny have created a framework to analyse the survival trajectory in this research. Exploring how women perceive and cope with the news of their cancer diagnosis, including their emotional responses, fears, and uncertainties makes cancer survival a social practice rather than an individual struggle. The study also identifies the strategies and resources women utilise such as spirituality, peer support, information-seeking, or maintaining a positive outlook. It examines the long-term effects of cancer survivorship, like recurrence, survivorship care, body image, relationships, and existential concerns. By delving into these themes, the research understands the experiences of female cancer survivors to reduce stigma and inspire hope for others facing similar challenges.

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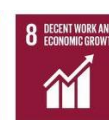
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## Introduction

The World Health Organisation (2012) states that, "Cancer is the second leading cause of death globally, accounting for ... one in six deaths." It is stated in ET Health World on February 2<sup>nd</sup> 2024 that, "In 2022, India had more than 14.1 lakh new cancer cases and over 9.1 lakh deaths due to cancer", and India has ranked third after China and the United States of America. GLOBOCAN (Global Cancer Observatory) predicts that cancer cases in India would increase to 2.08 million, by 2040. It is at this point that I would like to fix the relevance of this study.

In the present societal conditions, there is a dire need to observe and examine the struggle and plight of cancer survivors to open new vistas of healing patterns. Cancer narratives represent these struggles and the process of survival undergone by the survivors. It is also a necessity to understand survival in a socio-cultural context. This study traces the trajectory of survival, in a selection of cancer narratives by female survivors from the Indian subcontinent, to identify and study cancer survival as a social practice rather than an individual struggle. Survivorship is observed by Alex Broom and Katherine Kenny in the work *Survivorship: A Sociology of Cancer in Everyday Life*, (2021), as "subjective" (p. 12), "relational" (p. 12) and "innovative" (p. 14). Survivorship is of "uncertainty" (p. 42); it is a "becoming" (p. 37), "evolving" (p. 154) and a "life-prolonging" (p. 48) experience, which is initiated from the point of a cancer diagnosis. It is also interpreted as "collective" (p. 19) and as a "social practice" (p. 9).

## Review of Literature

Susan Sontag, in *Illness, as Metaphor* (1977), says, "Illness is the night side of life" (Sontag, 1977, p. 5) and "cancer is the killer disease; people who have cancer are cancer victims" (Sontag, 1977, p. 57). The increase in cancer survivors' struggles has brought unbearable suffering for individuals, reducing their chance of survival. The study tries to bring a ray of light to the "night side" (Sontag, 1977, p. 5) of illness like cancer; as Manisha Koirala quotes in *Healed*, "Cancer is not a death sentence. There is hope" (Koirala, 2018, p. 183). Cancer became a topic of discussion in literary writings from the 1970s through the publication of *Illness as Metaphor*, in which cancer was metaphorically presented as a demonic pregnancy which equals death and also as a secret invasion, which doesn't knock before it enters. Cancer is also considered as a vehicle of excess feeling that is contagious, obscene, and a fatal illness. It is also meant to be a supernatural punishment. *The Cancer Journal* by Audre Lorde initiates various interrogations about the female body, and the use of prosthesis. It also argues against the notion that a woman is a woman only if she has two breasts. Deshazer in *Fractured Borders*, argues that cancer writers observe women's ill bodies in five images: medicalised, leaky, amputated, prosthetic, and (not) dying bodies. These images question issues faced by women living with cancer and understanding it in a socio-cultural context becomes an inevitable need.

## Research Methodology

A close reading of cancer narratives by women survivors is initiated for qualitative research in order to examine the several levels of survival techniques applied by the survivors. The four primary texts taken for analysis come under the genre of illness narratives: 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) are analytically reviewed for the study. The four narratives express their personal, social and psychological experiences after their diagnosis as cancer patients. Theory of survivorship, form the theoretical framework to study the survivors' survival strategies. *Survivorship: A Sociology of Cancer: A Sociology of Cancer in Everyday Life*,(2021) by Alex Broom and Katherine Kenny has proved to be a yard scale to study the survival trajectory

The objectives of the study are, to identify the various strategies of struggle and survival experienced by women cancer survivors on a social perspective, to understand the medical experiences of the survivors as presented in the narratives, to identify the therapeutic value of narration and to explore the possibilities of writing as a tool for recovery.

