

**TRACING THE TRAJECTORY FROM STRUGGLE TO
SURVIVAL: A STUDY ON THE NARRATIVES BY FEMALE
SURVIVORS OF CANCER**

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This is to certify that the thesis entitled “Tracing the Trajectory from Struggle to Survival: A Study on the Narratives by Female Survivors of Cancer” is a bonafide record of studies and research carried out by Julie Dominic A, under my guidance and submitted for the award of the Degree of Doctor of Philosophy in English. To the best of my knowledge, this research work has not previously formed the basis of an award for any degree, diploma, fellowship, or other similar title. Its critical evaluation represents the independent work on the part of the candidate.

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DECLARATION

I hereby declare that the thesis entitled “Tracing the Trajectory from Struggle to Survival: A Study on the Narratives by Female Survivors of Cancer” is an authentic record of my studies and research carried out under the guidance of Dr. Betsy Paul C, Research Guide at the Research Centre, Department of English, St. Aloysius College, Elthuruth, Thrissur. I hereby certify that no part of this work has been submitted or published for the award of any other degree, diploma, title, fellowship or recognition.

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Julie Dominic A.

Dedication

For all the souls endured in cancer...

Your struggles are memories!

A NOTE OF DOCUMENTATION

I, hereby acknowledge that the documentation of the thesis is prepared in accordance with the style format suggested by MLA (9th Edition).

LIST OF ABBREVIATIONS

PTG	-	Posttraumatic Growth
CAM	-	Complementary Alternative Medicine
NDERF	-	Near Death Experience Research Foundation

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ABSTRACT

TITLE OF THE STUDY

Tracing the Trajectory from Struggle to Survival: A Study on the Narratives by Female Survivors of Cancer

The illness of cancer brings in unbearable suffering for individuals, and hence there is an urgent necessity to observe, to analyse and to learn from the struggle of cancer survivors. Cancer narratives detail these struggles and delineate the processes of survival adapted by the survivors. Further, these narratives portray the personal, social, and psychological experiences of the cancer patients from the time of their being diagnosed with cancer. The research traces the survival trajectory in a selection of cancer narratives by female survivors from the Indian subcontinent.

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, from the Resilience theories of Ann S. Masten and Michael Ungar, and from the Posttraumatic Growth theory of Richard Tedeschi et al. have formed a framework to analyse the trajectory of survival in this research.

The study surveys the illness journey in literature, taking note of the growth of illness narratives since the 1950s, and focuses on the cancer narratives of the 21st century. It also concentrates on the psychological and social aspects of cancer survivorship, resilience, growth and transformation. The thesis brings forth the

observations of survivorship as subjective, relational and innovative. It identifies survival as an uncertain, evolving, continuous living experience and also as a social practice. The study recognises how survivorship is represented through literary devices and recognises writing as a healing process. The narrative structures of the texts are analysed using theoretical observations of Arthur W. Frank as described in *The Wounded Storyteller* (1997). The pathographies of Anne Hunsaker Hawkins have helped to identify the transformative nature of the narratives.

The survival strategies describe the process of survival from the point of diagnosis through adverse situations during the treatment to reach the point of recognition that survival leads to regeneration. The narratives studied reveal how continuous resilience with hope and confidence may have aided in the survival of the self and the body. The study also identifies various adaptive techniques employed to frame the survival pathways. The survivors organise their chaotic survival experiences to form a structure to overcome trauma and bring out a controlled perception of life. It results in reconstituting the self from the past and establishing a better version of the past self.

Thus, survival is not a process of returning to the former condition but a step more; it is a realisation of the need to survive followed by a new perspective of living, both socially and psychologically, employing inventiveness and resourcefulness. Cancer survival is therefore identified as a continuous process of growth and transformation. The individual and her external environment come into cordial coordination, making cancer survival not just an individual struggle but a collective regeneration. The survivor's self and everything connected to it are reconstructed anew. Survival transforms the thought formations of the survivor's mind by bringing in

previously unseen perspectives and ultimately results in an improvement in the quality of life experienced by the survivor.

“With bated breath, I await the miracles, the possibilities and the magic tomorrow promises.” Manisha Koirala

Introduction

“All sorrows can be borne if you put them into a story or tell a story about them” –
Isak Dinesen.

Pleasant and sorrowful life experiences find their place in literature, embellished with imagination and creativity. Life writing is a genre that generates interest since it is all about human life, presented more realistically. Life writings of trauma survivors can also motivate persons situated in similar contexts. According to WHO, “Cancer is the second leading cause of death globally, accounting for ... one in six deaths.” The disease brings unbearable suffering for the affected individuals, and observing and analysing the struggles of cancer survivors can help others, especially those affected by the disease. This thesis analyses four narratives of women cancer survivors, published in the 21st century with roots of existence in the Indian geographical and cultural background. The narratives chosen for the study are 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 Joy* (2015), Manisha Koirala’s *Healed: How Cancer Gave Me a New Life* (2018) and Lisa Ray’s, *Close to the Bone* (2019). The works identify the healthy adaptations which the survivors acquire to overcome traumatic struggles through survivorship strategies.

The accounts of life writers are their visions and views, narrated through a structure. The significant genres of life writing includes biography, autobiography, pathography, memoir, and journal. The terms can be differentiated for the specific purpose of research. Encyclopaedia Britannica defines biography as a:

form of literature commonly considered nonfictional, the subject of which is an individual's life. One of the oldest forms of literary expression, it seeks to

re-create in words the life of a human being—as understood from the historical or personal perspective of the author—by drawing upon all available evidence, including that retained in memory as well as written, oral, and pictorial material.

An Autobiography is termed to be “the biography of oneself narrated by oneself. Autobiographical works can take many forms, from the intimate writings made during life that were not necessarily intended for publication (including letters, diaries, journals, memoirs, and reminiscences) to a formal book-length autobiography.” (Encyclopaedia Britannica)

A memoir is a term defined as :

Memoir, history or record composed from personal observation and experience. Closely related to, and often confused with, autobiography, a memoir usually differs chiefly in the degree of emphasis placed on external events; whereas writers of autobiography are concerned primarily with themselves as subject matter, writers of memoir are usually persons who have played roles in, or have been close observers of, historical events and whose main purpose is to describe or interpret the events. (Encyclopedia Britannica)

Medical humanities term illness narratives as pathography in the contemporary literary milieu. Pathographies are a specific form of biographies which talks about illness. Anne Hunsaker Hawkins defines pathography as a “form of biography or autobiography that describes personal experiences of illness, treatment and sometimes death” (Hawkins 1).

Life writings are self-reflective and personal. They are often controversial and try to create a place of self in history. “People read them because they want to know

about many real lives, not just their own” (Cline and Angier 1). and “they believe it will give them direct access to someone else’s genuine experiences and feelings” (Cline and Angier 1). Autobiography under life writing functions as self-defining and serves to know the individual more. It focuses on the Individual writer, excluding the external circumstances, encompassing it into self-life writing. On the other hand, Memoirs focuses on the cultural and historical circumstances surrounding the writing of the self. Memoir has received an accentuated status because of its authenticity and immediacy. They are understood as the writing of self that further becomes the writing of society. It discusses the self, the history and the surroundings. It softens the borders between the self and the other, the individual and the collective. With further developments in the study of life writing and with the influence of interdisciplinary studies of autobiographies, the self is not interpreted as separate and exclusive anymore; instead, it is observed to be an extended self of memory and anticipation. Extended implies the notion that the self exceeds the individual level. It also refers to the temporal dimension of the past and the future concepts of the self. This renewed thoughtfulness of the self helps to redefine individualism and subjectivity on a social level to form a relational identity. The thought about the extended self has brought a need to analyse the relationship of the self with society beyond the field of Literature through memoirs.

A survey of the trajectory of life writing in literature is relevant to fix the context of cancer narratives under the expansive term of illness narratives.

Life Writing Through History

Until the sixteenth century, English Literature inherited the style of life writing of classical writers. Hagiography, or the sacred biography idealized the life of saints. During the early Renaissance, literature witnessed the works of celebrated individuals like Giovanni Boccaccio's *Life of Dante* and Leonardo Bruni's *Lives of Dante Alighieri and Francesco Petrarca*. The Reformation period witnessed the publication of Thomas More and John Bale's biographies. It was with the work of John Foxe, that the life writing reached its fruition with the publication of *Actes and Monuments* (1563) which explained the sufferings of the protestant church under the Roman Catholic church. *Book of Martyrs* was the prime collection of biographical life writing in Modern English. These works thus provided role models who were emulated for their courage, determination, and resistance during imprisonment and death.

In the Elizabethan period, the genre of Diary writing gained popularity with Richard Stonley's diary. The Puritan diaries became the foundation of the English autobiographical tradition. Funeral sermons gathered fame in the late sixteenth century. The first half of the 17th century found the tradition of protestant autobiography. The struggles caused by civil wars during the 1640s created a feeling of displacement, and writings about these sufferings proved to be a tool to eliminate dislocation.

Izaak Walton and John Aubrey commenced the new genre of collected life writing. Walton incorporated speeches, letters and literary writings while compiling his work. In the 1650s, John Aubrey created a new form of writing named minutes of lives, which detailed the lives of great and good people and shared details about the informants who would otherwise be insignificant.

Life writings were not always edifying; they had a purpose in writing. Alan Stewart, in the work, *The Oxford History of Life-Writing*, Volume 2, says that, “Anne Clifford’s surviving diaries are predominantly a record of her attempts to regain the lands and titles that her father had bequeathed away from her, while Katherine Austen’s *Book M* documents her long legal battles to gain control of her husband’s estate” (Stewart 18)

In the seventeenth century, ‘rogue writing’, emerged from the Spanish picaresque novels in which the antiheroes and criminals were presented in an elevated form. In the eighteenth century, an interest in the outcasts and the criminals, as in Captain Alexander Smith’s *History of the Lives of the Most Noted Highway Men and Footpads* (1714), Daniel Defoe’s *Robinson Crusoe* (1719) and *Moll Flanders* (1722), Johnson’s *Life of Savage* were all considered as fictionalized life writings.

Modern biography started with the publication of Boswell’s *Life of Johnson* in 1791. The work was considered prodigious. The age also led to the development of bold self-revelations like De Quincey’s *Confessions of an Opium Eater* (1822), William Godwin’s *Memoir of his Wife Mary Wollstonecraft* (1798) and Gibson Lockhart’s *Life of Scott*.

Life writings during the Victorian period were firmly of Plutarchian tradition, which were didactic and exemplary and written from 1840 to the First World War. Mrs. Gaskell’s *Life of Charlotte Bronte* (1857) and J. A. Froude’s *Life of Carlyle* (1884) are considered the most significant Victorian biographies.

Alan Stewart states, "critical stories told of life-writing in early modern England are overly simplistic. They do not support grandiose narratives of increased literacy, or emergent individualism, or the birth of a modern introspection, or the rise

of the novel by other means. Instead, they show that innovations in life-writing occur in response to often very local political challenges and religious fluctuations.”

(Stewart 20)

During the period between the wars, there arose a rush of experimental biographies, with Geoffrey Scott's *Portrait of Zelig* (1925) and Virginia Woolf's *Orlando* (1928) became the ancestors of postmodern biographies that were self-conscious and experimental. In the mid-twentieth century, English Biography became half-American, with the works of writers like Leon Edel (1972), Henry James (1972), George Painter, and Marcel Proust (1965). The progress of modern biography witnessed experiments in writing regularly with group biographies, experimental biographies, and autobiographies.

Illness in Literature

Illness was represented in literature as portraying the deformities and disabilities in humans with great concern and pathos. Illness found its space in literature during the medieval and early modern period. It was encompassed in the works of artists and writers, exposing the physical and emotional disruptions created by illness. The fear and horror created in humans due to the spread of plague, the threat of syphilis, the mystery endorsed in consumption and the helplessness of the mental disorders were all depicted through the characters in the literary works.

Poverty, which arose from famine and epidemics, became the primary reason for the evolution of various types of illness like tuberculosis, dysentery and chronic diseases caused by malnutrition resulting in death. Disease was considered to occur due to the imbalance of four vital humours and their properties, which were meant to be the primary cause of enrichment, sustenance and well-being. Treatment methods seemed

so crude that even a tiny injury was directed towards complications, resulting in death. Life and death were the two extremes which were connected effortlessly through illness. It was difficult to estimate the life expectancy due to the extreme increase in child mortality, maternal decease during childbirth, the unhygienic atmosphere at the workplace and various levels of trauma due to different types of illnesses. The second half of the sixteenth century paved the way for the shift in the thinking process with therapeutic measures of modern medicine. There were developments in the understanding of anatomy and an increase in the study of the abnormalities of the body. It was found that from the eleventh to the fifteenth century, leprosy was a common disease spread due to commercial routes. Leprosy was spread to its extreme during the thirteenth century, and it was understood that France alone had around 2000 Leprosaria, which the church administered. The Literary texts of the 13th century represented the disease and its fast spread, which was supposed to have been cured through superstitious beliefs.

The plague was another threatening disease of the Middle Ages. During the mid-fourteenth century and the Renaissance, an enormous disease outbreak resulted in a more significant loss of life. It was observed that by the 1530s, one-third of the population of Europe was killed. The plague even changed the social conditions and religious and traditional beliefs. Giovanni Boccaccio set the background of *Decameron* to explain about a plague-infected society, which portrayed the medical features and social disruptions in detail. Boccaccio tries to portray a world with the social order being altered.

Tuberculosis, prevalent from ancestral times, was prime in fostering hunger and misery. Smallpox and measles, which had spread during the Renaissance, resulted in the collapse of old empires. Epidemics like typhus spread through louse, which was

fostered by overcrowding and filth, meant to be the greatest killers of the Middle Ages. It was understood that though the disease existed from the first crusades, from 1095 to 1099, the disease caused a historical impact with the death of 25000 French soldiers in the siege of Naples in 1528. The outbreak of syphilis was considered a venereal disease in 1495 among the soldiers of Charles VIII during the Italian War. Syphilis was an epidemic that was spread during the early sixteenth century. It appeared to be severe and lethal of all the diseases of the modern age. In the poem *The Ballad of the Great Pox* written by Jean Droyn, it was written that the disease was spread not through air or human contact but by intercourse with prostitutes. “During the Middle Ages and the early modern period, anyone whose behaviour deviated from the norm was called insane: people with cognitive disabilities, prostitutes, rebellious persons, etc. In other words, almost anyone who did not conform to the rules of the Church and society” (Canalis and Ciavolella 47), was considered insane. The early modern period specified three major mental illnesses: folly, demonic possession and melancholia. Melancholy got a prime position in medical writing, art, and literature. Classics like *The Ship of Fools* and *Orlando Furioso* exposed the disorder of insanity. Physicians and artists showed great interest in the abnormal behaviours of people in real life, which were depicted through works in literature. The primary aim of the artists and the physicians was to examine the adverse effects caused by disease and find various ways to reestablish organic harmony.

In the book *The Illness Narratives*, Arthur Kleinman says, “Illness refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability” (26). Moreover, “Disease is what practitioners have been trained to see through the theoretical lenses of their particular form of practice” (Kleinman 28).

Illness has constantly accompanied humans in the progress of life, both individually and in communities. Physical and psychological illnesses of writers cut a new path of writing to activate creativity and imagination. The words of John Milton about blindness in *Sonnet XXII*, addressing his friend Cyriak Skinner in 1655, is about the agony of losing his eyesight for the past three years. The urge to return to health could be felt in John Keats' *Sonnet to George Keats: Written in Sickness*, written in 1820 when he was down with illness but waited for a cure from tuberculosis. The psychological conflicts reflected in the works of Sylvia Plath explain her schizophrenic condition and show that she was continuously ill with depression and emotional attacks. Illness led her to conclude life by committing suicide at the age of thirty. Plath took solace in writing poetry, introducing a confessional style to literature. In her book, *The Bell Jar*, she expresses her chaotic and confused mind through the character of Esther. The stream of consciousness of Virginia Woolf shows that she was suffering from severe illness and mental depression, and writing gave way to comfort in life, expressing that illness embodies creativity. She was mentally broken down from her mother's sudden death and experienced sexual abuse during childhood. It led Woolf to have a lifelong mental illness, often considered a mere failure. It finally led her to commit suicide at fifty-nine, filling her pockets with stones and walking into a river. In the essay *On Being Ill*, Illness is represented as having a mystic quality. Moreover, it expresses how illness creates a confessional space for writing. Illness is also considered a part of the experience of every human being. Writings about illness also convey that illness exposes the truth that is hidden by health in a human's life.

Leo Tolstoy, an all-time Russian writer, who was gifted with excellent character and plot development skills, suffered from mental depression and suicidal

thoughts. In his writing *The Confession*, Leo Tolstoy says, “The horror of darkness was too great, and I wished to free myself from it as quickly as possible by noose or bullet. That was the feeling which drew me most strongly towards suicide.” Showing uncertainty and doubtfulness in life. (part iv, *The Confession*)

Writers of all ages who went through physical and psychological struggles of illness have found a unique place in literature. Writing has been a mode to represent the painful and conflicting experiences that were endured and successfully overcome through constant resilience. Fears and frights of life leading to traumatic conditions gave way to writing as a path of expression of the self with creativity to save the physical and psychological threats that accompanied illness.

Expressing pain through writing is engaged in a therapeutic console, on an individual and on a social basis. Experiences of trauma caused by individual illness and as a part of community struggles like epidemics and pandemics have representational space in literature. Illness narratives have always been a part of history and have become the measuring point to look up to during disasters. Narratives also generate confidence and strength in the present era, especially during experiences like COVID-19, to overcome illness individually or in groups.

Representation of Pathographies

The trauma and struggle handled by men, women and children affected by various forms of illnesses could find its traces in literature through autobiographies, memoirs, diary writings, journals, blogs, representations and experiences of doctors, biographies by the dear one of the sufferers, medical testimonies etc. under the umbrella term Pathography.

Pathography and Autopathography were experimental writings that evolved during the post-war period. It was in the 1970s that the mention of illness appeared in the writings as memoirs and diaries. Medical humanities is a new wing of studies that has converted the concept of representing illness narratives under pathography and autopathography, which speaks about human illness. It has initiated studies and research to generate ways to handle such crises both in an individual and on a social and cultural basis.

Anne Hunsaker Hawkins, in the article “Pathography: Patient Narratives of Illness”, published in August 1999, says, “Pathographies not only articulate the hopes, fears, and anxieties so common to sickness, but they also serve as guidebooks to the medical experience itself, shaping a reader's expectations about the course of an illness and its treatment.” (Hawkins 127)

Pathography is considered a modern adventure story. Life turns out to be filled with risks and dangers; the ill person is shifted from ordinary life to the limitations of a body that does not function as it was earlier. Life is found to be restricted to a battle against death, creating an inescapable sense for the individual and the family.

Pathography also relates to survival stories similar to natural calamities or environmental disasters. They are considered therapeutic and cultural. Pathography is meant to be an attempt by individuals to orient themselves in the world of illness and to create a balance between self and reality. It describes the disordering progress of the body and self. It also tries to restore the lost coherence to reality and creates a meaning of struggle and recovery. Hawkins says that “book-length personal accounts of illness are uncommon before 1950 and rarely found before 1900.” (Hawkins 4)

Pathography is categorised into four groups, according to the author's perspectives: didactic pathography, angry pathography and alternative pathography that conveys alternative modes of treatment and eco pathography. Didactic pathography is, as Hawkins states, "These narratives are motivated by the explicit wish to help others. Often they blend practical information with a personal account of the experience of illness and treatment." (Hawkins 128)

The first group of writings published during the 1960s and 70s were similar to religious testimonies. Such works expressed the writer's experience, feelings, thoughts and behaviour, complementing the medical procedures. These books always projected positivity and followed didactic and altruistic principles. Descriptions about breast cancer could be included in this category, which suggests therapeutic alternatives and deals with post-operative trauma. Marilyn Snyder's *An Informed Decision* represents the experience of breast cancer, and Joyce Slayton Mitchell's *Waiting for the Chemo Battle* expresses the trauma of chemotherapy, helping the readers to plan and maintain a quality of life. Herbert Conley's *Living and Dying Gracefully* is written for all those walking in a similar path of pain and struggle. Pathography started to change by the end of the 1970s. The trust in the physicians and the tolerance of hospital routines are no longer considered a norm, but they have slowly lost confidence in the physicians. Pathography of the 1980s met with a cultural shift in the belief of medical encounters as comforting. They also expressed cultural discontent with medical treatments, aroused anger, and created a concern for alternative medical therapies. People opined that they were no longer afraid of the disease but were scared about the system of medical proceedings.

The angry pathography started developing through the work of Martha Weinman Lear's *Heartsounds*. The book shows a man and his wife being victimised

by the medical system, which is portrayed as incompetent and uncaring. Sue Baier's *Bed Number Ten* also intimates the indifferent treatment of the medical personnel during her stay in the intensive care unit. Her anger was not towards the treatment process but for treating her dehumanisingly. Such pathographies alter all of us as problems to medical science. Hawkins says, "They vividly depict how an ill person today can be at the same time the beneficiary and the victim of a healthcare system whose very excellence, its superb technological and pharmacological achievements is at the same time potentially dehumanizing" (Hawkins 128).

The third type of narrative, alternative pathography, began with Norman Cousins' *Anatomy of an Illness*. These writings stem from dissatisfaction with how medicine is practiced and find alternative treatment systems. In such books, the patients are seen to have immense belief in the capacities of the mind and emotions to facilitate healing and to divert towards the inner resources like the psyche and the spirit. The fourth type is eco pathography, which connects personal experience of illness with environmental, political or cultural issues. In such works, illness is perceived as rising from the toxic environment. Hawkins says, "The motive of the authors of eco pathographies is prophetic: they are warning the rest of us that their illnesses are the signs and symptoms of much larger problems confronting our culture as a whole" (129).

In the current living scenario, life experiences seem to accompany survival from innumerable struggles, from pandemics to individual illnesses like cancer. Studies prove that cancer takes the second place in world diseases affecting humans. On one side, the medical industry is advancing towards finding new methods to outwit the challenges caused by cancer. New treatment patterns are identified for the diseased to enliven the struggle of life and death caused by cancer. At the same time,

it is evident that the people affected by cancer stand helpless, with the uncertainties of life and accepting the certainty of death.

Cancer has found a platform to be discussed in literature of medical texts and medical testimonies, representations of doctors' experiences, etc. However, as such, in literature, it found a new writing form called cancer narratives from the 1970s with the publication of the work *Illness as a Metaphor* by Susan Sontag and later by Audre Lorde's *The Cancer Journals*; both the works presented cancer as a metaphor of death, which was mysterious in all its aspects. It was also observed from a point of view of resistance and fight for life, which could be understood from the words of Audre Lorde. The later writings on cancer made their way of understanding the disease, to find a moment of life transformation through survival and resilience. It is the change that has caused during the 21st century about cancer. It is represented in a much more positive way, where the diseased could be seen as more resilient and hopeful in the path of struggle facing severe treatment methods and other traumatic adjuncts that are accompanied causing physical and psychological discomforts.

The present literary scenario has witnessed the growth of cancer narratives from memoirs, autobiographies of pathos to the works of comics and cartoons by the diseased. Many reasons pave the way for such a transformation of resilience both physically and psychologically. The advanced methods of treatments, the social acceptance of the disease, the possibilities of recovery, and the government initiatives create a ray of hope to find survival through resilience.

Women and Cancer Narratives

Illness was considered the most universal experience of humans. No person can escape from illness in a lifetime. Susan Sontag writes the first lines in the work *Illness as Metaphor*: "Illness is the night-side of life, a more onerous citizenship. All born hold dual citizenship in the kingdom of the well and the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later, each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place." (Sontag 3). It is observed that the first person to think about illness in writing was Virginia Woolf in her work *On Being Ill*, published in 1926. It was the first essay to be considered as representing illness in English Literature. The essay reveals how illness leads a person to share the illness experience as a narrative. The complexity of creating a language of its own in the form of illness narratives was first discussed by Virginia Woolf.

In 1978, another narrative was written under the theme of illness in literature, Susan Sontag's *Illness as Metaphor*. It became the most important and the only theoretical work on illness during the twentieth century. Sontag explores how tuberculosis and cancer are encumbered with metaphors, creating a mysterious nature for illness. TB was considered the disease of the romantics, but cancer was interpreted as the disease of the repressed. Sontag also speaks about how illness is used as a metaphor, especially as a military image where the person is imagined to be in warfare, considering illness as a lived experience. It is seen that after the rush of HIV autobiographies, illness narratives have formed a genre of their own in literature. Medical Schools have taken illness narratives into their syllabus to create empathetic medical practitioners and doctors. Rita Charon's *Narrative Medicine: Honoring the Stories of Illness* (2008) propagates Narrative Medicine, discusses storytelling's utilitarian aspect, and interprets the therapeutic properties of illness narratives. Rita

Charon elucidates Narrative Medicine as “I use the term narrative medicine to mean medicine practised with these narrative skills of recognising, absorbing, interpreting, and being moved by the stories of illness” (Charon 4). *Illness as Narrative* (2012) of Jurecic also discusses the prominence of illness narratives in medical humanism for therapeutic measures.

Twenty-First Century Cancer Narratives

Literature and writings about cancer in the present century carry immense information to be discussed and adapted. The need to know more about cancer has widened the literary space with the publication of books on various genres of writings about cancer by doctors, scientists, science writers, philosophers and creative writers. It is also recognised that the twenty-first-century cancer narratives are understood as more promising and optimistic when compared to the twentieth-century writings because of multiple reasons like the advancement in the medical field and research in cancer cures as well as the awareness created about cancer in society. In the book *The Emperor of All Maladies* (2017), Siddhartha Mukherji, a cancer physician and researcher, expresses the biography of cancer when it first entered five thousand years ago, portraying the strength of human ingenuity, perseverance and resilience. It brings out the battle of centuries with cancer to the present advancement in medical cure, control and conquering, and a shift in the understanding of cancer and its essence. It is a war against cancer, which conveys the journey of years of discoveries, deaths and victories expressed by his forerunners and peers. The work is identified as a literary thriller with cancer as the protagonist. It also provides glimpses towards the future of cancer and its cure.

In *The Anatomy of Hope* (2004), Jerome Groopman, a haematologist and oncologist, explains his experiences with extraordinary people with illnesses in about thirty years of his practice. The book conveys how true hope is distinguished from false. The book also explores the honest understanding of the influence and bounds of the vital feeling of hope among the patients. The Science writer George Johnson, in the book *The Cancer Chronicles* (2013), with a detailed learning of cancer, examines it through epidemiology, clinical experiments and scientific theories and reveals the known and unknown secrets about cancer. The book challenges everything that is understood about the disease and brings in a new perspective on knowing cancer, providing hope for the future.

Fictional imagination has also enriched the understanding of cancer through novels like Jenny Downham's, a trained actor in alternative theatre, in her fiction *Before I Die* (2007), travels through the inevitable truth of death peeping into the life of a sixteen-year-old girl, Tessa. Knowing about cancer and the uncertainty of life, she prepares a bucket list of ten things she wants to experience before her death. The life-affirming and joyous novel celebrates adolescent psychology's dynamics and the dearth of family affection being stuck between separated parents. *I am a Survivor: 108 Stories of Triumph Over Cancer* (2017) is a compilation of testimonies of cancer survivors published by Dr. Vijay Anand Reddy, a globally acclaimed Oncologist and the Director of Apollo Cancer Institute, Hyderabad. The book represents the cancer survivors of the human race, the journey through cancer and the impact of perfect endurance. Dr. Anand confirms that the survivors have taught him more than what medicine has provided for the cure. The book reveals the footsteps taken by the survivors, from tears to smiles. These stories honour them for what they stand for and also become an example for those experiencing similar trauma in life.

The work, *The Bright Hour* (2017), is a cancer journey written by Nina Riggs, a poet and mother of two children, who was diagnosed with breast cancer at age thirty-seven. The moment that changes happiness into sorrow is identified with the reality that it took just one year for her cancer to become incurable, as she calls it, a “one small spot” (Riggs 7) that appeared to be a mortal sign. The book explores living with death in a room and expresses how important it is to love all the days and even the most difficult days of one’s life. She also leads the reader through the journey of personal and metaphorical aspects. Her experience of doctor visits, meetings with support groups, and affectionate conversations with her husband and two sons make her writing a celebration of life. The realisation of the importance of family togetherness as a tool for recovery could be observed in the emotional memoir of a renowned feminist scholar and critic, Susan Gubar. In *Memoir of a Debulked Woman* (2012), she explores the most challenging psychological and physical ordeal of living with ovarian cancer. Gubar was diagnosed with cancer in 2008; she underwent a debulking surgery where many organs from her lower abdomen were removed. The book unravels her most profound anguish and devotion and tries to escape her body's betrayal and the fearful procedures of modern medicine and treatment. She finds happiness and solace in the love she receives from her husband, children and close-knit friends. She searches for the meaning and understanding of life from literature, visual art and testimonies of those who have cancer.

Positivity and vibrant attitude are observed in the graphic novel *Cancer Vixen*, written by a renowned cartoonist, Marisa Acocella Marchetto. The work is utterly charming, remarkable and poignant and redefines the language of breast cancer in a very quirky way. The life of a shoe-crazy and lipstick-obsessed fashion fanatic and a forever single girl is portrayed in the work. The protagonist's realisation of a lump in

her breast as she is about to get married and how she converts the experience into an average day-to-day experience makes it unique. Marisa breaks through images and words an eleven-month triumphant period of challenge in life with breast cancer. It portrays a woman's supercharged life, which becomes a witty survival book. The memoir *Everything Happens for a Reason* (2018) expresses how Kate Bowler, a Duke Divinity School, North Carolina professor, at the age of thirty-five, is diagnosed with stage IV colon cancer when everything in her life appears to be a blessing and is successful in her job, married and lives a lovely life with her newborn son. Bowler expresses raw emotions of finding faith in God, the family and herself while she walks close through the darkest and desolate valley of death. Bowler tells her story, offering her irreverent observations on death and how it has trained her to life.

Anup Kumar, a Nuclear Physics Postgraduate who headed one of India's leading industrial organisations, explores a cancer patient's emotional and physical anguish in *The Joy of Cancer* (2002). The work reflects on the inevitability of cancer treatment procedures in a patient's life. Specific questions like how a person can accept the presence of cancer in life, how to overcome the side effects of cancer, how fear can be conquered, and the precautions to be taken are all discussed in the book. It becomes an inspiration for cancer patients. *When Breath Becomes Air* (2016), by Paul Kalanithi, a neurosurgeon and writer who died in 2015, is a heartbreaking battle for the life of the thirty-six-year-old diagnosed with stage IV lung cancer. It is a paradox of life and death. Kalanithi represents dying by serving as a doctor urging for life as a patient with a life-threatening illness. Kalanithi, with his questions of what makes life worthwhile in the face of death, what makes life stop moving and retain a perpetual present without reaching life's goals, and caught in the thoughts of nurturing a child

with death in one's hands, wrestles for answers in his profound and intact memoir of pain.

Innocent, a renowned film actor and then Member of the Parliament of Kerala, writes the story of pain overcome through laughter in the Memoir *Laughing Cancer Away* (2014). The book reveals Innocent's immense courage, determination and unrivalled sense of humour, which were the supporting factors that withstood during the onslaught of cancer to emerge victoriously. Yuvraj Singh's *The Test of My Life* (2013) portrays the survival story of a world-renowned cricket player, Yuvraj Singh. It is a book of determination, courage, and success. The book teaches how to face challenges despite all odd situations. Yuvraj talks about the help and guidance he received from supporters around him. With the strong mind of a sportsman, he was able to win the battle of crisis. The journey through the Cancer narratives of the twentieth and the twenty-first century structures the development of attitudes towards the concept of cancer. The advancements in medical treatments and the increase in the rate of survivors, the perspective about cancer as a killer, as death etc., is found to be replaced through the terms identified in the titles of narratives like, *To Cancer with Love*, by Kumar Kumar, *Laughing Cancer Away* by Innocent, *The Joy of Cancer* by Anup Kumar, *The Bright Hour* by Nina Riggs, reaching the realization that, *Everything happens for a Reason* by Kate Bowler.

The thesis identifies the strategies employed by the survivors to bounce back to normalcy by finding resilient pathways, thus moving towards growth and transformation. The possibilities of writing as a therapeutic measure for the writer to revitalise life from critical and chronic crises are explored here. The theoretical framework of this research draws from sociological readings of Alex Broom and Katherine Kenny, resilience theories of Ann S. Masten and Michael Ungar and the

post-traumatic growth perspectives of theoreticians like Richard Tedeschi et al. The authors, who are studied, make efforts to endure their illness through resilient pathways. The memoirs use various narrative techniques like images, symbols, memory, dreams, narrative structure and figurative language.

Survivorship

Survival is visualised as an inevitable struggle for the survivors to sustain life. Britannica says survival means “the state or fact of continuing to live or exist, especially in spite of difficult conditions”. Survival creates hope among those having cancer. They emerge from illness through survival with a new sense of life and experience. The transformation of life happens from the struggle taken during the journey of survival. Changes can be identified in personal relationships and methods of adaptation to life’s routines. The effects of the treatment appear to be long-lasting and appear even after years of survival. A physician and a cancer survivor, Fitzhugh Mullan, opines that “The challenge in overcoming cancer is not only to find therapies that will prevent or arrest the disease quickly but also to map the middle ground of survivorship and minimise its medical and social hazards” (Mullan 273). Therefore, it becomes relevant to understand the challenges of survivorship among cancer survivors as depicted in cancer narratives.

The National Cancer Institute, the Office initiated to study cancer survivorship in America, established in 1996, says, “An individual is considered a cancer survivor from the time of diagnosis, through the rest of life.” It is also when the individual is deemed to face one’s mortality and begins to adjust to the immediate present to safeguard their future for extended periods. Survival is a predictable condition that all cancer patients confront as they struggle through their illness. It becomes a lived

experience which is relational and socio-cultural, caught between medical and emotional turmoil. The survivorship theory of Alex Broom and Katherine Kenny tries to theorise the strategies and intricacies found in survival in the work *Survivorship: A Sociology of Cancer in Everyday Life* (2021). The book opens a new understanding of survival as a social practice which is also continuous. The theoretical tool of survivorship is applied in the narratives to analyse how the four writers overcome cancer and become survivors of cancer. The resilience theories of Ann S. Masten and Michael Ungar are applied in the second phase of the study to understand the attainment of survivors.

Resilience

Humans are affected by various hazards like poverty, starvation, diseases, neglect and dislocation, which have threatened life. Even in such situations, certain people fared well while others struggled. This initiated the investigation to study resilience in human development during the Second World War. Ann S Masten in *Ordinary Magic: Resilience in Development* says that “The war brought global attention to the plight of children exposed to bombs, death, starvation, genocide, displacement, and other adversities on a massive scale.” (Masten 4) Multiple researchers were motivated by the effects of adversity experienced at the concentration camps, radiation, loss of parents and many such challenges, and some of them got involved in the study of resilience. The researchers involved in the study of resilience were those persons who were directly affected by the war. They eventually became the leading scientists in the study of resilience.

Resilience is defined differently in various disciplines. In Engineering science, resilience occurs in a material when it resists breaking under stress and returns to its

original form after the distorted condition. In ecology, resilience is defined as the ability of a system to manage disturbance and restructure and yet continue in the same condition.

Masten opines that “As a living system, a human individual could be described as resilient when showing a pattern of adaptation or recovery in the context of potentially destabilizing threats.” (Masten 9) Resilience is the adaptation and survival after disturbances, which restores the functional equilibrium or successfully transforms into a new functional state or condition. The individual adaptive factors mentioned by Masten in the theoretical work *Ordinary Magic* and the socio-ecological supporting factors identified by Michael Ungar in *The Social Ecology of Resilience* form the theoretical framework for understanding resilience in the primary texts.

Masten indicates that resilience is not a magical event but an ordinary experience. As per Masten, the two resilient factors involved in the study of resilience are individual and variable factors. She suggests that resilience is generated in a person through the support of the two factors. According to Ungar, resilience is achieved from more than a set of individual factors. Ungar says that it is the support structure around the individual and the services received by the individual that initiates resilience. From the survival aspects, the study tries to analyse the effect of resilience on the survivors as depicted in the narratives. At this point of discussion of survival and resilience, questions arise about the further experiences of the survivor after the cure or recovery from cancer. The study also brings forth the possibilities of transformations occurring in life through the theoretical observations of posttraumatic growth theory suggested by Richard G. Tedeschi et al.

Posttraumatic Growth and Transformation.

Post-trauma period is the period that the survivor experiences after the traumatic condition. It can extend from days to years. During this process of Posttraumatic Growth, people initiate new ways of understanding life and create new feelings and behavioural patterns from their traumatic experience. It does not bring them back to the same old baseline functioning but transforms them and allows them to find new possibilities in life. This is how post-traumatic growth is different from or more than the concept of resilience, which is a process of a return to the previous condition after trauma through recovery. Tedeschi et al. mention that “PTG is focused on changes in people after an event rather than their responses during an event.” (Tedeschi et al. 5). PTG is not considered the person's immediate reaction because it is almost instinctive. They are focused on the long-term changes that arise after much reflection.

Narrative Structure of Illness Narratives

People compose and tell stories uniquely by combining and adapting narrative types prevalent in culture. Telling the story is an act of referring to the past that reflects cultural and personal preferences. Illness stories are said to create the true meaning of illness and the narrator’s experience by naming it. Nietzsche learned this when he chose the name of his pain, a dog. In the book *The Wounded Story Teller* (1997), Arthur W. Frank says that categorizing illness narratives “is to encourage closer attention to the stories ill persons tell; ultimately, to aid listening to the ill.” (76) classifies illness narratives into three categories: Restitution narratives, Chaos narratives and Quest narratives. Storytelling is considered a complex process because “Illness stories mix and weave different narrative threads.” (Frank 76). The purpose of

naming the narrative is to sort out such entanglements. He says, “My suggestion of three underlying narratives of illness does not deprecate the originality of the story any individual ill person tells because no actual telling confirms exclusively to any of the three narratives. Actual tellings combine all three, each perpetually interrupting the other two.” (76). In Illness narratives, it is found that “all three narrative types are told, alternatively and repeatedly.” (Frank 76). The restitution narratives convey the message that the ill wants to be healthy again. The contemporary cultural milieu expects health to be an ordinary condition people should restore. So, the desire of the ill person for restitution is associated with society's expectations. The plot of this kind of narrative assures a storyline, “Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again” (Frank 77). At this point of interpretation, the select memoirs have the plot construction pattern of such a narrative claim as restitution narratives.

The storyline of restitution narratives encompasses talks of medical tests and their interpretations, treatment possibilities, outcomes of the treatment, the competence of the physicians and suggestive alternative techniques. The selected memoirs observe these elements alternatively and repeatedly at various narrative points. Frank also suggests that “These events are real, but also they are metaphors...enacting the storyline of restoring health.” (77) All the metaphorical elements from the time of diagnosis, during the time of survival until the claiming of cure, could be identified in the memoirs which directly frame it as the narration of restitution. The thesis creates a narrative thread that identifies the survival experiences and strategies, then studies the resilient methods adapted to make survival an ordinary process, and finally establishes the next phase of recovery, which is understood as transformation and growth. This suggests that the transformative element of survival

is prevalent in all the select narratives. This transformation is attained through a continuous quest. Frank suggests that the quest element observed in illness narratives claims it to be as quest narratives.

Cancer narratives are the outcome of cancer patients' struggle and survival, which has not been discussed and studied much. The increase in the cancer survivor's struggle and the uncertainty about their future has created a dire need to observe and analyse the struggle of cancer survivors. Cancer narratives represent these struggles and the process of survival undergone by the survivors in the narratives. The narratives express their personal, social and psychological experiences after their diagnosis as cancer patients. It is also a necessity to understand survival in a socio-cultural context. The thesis tries to understand the survival strategies identified in cancer survivorship and how it is strengthened through the individual and variable factors of resilience. It then tries to understand how the resilience acquired during the initial stage of survivorship creates transformation in the survivors for positive growth during the post-trauma period in life.