Some of the common factors identified among the four authors were that, the authors of the selected narratives are urban middle-class women with good educational exposure. They are employed and have an independent source of income. They are comparatively popular in the existing social milieu, like the renowned film actor Manisha Koirala, popular model Lisa Ray, CEO of a motivational training hub Neelam Kumar and Intercultural consultants for multinational corporations Anita Moorjani. The period of their publications is during the time when women are finding more equitable places in the family as well as in society as decision-makers. In spite of their privileges, it is understood that they went through multiple levels of struggle as cancer patients which is expressed through the narration.

The four writers are associated with India but had their childhood in different countries and worked in various professional sectors. The four works can be considered under the section of cancer narratives, which explore the experience, struggle and fight they encountered from the time of cancer diagnosis till the point of relief from the disease and the transformations recognised during the post-illness period. It also speaks about the transformation of life as they endured the complex realities of cancer. They also represent the interpretation of disease in four different socio-cultural contexts: India, Japan, America and Canada, where they grew up or found a living space during their lifetime. The works resemble the qualities and characteristics of Illness narratives but are unique in survival patterns. The non-extinguishable urge to sustain life, the inevitable search for alternative methods of therapies, and their unwavering struggle and optimism for fighting in all situations of struggle could categorise it under survival literature.

The book *Dying to be Me* expresses Anita Moorjani's Near-death experience, which has been narrated most genuinely, thus making the writing a true memoir of the cancer struggle. The book is a Cancer patient's Biography dealing with health, cancer and psychology. The memoir becomes an example of how one should get in touch with one's truth, which is hidden deeper within oneself. Anita had experienced the NDE during the spring and winter of 2006 and was healed of the cancer she had endured for the past four years.

*To Cancer with Love* of Neelam Kumar, is a hilarious cancer memoir that reveals the realities of being diagnosed with cancer twice in a lifetime. Armed with the survival kit of humour and extreme courage, Kumar appears to be a wrestler of cancer who strikes back at her strong enemy, Cancer, with sharp wit and comes out successful twice, beating it away from the journey of life.

*Healed* is a cancer narrative by Manisha Koirala. It is a profoundly moving and personal story that weaves fear, agony and pain of Koirala's diagnoses, suffering, struggle and recovery from Stage IV ovarian cancer. It is a battle for life, portrayed by the diagnosis in India, her treatment in the US, and her strong recovery of rejuvenating herself and her life more prudently. The care

provided by her family and friends and the support that she received from the oncologists with her positive spirit, which helped her recover, could be experienced in the book.

The book *Close to the Bone* of Lisa Ray, portrays the unflinching, deeply moving account of her nomadic existence and her entry into the Indian entertainment Industry at sixteen. The memoir reflects her relationship with her Bengali father and Polish mother. The life in the film sets her experiences of becoming a model and a renowned actor in Indian films, and the preparations she makes for perfection are represented in the book. Her battle with multiple myeloma when she was thirty- seven, the spiritual quest she ventures with, comes into her imagination. Her relationships with lovers, traitors, mentors, and dreamers and her pains and triumphs are also intact. The book also is about her quest for love. It is a funny, charming, and gut-wrenchingly honest story of Lisa's life, which is lived on her terms.

The authors of the four memoirs use different literary devices like images, symbols, dreams, flashbacks, metaphors, similes etc., to trace their struggles, from diagnosis and their travel through the treatment procedures towards the assertion of a cure. The turmoil of the treatment procedures, the uncertainty of life and the ambiguity of death are presented in the texts through images and symbols initiating hope for survival.

Survivorship is understood as a multidimensional process of sustenance of life from a threat or crisis, where a person's physical, psychological and social aspects get distracted and create a new form of understanding.

Survivorship emerges from our social fabric, articulating our modern sense of mastery over affliction, medical successes in delaying death and slowing ageing, and our dread of our inevitable demise. Survivorship practice produces and is produced by relations of wilfulness, hope, dread, obligation, reciprocity and somatic necessity. (Dragojlovic and Broom, 2017, p. 131)

Survivorship becomes a process where the individual, family, society, and government get involved in enhancing the quality of survival, which could be observed in various situations as depicted in the four narratives. This lived experience is relational and social, organised with broad magnitudes of human existence, making survival as a collective reality and a social practice. "Cancer is thus both a cellular event and a historical, cultural and economic production, with our species involved in an elaborate technological and pharmacological show-down with one of its most enduring threats" (Broom and Kenny, 2021, p.1).

Broom and Kenny say, "The assessment of disease or illness as separate to the person dominates medical practice" (Broom and Kenny, 2021, p.11). The non-clinical experiences are often side-lined and compartmentalised by modern medicine, ignoring subjectivity. However, subjectivity in survival highlights the complex relationship between illness, technology, medicine, emotion, embodiment, sociality, and care. The lived experience of cancer is also embodied in historical, social, cultural, and economic forces. "Cancer is made meaningful and is meaningful in ways that reconnect disconnected spheres and also challenge established disciplines and institutions" (Broom and Kenny, 2021, p. 11-12). Thus, survivorship seeks to explore the complexities of cancer beyond biomedical scholarship, focusing on the subjective experiences of the survivor.

## Survival as Subjective

Survivorship could be observed as subjective and unique in all four narratives. One survivor's physical and psychological conflicts are much different from those of another. In the narrative *Healed*, written by Manisha Koirala, it is observed that she creates a cordial relationship with her illness and the treatment process. Though it was a task for her to find the apt form of treatment for cure, she narrates about the pathways of survival which were tracked by interacting with various medical consultants and doctors. Her relationship with her body and her reactions towards the changes occurring before diagnosis shows her subjective emotions. This affliction is expressed symbolically through the image of darkness seeping into her life as she says, "The feeling of being engulfed by darkness was fast descending on me. Even as I choked and struggled to fight it, darkness clutched at my throat, cutting off the light. Then it travelled swiftly, sweeping ruthlessly through my body, and finally settled into the pit of my stomach" (Koirala, 2018, p. xi).

Though Neelam Kumar, the author of *To Cancer with Love*, was strong enough to handle any challenging situation, her mind did not agree with the trauma that was set for her in the form of cancer the second time. This made her cancer subjective since she was experiencing cancer the second time. The rhetorical questions she asked herself in the narrative to convince herself about the recurrence of cancer create a dramatic vision. She argues with the same question, "How could I, of all the people, who neither smoked, nor drank, nor did drugs have breast cancer?" (Kumar, 2015, p. 21). This also added that her lifestyle was relatively healthy, and the inquiries about her were whether she had a family history or married late? Did she give birth to children and breastfeed them? It was positive; thus, even the doctors were confused, stamping it as "A freak case" (Kumar, 2015, p. 22). The initial process of identifying cancer is through the experience of the body. Realizing the presence of cancer in the body, knowing and feeling it, and the close observation of the symptoms could help in early detection and increase the possibilities of cure.

The tension between external awareness and the person's subjective knowledge about cancer creates its ontological politics. The question of how we come to know about the presence of cancer in our body during everyday life experiences would clarify the person-centred formulation of knowing disease. Blackman says, "We need to be aware both of the bodily basis of thought and the cognitive component of bodily processes and vice versa" (Blackman, 2021, p. 5). Issues like what and how bodies know about diagnosis, what is known before diagnosis, and what can and cannot be known afterwards are portrayed metaphorically in the texts. The traditional knowledge about cancer and the division between body and mind or between knowing and feeling should also include the kinds of knowledge that the biomedical sector often excludes. Knowing what was happening with their bodies appears to be a necessary element of survivorship. Cancer could be a surprise attack, for some cancer comes out of the blue. It could be the most challenging thing ever, as Anita Moorjani explains about the sudden finding of a swelling under her neck, which was further diagnosed as Lymphoma, conveys how life changes after the detection.

Knowing the body also meant understanding whether the treatment was effective and working. Observing the changes in the body could be verified as symptoms of divinations of their effective treatment. Koirala says that her hair has started to fall, and she has become bald. However, these body reactions are metaphorically considered as the symptoms of cure, explaining that the treatment was effective.

Cancer patients try to disembodiment cancer and distance themselves from their bodies. They try to create an embodied sense of self for the pathological impacts created on their bodies. The embodiment of malignancy is seen as an ongoing process. The survivors try to create a distance from the disease to feel that they are not in the dying process and suffice from the understanding that cancer is death.

Lisa becomes "Lisa Rebooted" (Ray, 2019, p. 338), with the implantation of stem cells after the process of treatment for the cancer in the bone marrow. She explains that marrow is the deepest part of the self and that she could feel the depths of it, which are found shifting, unmuffling, and upsetting all that is hidden within. There is a shift in her thought process, where till then she was like a leaf floating in the wind, but now she was ready to realise the truth. She says, "I am ready to listen to my bones, this silent support structure deep inside all of us" (Ray, 2019, p. ix).