Studies on illness narratives, specifically cancer narratives, had not been much discussed in the mainstream milieu until the beginning of the 21st century. Though illness was present in creative writings like fiction and poetry, it was less trodden for speculations and observations. Cancer Narratives, as a separate genre of writing, evolved during the late 1900s with the works of Susan Sontag and Audre Lorde, cutting new paths of discussions on women and their illness and also the role of cancer that caused seamless disasters both physically and mentally in the lives of women affected by cancer. Susan Sontag's *Illness as Metaphor* explores the various mythological interpretations and beliefs about cancer. In the work *The Cancer Journal*, Audre Lorde found writing as a voicing out of the silenced emotions and

experiences of women with cancer. Resistance and creating a new image of women's bodies questioned the patriarchal image of a perfect and socially defined body image.

The analytical work of Mary. K Deshazer, *Fractured Borders: Reading Women's Cancer Literature* is a feminist perspective of understanding the embodiment of cancer, Resistance and influence of memory and desire, self-representation, commonality and culpability in women's autobiographical narratives. Studies on survival through resilience reaching the condition of posttraumatic growth are not discussed under cancer narratives of women survivors, specifically women of Indian origin. The study, therefore, tries to cut a path of observation and understanding of the experiences undergone by the diseased through the process of survivorship, finding the path of resilience through which the character is evolving towards a positive transformation, seeing life through a new perspective, which is incorporated with social commitment, enhancing the value of life.

Research Statement

The research traces the survival trajectory in a selection of cancer narratives by female survivors from the Indian subcontinent to identify and analyse the survival strategies employed in the narratives.

Research Objectives

The thesis understands cancer survivorship as a process attained through multidisciplinary factors of resilience extended to the growth and transformation of life. The study tries to identify the various strategies of struggle and survival experienced by women cancer survivors as depicted in the cancer narratives. It also tries to identify the therapeutic value of narration and explore the possibilities of writing as a tool for recovery. It analyses the various phases of crises endured

through resilience. The thesis also identifies the progressive changes of the survivor through posttraumatic growth and transformation. The study also understands the medical experiences of the survivors as presented in the narratives.

Research Methodology

A close reading of the cancer narratives by women survivors is chosen by perusing multiple levels of survival narratives. Theories of survivorship, resilience and posttraumatic growth are applied in the analysis of the texts. Literary devices like images, symbols, dreams, metaphors and similes used in the narration are studied in the context of survivorship.

Threats and challenges created in a person's life because of illness, specifically cancer, have paved the way for the understanding of the various personal, psychological, social and cultural interactions and experiences that help in the process of survival by cancer patients. The qualitative method of research is applied in the study. A close reading of the Cancer Narratives by women survivors is chosen by perusing multiple levels of survival narratives and identifying the literary devices like images, symbols, dreams, metaphors and similes used in the narration. Identifying the studies conducted in cancer narratives and analysing the literature review, the research gap was considered with the attempt to contribute to the research topic. The struggle and the survival procedures found in the narratives cut a path to evaluate better the concept of survivorship prevalent in the works and the strategies applied in the survival process. Theories of survivorship, resilience and posttraumatic growth form the theoretical framework to study the survivors' survival strategies, resilience and transformation. *Survivorship: A Sociology of Cancer: A Sociology of Cancer in Everyday Life*,(2021) by Alex Broom and Katherine Kenny, *Ordinary Magic:*

Resilience in Development, (2014), by Ann S. Masten, *The Social Ecology of Resilience: A Handbook of Theory and Practice*, (2012), edited by Michael Ungar, and *Posttraumatic Growth: Theory, Research and application*, (2018), written by Richard G. Tedeschi et.al.

The research analysis is compiled into the introductory part, tracing the journey of cancer narratives in literature, and the following analytical chapters discuss the theoretical aspects of survivorship, resilience and post-traumatic growth and transformation, further framing the conclusion chapter with the findings. The recommendations and the scope for a more detailed study of various aspects of cancer narratives are included for future studies.

Review of Literature

A literature review on cancer narratives by women reveals the struggle they had encountered throughout the process, from the diagnosis of illness towards the treatment procedures leading to recovery and transformation of life accompanied by the fear of recurrence. Cancer as a topic of discussion was found in literary writings since the 1970s with the publishing of the work *Illness as Narratives* by Susan Sontag. The work discusses illness as an inevitable stage in a person's life that is considered as another citizenship. Discussing the intricacies of illness, Sontag analyses the mythological misconceptions about cancer. Traditional ways of examining the disease closely and the expectations of being sick are also ways that hinder the personality of a sick person. Sontag tries to de-mythicise illness. It is a process of liberation, rectifying the disease concept by eliminating its metaphoric nature.

Another work that has its momenta in literature is *The Cancer Journals*, published in 1980 by Audre Lorde, an African American writer, lesbian feminist and activist poet who tries to change the world through writing, questioning the conventional, a revolutionary, creating a space of resistance and reformation in writing about the conditions of women and question the patriarchal notions of silencing the voice of women. *The Cancer Journal* explores the intricacies of women's struggle with cancer. Breast cancer initiates various interrogations about the female body. During the 1970s, cancer was considered purely personal and patient concern.

In the late 1970s, Cancer was meant to occur in bad personality types. The major causes for the occurrence of cancer were depression, regretful emotions, and stress. The patient was responsible for such an occurrence. Audre Lorde finds herself lost with the loss of one breast due to cancer, but she tries to find convincing writing methods. Losing one breast because of mastectomy proves that a body with one breast demystifies the idea of a whole body as complete only when it is symmetrical with two breasts. After the mastectomy, Audre Lorde tries to lift her spirit by comparing her with the mythological female Amazon archers whose breasts were cut off to make them more precise in fights, but she says that she is more than the archers. She was a vibrant, carnal, honest woman and not a mythological creature.

Later, when she is suggested to wear a prosthesis, she realises that it is to try to fit into the norm to ensure that a woman is a woman only if she has two breasts. She says that a piece of wool, or the silicone gel, cannot make her deal with herself as physically or emotionally honest. She makes it clear that an artificial limb or dentures are medical needs, but a prosthesis is meant only for cosmetic purposes to make the person fit into the norms of society. She also questions how artificial reconstruction

surgery is considered healthy when it is entirely artificial. Lorde tries to resist the taboos of society. The books of Sontag and Lorde have discussed the mythological perception of cancer in society. Lorde tries to voice out the experiences of cancer as a woman to liberate women from the framework of societal expectations.

The progress of critical studies on women's cancer narratives was explored with the publication of *Fractured Borders*. The book is considered the first theoretical and analytical work on various forms of autopathography by Mary K. Deshazer. It explores life writings on breast, uterine and ovarian cancer, which are more gender-specific and come up to more than forty per cent of all other cancers. The observations mainly relate to feminist literary theory, French feminism and disability theory. Deshazer argues that cancer writers observe women's ill bodies in five images: medicalised, leaky, amputated, prosthetic, and (not) dying bodies. These images initiate an immense range of issues faced by women living with cancer, related to medicalisation to which women's body is subjected, and also to reconceptualise the leaky body into artistic and erotic celebration. The convincing process of moving from the absence because of amputation and surgeries towards an empowered identity of hybrid and posthuman and finally living with uncertainty becomes transformational even at the time of death. The book also discusses poetry, drama, popular fiction, experimental fiction and autobiography under cancer literature from countries like England, Canada and the United States. In Feminist performance narratives, De Shazer tries to observe the various methods of representing women's bodies on stage. She analyses the theatrical representation of the cancerous breast, wombs and ovaries as identified culturally with specific social meaning. The four plays that are taken for consideration are Margaret Edson's *Wit* (1999), Susan Miller's *My Left Breast* (1995), *Maxine Bailey and Sharon M. Lewis' Sistahs* (1998), and Lisa

Loomer's *The Waiting Room*, which share the feministic perspectives on cancer in women and its embodiment. , De Shazer says that such plays initiate ambivalence among the audience, initiating empathy and activism. In analysing poetry about cancer experiences by Jewish American and African American women, De Shazer finds new metaphors of resistance and transformation. De Shazer informs about the shift in attitude of the post-cancerous prosthetic body from a political and ideological concept into a more nuanced form of negotiating body image. De Shazer states that traditional women's fiction is replaced by the idealised relationship between the cancer patient and her women supporters like siblings, friends, daughters and queer companions.

De Shazer also analyses three experimental cancer novels representing the proximity of desire of the affected patient and their closeness to death. They try to engrave fluid subjectivity and powerful erotic memory, which helps to confront the literary and medical representations of women confronting death. She also reflects on the three paradigms of cancer activism of the sociologist Maren Klawiter in the San Francisco Bay area during the 1990s. The first group is women's narratives, which shed light on the treatment journey, the dignity of the diseased and the survival process. They give stress to science and medicine and also promote biomedical research and the methods of early detection. The next group focused on identity politics and community more than the faith in scientific developments and promoted social service and activism in treatment patterns. The third group relates to environmental narratives, which find a causal connection between breast cancer and exposure to pesticides, toxins and radiation. These narratives are related to toxic tours of the cancer industry and act as political crusades against chemical industries, pharmaceutical units, nuclear and other corporate polluters. They also try to create

awareness about cancer prevention. She also investigates the unpublished letters of Rachel Carson about cancer and ensures that environmental activists like “Terry Tempest Williams attempt to redefine cancer as a human rights issue” (Eva 173). Therefore, *Fractured Borders* is a research observation of women's cancer narratives that perform the act of witnessing and become a testimony of cancer experience.

Wit, a play published in 1993 by Margaret Edison, also speaks about the selfish motive of medical sectors, transforming humanity into mere physical objects meant for scientific possibilities and innovations in medical scenarios. Vivian Bearing, the protagonist, a professor specialising in 17th-century poetry, specifically in John Donne, is affected by ovarian cancer and becomes a student of illness. Vivian proves to be a stranger to her own body. The emptiness of the stage reflects her baldness and the simplicity of her hospital gown. Vivian entirely depends on machines and chemical and medical treatments, creating a new identity. As Susan Sontag says, “In cancer, non-intelligent cells are multiplying, and the non-you is replacing you” (Sontag 12). The non-intelligent cells create a new identity, erasing the person's real identity. The former identity is revealed through the flashback unravelling as the play advances. Vivian has lost control of her body and herself, unable to teach Donne's poetry. She takes up the role of a patient, isolated and mechanised in the hospital, and everyone forgets her. Creating a new identity leads to withdrawal from the usual living situations, making life strange. Vivian expresses that she is a student and it was her final exam; she says, “I do not know what to put down because I do not understand the question and I am *running out of time*” (Edison 21). As Vivian is kept in isolation, she is left with her body sustained by the orchestrated set of machines. She realises that the machines can exist without her, but she cannot survive without them. Vivian identifies the comprehension of mere isolation. As

Sontag opines, “a surprisingly large number of people with cancer find themselves being shunned by relatives and friends and are the object of practices of decontamination by members of their household, as if cancer, like TB, were an infectious disease.” (6)

Vivian is pregnant with death; as Susan Sontag says in *Illness as Metaphor*, cancer is a demonic pregnancy; it is considered obscene, ill-omened and unacceptable to the senses, and it equals death. Cancer is also observed as anything that frets, corrodes, corrupts, or consumes slowly and secretly. (9) Vivian is considered a case rather than a person. When Vivian’s heart stops, Dr.Jason claims her body and calls for the team to resuscitate her weak body, which leads to confusion, agitation and lack of ethics from the medical staff. Therefore, the character Vivian, is an apt example of the enactment of cancer.

In the article “Bollywood Stars and Cancer Memoirs: The Year in India”, Pramod K.Nayar, discusses women and body image in Bollywood. The article interprets diagnosis, staging, prognosis and protocol in celebrity narratives. A journey from cosmetic to pathologized bodies also become a discussion point in the article. Subhrasmita and Gaur's article, “Until the Whole World Tilts: Injustice, Coercion and Resilience in Lisa Ray’s *Close to the Bone*” (2022), Violence against women and illness becomes the analysis theme. The article explores the social forces regarding inequality, economic ambivalence, violence and the individual's complicity during violence.

The review of the above works reveals that discussions on cancer, its metaphorical perceptions, the resistance turmoil, gender-related conflict of body and self, the medical consequences and the attitudes towards it have been discussed. It

leaves scope for the discussion of cancer on the methodology of survivorship, resilience and posttraumatic growth, on which the thesis attempts to study.

Primary Sources

The four primary sources considered for analysis are cancer narratives framed under Illness Narratives in the genre of Disease Literature. Anita Moorjani's *Dying to Be Me: My Journey from Cancer to Near Death, to True Healing* (2012), Kumar Kumar's *To Cancer with Love: My Journey of Joy* (2015), Manisha Koirala's *Healed: How Cancer Gave Me a New Life* (2018) and Lisa Ray's *Close to the Bone* (2019).

The works are taken from contemporary literary scenarios, and all four books are written by women cancer survivors according to the need of the study. 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 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 search for survival and their non-extinguishable urge to sustain life, the inevitable search for alternative methods of alternative therapies, and their unwavering struggle and optimism for fighting in all situations of struggle could categorise it under survival literature. Each narrative is different in representations of life, attitudes, and life experiences received in childhood. The

pattern of survival and the factors associated with each protagonist's survival make the four works unique and different.

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, like film actors, popular models, CEO of a motivational training hub and Intercultural consultants for multinational corporations. 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. Because of these reasons, these works were published and popularized. 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.

Anita Moorjani, the author of *Dying to be Me*, was born in 1959 in Singapore to Indian parents. She moved to Hong Kong at age two and lived in Hong Kong most of her life, representing her struggle and survival through her death experience. A multilingual, she speaks English, Cantonese and Indian language as well as French. Anita had been working in the corporate world for many years before being diagnosed with Lymphoma, a cancer of the lymphatic system, in April 2002. The book is a Cancer patient's Biography dealing with health, cancer and psychology. Her fascinating near-death experience in early 2006 saved her from death and illness and tremendously changed her perspective on life. The book reflects on the depths and insights she gained in the other realm. She is a frequent guest at the University of Hong Kong's Dept. of Behavioral Science, speaking on topics like terminal illness, facing death and the psychology of spiritual beliefs. She embodies truth with the inner power and wisdom to overcome life's most adverse situations and is living proof of

such a possibility. She also works as an intercultural consultant for multinational corporations based in Hong Kong.

The book *Dying to be Me* expresses the writer's Near-death experience, which has been narrated most genuinely, thus making the writing a true memoir of the cancer struggle. 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. During the NDE, she perceived certain aspects of her future, and one reason, she says, of returning to life was that she could touch others through her experience and be a tangible proof of truth. She felt that she would be an inspiration for thousands of people and also help many people by being herself and felt that she would be an instrument for something more significant to take place.

The book comprises of 18 Chapters, with the last chapter as the Question and Answer session. It reveals the story of Anita, the writer, of how she grew up as an intersection of multiple cultures and stood unique and, at times, contradictory in beliefs. These shaped her and fostered her fears to turn into the manifestation of the disease cancer. The next part of the book reveals her NDE, how she experienced and understood the happenings and how she created her own space of living, which appeared to be both challenging and exhilarating. The book's last part discusses the understanding of healing and how we can live as a reflection of who we are, with the glowing magnificence of our self. The book comprises a question-and-answer section where the writer speaks about the most challenging concerns of life. She says she is trying to help people and not to convince them about her NDE experience. This book becomes a reading guide for understanding the various emotional and psychological triggers contributing to cancer. She believes that by identifying these factors, people

might reduce the possibility or even eliminate the chances of getting cancer. She argues that there are multiple healing paths, and we may choose the one that may resonate more personally. She also claims that the book is not a one-to-one tip to eradicate the disease from oneself and not a “one size fits all” dogma. Moreover, it does not limit the author’s experience of understanding and loving herself, but it is for each reader to create the same feeling internally. The book also tries to ignite the magnificence within each of us and awaken the dormant guru, which helps people find one’s place at the centre of the universe. The hope of finding joy in every day of life's journey and loving life at its fullest becomes the prime theme of the book.

Neelam Kumar, the author of *To Cancer with Love: A Graphic Novel*, is a multitalented, globally educated woman of joy who enjoys breaking conventions and stereotypical lifestyles. She explores the multidimensional skills of her personality through her writings. Kumar successfully experimented with the healing power of joy and humour. Twice inflicted by cancer, she outwits the power of cancer in her life through various humorous methods, looking into life as filled with love and gratitude. Multi-faceted and skilful, she is a bestselling Author, Communication specialist, Soft skill trainer, Life skill coach, Motivational speaker, cancer crusader, and life appreciator.

To Cancer with Love is a hilarious cancer memoir that reveals the wonderful, about 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. In her struggle with cancer, Kumar portrays the story of her winning the battle that threatens to overtake her life. Kumar exhibits her years of struggle, illness, financial hardships, broken relationships and death of her

loved ones, which she tackles all alone with her two children, battling with her daily chores. The cancer wrestling memoir exposes the single-handed fight with the toughest of life's paths that takes turns to hit the core of survival. The story is a profound volume of emotions, resilience, and an understanding of the life-changing disease, which opens new vistas of the human spirit of existence. It is also a rare writing representing an interactive guide that would help us overcome the personal challenges on our journey through life. This is considered as boisterous, cancer-wrestling memoir on life, discussing the possible side effects with tips to overcome all hurdles.

The book has been divided into two sections. The first section, with nine chapters named "Carol and Me", discusses the grim side of life; it discusses how Kumar struggles with coping strategies to overcome death by fighting cancer. The second section, from 10 to 19 chapters, is about the profound life lessons she learns from the sea that flows in her soul. It also understands the six strategies that teach to help tackle and cope with the interval between birth and death. The book relates to all who are facing struggles in life. The book's interactive pattern can guide those who go through personal challenges, depression, loneliness, professional uncertainty, issues related to finance, betrayal in relationships or struggle with divorce, and health concerns like illness or death. The book reflects on humans' emotional crises and the stressful disappointments handled at each moment with hope. Kumar also speaks about the lessons she has unearthed through her lived experiences, which could be internalised and practised to make things easier. The book also includes an interactive section that discusses certain challenging situations; she helps us reflect on the situations and encourages us to face fears. Her guidance proves to be from her experience during her arduous journey through life. Life, as Kumar quotes, "is hills

and valleys; ebb and flow. However, the grim patches always lead to the sunny ones.” The book also helps to celebrate life in any challenging situation.

Manisha Koirala, the author of *Healed*, is one of the leading film actors of Indian Cinema from Nepal. She was born into the prominent Koirala family of Nepal and the granddaughter of the former Prime Minister of Nepal, Bishweshwar Prasad Koirala. Cancer has transformed her into a social activist working for women’s Rights. *Healed* is a portrayal of her fight with ovarian cancer. She entered the Indian Film industry in 1991 as a debut actor in the film *Saudagar*. Koirala was diagnosed with stage IV Ovarian Cancer in 2012, recovered from the disease and returned to acting in 2017. She took a five-year break in 2012 and later returned with the work *Dear Maya*. Apart from her film career, she was appointed the Goodwill Ambassador for the United Nations Population Fund in 1999 and 2015. She is also a social activist who worked for Nepal during the Nepal Earthquake 2015. She is also a strong activist for women’s rights, the prevention of violence against women, the prevention of human trafficking, and an ambassador for a cancer-free existence of life.

Healed is a cancer narrative by 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 also reveals her multiple fears, internal struggles, and her victorious return to life. Through her journey, she unravels cancer and inspires us not to be tied under its claws of fear but to grow triumphantly, enliven, and emerge from it.

In her preface, Koirala explains how the battle with cancer was scripted into a full-fledged true story of painful memories. In 2013, while battling cancer in New York, she met with a Rinpoche, which means ‘precious one,’ an honorific title used for a teacher of dharma in Tibetan Buddhism. His advice was to pen all she was experiencing, considering it precious jewels. He also suggested that our mind was conditioned to forget, and if she did not note it down on paper, she would lose the most valuable lessons she learnt from chemotherapy in the mundaneness of daily life. Therefore, every feeling, emotion and struggle was noted down and registered in her mind before it was documented in a book. The book, as she says, results from intense soul searching. She also says she has ‘plunged deep into the dark, bottomless pit of painful memories’(ix) to bring the book into its natural form, proving to be a true storyteller.