Broom and Kenny (2021) say, "Attitude is everything" (p. 64); attitude has become a central concept of cancer survivorship. It is considered an elixir in the contemporary cancer environment and a panacea for all kinds of diseases. According to Broom and Kenny (2021), "Attitude denotes a particular feeling or opinion, the way you feel about something or someone" (p. 65). It is seen as unruly and complex. Attitude seems to be paradoxical in the context of cancer. Broom speaks about the findings of Tod et al. about the impact of attitude. Tod explains, "On one hand, the science of malignancy says that one's psyche, however it may be measured and described, bears no actual or causal relationship to disease outcomes" (Brooms and Kenny, 2021, p. 65). Yet, in the cultural context of cancer, hope, positivity, and resilience are inevitable. But this could also raise contradicting arguments as Broom and Kenny (2021) say, "You can be as negative as you wish, and it does not make your cancer grow faster" (p. 65). It is also understood that there is no scientific evidence regarding the impact of stress and negativity on the progress of the disease in causing malignancy. On the other hand, it could be realised with evidence that acceptance of the disease and the awareness about eventual death, seriousness and the acceptance of one's cancer has reduced the suffering of survivors.

Cancer creates the ambivalence of not realizing how to respond, both, within oneself and relating to the external society. Cancer has established a spectral presence that makes the person inescapable from everywhere and nowhere. Such situations are tackled with imagination and dreams. Dreams can calm the struggle of difficult emotions. Kumar is seen to establish such a technique of imagination during her survival process.

The thoughts about the future disturb the present in the cancer survivors, leaving them uncertain of what they are feeling and how they are to act during various critical situations. The normative pressure of society to act as good cancer citizens was prevalent, and it created awareness of not being too happy and not sulking at situations. As Kumar says, "I feel strongly that people have no clue how to behave with those who are braving an illness" (Kumar, 2015, p. 61). She identifies that her relationships with people are redefined, some damaged, and some are deepened during the crisis.

### **Survivorship as Relational**

Cancer survivorship is considered entangled with a person's relationships, social contacts, communities and personal lives. Cancer is connected to the cancer patients' social bonds. The

social dynamics are interconnected with care, shame, stigma, vulnerability, obligation, etc. Relationality in survivorship is an inevitable aspect through which the person travels, along with the difficulties put forth by treatment procedures and the healing process. Cancer patients cannot endure the process of treatment and recovery alone. People and the community present around them have a significant impact on the lives of the survivors.

Kumar speaks about her sisters, who came for her support during the treatment and also explains how it helped her get back to her childhood thoughts which made her bright, and energised herself from the pain of chemotherapy. She says, "They brought with them the smells and feel of a common childhood. In the unspoken religion of sisterhood, they caught me in a bear hug and said brightly, 'It's all going to be alright, Neelu!'" (Kumar, 2015, p. 30). Koirala speaks about the effort taken by her parents, which became a symbol of unconditional love. These incidents in the lives of the survivors convey the real task of cancer survivorship being relational

Memories of cancer survival experiences or the death of cancer patients affect the survival process negatively on the person. Distress, disappointment and negativity lead to confused situations. Moorjani's thoughts were diverted into many painful incidents during her survival process. The cancer diagnosis of her best friend Soni shocked her. Just after Soni's diagnosis, they were informed of her brother-in-law being diagnosed with an aggressive form of cancer. This created great fear in Moorjani because she was very much attached to them. The more she read about Cancer, the more she feared about it. She was scared of everything that would cause cancer, "pesticides, microwaves, preservatives, genetically modified foods, sunshine, air pollution, plastic food containers, mobile phones and so on" (Moorjani, 2012, p. 43). This continued until she started feeling afraid of life itself.

Tests and scans, chemotherapies and surgeries define the destiny of the survivor. It starts from the point of diagnosis and accompanies throughout the treatment process and recovery. It endorses its marks on a person's life experiences to create an identity of a survivor. Cutler, Deaton and Lleras - Muney (2006), in *The Determinants of Mortality*, performed a survey of a large and diverse literature on the determinants of mortality and said "changes in knowledge, science and technology will often increase the gradient in health" (Cutler et al. 2006, p. 117) and Fuchs (2010), in *New Priorities for Future Biomedical Innovations* said that "since World War II...biomedical innovations (new drugs, devices, and procedures) have been the primary source of increases in longevity"( Fuchs, 2010, p. 13).

Koirala narrates her experience with her first chemotherapy as an inevitable memory of the treatment procedures with imagery effects. All poisonous liquids were inserted as Chemotherapy into the body of Koirala. It was explained that it was done with the intention that the cancer cells do not return. She says, "The thought of putting chemical substances into my body made me turn icy cold. I do not know how people can remain brave through this process. I was not" (Koirala, 2018, p. 96).

Doctors and medical experts have a significant role in the survival process through their service beyond the technicalities of medication. They are elevated as healers of life than medical practitioners.

Manisha was focusing on her health at any cost, as she says, "my focus this time was on my health. I was here to meet Dr. Advani and felt certain that he would calm my frayed nerves and deal with the issue in the best possible way" (Koirala, 2018, p. 23). Once they stepped inside the cabin, she collapsed, "I collapsed with exhaustion on the chair. My intense anxiety was also

laced with hope" (Koirala, 2018, p. 23). The confidence that Manisha had in the doctors who treated her made miracles. She says, "I felt relieved. My doctors knew exactly what to do with me. That raised my confidence in them" (Koirala, 2018, p. 101).

Ray identifies specific dehumanising experiences during the process of her treatment, which could be identified as prevalent in most of the treatment procedures endured by other survivors. Still, Lisa gives a positive note that "such small dehumanising moments are part of the patient's life. It was my responsibility to transform them, to find the humour and meaning in them. To survive" (Ray, 2019, p. 312). Therefore, survivorship helps in the evolving of a new individual.

Cancer is considered a practice that is emerging from a series of relationships and is not an individual endeavour. Survivors develop proximity with the carers and search for advanced technologies, other resources and the technoscientific combination of cancer survival to enhance the process of survival. This creates a spatial image to cancer as a practice. "Proximity is the spatial articulation of power, influence, coercion and resistance; it is more than just closeness and distance; rather, it is the constant articulation of submersion in a multiplicity of relationships and our capacity to act in relation to these" (Broom and Kenny, 2021, p. 30). As Noverdt and Marita Nordhaug opine: "We are constituted by our relationships. We are born into them and gradually socialized into them, but they are not unconditionally of our own making. It is the nature of the relationship and the value we place upon it, and have reason to place upon it, that gives rise to our associative duties" (Noverdt and Nordhaug, 2008, p. 158).

This further leads to new opportunities for living after the cure. However, the landscape of life's experiences is uncertain. It is also observed that the survivors are caught between the healthy self and the indefinite future. The art of embracing positivity into their lives and, at the same time, living through survivorship appears to be 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 inability to plan the future life, the fate of the period of existence, the swiftness of ageing, physical decline and mortality are perused through the process of analysis, finally making it relational.

The framework of survivorship has traditionally created a trajectory beginning with diagnosis, towards treatment and finally, cure, which firmly eradicates disease from the person. However, this has created a paradox in the present world with an increase in the number of people living with illness. They are considered as the incurable survivors. The modern development in medicine and treatments has only increased the cohort of people with terminal diseases rather than living beyond the condition.

Cancer survivors, along the treatment process, tend to wait for the results of diagnosis, for new treatments to emerge, for decisions to be made and for recoveries. For most of them, the judgement of cancer has resulted in waiting. Therefore, the process of survivorship metaphorically becomes the process of waiting.

Waiting is considered inevitable in cancer. While waiting, there is an emphasis on the struggle identified around the biophysics of a person. The mere waiting process increases the degree of the disease and makes itself distinguishable. As Broom and Kenny (2021) say, "Waiting to see what 'cancer' does renders disease separate, distinguishable from the self" (p. 49). As Broom and Kenny(2021) say, "The phenomenology of waiting is not something that is done on its own; the act of waiting is subsumed within logics about the course of disease, pathology, intentionality and inevitability" (p. 50).



Lisa Ray explains about her waiting at the hospital to consult the doctor; she narrates it as, there were,

Thirty people, then twenty-five, Then twenty. Then it was 2 p.m. Then 4 p.m. ...Around 5 p.m. there was just us. And then the nurse called my name" (Ray, 2019, p. 285).