Lisa Ray, the author of *Close to the Bone*, is an internationally acclaimed actress, a public speaker and a writer. She was raised in Canada by her biracial parents, an Indian father and a Polish mother. She began her career as a model at sixteen and became one of India’s most successful cover models. Having three decades of experience and having spent her life on many continents, she has starred in prestigious acting projects like ‘Water’, an Oscar-nominated film from Canada. She was diagnosed with a rare blood cancer in 2009. Lisa shared her experience with cancer in a blog named “The Yellow Diaries”, which piloted towards writing her memoir, *Close to the Bone*, in 2019.

The book *Close to the Bone* 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.

Cancer and its relative experiences are represented in cancer narratives through various literary devices and narrative techniques. 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. The chaotic condition of the mind could be consoled through the conflicting imagery from nature. The thesis also tries to identify the literary devices used to bring out the struggle of the mind. Therefore making the process of writing a progression of mental healing.

Structure of the Thesis

Chapter 1 traces the illness journey in literature and identifies the growth of illness narratives since the 1950s, explicitly observing the writings of cancer narratives. It also focuses on theoretical aspects of cancer survivorship, resilience, growth and transformation. The research problem is observed, and the research statement is deduced through the literature review and the study objectives' specification. Mentioning the hypothesis highlights the importance of research in this area of understanding. A literature review explains the analytical studies conducted in

the field of cancer narratives, which helped the understanding of the research gap.

Studies on the mythological and metaphorical aspects of cancer are depicted.

Evaluating the 21st-century cancer narratives brings forth a solid base for the study of cancer survival, identifying the four primary sources. The theoretical perspective of survivorship (Broom and Kenny 7), resilience (Masten 3) and posttraumatic growth (Tedeschi et al. 3) is introduced to understand the study's purpose.

Chapter 2 comprises survivorship and the procedures and strategies involved in cancer survival. Studying the various aspects of survival and observing and analysing the primary texts with the theoretical discourse of survivorship generate a realisation of the survivor and the struggle confronted. The theoretical aspects introduced by Alex Broom and Katherine Kenny in the book *The Sociology of Survivorship* help in knowing more about the types of struggles that the person experiences like waiting, haunting, the proximity of relations, the becoming of the body, agonising medical interventions, entanglement of life and death, body and self, relational and socio-cultural dependency, paradoxical attitude of malignancy and medical cure, hope in precision medicine and traumatising uncertainty of life, therefore making cancer survivorship as a social process that is innovative for each survivor.

Chapter 3 observes and understands the process of resilience that helps the person to overcome the struggle for survival. To return to the same position after the struggle endorsed with continuous attempts of the person to activate the individual adaptive measures as well as the socio-cultural protective factors encompass the understanding of resilience. The adaptive factors help the individual to be more vibrant in making decisions and to establish oneself as a person of great confidence, self-efficacy, competence, and intelligence and having the strident problem-solving

ability, self-regulated, with faith, hope and initiating the notion of relief that life has a meaning. The protective factors and the support system are also vital in concretising the procedures of resilience, where mutual coordination of development is structured. Parents, family, other external relations like friends, neighbours, doctors, medical assistants, and social human forces like spiritual guides all get into the process of resilience in various ways to enhance productivity, claiming that resilience is not an individual process but an interdisciplinary group activity.

Chapter 4 initiates the concept that the post-traumatic period results in growth and transformation. With the changes brought in by the journey through diagnosis and treatment of cancer, survivors are identified to confront various changes that help them to move ahead and start a new life with new perspectives. It is considered a stage of acceptance of the changes that the treatment process has established physically and psychologically. Redefining body beliefs, accepting the body with scars and amputations, optimising health behaviours, fostering benefit relations, creating a new identity, increasing personal strength, and appreciating new life possibilities encompass generating a future of hope, growth and transformation of life.

Chapter 5 exemplifies the collective findings that help cut a new path of survival and life regeneration. The journey through the arduous process of struggle by the harsh realities of cancer treatment and the procedures of resilience helping the person to fight all the hurdles that come in the way of existence expose the truth that continuous resilience with hope and confidence results in the survival of the self and body from cancer. The strength created from resilience generates the third version of existence: growth and transformation for a better cause. The protagonists of all four primary texts prove to be resilient and become more promising, creating a wide space for socio-cultural interventions to extend and share their experiences and ability to

move towards the next phase of initiating a new productive social self. This also creates a realisation that cancer survival is not an individual struggle but a collective transformation and growth.

Chapter 6 conveys the need for further studies in the literary section of Cancer Narratives, which could be eye-openers for survivors and the people associated with illness to create new perspectives of life, survival, and life after illness. It also opens new hemispheres of research in various disciplines and aspects, which can make the lives of survivors much easier. Cancer narratives could be analytically studied by applying theoretical and critical discourses like Environmental studies, post-humanistic perspectives, Memory studies, virtual disciplines, etc., that could bring in a new meaning to the genre of cancer narratives. The study also confirms that this navigation of understanding could be experimented within any chaotic and crises-filled life situation to make a person par countries, religion, and socio-cultural specificity to become resilient and regenerative.

Conclusion

The chapter, therefore, opens a space for further discussions about the struggle of survivorship, its strategies and the outcome, and the influence of resilience in helping the person survive. The outcome of resilience and survival also formulates a search for the continuous stratum of life that is more productive, growing, inclusive and regenerating. The discussion of illness in literature, the journey of illness narratives, identifying the presence of cancer narratives in literature and discussing the various women cancer narratives of the twenty-first century have enhanced the path of research towards intelligibility in analysing the survival of women with cancer.

Struggle and Survival

Survivorship is observed by Alex Broom and Katherine Kenny in the work *Survivorship: A Sociology of Cancer in Everyday Life*, 2021, as “subjective” (12), “relational” (12) and “innovative” (14). Survivorship is of “uncertainty” (42); it is a “becoming” (37), “evolving” (154) and a “life-prolonging” (48) experience, which is initiated from the point of a cancer diagnosis. It is also interpreted as a “collective” (19) and a “social practice” (9). The chapter analyses how survivorship is experienced by the survivors of the four narratives. The chapter also examines how survivorship is represented using literary devices like imagery, symbolism, and dream allegory in the narratives. The chapter also studies the narrative structure of the works by placing the texts in the context of “Chaos narrative” (Frank 97), a theoretical observation of Arthur W. Frank as discussed in *The Wounded Storyteller*. The chapter familiarizes the authors' experiences as cancer survivors, examining the factual depiction of events through plot construction and form of dialogue.

“Cancer is a global health problem responsible for one in six deaths worldwide. In 2020, there were an estimated 19.3 million new cancer cases and about 10 million cancer deaths globally. Cancer is a very complicated sequence of disease conditions progressing gradually with a generalized loss of growth control” (Debela et al. 1). There is a need to comprehend the meaning of the term “survivor” to analyse survivorship. The word “survivor” falls under various interpretations and understandings in the social milieu. For the past four decades, the question of who a survivor is has been prevalent among researchers. Health professionals and the public have various opinions about a survivor's identity. Some consider that a person can be called a survivor only when the initial treatments are complete. Yet another proposition is that a person must live for five years from diagnosis to become a

survivor. Still, some think it is a point between diagnosis and treatment. During the mid to late twentieth century, the term survivor was attributed to those who were cured of the disease. It was considered as a clinical category. In both medical and cultural aspects, cancer survivor was viewed as both after treatment and after illness.

The term survivor was first introduced in cancer discourse in 1985 with the publication of the article “Seasons of Survival” by Dr Fitzhugh Mullan, which explained his cancer experience. Dr. Mullan, who established the National Coalition for Cancer Survivorship, shifted the perception of cancer patients from the role of victims to survivors. It was from then onwards that cancer patients were defined as survivors. From then onwards, a person was called a survivor from the point of time when the cancer was diagnosed.

Survivorship is understood as a multidimensional process where a person's physical, psychological and social aspects get distracted and create a new form of understanding. Dr Mullan explained how he experienced the process of survival when he was diagnosed with cancer at the age of thirty-two. He wrote about his experience with cancer and its consequences in the journal *New England Journal of Medical* in 1985. Furthermore, shared his understanding of survival as:

the quality of my life was severely compromised, and the possibility of death was always present. I was, in fact, surviving, struggling physically and mentally with the cancer, the therapy, and the large-scale disruption of my life. Survival, however, was not one condition but many. It was desperate days of nausea and depression. It was elation at the birth of a daughter in the midst of the treatment. It was the anxiety of waiting for my monthly chest film to be taken and lying awake nights feeling for lymph nodes. It was the joy of eating

Chinese food for the first time after battling radiation burns of the oesophagus for four months. These reflections and many others are a jumble of memories of a purgatory that was touched by sickness in all its aspects but neither death nor cure. It was survival.” (Mullan 271)

Dr. Mullan further mentions survival in three forms, acute, extended and permanent. Acute survival initiates from the point of diagnosis and is dominated by the diagnostic and treatment processes. Certain traits like fear and anxiety were predominant among the survivors during that period. Specific struggles such as diminished strength, fatigue, hair loss, amputation, and lack of exercise capacity are identified during the acute phase. The extended survival phase is when the person experiences the threat of remission or has completed the introductory course of treatment and is curiously waiting with timely examinations and consolidation or encountering recurrent therapy. The fear of recurrence is prevalent, affecting them psychologically during this phase. This phase also witnesses physical limitations and physical strain because of the treatment. Issues in employment and insurance are common among those affected by cancer. Permanent survival is considered equal to cure, but it is realised on the contrary that a person who has experienced cancer is forever haunted by it. Cancer treatment's secondary effects always remain a long-term fear among cancer patients. Therefore, Cancer survivorship could be articulated as “a shifting but relatively coherent set of (normative) values around resilience, longevity, persistence and individual successes” (Broom and Kenny 9). The survivorship strategies create awareness about cancer's medical, physical and psychosocial conditions on the survivor. Access to psycho-social services, good employment conditions, and possibilities of availing health insurance for the future enhance

survivorship quality. Health care of government and non-government policies confirm the quality of life among the survivors.

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 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 study introduces the experiences of survival confronted by the authors and claim that it is a cultural formation rather than an individual problem. This lived experience is relational and social, organised with broad magnitudes of human existence. Therefore, this thesis attempts to construct cancer survivorship as a collective reality and a social practice

Life writings, especially diaries or journals, depict those incidences which disturb conventional beliefs and bring out the depth of illnesses and the lived experiences of a survivor. As Broom and Kenny say, “diarists often speak to us through the diary-but it is a different story, less anchored in a particular moment, that allows the undulations of day and night, good moods and bad moods, and everything in between to emerge” (17). It is considered a means of upsetting the established beliefs and knowledge of the disease. Narratives are considered powerful methods of understanding cancer at various sequential moments.

The four narratives depict the phases of survivorship, which is encumbered with dense emotions. Monologues, symbols, imagery, and various narrative

techniques are applied by the authors to express their cancer experience. The literary narrative technique, like monologues, is introduced between the narration in the work, *Healed* by Koirala. It expresses self-reflexive emotions conveying the pain and agony of the survivor. As she says, “*Am I having a heart attack? Am I dying?*” (Koirala 55), it was spoken to herself when she had a panic attack on the streets of New York. Monologues are found regularly during the survival struggle till the transformation occurs in Koirala, after her treatment.

Cancer is considered a disease that is as old as humanity. Cancer is not a mere disease learnt as it is, but a need to be understood as how it is felt and experienced. As social beings, how to understand it, or how it is constructed, shaped or lived by humans, is what makes the study of survivorship a need. “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 1). Cancer has been prevalent since humanity, but it was not learned or experienced as it is today with scientific developments. Inventions like X-ray, MRI, CT and PET have made the malignant cells visible, and this helped to transform the disease into an experience. It also created the possibility of understanding the nature of cancer and searching for solutions and cures. Therefore, cancer survivorship and modern cancer treatment methods make cancer an experience rather than a disease meant only to be treated. The four narratives detail the diverse survival procedures that the survivors undergo. The impact of severe treatment procedures, the use of advanced technologies and new treatment methods, the influence of the doctors and how the tests and diagnosis affect the survivors could be traced through the narrative pattern. The narrative pattern of

such a survival process could be identified under the chaos narrative structure introduced by Arthur W. Frank.

Since immense advancements are happening in therapeutic options, it is realised that more people live with cancer rather than survive it. Cancer survivorship reduces the risk of death and broadens the possibilities of life in a social milieu. This increases the relevance of understanding the experiences created through causality, uncertainty, wilfulness, hope, responsibility and the search for healing. This could be observed and analysed through the incidents narrated throughout the four cancer narratives.

Disease is placed in the centre, and the person is defined as having established social relations with the disease, people, and society. This helps define the person as successful or unsuccessful in survival. It could be learnt that the way survivorship governs bodies, identities and social relations is not similar. Each person's capacity to enact the socially expected version of being a survivor differs according to their inherent qualities like character, ability and worthiness. Thus, within the social framework of health and illness, cancer and the individual's experience mirror the person's qualities. Cancer survival is measured chiefly according to personal strength, resilience and determined nature. Despite the studies on the bio-physicality of cancer, few observations are done on the social, cultural, relational, political and economic aspects and the impacts of cancer. Therefore, understanding cancer's social conditions and biophysical factors is needed. Understanding cancer survivorship based on “subjective” (12), “relational” (12) and “innovative” (14) (Broom and Kenny). perspectives help place survivorship in a social context, not as an individual suffering.

Survivorship as Subjective

Broom and Kenny say, "The assessment of disease or illness as separate to the person dominates medical practice" (11). The non-clinical experiences are often sidelined 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 11-2). Thus, survivorship seeks to explore the complexities of cancer beyond biomedical scholarship, focusing on the subjective experiences of the survivor.

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 that 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 xi).

The attachment to the disease and its aloofness from the external world could be identified with the imagery of contradicting emotions. The joy of the external world celebrating Christmas and her being on the death bed of cancer shows the pathos of the mind. Koirala says that on a cold winter morning on December tenth, 2012, she was admitted to the *Memorial Sloan Kettering Cancer Centre* in New York. It was Christmas time; all were joyful, and nature was covered with snow. Children were laughing and running around, and the families were found decorating the Christmas trees with lights. Everything was filled with love and newness, but Manisha was in a challenging situation. Lying alone in the room at the hospital, she was found empty and broken. She says, “From the high life of a Bollywood star, I had suddenly been reduced to a patient battling for life” (Koirala 1). The intense emotions of fear and sorrow metaphorically represent her mind as a battlefield. As she says, “Yet again my heart became a fierce battleground for life and death, The endless tug of war kept playing out in my mind” (Koirala 2).

The desire of Koirala to be pregnant rather than being a patient shows how cancer experience becomes a subjective experience in life. It breaks life expectations and creates a new perspective on the uncertainty of life. Koirala explains that when she was lying on the hospital bed in Kathmandu, fighting between two instincts, to run away from the hospital and to stop herself from screaming, her mind was put in between pain and confusion, which was conflicting in herself, whether to be a patient or to be admitted in the hospital for pregnancy. It could be identified from her words, “Why am I here? Why am I not in the maternity hospital opposite the road? Why am I not admitted for pregnancy instead? Will I ever be able to hold my baby in my arms?” (Koirala 5). This reveals that survival is subjective. Each survivor's reasons and conflicting emotions identify survivorship as a unique necessity.

Anita Moorjani, in the narrative *Dying to be Me*, explains her subjective experience of death that was close to her. The doctor's suggestion that she had only three months to live since cancer had spread quite aggressively throughout her lymphatic system made her more helpless, which took her into a near-death experience as she was led to a coma stage. This made the survival of Moorjani unique. It was a return from death. Moorjani says, "I was not in a state of thinking but a state of being" (36). She says it was an experience beyond the mind, and she was completely healed because all her damaging thoughts were out of her. She also felt as though the whole universe was an extension of her. She says, "I felt free, liberated and magnificent! Every pain, ache, sadness and sorrow were gone. I was completely unencumbered" (Moorjani 5).

Moorjani says that in her near-death experience, she found colours that one couldn't recognise; it was filled with music, which was fantastic and kaleidoscopic, which were never heard before. She saw many strange images, "neon signs pulse and boogie in rainbow strobes of cherry" (Moorjani 72); she also realised the vastness, complexity and depth of everything that was around and also claims that "you're actually part of something alive, infinite, and altogether fantastic, that you are part of a large and unfolding tapestry that goes beyond sight and sound" (Moorjani 72). Moorjani's near-death experience made her free from the grip of cancer.

Lisa Ray begins the book *Close to the Bone* with a quote from Susan Sontag's *Illness as a Metaphor*, which explains Illness as the night side of life. She describes how she did not fit into her shoes when she wanted to be her old self. Things started slipping away from her hands, signifying the changes that were caused in her body and mind because of cancer; she recognised her new self, which was strange, trying to realise that no shoes fit her anymore. It could be understood as she says, "My feet are too bloated.

That's what steroids do, and I have been knocking them back by the handful- four days on and four days off. They've also turned my face into a large, round moon...I marvel at my bloated thighs, saying to my dad, 'Look at this. I'm expanding like a cartoon character!'" (Ray viii).

Though 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 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 22). It was self-pity and sorrow that encroached on her; with tears, she analysed that the former identification was 17 years back and concluded to be the manifestation of grief of her husband's death. She is again confused about why she was attacked again by cancer.

Therefore, the four narratives bring out four different experiences, making cancer more subjective than a universal experience. 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.

Knowing and Feeling Cancer

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” (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.

We can observe less care given to Koirala's health as she shares with the doctor about her lack of care for her health. Koirala says, “I heard myself suggest to him that it could be a liver issue as I had been drinking a bottle of wine almost every day for several months before my three-month-long fast” (8). Koirala's imagination began to work overtime, and she thought, “What if they discover it is cirrhosis of the liver? What if it is something more terrible? Are you listening, Universe? Just make me well!” (Koirala 8). The description of the arrival of the evening also dramatically reflected her painful inner emotion when she described “Evening was about to stretch its fingers and smother the daylight's neck” (Koirala 9).

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. The pathos-filled description of Anita about her fear and agony about cancer reveals the depth of sudden detection. Diagnosis finds new meaning to the long-time symptoms and illness which prevailed in the past. At times, cancer takes up a sudden entry without any alarm, resulting in disbelief or a bodily betrayal with the absence of typical symptoms. The symptoms Lisa Ray felt when she forgot the dialogues during her film shoot and once, when she was on a yoga retreat, forgetting the names of the asanas, convey how cancer reveals itself through early symptoms. The expectation of gratitude for the early detection of illness “becomes a pervasive feature of the contemporary cancer milieu and its associated normative expectations” (Broom and Kenny 35). 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.

Koirala was not able to bear the changes created in her body; she said, “I looked down at myself in distaste. I had begun to feel my body did not belong to me. I was a caricature of what I once was. Where was my slim waist? Where had this protrusion come from?” (Koirala 43). The unacceptable form of her body, which was very new to her, made her cry, she was also disappointed about thinking of her pathetic condition. The post-surgery period was quite tough, with the nurses making her walk to the washroom; suddenly, she says, “I let out a raspy, guttural scream the moment I saw my naked body reflected in the bathroom mirror. What had happened

to my marble-white satin skin? My flesh had been ruthlessly stapled with steel pins from below my breasts to my groin” (Koirala 80). The sight of herself was so awful that she was shocked to see herself in the mirror. Koirala collapsed, seeing her injured body. Seeing the jagged route of the horrific steel staples that kept her body from splitting, she felt sorry for herself. She felt physically, emotionally and mentally weak. One day, Koirala slipped inside the bathroom, and the nurses came rushing and carried her to the bed; she then realised that she was “just a mass of flesh and blood-mutilated and broken in and out” (Koirala 81). She realised that to be cured and make herself whole again, she needed to depend on the nurses there. Finally, she revealed herself as a Bollywood actor with eighty films. This was a strategy that Manisha introduced to get care and sympathy. This eventually led to deep conversations, “We shared our joys, sorrows, concerns, fears and hopes and spoke about the situations we currently found ourselves in” (Koirala 82). The pain endured was so harsh that she started praying to God, “No more pain, God, please. No more pain!” (Koirala 84). But to her surprise, the nurse answered, “You shouldn’t be scared of these; what is inside you is far more dangerous.” (Koirala 86). She says that a cancer patient goes through more agony than a prisoner on death row. There is a feeling of gloom and doom and a rush of helplessness, hopelessness and powerlessness. Her physical body seemed to betray her, and her mind, filled with many dreams and plans for the future, came to a standstill. The spirit which soared formerly was defeated and was punctured and trapped. She also says that her physical body was enslaved. These were a cancer patient's experiences during the illness. However, a slight flame of hope burns in the mind, urging for a cure. It was not easy for Koirala to live constantly with a feeling of death within her. She is then painfully reminded of the butterfly that ends itself, which was caught and put inside a bottle by a group of girls sometime in the past. She feels

she is placed in a similar situation; she says, “I too felt exactly like it. Trapped. With no hope of escape” (Koirala 75).

The reasons identified for the illness were related to her physicality, the lack of gratitude for all the blessings she received, feeling chaotic, unhappy and unloved, and a lot of emotional toxicity, finally making her body collapse. Because of lack of receptivity, she became numb to her emotions and was tired of the routine work. Hormone treatment for having a child and the wrong lifestyle she had led for a decade abused her body, and she was prone to illness. Emotional turmoil was ruled by the heart rather than the mind. These were the understandings that happened in Koirala during the time of treatment.

The physical ailment was symbolic of death for Moorjani, which led to frequent hospital visits for blood transfusion and other treatments. She could not walk longer; fatigue and gasping were other enemies that stopped her from doing any activities. The tendency to lose weight increased and was faster, and she also had a low-grade fever perpetually. Uncertainty about her recovery confirmed the impossibility of her survival with the doctor’s silence to her question of whether her condition would improve at that stage of illness. Breathing became difficult for her, and she relied on the Oxygen cylinder; she could not lie down since she was filled with toxic liquids that severely choked her breath. Even changing the position in bed became impossible due to choking and difficulty in breathing.

Lisa Ray had a unique experience during her stay in Kerala for a yoga retreat; she realised something was going wrong inside her body. She knew something was wrong, and her body started sending messages about it. She could not remember the sequence of the postures, and then she realised that she had experienced forgetting the lines when she was on sets, which was a struggle in itself. However, these symptoms

directed her towards taking more experimenting steps like cutting off her carbs, and she went for ayurvedic treatment but ultimately ended up more fragile. She encompassed the situation by training into a mnemonic device by collaborating English names of the asanas into a nonsensical composition. She found herself transparent and exhausted while going for the blood test. There she thinks about what was said at the Moksha training, that, “your biography is your biology, or your biology is your biography?” (Ray 278).

Before she realised the disease, Lisa had an opportunity to prepare herself in her ten-day meditation course at Dharamshala. She says, “I want to face the fear, understand Mom’s death, and prepare for my own” (Ray 276). She reflects on herself, saying, “I looked like a dying woman” (Ray 278). Lisa understands that the disease has progressed in the past two years. She says all the tests and investigations finally allowed her to understand more about her body. She felt short of breath all the time. Still, she ignored the symptoms and repeated the modern world mantra, “I’m stressed. I’m overworked. I’ve got too much going on” (Ray 283), whenever she felt tired and weary. She says that if she had listened to her body, it would not have allowed her to get out of her bed, and she would have had to face what was wrong not only in her body but also in her life.

Her past experiences of love and betrayal, her mother’s death, her struggle to become a renowned model, and her careless eating habits all tuned together to the reality of the illness. The mystery of the hidden illness was finally exposed with the panicked reaction of the doctor, who said that her blood count was 30 in place of the acceptable value of 120. Lisa realises that “the disease which we hadn’t even known existed was moving quickly” (Ray 280), followed by an emergency blood transfusion. This revealed the reasons for her loss of memory, experienced two years back when

she struggled to learn the lines for the show *Cooking with Stella* and realised that her brain was starving of oxygen. Lisa Ray was branded as a medical tourist, a new category in India, by the immigration officer when he queried about the loss of hair. She rectified herself as a cancer patient.

Dis/embodying Cancer

Embodying cancer is understood as how cancer patients understand illness through the experience of the disease, the feeling of affliction and the care realised. Cancer patients try to disembody 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. The ongoing treatment process raises questions about how cancer is experienced before the diagnosis and after and how it is seen in the future. However, the landscape of such an experience would be uncertain. Diagnosis helps to identify previous symptoms like migraine, though it is unsettling for the person's embodied sense of self. They are caught between their healthy self and an uncertain future. The four survivors of the narratives experience four different ways of identifying cancer in their bodies. Moorjani found a lump below her neck all on a sudden. In contrast, Koirala experienced a bloated tummy that expanded daily despite her severe exercises and diet. Kumar recognised her illness through a dream that she had, and Lisa had symptoms like forgetfulness and a block in her thought patterns.

The tension between the normative expectations of life and people's lived experiences aids the survivorship discourses. Embracing positivity helps to maximise

their longevity. The widespread expectations and their expertise develop multiple challenges.

Lisa becomes “Lisa Rebooted” (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 ix). She also realises that there are sensations within the bones; it is that part of the body which is not touched. The drilling and the cut into the deeper part of the body is assumed to be a secret travel, and as the drill went deeper, the marrow resisted.

The embodiment of cancer was seen in Lisa’s reaction towards the cancer diagnosis, as she consoles herself, saying that she had been running from the age of sixteen, and she knew that something was wrong and confirmed it through her cancer diagnosis. This approach of understanding cancer and creating possibilities to overcome it is inevitable in the survival process. Lisa tries a pattern of functioning new responsibilities as an actor, fulfilling her ambitions parallel to the cancer treatment. Finally, she identifies herself as a “cancer graduate” rather than a fighter or a survivor.

The feeling of disembodied self is observed in the life of Moorjani when she was in the coma stage; Anita did not feel any emotion towards her seemingly lifeless body. She says she did not think it was hers; it appeared small and insignificant

compared to what she had endured for so long in that body. Finally, Anita feels free, liberated and magnificent. She was free from all pain, ache, sadness and sorrow.

It was as though she had been a prisoner in her own body for the past four years as cancer withered her physical body. She felt weightless and knew she could be anywhere at any time. There is a deliberate method of disembodying cancer, distancing themselves from their embodied self. Diversions of thoughts and inculcating new aspects of life experiences make survival easy.

Keeping away Terminal Entanglements

The insight of living between the clinical categorisation of neither being clearly cured nor being palliative defines the terminal entanglement of life in cancer. The uncertainty experienced through prognostics during the moment of diagnosis and in future is prevalent in all the survivors' lives. The practice of forgetting or disentangling the self from the thoughts of cancer and drawing oneself back or taking one's mind away from cancer has become a survival strategy of the survivors. They deliberately tried to forget about the presence of the disease and disentangled from the hauntings of cancer. The attempt to keep pace with the velocity of social existence and simultaneously experience the positivity of waiting, as Broom and Kenny say, "keeping positive and put[ting] it out of your mind" (53), was found to be experienced by the survivors at various stages of the treatment procedures. The difficulty of forgetting cancer and, simultaneously, the omnipresence of the medical predictions was found to entangle the lives of the survivors. There is a complex mix of waiting and restlessness that is seen throughout the time of treatment, even after the cure. When Koirala was affected by fever after being certified as cured, she seemed panicked and worried about her health. The fear of recurrence is crucial for those attacked by cancer once. She says, "What had I done wrong? Had I overexerted my

weak body? Was it recurrence I was facing? No, not again, O divine!” (Koirala 149). The doctors identified some spots on her liver, creating her fear of recurrence. However, it was concluded that it was jaundice and not the recurrence. She then decided, “I would preserve myself; my mantra now would be self-care, self-mastery and self-discipline. I would not let any negative thoughts come near me” (Koirala 151). Cancer as a background is always a clinical haunting for the survivors, accompanied by oncological and biomedical surveillance through continuous scans and treatment procedures.

Attitude of Positivity

Broom and Kenny say, "Attitude is everything" (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, “Attitude denotes a particular feeling or opinion, the way you feel about something or someone” (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 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 say, “You can be as negative as you wish, and it does not make your cancer grow faster” (Broom and Kenny 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. An attempt is made to understand the impact of attitude in the practice of survivorship along with such cultural consequences.

Attitude finds a space of its own in the cultural context of cancer. Broom and Kenny say, "From a sociological perspective, what is so interesting about attitude is its diffuse, opaque and collective features, which frequently moonlight as features of the person" (66). It is also observed that there is a common notion among those involved in the process of cancer survivorship, clinicians, patients, families, that attitude matters deeply. Attitude is meant to be a collective practice. It is connected to affect, subjectivity, embodiment and the cultural praxis. Though attitude is often observed as being in isolation, it is "paradoxical, instructive, normative and transformative" (Broom and Kenny 66). The sense of attitude seems to emerge from the person, yet it is intergenerational, socioeconomic and cultural information.

The book *Dying to be me* begins with the incredible feeling of Anita releasing herself from pain and fear. She says that she is free and light and can no longer find fear. This is the feeling she experienced after her near-death experience on February 2nd 2006; the day engraved in her memory as the day she died. "I felt free, liberated and magnificent! Every pain, ache, sadness, and sorrow were gone. I was completely unencumbered, and I couldn't recall feeling this way before - not ever" (Moorjani 5). As Anita was rushed to the hospital, she was moving away from her consciousness and slipping into a coma. Her organs had started to shut down, and she was succumbing to cancer, devouring her for the past four years. Still, at the same time, she also felt everything to appear dreamlike and surreal.

When they reached the hospital, it was too late as the doctor was shocked seeing the condition; she declared, "Your wife's heart may still be beating, but she's not really in there. It's too late to save her" (Moorjani 3). Where medical observations fail,

miracles happen in certain people's lives, the way towards reviving life through self-realisation and self-discovery. Hearing the doctor's words, Anita was surprised, for it was at that moment that she was the most comfortable in her life. "I felt completely bathed and renewed in this energy, and it made me feel as though I belonged, as though I'd finally arrived after all those years of struggle, pain, anxiety and fear. I had finally come home" (Moorjani 6).

Though the doctors repeatedly confirmed her critical situation, her husband Danny did not leave hope; the support of her family, fighting for her life along with her, is proved by her husband's words, "But I'm not giving up on her" (Moorjani 4). But on the other side, it was the voicing of Anita saying that she was fine and feeling great. The contradiction of the situation represents the changes that occur in the internal mind of Anita, the conscious effort of recovery of the mind. The fear, anxiety, helplessness and despair prevailing among the doctors and the family members was felt by Anita also as she says that she began to experience all that they were feeling, "It was as though their emotions were mine. It was as though I became them" (Moorjani 5). The feeling of moving away from the family members into a larger picture made her realise that she was dying, "It's nothing like I ever imagined. I feel so beautifully peaceful and calm...and finally feel healed" (Moorjani 5). The greater understanding was that even if her physical body stopped, everything was still perfect in the more extraordinary tapestry of life. It was a rare experience that she was encountering; she felt detachment towards her limp body, and it became too small and insignificant, for the mind was experiencing a more incredible feeling of liberation and magnificence. All physical emotions like pain, ache, sadness and sorrow were absent. She felt utterly unencumbered. The sense of the detachment of body and mind and the insignificance of body, which is being glorified with customs, rituals and myth of perfection, is distorted

at the moment of realisation that they are mere materialistic emotions and more envisaged in a person's mind. The feeling that she was encompassed by pure and unconditional love, the deepest kind of caring, was beyond the physical form of affection. She was waiting for that feeling; after all sorts of struggle, pain, anxiety and fear, she finally reached home. The sense of being bathed in the energy renewed her and created a feeling of belongingness. This was what she experienced during her near-death experience. She says, "I then had a sense of being encompassed by something that I can only describe as pure, unconditional love, but even the word love doesn't do justice" (Moorjani 6).

The sick person's positive attitude is considered protective, and the 'sick mentality' idea is removed from the mind. The body of the suffering seems to heal and recover with a healthy and robust sense. A positive attitude, therefore, becomes the way of being. On the other hand, having a healthy mind in a sick body is paradoxical, making the concept of attitude more complex and disparate from reality. The active management of one's sense of self, to make oneself appear more potent in attitude, is a predominant part of survival. Those around them admired the embracement of the right attitude by people with cancer and were often set as an example for others among family and friends. Moderating emotions in itself was a struggle at times. Broom and Kenny say, "Attitude carries the weight of a person's – and society's -expectations of themselves and their ability to endure hardship" (69). It is difficult to pull oneself out of the everyday practice of survivorship to satisfy the demands of normative attitudes as expected socially. Broom and Kenny say, "The dual demands of being positive and being authentic produce a paradox, which is *collectively policed*" (69). A good attitude is sometimes seen as concealing and suppressing the fears of cancer, suffering and the realisation of the inevitability of

death. Attitude becomes an implicit demand by those who care and those who are not afflicted. Broom and Kenny declare that “Attitude is thus relational, enacted across the self and other and imbued with a wide range of (paradoxical) performative demands and forms of virtue” (70). Attitude is explicitly a relational dimension stating the normative demands from family members to the broader community.

Broom and Kenny say, “Attitude policing, then, is a kind of moral injunction that the person living – with cancer take personal responsibility for becoming sick and directing the course of their illness towards becoming healthy again through the power of thought (for example, you’ve brought this on yourself; you got yourself sick, you can make yourself better; if you are doing badly, it’s because of you)” (76). This influences the cancer landscape, creating views of responsibilities and accountabilities with little base in biomedical science.

Possibilities to Overcome the Spectral Presence of Cancer

Cancer creates the ambivalence of “not knowing how to act” 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” (61). She identifies that her relationships with people are redefined, some damaged, and some are deepened during the crisis. She also realizes that people reassure her, saying, “Don’t worry, everyone has to go. Be happy that you know how you are going. You must have done a lot of bad karma, so you are being punished” (Kumar 62). The expectations of the society about the survivor could be traced through the words of those who tried to help Kumar come out of such crisis. Kumar quotes sarcastically that, “While I had hoped for strong, silent support, what I got in abundance was bon voyage confetti. While I had hoped for positive energy to lift my spirits, what I received was tragic tales of ‘people like me’ who had fought bravely but... (and this said with a sigh) had not been able to make it” (62).

Society's reaction becomes reversed, though they say compassionately about the painful disease. Another experience is to move along with cancer by estrangement. It is also understood that one must orient oneself towards the future; making progress and keeping going is what society expects. Kumar explains, “Had I not been made of sterner stuff, I would have needed instant psychiatric help to recover from those jibes” (62). The need to keep on going with self-evaluation shall help in coming out of the spectre of cancer.

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.

Cancer survivorship is often mistaken for the potential of a subject – the capacity to choose, to be autonomous, to be responsible, to persevere. Yet, it is often the normative quality of requests by others for subjects to be this way. Technologies, expertise and ideologies emerge from different sectors of society (e.g., medicine, alternative therapies, self-help, psychotherapy) to facilitate the ambitions and desires of survivorship. (Dragojlovic and Broom 133)

The approach to understanding the relationship between the innumerable actors, settings, and contexts involved in the process of giving meaning and interpretations to cancer is dynamic. Broom and Kenny say, "Emotions were always articulated in relation- to 'the cancer' itself; to partners, families and friends; to fellow 'survivors'; to strangers; or to generalised 'others'. It was out of this collective circulation of emotions that affective/moral tensions emerged and became apparent" (104). This can be identified in all the four narratives. Through various imagery and symbols, the narratives explore the various relational aspects the survivors travel through cure and recovery.

The news about Moorjani's illness was a great shock for her and her husband, and they just refused to accept the thoughts about cancer, various options, and death itself. She says that it appeared to be too scary, and her brain swirled in great confusion. The support of her husband created confidence in her as he said, "Don't be scared. We'll get through this together" (Moorjani 44). Still, she wished it to be a bad

dream, but reality was more prevalent. The fear of expressing it to others was also a fear in her; she was afraid of the consequences created when people came to know about this, and the change of approach towards her, the choking of care and concern made her request for one more day of peace and solitude, which would be lost if they are informed immediately. The care and concern expressed by her mother and brother made her feel that the diagnosis was accurate. She says, “Their loving reactions shoved reality into my face like a cold dead fish; There was no longer a way around the truth of the diagnosis” (Moorjani 45). It can be understood from such an instance that cancer cannot be endured alone, and it is understood through various personal incidents mentioned in the narratives. Family, friends, society, and medical practitioners' influence enhance survivorship possibilities.

Survivorship is also about others. It is a collective process, intersubjective and dependent. Queries on how the disease is made collaborative and how the influence of relationships overcomes it could be effectively identified in the narratives. How illness defines the future about the concept of mortality, the notions of interdependence, and interaction between technology and people, the medical expert and the ill, the afflicted and the caregivers are interpreted in the background of the diagnosis, treatment and recovery process.

The impact of cancer could be traced among the family members also. This could be verified with the response observed in *Healed*. Koirala says she was gripped by fear when she reached Mumbai to confirm her cancer. She speaks about her and her mother's reactions as they reached Mumbai. She says, “It was traumatic” (Koirala 19). Two frightened women tried very hard to get in tune with the condition. The impact of cancer creates a pathetic image of her mother. This authenticates how the survivor and the nearest supporters were confronting the burden of cancer.

Koirala speaks about the effort taken by her parents, which became a symbol of unconditional love. For her, Chemotherapy was another challenging task that was to be fought with. Koirala says that by the end of the session, her tummy felt stretched and was ready to burst. The sight of food made her feel nauseous, and her mouth had an acrid metallic taste. She says that each chemo brought her back to zero, where she had to start from the beginning, become healthy, and start walking again like a child. Gradually, she began to walk around with the complete support of her father. Her Mom took care of providing good nutrition-filled food for her. She says, “My mother is a doctor in the kitchen” (Koirala 104). Her mother had learnt the art of healing naturally with food. Food became an inevitable maker of good health. An elaborate diet was prepared by her mother to keep her healthy with turmeric milk, soups, vegetables, eggs, dry fruits and pomegranate juice. The care expressed through the imagery of healthy food identifies the possibilities of survival through multiple strategies, which becomes an insight into recovery.

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 30). These incidents in the lives of the survivors convey the real task of cancer survivorship being relational.

Memories – The Impact of Other Cancer Patients

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. since she was young, strong, vibrant, and healthy. Just after Soni's diagnosis, they were informed of Danny's brother-in-law being diagnosed with an aggressive form of cancer. This created great fear in Moorjani because she was very 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 43). This continued until she started feeling afraid of life itself.

Intersubjectivity and dependency on other cancer patients also create a crucial influence on the survivors. Their sufferings and experiences create doubt and hopelessness among the survivors. The perception of illness creates physiological effects and gives rise to psychological symptoms, leading to depression and anxiety among the survivors. It is depicted in the life of Moorjani, as she says that the threat of the treatment and the fear of Chemotherapy made her decide that "I will not have chemotherapy" (Moorjani 46). The shock of what had happened to Soni, her best friend and her brother-in-law pulled her back from chemotherapy and directed her towards the search for various other methods of treatments. Anger, dread, frustration, fear, and desperation were the spectrum of emotions that arose following the death of her friend Soni. Moorjani says, "My fear and desperation continued to drive me to research everything I could about holistic health and wellbeing" (Moorjani 49).

Moorjani narrates about her fear of diagnosing cancer, and the anxiety is shared as she reflects on her friend Soni's body "being eaten alive inch by inch, consumed by a beast that refused to be tamed, even by the most advanced medical science available" (Moorjani 43). She was unable to think of such a horror happening to her. She was diagnosed and found that she was affected by "lymphoma, which is a form of cancer of the lymphatic system" (Moorjani 44). This turned her world upside down. She says, "Outside, nothing changed: The sun continued its journey, slowly setting behind the harbour; the skyscrapers glowed in muted hues of orange and amber; and people were on their way to the laughter and joy of happy hour. Yet learning the reality of what was happening within me had instantaneously changed my whole world" (Moorjani 44).

It could also be observed that even during the cancer struggle of Koirala, there was the influence of those who had endured to death through cancer. She says that the appearance of all those who had crossed over to the other side made her feel that she could also be there instead of enduring so much pain and fear when they pronounced, "It's not so bad this side, you know, Manisha!" (Koirala 62), by creating positive thoughts about future and with the urge to life, she vanishes such thoughts.