She also explains about a seven-hour wait she had before a blood transfusion when she was diagnosed with a blood cell count coming down to thirty, where the average count was 120.

### **Survivorship as Innovation**

Survivorship is considered a collective innovation. It could be observed that the four survivors succeeded in finding innovative paths of survival techniques in their survival journey. The narrative tries to bring out the authors' determination to endure cancer positively and come out of the aftereffects of illness by finding unique ways of survival strategies.

"Cancer is a complex disease, and its successful treatment requires huge efforts in order to merge the plethora of information acquired during diagnostic and therapeutic procedures" (Pucci et al. 9). Nanomedicine, targeted therapy and gene therapy are some of the advanced possibilities prevalent in cancer treatment. "Radiomics and pathomics approaches help the management of big data sets from cancer patients to improve prognosis and outcome" (Pucci et al., 2019, p. 10). The multiple therapeutic measures prevalent in the current living scenario increases the possibilities of survival. "a deep understanding of these complex phenomena is of fundamental importance in order to design precise and efficient therapies" (Pucci et al., 2019, p. 1). Finding pathways for effective treatment measures is the first attempt done by the survivors in the narrative.

Life was more precious for Koirala than anything in the world, so she made decisions immediately and cut innovative possibilities with the help of her friends and family members. She says, "All the doctors here were telling me it was a very complicated case. So why should I risk my life by not going to the best place in the world?" (Koirala, 2018, p. 30). Therefore, she decides to go to America for immediate and best treatment.

Carlotta Pucci et al. say in *Innovative approaches for cancer treatment: current perspectives and new challenges* that "Cancer is one of the main causes of death worldwide, and in the past decade, many research studies have focused on finding new therapies to reduce the side effects caused by conventional therapies" (Pucci et al., 2019, p. 1). The umbrella term "complementary and alternative medicine" (CAM) is defined by the National Centre for Complementary and Alternative Medicine (NCCAM) in the United States as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine; that is, medicine as practiced by holders of 'medical doctor' or 'doctor of osteopathy' degrees and their allied health professionals, such as physical therapists, psychologists, and registered nurses"(NCCAM 1) "Relevant therapies are divided into five categories: alternative medical systems, mind-body interventions, biologically based therapies, manipulative and body-based methods, and energy therapies" (Fan, 2005, p. 411).

The dependency on Complementary Alternative Medicine could be seen in all four narratives. Fear and desperation led Moorjani to learn more about the disease and find various alternate medicines for cure. She searched about holistic healing and well-being, met specialists in Natural disciplines, experimented with healing methods like hypnotherapy, meditation, chanting mantras, and prayers, consumed Chinese herbal remedies, and followed the healing

possibilities of Ayurveda travelling to India. Ayurveda, yoga, herbal remedies and a strict vegetarian diet helped her to regain health. When the Yoga guru was informed about her cancer, he advised her that cancer was just a word and the mind was more important. The guidance and teaching of the yoga master helped her to alleviate her fears about cancer; by the end of six months, she was convinced that she was victoriously healed. As Cauffield says, "In addition to their physical body, they have a belief system, social background, and hopes and fears that will color their choices and responses to therapy" (Clauffield, 2000, p. 1293).

Living with the consequences of therapeutic struggles is considered more challenging than cancer symptoms. Since the clinical focus was on the cure of illness, the side effects are not much considered. It becomes a less significant part of the disease. Though new treatment possibilities, like targeted therapies and various immunotherapy drugs, have initiated new options to extend life, new types of suffering came along with the advanced treatments. Such technological advancements broadly influenced the survivorship of cancer.

Moorjani's experience with cancer's side effects was crucial and unbearable when her life was extended to the coma stage. Her body broke out in lesions, too many toxins invaded her system, and her skin was forced to open and release poison within her body. She was soaked in sweat many times since night sweats were a common symptom of Lymphoma. The skin itched all over, as though ants were crawling all over her body, which led them to rely on ice bags and rub them all over her body for the itching to subside. Her digestive system stopped absorbing nutrients from her food, and she had no appetite. Her muscles started to disintegrate, and finally, her mobility came as a wheelchair. Her body started consuming protein from her flesh to survive. She looked like a poster child from a famine-struck nation. She became a skeleton of herself, and her head was around a 300-pound barbell, which she could not lift from the pillow. On February 2<sup>nd</sup>, she did not open her eyes; her face, arms, legs, hands, and feet were seemingly inflated. Moreover, finally, she felt she was about to end her battle with cancer. This displays that those with incurable cancer also endured the hardship of the side effects without any hope in itself. The treatment procedures became a battleground that stretched the life span but with more extended periods with side effects.