Therefore, the life of the other cancer patients affects the survivors significantly to make decisions about the treatment procedures and find ways of survival. Anxiety and depression are developed in the survivors from such prior information which they try hard to overcome and find alternative survival strategies.

Technological Interventions in Survival

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 - Munez (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. 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 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 96).

Looking at the cancer patients, she felt that “...an invisible line divided us- the world of dying patients and the world of the living.” She asks herself, “When had I crossed that invisible line?” (Koirala 97). While going for her first chemotherapy, she felt like a lamb being taken to the slaughterhouse. The imagery of the slaughterhouse is brought in through the images: “And suddenly there was a pack of them. Dark, wild wolves, their mouths open, fangs bared, seeking out each vein of my body, tearing forward at great speed, hell-bent on destruction. Hungrily, they began devouring everything in sight- my organs, my blood, my veins, my bones. It was maddening.” (Koirala 99).

The process of chemotherapy and its aftermath was so harsh, and Koirala says, “I felt intense heat coming out of my stomach; it began to hurt badly. My body burst

into red rashes. My heart began to pound. I was overcome by sudden nausea and lower back pain” (Koirala 100). She was calm externally but was undergoing a lot of harsh changes within. Her heart was pounding, her breathing ragged, and her vision blurred. She was lying quietly on the bed. She pretended as if she was confident during her first chemo. She says, “I had pretended to be confident while actually I was gripped by fear” (Koirala 101).

The stem cell transplantation of Lisa Ray also confirms the inevitable effect of advanced treatment procedures on cancer survival. It is proved through the narration of Lisa about her experience of enduring the stem cell procedure and how her body was intact with the medical equipment used in the process. She says, “I was in a close relationship now with this machine. I looked upon it as a metallic transcendence. Something close sacred was taking place as my blood travelled out of my body, spun with a force strong enough to separate the stem cells and then flowed back into me” (Ray 326).

The machines are symbolically represented as life-givers and considered “sacred”. The role of the medical procedures and the methods applied for recovery through medical advancements have a greater impact on the survivors. Hope is initiated in the survivors, enhancing the urge to live.

Interpersonal Relationships with Medical Experts

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 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 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 101).

It could also be observed how significant the presence of the doctors is at the crucial moment of survival. In *Dying to be Me*, Moorjani explains her experience at a critical time of her survival struggle. The medical team became the symbolic representation of life for Moorjani when she was on her deathbed. The conflict between the MRI capsule and the oxygen cylinder creates a pathetic struggle to hold life, creating questions of life and death as the radiologist said, “Please don’t worry. We’ll be as gentle as we can. She can handle about 30 seconds off the oxygen at a time” (Moorjani 61). The nurses also tried to hook the near-lifeless body to the oxygen cylinders and other machinery to induce fluids and glucose due to malnutrition.

In *Close to the Bone*, Ray also realises the doctor’s advice and support during her interaction with Dr. Galal, who assures her that the disease will be cured. Lisa thinks cancer is a war; if one dies, it is the person's fault for not fighting enough. This entitles the role of the patient metaphorically presented as a warrior on a battlefield. Ray explains the inevitable responsibility of the patient in recovery. Similar imagery is recognized in the memoir of Koirala, as she speaks of being a warrior fighting against cancer.

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 312).

Kumar metaphorically signifies doctors as protectors of life. Kumar identifies that having visited endless hospitals, she realises that the "medical curriculum for doctors should be rewritten completely to put the focus on compassion instead of treatment" (Kumar 132). She also explains, "I believe that the body can heal itself. What the patient requires is a physician who can guide it to tap its natural healing system" (Kumar 132). The doctors should be giving importance to this restoration and strengthening of this inherent system. Kumar acknowledges the fortunate experience of receiving such a good team of doctors who helped her identify her inner strength to escape her diseased situation.

Therefore, it is observed through the narration of the authors' experiences that doctors and hospitals have a more significant role in survival through their service beyond the technicalities of medication. Koirala says, "I survived because of all the support, medical expertise and my willpower to do well" (Koirala 177). Therefore, the medical experts are elevated metaphorically as healers of life from being medical practitioners.

Socio-cultural relations enhance the possibility of survival

The socio-cultural relations occupy a significant space in survivorship. This gives rise to a new set of understanding where cancer leads to becoming or emergence rather than as a mere state or condition of the disease. This also explores the connection between people and objects, like the importance and interpretation of the scan, where it creates hope in certain people and despair in some.

Specific questions that arise regarding prognosis are: What does it accomplish? What do the representation and prognostic evidence do? What do the predictions, representations, experts, patients, carers and the disease materialise? And the consequences and how things are held together, for what purpose and to what extent? This could be realised through Koirala's response; her relationship with her mother is expressed as she hears her mother weeping while talking to her friends on the phone. She was trying to find comfort from their advice. Koirala's illness made her sorrowful and guilty about making others sad. She shares her sorrow, saying, "I should have been protecting her in her old age instead of inflicting pain on her. How could I put her through this trauma?" (Koirala 43).

During the tiresome days of chemotherapy, when Koirala loses her confidence, she explains the fear with images, "I was completely wrapped up in my cocoon of fear" (Koirala 97). The sight of reaching the hospital was symbolised as it was "like a lamb being taken to a slaughterhouse" (Koirala 97). Koirala presents the process of chemotherapy as a wolf hunt; she says, "And suddenly there was a pack of them. Dark, wild wolves, their mouths open, fangs bared, seeking out each vein of my body, tearing forward at great speed, hell-bent on destruction" (Koirala 99). However, despite all her fears, she had the constant support of her family, her brother's advice, who said never to give up in any circumstances, made her more substantial; he said, "You are giving up now? How can you? You are a fighter! FIGHT!" (Koirala 106). This was how her brother supported her.

Kumar had a peculiar experience at the Tata Memorial Hospital which totally shifted her perspective of true love in her life, and she finally realised that "Love is the infallible physician, the supreme consoler. It is the conqueror, the sovereign teacher. It is also the supreme leveller" (Kumar 51). The influence of society and the

support provided in various ways have much to do with the survival process, which helps in fast recovery. The imagery of the bald, post-chemo children cared for by both the parents, the devoted wives who were shooing away the nurses to give the most intimate care to their husbands, the poverty-stricken relatives and poor villagers who brought their patients to the highly expensive hospital for recovery, husbands taking care of their cancer-stricken wives, (as one of the husbands whispered loving words into the ears of the weakening wife and cupped his hands before her when she vomited) Kumar said that , “ I froze in amazement” (Kumar 50). After seeing such vital signs of true love as expressed in the narrative, a significant change occurs in the attitude toward her life as she quotes, “I promised I would not die before death actually came. I would value each day and each moment for the precious gifts within it” (Kumar 52). These inferences express how sociocultural relations and beliefs change the perspectives of the lives of cancer survivors and how new beliefs are created for better living experiences.

Proximity and Temporality

Cancer is considered a practice which 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 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 158).

The depth of relationships initiates the responsibility of being robust to defeat survival struggles. The care prompted by those closely related to the survivor creates a sense of responsibility in the survivor to fight and endure all the pain and pathos, to rise from the trap of death and evolve to life. This is narrated through the relationship of Koirala with her father when his presence and caring words made her come out of her insecurities to walk after her chemotherapy. She says, “My feet felt like jelly. I could not feel them. But I also could not refuse Dad” (Koirala 103), and this shows the mutual care and dutifulness that is developed in the relationship. Koirala says, “I was very happy to see this tender side of Dad. I loved him more for the effort he had taken to break his self-imposed barriers. He had succeeded in getting his beloved daughter to do what he thought was best for her health” (Koirala 103).

The association of proximity is not limited to the survivor’s relationship but also includes the aspect of temporality. It defines our relationship with time, which is challenged by cancer diagnosis. Scholars of Medical anthropology and science and technology studies use the term “anticipation” (Tedeschi et al. 30) to convey the orientation of a survivor’s life towards the blurry future. Anticipation is feeling about the future in the present moment. “Anticipation is the moral economy in which the future sets the conditions of possibility for action in the present, in which the future is inhabited in the present” (Adams et al. 249) It is the emotional space of affliction where the uncertainty of the future depends on the clinical diagnosis and the prognostic observations. “The anticipatory regime cannot generate its outcomes

without arousing a ‘sense’ of the simultaneous uncertainty and inevitability of the future, usually manifest as entanglements of fear and hope” (Adams et al. 249).

The entanglements of fear and hope are seen in the narrative *Cancer with Love*; when Kumar is diagnosed with cancer the second time, she narrates, “I looked up in rage at the destiny-maker above and scowled, ‘You really have something against me, don’t you?’ It took all the remnants of my leftover courage to stand up and take my next decision” (Kumar 21). The agony of the uncertain future is converted to rage towards the destiny-maker.

The tensions of cancer intensify the emotional aspect of anticipation. It is pivotal to fight and endure cancer for the survivor to persist into the future. Survivorship as a practice and proximity leads to understanding how illness is understood from various perspectives of what illness is and how it is done. The uncertainty about their future life, the disability to plan the future, and the ambiguity of the time left for their physical existence pave the way to understanding the inevitability of temporality. Lisa Ray speaks about uncertainty as “I see the desire for things just out of reach. Recovery. Comfort. Safety. Empathy. Control. Normalcy. Escape. Luck” (Ray 296).

The sign of an uncertain future is traced in the narrative *Healed*, as Koirala says that she was mentally upset thinking about her situation; she felt sad that she had no plans to make any more and no life itself. “Overnight, things had changed. I was no longer in a position to make plans. I had no life to live. I felt spent” (Koirala 12).

Waiting and Haunting

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.

Therefore, analysing the ordinary experiences of living with cancer has become necessary with the increased number of incurable cancer survivors. The role of cancer in people's daily lives, its impact, the understanding of the loss created by cancer and the complexities brought in by illness in the process of ageing, decline and mortality are interrelated to the two concepts of waiting and haunting.

Waiting is an unavoidable factor prevalent in the process of treatment of cancer, but at the same time, it is devalued within the broader cultural milieu. Harold Schweizer, in *On Waiting*, says, "The person who waits is out of sync with time, outside of the moral and economic community of those whose time is productive and synchronised or whose time need not-in the habit of velocity-be experienced at all" (Schweizer 8). Waiting is not considered as a positive term anymore. Waiting is positioned as antithetical to the productive self. Broom and Kenny say, "Waiting...in contemporary terms, is enforced passivity, expelling a person from the community of 'productive' citizens, where the passage of time, uninterrupted, recedes into the background of the taken-for-granted" (Broom and Kenny 49).

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 say, “Waiting to see what ‘cancer’ does renders disease separate, distinguishable from the self” (Broom and Kenny 49). Waiting can also create a controversial situation between person, disease and expertise. The understanding of waiting can initiate questions like what is waited for, to feel better or for the disease to progress or for remission, to survive or not, or to stop waiting and to start living. As Broom and Kenny 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” (Broom and Kenny 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 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.

Koirala also had such awaiting experiences as she narrates that, once again, she had to wait for hours for the arrival of the results. The most terrible part of the diagnosis process was waiting for the results with great anxiety and with the hope of the effects getting negative. As she says, “It turned out to be a one-hour wait for the doctor. Mom and I sat in his cabin quietly” (Koirala 23). Later when she was waiting for the test results, she says, “Once again, the long wait for the test results began. I twiddled my thumbs. I fooled around with my mobile phone. I scripted what I would say to the doctor” (Koirala 27).

Waiting is placed between the structure of power and authority. It also becomes a form of relational practice within the medical milieu and claims knowledge, truth and disease course. As Broom and Kenny opines, “Waiting is thus a personal and interpersonal struggle within the discursive atmosphere of expertise and authority, truth and fallacy, sickness and wellness, hope and hopelessness, being and becoming” (50).

When Koirala was waiting for the biopsy result, nature also personified her emotion; she says, “I have always found this time of the day the most dramatic of all. It is as if the stage is being set for something ominous. My patience was snapping” (Koirala 9). The imagery of nature is found to be prominent in the narrative, which tries to decipher the emotive mode of the narration and the pathetic situation of the narrator. The haunting emotion of loneliness is found to affect her as she says, about diagnoses, “It was the longest and loneliest night I have ever spent” (11).

Waiting is the social practice that connects the medical and the embodied, the emotions and the intellect. Also, it illustrates how the structure of knowledge changes the everyday experience with the treatment procedures.

The understanding of waiting can also be accompanied by knowing what occupies and possesses waiting. Haunting is considered the realm of trouble and turmoil, which is encompassed in waiting. It is that moment when things appear to be not in the right place and when those concealed seem to be exposed. It is the moment when it would not be easy to live as lived before when the smooth movement of life gets jammed up. It is a socio-political-psychological situation where we are forced to do something else or something that seems to be different from the past with a feeling

that it has to be done and also gets a feeling that something has to be done without fail.

Broom and Kenny say that “cancer as a lived experience often jars with the clinical readings and representations of cancer as a discrete biophysical process” (51). Hauntings tries to focus on the modes of knowing, as the techniques applied for visualisation and the patterns of surveillance, like scan. As scans become the method to understand the pathology of the body's interior, hauntings highlight the emotional consequences created due to diagnosis. Scans appear to be omnipresent throughout the process of oncological predictions, diagnosis and prognosis. The day-to-day experiences help to resist and transcend such hauntings, help the survivors to find new and alternate possibilities.

Being an actor, Koirala was very much worried about the public eye. The response of the public haunted her very much. She says that on the aircraft to Mumbai, she noticed people staring at her, some in horror and some out of sympathy. She is also confused and says, ” How did they know my dark secret?” (Koirala 19). She felt unnerved because of their unrelenting stares. She appeared to be calm and controlled, but it was not the truth in reality. She says, “My hands and legs were trembling. All I wanted was this flight to land soon so that I could get to Dr. Advani fast” (Koirala 20).

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 has been in the lives of humans for years, and the present developments in the treatment process have given rise to precision therapies for various types of cancers. Cancer treatment has opened new possibilities in scientific inquiry. Precision medicine has created hope among cancer researchers, medical clinicians, and patients, initiating better cures and survival, along with significant complexities. Therefore, the pharmaceutical industry is influencing the individual experience of illness. The developments in the medical sector have created expectations of a better life for the survivors with innovative techniques. The medical practitioners are more responsible for removing the fear of treatment and suffering among the survivors.

Innovation in pathways of hope

“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. 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. 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 30). Therefore, she decides to go to America for immediate and best treatment. Another fear was the stay at America.

Moreover, another fear was of money. She says, “I would need money—lots of it. I called up my financial adviser, Mona. and got busy asking her how much investment I had in bonds and shares, ‘Liquidate everything!’ I instructed. But my heart knew that even that might not be enough. How could the rupee stand up against the strong US dollar? How would it suffice for our extended stay in New York?” (Koirala 31). Even a person like Manisha had a lot of crises which she had to face during her treatment about finance. She had to ask for help from people for the prolonged stay in the US; since it appeared to be very expensive, she had to ask for help from the chairman of Sahara India Pariwar, Mr. Subrata Roy. She says, “I had never imagined that I would be in a position where I would have to ask him for help. I was embarrassed and did not know what his response would be. However, I knew deep inside that without this help, we would not be able to last many days in New York” (Koirala 31). The advice given to her by one of her friends was most helpful for her; the new treatments were very effective, and to tell herself that each chemotherapy was vitamin shots, to eat healthy and nutritious food with vegetables and to drink lots of water to wash away the toxins. She was grateful to her friends, who supported her in overcoming the struggles. She says, “I will always be grateful to my friends for supporting me empathetically” (Koirala 34).

Innovation in alternative methods of 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. 1). The umbrella term “complementary and alternative medicine” (CAM) is defined by the National Center 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 411).

“Between 7 and 64% of patients with cancer use CAM therapies” (Cauffield 1290). People of all backgrounds use CAM. However, CAM use among adults is greater among women and those with higher levels of education and higher incomes. (NCCAM 3) “Patients with medical conditions that are difficult to treat or do not have easy or positive answers by conventional medicine standards seem predisposed to CAM. Patients who use CAM have high incomes and levels of education and pay out of pocket for these services” (Cauffield 1293). “Non-invasive therapies like acupuncture, chiropractic, massage, spiritual healing, meditation, and imagery are most common, but the use of dietary supplements is rapidly gaining terrain” (Tascilar et al. 733). “A recent study in nearly 500 cancer patients revealed that 65% of the 131

patients being treated with chemotherapy alone said they used CAM in conjunction with their chemotherapy” (Tascilar et al. 735). Patients often use CAM with conventional medicine (Cauffield 1293).

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. He asked her to focus on balancing the body because all illnesses were the symptoms of imbalance. He also suggested that if the body was balanced, illness would never attack a person. 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 1293).

Side Effects, Suffering and the valorisation of longevity

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. “Unexpected, perpetual and debilitating treatment side effects raised daily questions about the purpose of life and the dynamic of waiting and suffering, especially when the option of simply waiting for treatment to end their cancer to be ‘cured’ was foreclosed” (Broom and Kenny 57).

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 2nd, 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.

Normalcy and Normativity of Life

The attempt to find normalcy in life despite the ‘pervasiveness of waiting’ and clinical prognostications articulate a series of dialectics, “getting on with it/being in the here and now, remembering and forgetting” (Broom and Kenny 55). It is contradictory to have a successful life with an advanced cancerous situation filled with “absence/presence, preoccupation/ transcendence and dread and hope” (Broom and Kenny 55). The struggle to find a way to live with cancer with normative conduct is a difficult task for the survivors. Broom and Kenny say, “As is the case with many forms of disease or affliction, living with cancer entailed struggles over virtue, honour and being a ‘successful’ subject of terminal or advanced disease” (Broom and Kenny 55-6).

The struggle they encounter to maintain the normativity and responsibility to others, what they could achieve, and what kind of goal they would be helpful to are all endorsed with different normative struggles. Fighting against all these issues and setting goals becomes a task. Cancer experience also highlights a sense of ‘guilt and responsibility. The responsibility to those around the cancer survivor, the support system and the effort and pressure taken to be good and behave well in spite of all hurdles of cancer treatment initiate social responsibility. It could be seen that Moorjani’s experience in public made her conscious of being behind closed doors. The physical body appeared more vulnerable; her breathing was laboured, her limbs were skinny, and she had difficulty holding her head. The comments and the gaze of people bothered her very much. People stared at her out of pity and not out of displeasure; people took off their eyes when she caught them staring at her. They felt sorry for her. To avoid discomfort, she stopped herself from going out in public. Koirala could also be found in such a strange situation of facing the public. She says,

“Hoodie on, I hid behind her, holding her arm for support. My eyes were focused on the ground. Not once did I look at anybody’s face. I did not want to see their expressions at all” (Koirala 126). Later, she manages her emotions and fears and comes out bravely. She pushed her confidence out of the shield and encouraged herself through self-promotion and said, “The beginning is always the hardest, I told myself. How could I dream of a better tomorrow if I remained stuck in my yesterday? *I would just have to be strong*” (Koirala 127).

In spite of the uncertainty of illness, the survivor attempts to live a normative life. The vagueness about their future, accompanied by incurable or advanced cancer with various side effects of the disease, becomes a reality in the lives of survivors. “Treatment becomes not a means to cure but an integral part of living with cancer in an ongoing sense” (Broom and Kenny 57). Cancer treatment does not end as a mere process. It becomes a daily practice, socially integrated into day-to-day living.

Living Beyond Pathology

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 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 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. This is realised when Lisa says, “Cancer was pushing me in the direction of saying what needed to be said and doing what needed to be done” (Ray 306). The contradictory concept of preparing for the worst but hoping for the best results in much more complicated measures of living with cancer and leading life beyond pathology. The contradiction of not feeling sick but anticipating death could be observed among those in decline as we observe the condition of Anita Moorjani on her deathbed; having the near-death experience, she feels that she is freed from all pains. “I feel incredible! I’m so free and light! ...I can’t find the fear anymore!” (Moorjani 3). but at the same time, the doctor informed her husband that, “Your wife’s heart may still be beating ... but she’s not really in there. It’s too late to save her” (Moorjani 3). such incidents idealise the moments of living beyond pathology.

Survivorship as an Emerging and Evolving Experience

“Cancer is much more than a *diagnosis* of a diseased bodily state” (Broom and Kenny 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 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 28).

Koirala was anxious and filled with physical and emotional pain; she surrendered herself to go with the flow without knowing what was kept for her in the future. She began taking each moment as it came, put in between life and death. She

was also placed between the past and the present. She was accepted into the thoughts about her glorious and glamorous life as an actor acting in hit movies of famous directors. Nevertheless, as days passed, she started feeling wretched and miserable. Her thoughts showed a strangeness; she felt bored, and the pressure was so much that the burden began to seep into her bones. She felt like an automaton working day and night; then, her mind became toxic. She started drinking to remove herself from numbness; her ex-boyfriend once mentioned her as a workaholic, for she either worked hard or partied and had no sense of balance. She says, “My state of mind was toxic, my approach to life complacent and my attitude ungrateful. So here I was, reliving the past in my head in a hospital in New York, praying desperately that I would live” (Koirala 79). Evolving and emerging from being a patient towards a survivor. She says that she had begun to feel a change from within during her stay in the hospital, “I started becoming more appreciative of each moment. I learnt the art of picking up each moment carefully, diving inside it, admiring its possibilities and experiencing it fully before stringing it back with the other pearls on the necklace of time” (Koirala 87). She says that she started to become a moment-to-moment person, filled with a lot of appreciation for every little bit of things and experiences life has provided her. Moreover, thus, she starts a new chapter in her life.

Therefore, cancer as a practice does not merely focus on the rules of health professionals, cancer patients or their carers. It relates to the survivor's cultural, political, and economic conditions and the survival process.

Narration and Style of Select Cancer Narratives

Aspects of survivorship are also incorporated into the narrative technique and style of the works. The struggle, uncertainty of life, the sudden rise of agony due to

the diagnosis, the confusion created in the mind of the survivors regarding the future, the intrusion of negative thoughts, disappointment and regret, guilt and pain about the past life experiences, having the spectral presence of cancer throughout, the socio-cultural reactions, the response of the family and the society, the distress of waiting and the hauntings about cancer, create a chaotic condition of the mind and the thinking process. This has been depicted in the four cancer narratives effectively using distinct narrative techniques and literary devices. In their works, 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.

The spiritual travel of Ray becomes a metaphor for the transformation of self. The journey that Ray initiates, travelling from the southern end of India, visiting the spiritual abodes for months, and reaching the northern part, cuts a new path of transformation in the life of Ray.

The imagery of being caged when Moorjani placed herself inside the closed doors convey how cancer affects the survivor physically and emotionally. Moorjani says that she caged herself in fear and desperation. She started envying healthy people and those who did not have cancer, and she considered them lucky because they were not attacked by the fiend who was plundering her body, mind and life. The image of being caged portrays the trenchant suffering experienced by cancer.

The chaos created in the narrative through various survival strategies could be related to the narrative style introduced by Arthur W. Frank as chaos narratives.

Chaos narratives (Frank 97) have the plot construction, conveying a lack of hope and where life is considered never to get better. Events in Chaos Narratives are narrated as the storyteller experiences the traumatic events in life. The initial chapters in Manisha Koirala's *Healed*, represent the chaotic elements reverberating the essence of uncertainty and shock. Arthur W Frank says, "Telling Chaos stories represents the triumph of all that modernity seeks to surpass. In these stories, the modernist bulwark of remedy, progress, and professionalism cracks to reveal vulnerability, futility, and impotence" (97). Chaos narratives convey how someone is sucked into suffering. Arthur specifies that such storytellers become the wounded storytellers without hope. Chaos stories cannot be narrated easily. It reflects a sequence of connected events, but they could not be narrated at ease due to the presence of chaos. Chaos narratives are found to have an absence of narrative sequence, with no memorable past or future worth thinking. In chaos narratives, a struggle is felt to attain sovereignty but simultaneously finds no purpose in suffering.

All such elements of chaos are identified in the four narratives. The suffering and struggle of the survivors are depicted in the narratives with a lack of narrative sequence moving from the point of diagnosis to the past and then to the future etc., which could be identified in the narrative of Moorjani, *Dying to be Me* as well as in the narrative of Kumar.

Koirala uses the technique of *monologues* during the initial chapters of the narrative, conveying her doubt and uncertainty about life, which is found to disappear as she acquires survivorship successfully. All four narratives contain the elements of chaos narrative during the time of struggle for survival therefore forming a chaotic plot construction of the narratives.

Conclusion

The Chapter has studied survivorship as subjective, relational and innovative. It has also observed the aspects of uncertainty and the evolving and becoming nature of survivorship. It has identified survivorship as a collective and social practice as depicted in the four narratives as per the theoretical framework. The chapter has recognised various literary devices applied in the narration and has observed the characteristics of chaos narrative to be prevalent in the four narratives. The chapter has also familiarised the authors' experiences as cancer survivors, examining the factual depiction of events through plot construction and form of dialogue. The chapter argues that all four survivors try to organise their chaotic survival experiences to form a structure, overcome trauma and bring a controlled perception of life.

Resilience

This chapter identifies that the process of resilience, though apparently magical, is more ordinary than often perceived. It also studies the factors that make the survivors resilient to overcome trauma. The individual and the variable factors supporting resilience are identified in the texts using the theoretical framework of Anne S. Masten and Michael Ungar. The chapter studies that the four survivors became resilient by incorporating both the individual and the variable factors. The chapter argues that with the individual and variable factors, the survivors create a new pathway of survival. The chapter also places the texts in the theoretical framework of the “restitution narrative” (Frank 75), as introduced by Arthur W. Frank. The chapter also observes how the protective factors and the support systems are vital in concretising resilience procedures. The chapter also understands that resilience is not an individual process but a multipronged group activity. It also identifies the methods of resilience that help in the recovery of cancer patients for survival as per the four narratives and also studies that resilience regulates individual stability and creates social awareness.

How do some individuals fare so well while others struggle? Initiated investigations prompted the study of resilience in human development. It was the beginning of the twentieth century that witnessed the extraordinary sequence of global calamities sprouting from natural disasters, virus outbreaks, political disputes, economic catastrophes and adverse industrial performances, along with the presence of climate change widespread at a global level. Humans are affected by various hazards like poverty, starvation, diseases, neglect and dislocation, which have threatened life and human development in society. Multiple researchers were

motivated by the effects of adversity experienced at the concentration camps, radiation, loss of parents and many such challenges.

The term *resilience* comes from the Latin word *resilire* which means to rebound. Various disciplines of study explain resilience in different ways. In English, the term *resiliency* takes a similar meaning, conveying the property of elasticity or springing back, like a rubber band, after it stretches and later on released, returning to the former condition of existence. The American Psychological Association (2023) has defined Resilience as the “process and outcome of successfully adapting to difficult and challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands.”

Norman Garmezy, a young American soldier who experienced the consequences of the Battle of Bulge; Emmy Werner, who had the first-hand experience in the bombing of Europe during World War II; and Michael Rutter, one of the sea evacuees sent to North America as one among the British children to escape bombing, were the proponents of resilience theory.

Norman Garmezy, a clinical psychologist, founded research in Resilience. He focused his studies on stress resistance, competence and resilience. Mandie Shean, in the book, *Current Theories Relating to Resilience and Young People: A Literature Review* (2015) quotes the definition of resilience by Garmezy as "Resilience is designed to reflect the capacity for recovery and maintained adaptive behaviour that may follow initial retreat or incapacity upon initiating a stressful event" (Shean 8). Sir Michael Rutter, Professor of Child Psychiatry, defined resilience in 2006 as “An interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences” (Shean 5).

Rutter further explains that resilience is more than social competence. There should be a risk for a person to be resilient. Emmy Werner, a Professor at the University of California, who studied the infants born in Kauai, became an outbreak in the research about resilience. It proved that all children would not succumb to adverse life events and defined resilience as is quoted by Shean as “the capacity (of individuals) to cope effectively with the internal stresses of their vulnerabilities (liable patterns of autonomic reactivity, developmental imbalances, unusual sensitivities) and external stresses (illness, major losses and dissolution of the family)” (11). She also describes resilience as “worked well, played well, loved well and expected well” (11).

Resilience is the process that interferes with traumatic and stressful life situations and the outcome that the individual encompasses from the moment of difficulty to the point of successfully enduring it without the presence of posttraumatic symptoms. Successful overcoming of such difficult situations results in recovery. Resilience is also considered a process that includes reasoning, emotive reactions, and adaptive behaviours when facing traumatic situations. Resilience is the positive coping of difficult situations and seeking social support during recovery. The adaptive factors that help in this process are “the capacity to generate positive emotion, to accept that which cannot be changed, and to reframe the negative to positive” (Southwick et al. 11).

Resilience is considered as a risk-activated attempt. The factors associated with resilience trigger only when an individual is challenged with certain traumatic incidents or crises. Ann Masten explains that the automobile airbag inflates only during a collision and not during every day driving. Therefore, “Social support by emergency, personnel and social service may only become activated in the immediate aftermath of a traumatic event” (Southwick et al. 11).

Resilience is dynamic rather than static; the process of resilience is not intrapsychic and biological; the process involves not only the personal aspects of a person but also the environmental aspects, which are also considered to support and enhance the process of resilience. The individual who adapts to stress does not do it independently; it involves other resources like family, society, community and the cultural aspects connecting to the person.

Resilience has developmental determinants. It is equally seen across a life span, from a child to an aged person. Factors like “attachment, relationships, social support, religion, intelligence and problem-solving ability, and cognitive flexibility promote resilience in both children and adults” (Southwick et al. 12). It is also observed that children cope with traumatic situations better than adults. Children are considered remarkably resilient. They develop abilities like positive attachment and attract social support; their self-motivation leads to self-efficacy, and they modulate stress into effective responses. These abilities, in turn, become the foundation for enhancing resilience in adulthood. Traits like positive emotion, optimism, coping, and social support develop efficacy to reduce stress intensity and enhance resilience.

Research on resilience shows that humans are permanently embedded in social and ecological networks, which become protective factors to succeed in times of difficulty. Culture also extends a strong influence and constructs meanings on the protective factors like personality and cognitive patterns and generates a social support belief about illness, health and healing patterns. Resilience aims to generate pathways to support survivors of all stages to develop resilience and promote individual constructive progress during disasters, hardship, suffering and trials in ordinary life.

Resilience study gave way to discussions on questions like, “Who gets sick and who doesn’t? Why? And What can we do to make the sickness less common?” (Masten 5). However, researchers concluded that wide variabilities were found among the children of the high-risk category. This further initiated questions like, “Who stays well and recovers well? How? What can we do to promote and protect health and positive development?” (Masten 6). Leading psychologists and psychiatrists like E. James Anthony, Emory Cowen, Norman Garmezy, Louis Murphy, Michael Rutter, and Emmy Werner emerged with discussions and observations about positive development among high-risk people. After half a century of research on positive outcomes found in people, resilience and the outcomes got prominence in research and practice.

Masten says, “The biggest surprise that emerged from the study of children who overcome adversity to become successful youth and adults in society was the ordinariness of the phenomenon” (7). Success stories of great achievers have promoted the notion that resilience is rare and comes from extraordinary talents and magical powers and also by the helpers in myth and in fairy tales. However, through the research on resilience, is strongly evident that “... resilience is common and typically arises from the operation of basic protections” (Masten 7). It is observed that there can be odd situations where individuals are supported by extra resources and luck, but it is identified from resilience study that, “Children who make it have ordinary human resources and protective factors in their lives” (Masten 8). As Masten and Coatsworth say:

To identify resilience, two judgments are required: first, that there has been a significant threat to the individual, typically indexed by high-risk status (e.g., born in poverty to a single parent who has not finished high school) or

exposure to severe adversity or trauma (e.g., family violence, war, death of a parent); and second, that the quality of adaptation or development is good.

(206)

Resilience is multidimensional and multisystemic; more than one resilient factor can be involved during recovery. It is also impossible for a person to be competent in all the domains of resilience at a single time. A person can perform well and show excellence in one salient domain and extend average performance skills in other domains of resilience. The approach to resilience is considered paradigmatic and interdisciplinary. The various health factors that are involved in resilience are the neuro behavioural aspects, personal, interpersonal and social behavioural patterns, and the emotional and spiritual variables. These factors promote resilience to enhance the innate capacity of humans to move towards health while facing hardship. According to Masten:

Resilience emerges from commonplace adaptive systems for human development, such as a healthy brain in good working order; close relationships with competent and caring adults; committed families; effective schools and communities; opportunities to succeed; and beliefs in the self, nurtured by positive interactions with the world. (8)

Studies on resilience highlight that it does not focus on reducing the problems but on initiating the process of promoting competence and success, which is core to resilience. It encompasses a wide range of phenomena, including the capacity to do well during times of adversity, enduring challenges, recovery from disaster, posttraumatic growth, and achieving good outcomes among people with high-risk problems. Resilience is also defined in the aspect of systems, where resilience

becomes the ability of a dynamic system to adapt effectively to the disturbances that threaten the smooth functioning and development of the system. Therefore, resilience can be applied to an individual and any dynamic system, like a family, community, organization or ecosystem, to cope with difficulties and endure towards success.

Resilience can be understood by observing the functioning and development of life's path accompanied by sufficient adversities. Masten explains four types of resilience pathways, where path A describes a situation where steady and good functioning is maintained. However, an acute trauma is experienced at the point of x, like poverty, domestic violence or a war-torn community. The adaptation of such people was fluctuating, but it was found that the function stays in the normal adaptation. Therefore, they own the capacity for healthy development as they move through life. Such people, even when enduring difficult situations, were successful in life. They are termed as "invulnerable" or stress "resistant". It was understood through the research on resilience that, such people were supported by powerful protective forces. Kumar, the author of the work, *To Cancer with Love*, could be identified as belonging to such a category of people who, without much distress and distractions, try to overcome even the second occurrence of cancer. This kind of nature could also be found in Lisa Ray, who encompasses the agony of cancer through humour.

Path B represents a different kind of resilience, which is characterized by trauma and recovery of the individual. The path of life in such a pattern is distracted by overwhelming adversity. The capacity to adapt to a sudden adversity decline but gets improved as the person recovers to normal functioning. In the narrative *Healed*, Koirala explains her recovery path after enduring immense physical and psychological trauma. The trauma of having cancer, the pathetic condition of her body after the surgery, the changes that came over on the body after the treatment

procedures, the loss of hair, the scars on the body, the pathos towards her aged parents who are affected by her illness etc. are narrated genuinely, measuring the gravity of pain and pathos of illness.

Path C, experience, According to Masten, “shows a major shift in the quality of adaptation or development over time, from poor functioning to good functioning.” (Masten 12) “The “normalization” pattern is what one hopes to see if rearing conditions or resources substantially improve in the lives of individuals living in conditions of extreme deprivation or chronic adversity” (12); people living in adverse situations when shifted to better living conditions react positively and show drastic improvements in development. Moorjani is observed to fall into the category of Path C. The coma stage of Moorjani, the withdrawal of her body from responding to treatments, the adverse condition of her life, and the response of the doctors about her physical condition and lack of hope to survive explain the chronic adversity that Moorjani experienced. However, through a sudden experience of the NDE, she returns to a recovery stage and witnesses a sudden and drastic recovery from illness. This states that Moorjani, after reaching a chronic adverse situation, returns to normalisation and recovery from illness.

Path D shows post-traumatic growth among those enduring adversity. It is observed in such people that the adaptive function improves after an adverse situation. All four survivors of the four primary texts are found to have the properties of posttraumatic growth in their lives. The changes that occurred in their lives signify positivity leading to transformation. Therefore, all four survivors could be seen as having the resilient factors through which they have endured illness leading towards recovery.

The research on resilience has given way to two diverse approaches: the person-focused and variable-focused approaches. In the person-focused approach, the individual's life is examined to identify the resources and the protective processes that have helped them manifest resilience, carrying the study of individuals as they change or respond over time. Variable-focused studies study empirical efforts, which measure the characteristics of people and relationships and relate their environment with their experiences, trying to observe the factors that have enhanced their resilience.

The person-focused approach is related to the individual's ability to be resilient through a person's individual traits. The study identifies the various individual aspects through which the survivors cut new resilience pathways for recovery.

Positive adaptations

Resilience was explained as inferential, referring to the positive adaptation in the context of risk and adversity. The concept of competence is focused on measuring positive adaptation in the study of resilience. The hallmarks of competence could be identified as having purposive life goals and early and successful life histories. Resilience is also defined as developing good adaptation and not simply by the absence of psychopathology. "However, emotional well-being, happiness, life satisfaction, and physical health also can be assessed as criteria of internal adaptation in an individual" (Masten et.al 77).

Koirala found solace and became positively adapted by the memories of her country, Nepal and wanted to soak herself in the snow-falling peaks of the Himalayas. The process of sunset, with the glistening orange glow of the mountains and the fading embers into darkness, comforted her from the thoughts of the painful clutches of cancer.

The thought about Kathmandu and its rich heritage, flora and fauna led her to childhood memories. It appeared to be a soothing and consoling land which was highly relaxing and pure. Koirala quotes, "I have always felt that if you cut me up, you will find in my veins the roar of the mighty Bagmati of Nepal and the majestic Ganges of India" (Koirala 3).

Once, Koirala felt that she wanted to be alone in her apartment and was not interested in what other people were saying, and she completely secluded herself from all and confined herself to her room and her bed. She says, "I was in non-thinking mode, suspended between life and death" (Koirala 109). Chemo made her a dull and defeated person. She always had a buzzing sound in her ears and felt disoriented. She also felt as if she had forgotten where she had to go, or even she felt as if she was someone who did not know who she was. From such a psychological condition, Koirala returned to a normal situation by acquiring the positive adaptation techniques which helped her recover.

Self-healing was taken as a method practised by her to enhance confidence and courage. Louise Hay's visualisation and affirmation for healing were also practised, and she started to talk to her body. She also kept on repeating the autosuggestion; she liked to look into the eyes in the mirrors and say that she was cured, she was strong, she was healthy and fine and also that she would be cured. She had lost her confidence. She says that trees and flowers were waking up after their long sleep, and so was she. "When would spring come into my life? Would it ever?" (Koirala 115).

Ray was informed of having multiple myeloma, and the doctor's pause informed her that she was added to the new club, the fatal and incurable. The courage

and positivity in Lisa are traced by her reaction when she heard that she has cancer; she says, “Almost as soon as he said cancer (or didn’t), I was framing it as just another adventure in a life that had circled the globe for three decades, plucking one experience after another like cherries from trees” (Ray viii). She was diagnosed with cancer at the age of thirty-seven but was not scared of it. The strong philosophy of positivity in the life of Lisa is understood as she says, “I believe nothing is wasted. Not even this” (Ray ix).

The first sentence of the narrative of Kumar, brings in a load of optimism in the voice of Kumar, as she says, “Whoever said life is dull should take a slice off mine” (Kumar 19). However, the combination of distress filled along the reality of life could also be experienced when she says that very soon, she sinks into boring normalcy and is attacked by the lightening, which rips her soul apart from her with thoughts about life and about the disease that has affected her. And then again, she gains energy and power to raise her fist at the heavens, and there comes the outpour of the blazing sunlight to comfort the bleeding soul.

It was a challenging incident on the 16th of February when a social worker met a group of recently operated women and advised them to accept the post-operative symptoms, like the disability to live with the affected arms after the surgery. However, Kumar was unwilling to succumb to such a situation, so she strived to remove her disability. The pain and anxiety of women about their disease can be observed in the words of a woman who was sitting next to Kumar as she asks, “Oh no! So, I become a handicapped woman forever?” (Kumar 80). but Kumar refused to be handicapped and says, “I refuse to be handicapped. Just tell your mind that Your body has no choice but to follow” (Kumar 80). This is a remarkable moment where Kumar, with all strength and spirit, comes out of her physical disabilities and tries to overcome her defects

during the treatment. The physical ailment and the trauma of carrying the medical accessories along with her body are sarcastically handled by saying that she would like to go directly to a beauty parlour as she quotes, “I want to feel like a woman again” (Kumar 80).