The inability to plan the future of living with cancer, the uncertainty of life and the temporal dimensions of illness in daily living experience expose the challenges of living with cancer. The search for meaning in living despite all tensions, navigating and reflecting on the path of life, raises many questions of how one should live, for how long and to what end. When cancer is not seen as a reason for "giving up living", it illustrates cancer as a "becoming" (Broom and Kenny, 2021, p. 27), as an unfolding of what has come before and what may arise next, preserving the continuity of life. As Lisa Ray says:

And a woman who knew her worth was not conditional on the shape of her body, her style, her racial identity, gender or face. I was swollen and relaxed and living with a serious cancer. I was also standing up for something that was meaningful to me personally: hijacking the spotlight to bring awareness to Multiple myeloma. If life is a continuous provocation to go beyond who we think we are, this was one of my greatest moments. (Ray, 2019, p. 311)

It is also understood that for cancer survivors, the sense of continuity in some things was attached to a sense of discontinuity in others. To do something the person likes and avoid things that are of no interest due to the feeling that one is on borrowed time makes them choose their prime priorities.

"Cancer is much more than a *diagnosis* of a diseased bodily state" (Broom and Kenny, 2021, p. 26). It is considered a social practice that reflects many facades of social life. Cancer patients and survivors become the subjects of understanding cancer as a practice that takes cancer beyond its disease-centred approach, leading to survivorship. Cancer becomes a practice, an emergence, an issue to be understood beyond the act of medical diagnosis and technological systems. The idea of cancer as a social practice complicates the thought of cancer as a mere malignancy that is disconnected and detached. It is not seen as a separate entity diagnosed at a point in time with a beginning, middle and end. It also observes survivorship as a duality of body versus mind, cells versus environment and individual versus collective. The tension between such dualities becomes visible on the basis of living with cancer and the pain endured in practice.

The fixed notion of cancer as discrete and mere medical discretion, like benign and malignant, progression and remission, has been institutionalised in cancer care. According to the interpretation, the disease begins from the point of diagnosis following a wide range of medical methodologies for the condition to be confirmed in a person, where scans, biopsies, repeated blood tests, and molecular tests result in the conclusion of malignancy. Blackman, with her attempt to shift the thinking of nature and the capacities of bodies, says that bodies are not mere containers of human selfhood, "but rather always connected to other bodies, technologies, practices and emotions, meaning that humanity is unavoidably interconnected" (Broom and Kenny, 2021, p. 28), this "foregrounds the interconnectedness of the embodiment of health and affliction connected to technologies, knowledge and expertise that surround us, all of which work together to help materialise what we think of as cancer survivorship" (Broom and Kenny, 2021, p. 28).

Elizabeth Predeger, in *Woman Spirit: A Journey into Healing through Art in Breast Cancer*, explains, "New demands resulting from the diagnosis allow little time for reflection and expression. Art is a way of expressing these experiences" (Predeger, 1996, p. 48). The description of a traumatic event by a person who has experienced it can help identify PTG. Art has been a form of healing therapy for ages and continues in the contemporary situation. Expressions like painting, photography, collage and writing can be considered functional mediums that explore the process of healing. Narrative therapy promotes meaning construction and reinforces cognitive and emotional possession. It helps to generate insights and supports the fostering of PTG. "Art becomes a tool to tap inner creativity, a method of inquiry, a form of making meaning, a way of connecting and empowering and a way of knowing" (Predeger, 1996, p. 49). Narratives help in creating a new sense of self. The therapeutic nature of narratives helps the person reconnect and reconstruct life's values for future living.

New possibilities, personal strength, and appreciation of life were enhanced through the narrative process. "Art became a pathway to healing by illuminating a changing perspective" (Predeger, 1996, p. 54). Old traumatized people have found the method of narrative construction to overcome their memory problems. Transcendence through courage, to move beyond oneself and to reach out to help others are the changes observed among the survivors. Kumar says, "Courage lies in recognising the impermanence of life and challenging ourselves to create something of permanent value within it" (Kumar, 2015, p. 97). Kumar tries to create her future despite the destiny created by cancer. She also conveys through her narrative that "One of the most courageous acts we can do right now is to let go of our destiny. Let's create our own" (Kumar, 2015, p. 97). The narrative process also helps identify their strengths and

capacity to deal with difficulty, develop a new sense of meaning and increase personal growth and self-acceptance.

The various types of nature imageries used by Koirala, Ray, Moorjani and Kumar give a new perspective of reading the narratives as moving from struggle towards the search for survival. The image of the sea could be identified as life-giving and a protector of life in both narratives by Koirala and Kumar. The six chapters in Kumar's narrative, *To Cancer with Love*, explore the various aspects of sea imagery which could be identified with human qualities during survival.

Possible studies on cancer narratives could be further observed with a study on people living with cancer leading to death could reflect on the possibilities of life's sustenance, studies on indigenous cancer narratives from specific traditions and cross-cultural experiences of survivors could be analysed intensely, study on people living with cancer leading to death could reflect on the possibilities of life's sustenance etc. This also creates new possibilities in multiple research disciplines, like physical, psychological, medical, cultural, and genetic fields of research.

## Conclusion

Cancer treatment does not end but becomes a daily practice, socially integrated into day-to-day living experiences. It becomes a normal condition or lifestyle pattern created by society. Side effects created by cancer treatment are inevitable, prompting uncertainty about a complete cure. The incurable survivors endure various challenging situations, initiating queries about the purpose of life. Acceptance of the disease and awareness about eventual death reduces the suffering of survivors. Though the treatment methods temporarily come to an end with recovery, the fear of recurrence is inevitable. Continuous medical evaluation, prolonged treatment methods, and conscious health care make survival a daily practice and a day-to-day living experience, assuring continuity of life. Certain new practices that the survivors adopted were regular exercise, yoga, meditation, morning walks, quality time with family, creating the feeling of oneness with nature, positive perception about life, orienting life towards new opportunities, enhancing self-confidence and resilience and accepting the changes that occur in the body as well as in the behaviour of the individuals. Treatment is not only found to be a means of cure; it becomes an integral part of the living experience of the survivor. Survival, therefore becomes a social, relational and innovative daily practice and a socially integrated and socially influenced day-to-day life experience.

## Works Cited

- Blackman, L. (2021). *The body: The key concepts*. Routledge, 5.
- Broom, A., & Kenny, K. (2021). *Survivorship: A sociology of cancer in everyday life*. Routledge.
- Cauffield, J. S. (2000). The psychosocial aspects of complementary and alternative medicine. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 20(11), 1289-1294.
- Cutler, D., Deaton, A., & Lleras-Muney, A. (2006). The determinants of mortality. *Journal of economic perspectives*, 20(3), 97-120.
- Dragojlovic, A., & Broom, A. (2017). *Bodies and suffering: Emotions and relations of care*. Routledge, 131.

- ET Health World. (2024). 14.1 lakh new cancer cases, 9.1 lakh deaths in India: *WHO*. 2024
- wai Fan, K. (2005). National center for complementary and alternative medicine website. *Journal of the Medical Library Association*, 93(3), 410.
- Fuchs, V. R. (2010). New priorities for future biomedical innovations. *MORE HEALTH CARE REFORM*, 13.
- IARC, W. (2012). Breast Cancer: Estimated Incidence. *Mortality, and Prevalence Worldwide in, 2012*.
- Koirala, M. (2018). *Healed: How Cancer gave me a new Life*. Penguin Random House India Private Limited.
- Kumar, N. (2015). *To Cancer, with love: My journey of Joy*. Hay House, Inc.
- Moorjani, A. (2022). *Dying to be me: My journey from cancer, to near death, to true healing*. Hay House, Inc.
- Nortvedt, P., & Nordhaug, M. (2008). The principle and problem of proximity in ethics. *Journal of medical ethics*, 34(3), 156-161.
- Predeger, E. (1996). Womanspirit: A journey into healing through art in breast cancer. *Advances in Nursing Science*, 18(3), 48-58.
- Pucci, C., Martinelli, C., & Ciofani, G. (2019). Innovative approaches for cancer treatment: Current perspectives and new challenges. *ecancermedicalscience*, 1- 13.
- Ray, L. (2019). *Close to the Bone*. HarperCollins.
- Sontag, S. (1979). *Illness as Metaphor*. New York: Vintage.

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