The adaptation tools that Kumar owned to face the whole treatment procedure were humour and a great attitude. She is found to have lost several kilos, had glowing skin, and looked younger. The result of the whole treatment was that “I have new cells, new hair and new skin- even a new look! I had poker straight hair; now I have a head full of naughty curls” (Kumar 85). She also appreciates Carol that they have fought the battle successfully and says, “Look at you, you are radiant after radiation” (Kumar 85). Thus, she finally realizes that she has finally become Carol, an imaginary character introduced by Kumar, a replication of the self.

Kumar speaks about how cliff-like obstacles could be faced by humans in everyday life. She says that, “when we face a cliff-like obstacle, we need to dip into the limitless reserves of our inner strength, apply every ounce of our being to overcome the problem, and not give up until we meet with success” (Kumar 95). She says that humans are guilty of being courageous during the time of problems and we weaken ourselves when there would be just a little more perseverance needed for success. Kumar says that the simple acts of daily life differentiate the brave from the weak rather than confusing oneself with greater historic acts like leading slaves to freedom. However, they are always etched in the human mind. Kumar identifies that breaking the obstacles and finding ways to overcome them brings success. She says, “I have learned that finding a way through a seemingly insurmountable problem is the only method to break the impasse” (Kumar 97).

Competence

“Resilience...generally refers to manifested competence in the context of significant challenges to adaptation or development” (Masten and Coatsworth 206). “Research on competence builds a fundamental knowledge base for policies and programs that aim to promote successful development” (Masten and Coatsworth 205). “It becomes particularly important to understand how competence is achieved in the context of adversity” (Masten and Coatsworth 205). Competence begets competence, the development favours competence overall. Competent people are expected to possess more positive traits of personality, high self-esteem, positive self-concept, planning, a better understanding of society and creative thinking. It is observed that the survivors in the primary texts experience competence at various points during the process of struggle and recovery. The multicultural background of all four survivors had become a boon to the survival process. Spending their childhood in different geographical places and leaving their native land during childhood, all four survivors have experienced diasporic, ethnic and racial struggles, which they had competently overcome.

“Competence results from complex interactions between a child and his or her environment” (Masten and Coatsworth 206). Resilient individuals have more adult support inside and outside the family. It is found that competent individuals are less likely to face severe adversity when compared to less competent individuals. Competent individuals likely mobilize the resources for positive adaptation if they are exposed to severe adversity. It could be understood that there are robust adaptive systems that help individuals develop competence during favourable as well as unfavourable environments.

This power of competence could be identified in the life of Ray. With her understanding of the presence of cancer, she was courageous enough to take the experience of cancer as an adventure rather than a disaster. She says, “I had been running since sixteen. Too long. And I knew; nothing less than a diagnosis of terminal cancer would give me permission to stop” (Ray 287), and further articulates that even her colonoscopy was an adventurous experience. This shows the positivity and the determination that Ray had regarding life. Ray confirms that it is not yet time for her to die; she explains that “it still didn’t occur to me that I could die. I will, of course, one day. But not now” (Ray 286). The disease did not seem to threaten or frighten her. With great confidence, Ray says that we all confront different kinds of adversity in our lives. As Charlie Chaplin said, “...nothing is permanent, including your sorrows” (Ray 287).

Resilient individuals are found to rely on the attachment to their parents and family, cognitive ability and the quality of self-regulation. The process of developing competence requires the presence of care, good cognitive development and intellectual functioning. Competence is developed through the regulation of emotion and behaviour.

Social competence also helps an individual to overcome crisis and to become resilient. It assures lower stress and a high level of self-control and promotes the person to be more agreeable and sociable during hardships. The person achieves the goals through positive social interaction. Intra-individual factors and social environment influence it.

The ever-twisting, swirling and curling majestic sea of Mumbai transfixed her with an exciting drama that was played out in its expanse. In 1996, when Kumar

arrived in Mumbai for the first time from Bokaro Steel City, diagnosed with cancer in her left breast, she reached the city of Mumbai. It was learnt that she was inflicted due to the deep grief of her husband's sudden death. As she says, "I was inconsolable. Yes, my heart felt as full as the sea in flood, and I constantly looked for ways to make an exit" (Kumar 94).

The image of the little waves striking on the black-humped boulders between the waves and the shore was highly inspiring. The firm determination of the waves dashing against the hard surface defined the rock's destiny: they would soon become dust. The result was the victory of the unrelenting waves. Kumar was highly inspired by the lesson taught by the sea with a single event, as she says, "That day I came back with a precious life lesson from the sea. Courage ensures victory" (Kumar 94). The fight between the black rocks and the white water, the grounded whales with the frenetic waves and therefore immobility vs fluidity.

The sea passed its timeless wisdom into Kumar, who felt revived and refreshed. From that moment, she embraced life and decided to fight and live courageously. She never lost her determination towards life from then. Kumar says life is in constant flux and not a flower-filled path. There can be crises like dreams may turn into nightmares or the death of loved ones, any kind of financial collapse, or relationships may crack, "Even if things don't unfold the way you expected, don't be disheartened or give up. One who continues to advance will win in the end" (Kumar 95). The courage of the sea is truly admired. She says that it never lets anything come in its path. The sea creates its course, sweeps away all obstacles that enter its way, and creates its own destiny. Therefore, the study of competence and resilience extends hope and guidance for those seeking to improve difficult situations.

Protective systems

Masten argues that there are fundamental adaptive systems that guard human development in multiple circumstances. The fundamental adaptive system is a result of the cultural and biological evolution found in many contemporary societies; as Masten says, “Different individual people and cultures around the world share many of the same biological and social functions, potentials, limitations, resources, vulnerabilities, and adaptive challenges” (149).

The impact of adaptive systems for promoting resilience among individuals to overcome adversities has to be analysed deeply as a need for the present social existence. “Individuals possess protective factors (personality characteristics and environmental factors) that enhance resilience” (Bolton et.al 171). Resilient individuals develop “a belief in their own effectiveness (an internal locus of control) and a positive self-concept” (Werner 82) “a child identified as resilient usually has had the opportunity to establish a close bond with at least one competent and emotionally stable person who is attuned to his or her needs” (Werner 83). According to Werner, “Resilient youngsters tend to rely on peers and elders in the community as sources of emotional support and seek them out for counsel and comfort in times of crisis” (Werner 83). This could be identified in the life of Kumar.

It was in 1993, with the death of her husband, that the entry of the inner self, whom she named Carol, was introduced into Kumar's life, a coping strategy with which she finds solace. The literary technique, called *Prosopopoeia*, which means “The presentation of absent, dead, or supernatural beings, or even inanimate objects, with the ability to act, speak, and respond” (Dupriez 357), said by Fontanier and quoted by Dupriez, is introduced by the narrator. The term refers to how the narrator

produces a human figure from abstraction, close to hallucination. The character becomes a natural speaker in the narration. Carol is introduced as a character personified with all human emotions.

Kumar says that Carol encouraged her to stand up bravely and walk through the rough path ahead. With her advice, Kumar could escape the grief of her husband's absence and reared up two children. Kumar just smiled at those memories and grabbed her hands to face another challenge, as she said, "This is yet another challenge, but we shall handle it once again. Together" (Kumar 23).

She also says they will face this tough moment with much dignity and spunk. It was sure that the most challenging days of recovery would be filled with positivity with her presence. Kumar is strong enough and happy in the presence of Carol, who becomes her female companion. She says, "With her around, life was going to be fun" (Kumar 23). She named her "Joyous Carol" on Valentine's Day. With Carol, Kumar was renewed and rejuvenated. Happily, with false bravado, Kumar mustered, "So be it. Let's move forward. Together" (Kumar 24).

Kumar speaks about Carol as one of the four persons inside her. Despite the other three in her, the Russian, the American and the Indian, Carol is the one who is an ever-youthful, desirable, fearless girl who laughs at every difficulty that life throws at her; she is a care - a - damn girl who warns all and sundry. She has much attitude; she is plucky, optimistic, and filled with mirth. She becomes a night breeze and a solid ferocious typhoon as per the situation's demand. Kumar says, "She is everything I am not" (Kumar 25).

Carol is her strong, gusty and impulsive side. Kumar says this inner self, led her to Buddhism, transforming her from an emotional being into a spiritual person. It

is because of her positivity that Kumar was guided into Buddhist philosophy, where she was taught, “Courage is the force that makes our lives brilliant” (Kumar 26).

The boosting that Carol provided Kumar inspired her to come out of chemo successfully. She gives examples about the Cricket player who was burning the cricket field after cancer, the Bollywood actress who has become mint-fresh and a friend who has enviable hair after treatment and survival. With the introduction of the inner self as an imaginary character, it is observed that Kumar effectively emerges from the cancer trauma.

Attachment and close relationships

The close relationship with people has been an inevitable part of the study of resilience for the past half a century by researchers of resilience. It is observed that there is a firm ubiquity of relationships present in competence and resilience.

Attachment is the most relevant aspect of resilience studies. Attachment is considered as one of the protective systems that has evolved biologically to protect vulnerable young animals from predators and other dangers. However, when the person finds the surroundings safe, the person starts to explore with less anxiety by the surrounding caregivers. The presence of an attachment figure will provide a secure feeling for the exploration and learning process.

The observations of risk and resilience highlight the role of attachment during a lifespan in different forms. It was seen that just after the 9/11 attack, the internet and telecommunications were flooded with human interactions of different age groups who tried to find contact with one another. The urge to find contact with their attachments is a striking feature during life-threatening situations.

Masten says “The attachment system is associated with strong motivation and emotions” (Masten 151). Attachment behaviours are found to be chosen naturally by the individuals and their protectors to come into proximity during times of danger. Attachment is considered to have a lifelong role in human adaptation. It is associated with strong emotions and motivations. Masten says that “the proclivity of humans and other species that show attachment (many social mammals) to bond is so fundamental that they may show such bonds across species, with objects (like blankets and stuffed animals), with their homes, and in case of humans, with spiritual figures and other nonphysical characters (such as avatars)” (Masten 152). Walsh says in the book, *Normal Family Processes* (2011) that “Individuals’ resilience was nurtured in important bonds, particularly with role models and mentors, such as coaches and teachers, who were invested in their well-being, believed in their potential, supported their efforts, and encouraged them to make the most of their lives” (Walsh 404).

Koirala understands that the presence of her sister-in-law helped her to be at peace, and it strengthened her for a deeper analysis of her situation. “In my eyes, she could read the pain, the shock, the confusion. She could see I was grieving” (13). She responded to Yulia, her sister-in-law, “If this is the end of my life, I must accept it” (13). However, the words of Yulia pierced deeper into her as she said, “You must want to live with passion. If you are going to be defeated, you cannot come out of this like a winner” (Koirala 13). These words helped Koirala to walk ahead rather withdrawing from life.

Kumar uses the image of stone becoming dust and others becoming diamonds when exposed to extreme pressure. Kumar speaks about sisterhood being the strongest force in the world, which is more lethal and loyal in spite of the ‘mafia allegiance’ that is exposed among them. Kumar reflects on the thoughts of how the four sisters,

including her, were so intensely involved, impulsive, hyper and fiercely attached nature. With the presence of the three sisters, she was reminded of the feeling of a common childhood, and with 'the unspoken religion of sisterhood' (Kumar 30), they assured her that, "It's all going to be alright, Neelu" (Kumar 30), this made her sad but confident to come out of the inner struggle that she was enduring. Kumar surrendered herself to the confinement of their fierce love. The sisterly care was quite familiar as she says, "It was like sighing a familiar secret into a well-worn, comfortable cushion" (Kumar 30). The confessions that came their way while going to the first chemotherapy led her to travel through the memory lane of her childhood. As they reached the hospital, the role of the sisters changed into caretakers; they created such fuss, and they wanted to show the caregivers that they were treating their "Kohinoor jewel" (Kumar 32).

Another talent of the sisters was to create flash mobs and threaten those who did not take them seriously, though it was mere histrionics. The opinions about the medical sisters by the blood sisters about their lazy attitude, lack of expertise, and lack of attitude made them more cautious, and it was felt when the entire medical staff sighed with relief when the sisters left her. The presence of her sisters made the dark situation lighter through their giggles and laughter in serious situations. "Embarrassed at being caught discussing such a sensitive issue, they giggled like little school girls, making light of this bleak situation" (Kumar 33).

As she says, their presence consoled her a lot and made her surrender completely to sisterly love. "I submitted myself to their sisterly kneading. It was a familiar pattern. When we meet, we try to outdo each other in demonstrations of love" (Kumar 33). Her sisters' presence, ferocious but fun-filled behaviour, attitude towards the cook, and bossing nature made her feel at ease, diverting from her fear and pain of

the disease. Their presence took her to the feelings and thoughts of her childhood; as she says, “it is funny about sisters... Sister, own a piece of your childhood, nay, your soul” (Kumar 35).

Kumar tries to subvert her emotions about the disease and the disappointment that frequently emerges from her dear sisters' thoughts. This appears to be a kind of defence mechanism to keep herself away from the adversity of the disease. Therefore, the attachment created with close relations or individuals can also enhance resilience to overcome adverse situations.

Intelligence, Ingenuity, and Problem–Solving Capabilities

The ability and the process to adapt to the environment in terms of mental activity is considered intelligence. Intelligence involves the collection of abilities like the aptitude for judgement, commonsense, initiative and adaptive capability. According to David Wechsler, Intelligence is defined as “the aggregate of global capacity of the individual to act purposefully, to think rationally and to deal effectively with the environment” (Wechsler 258). It could be observed that resilience does not need any extraordinary intelligence. Intelligence includes the ability to problem-solve with a brain in good working condition, which is also combined with the knowledge to understand what is going on. It is also a method to reflect on what to expect and perceive, what has to be done or how to receive assistance from others who know it. It is also noticed that stress, illness, sleep, starvation, deprivation and many other conditions can degrade such intelligent abilities. Extraordinary intelligence is not required, but rather a human brain in good working order and some knowledge about what is going on and what to do (Masten and Obradovic 10).

Masten says, “Intelligence may bring existential angst or worries that can increase the risk of anxiety or depression” (156).

The first step initiated by Koirala to solve the problem that she had identified about her fast-growing belly was to exercise, “for the hundredth time, I stroked my protruding stomach and silently grieved” (Koirala 6). We can understand the chaos that had settled in her mind regarding the illness. She is also unable to accept the changes that have come over to her physical body, being an actor, slim and conscious about her physique. It was not easy for her to accept the comments of the people around commenting about her body, as she says that in the former days when she was in Mumbai, she felt ill constantly and, “I was bloated all the time”, and this was assessed by the people around which was painful for Koirala, she says that, “It devastated me to hear people tell me that yesteryear’s slim, beautiful girl had gained weight” (8). The result was that she could not stop piling up, especially on the part of her stomach. She was so traumatic about the changes that occurred in her body that she tried very hard to lose weight through vigorous exercises. As a result, she started to lose weight, but her belly remained huge and protruding. She said, “That part of my anatomy seemed to have a mind of its own; it was on a solo trip of expansion. And I was very unhappy with the shape my body was taking” (Koirala 6). Her body was infected with cancer cells with its way of development, which could not be controlled through physical exercises.

“Intelligent behaviour by humans in a disaster may also require high levels of interaction with nonhuman information processing systems, including computers, that serve to augment the limitations of human information capacity” (Masten and Obradovic 10). Koirala overtly expressed an intense desire to know about the illness as she was informed about her surgery; she said that she wanted to collect all the

information about the prognosis and the available alternative treatments. She says, “I was determined to arm myself with information to feel empowered and not helpless” (Koirala 50).

Kumar also finds a new image of herself, “The image that stared back at me had a shiny pate, no eyebrows, and a few pokey eyelashes” (Kumar 53). Carol told Kumar that “you look like the perfect alien” (Kumar 53) and that she could go for a science fiction movie audition, which disappointed her. Kumar said, “My hair, eyelashes, and eyebrow have parted ways with me” (Kumar 53). Kumar gives a very intelligent response to her hair loss. The loss of hair has been read as a money-saving event for Kumar; she coverts her sorrow of hair loss with a more economical idea that she shares with Carol, “can you calculate how much money I shall be saving in a year? No shampoos, no conditioners, no combs, no oiling, no beauty parlours, no blow-dries! Gosh, that’s a lot of money! I am rich finally...” (Kumar 54).

Kumar also decides that with all the money that is saved, she shall get a perfect wig from the shop where stars get their wigs. Finally, she was all set for a new image, as she says, “I was all set to present myself to the world. It’s funny what hair can do to you. It can either strip you of your identity or empower you with somebody else’s” (Kumar 55). This is how intelligence helped the survivors in various ways to be resilient during the curing process.

Self-regulation and self-direction

“Adaptive functioning under all circumstances requires a certain degree of regulatory control to coordinate action, manage emotion, and attend efficiently” (Masten and Obradovic 10). “Overcoming adversity often calls on self-regulation skills to continue functioning effectively under highly stressful or arousing

circumstances” (Masten and Obradovic 10) “Nevertheless, fear and anxiety, along with other negative emotions, can influence human self-control systems and the quality of executive functioning that unfolds in a crisis” (Masten and Obradovic 10) Masten says, “Self-regulation skills, including self-management of attention, arousal, emotions, and actions, also appear to play a central role in human adaptation...and resilience” (156).

Individuals who seem more reactive to adverse conditions during times of adversity would need effective sources of self-regulation to recover good function. Recent studies focus on executive function (EF), as Masten suggests that EF is the set of cerebral control procedures that depend on nervous systems associated with brain development. Caregivers and socializing agents like extended family play an important role in self-regulation. Skills like self-control, self-reflection, evaluating one’s life and planning for the future help overcome adverse situations. In effect, parents provide “scaffolding” for the development of self-regulation. (Masten and Obradovic 10).

Koirala appears to be comfortable reaching her home from the hospital in Mumbai; she feels relaxed once she steps into her room; she says, “Here I become the real me, minus the frills. My personal space is pretty, quiet, reflective and extremely peaceful. It is my private sanctuary, where I escape from the realities of the world. I love my universe. I was in a happy mood at this point. Hope seemed a tantalizing possibility” (Koirala 26). The presence of her room made her very comfortable and created a sense of hope in her, about her life. The home in Mumbai appears as an imagery of self-direction and initiates possibilities of cure in Koirala’s life, which could be identified during her post-treatment stage.

Koirala felt as if she was a soldier with an unarmed body. It was spring giving way to summer. Nature and its changes were symbolic in Manisha's life. She said to herself to go ahead and dream. Self-love was the greatest method of easy recovery in the life of Koirala. She directed to love herself so that it would help her to come out of the trauma of cancer.

Strong determination, hard work, positive attitude, continuous strive, optimism, immediate decision-making attitude, gratitude, prayerfulness, seeing good in all and in nature's bounty, all accommodating and encompassing attitude, giving value and love to humans as well as everything in the environment, self-respect and self-love, love for life, hope of recovery etc. were found to be positive aspects that made Koirala overcome the disease successfully. Moreover, she was declared "CANCER – FREE" (Koirala 121) on 30th April 2013.

Appearing happy, self-assured and positive, Moorjani tried to put up a front, appearing happy and having small talk even though she did not want it personally. She did not want to create concern and worry anyone with her condition. She did not want to make others uncomfortable with her situation, so she tried to give importance to other's feelings and needs more than hers. Many admired her, saying how brave she was, and they appreciated her saying how well she handled her illness. However, that was not the reality; she says, "Many, many individuals also commented on how positive and happy I always was, but that is not how I felt inside" (Moorjani 52). Pretending to appear happy and bold started to drain her energy and reach such a situation where she just started avoiding even phone calls. She did not want to take any advice, speak about her illness, or answer people's questions repeatedly. Aloneness, being shut within oneself, became a defensive method for her to be calm and settled in all emotions. Even on her death bed, she was concerned about her fellow beings and their discomfort, so

she tried to put on a brave face and kept confirming that she was not in pain anymore. She felt that she owed to herself and to everyone she met and to her life as an expression of her uniqueness. To be someone else inauthentic did not make sense for the purpose of why she has come and what she expresses. Moorjani expresses that being unauthentic deprives the universe, and it would not reach the intention of why she had come and what she had to convey.

Moorjani explores her real self; she experienced a new self which was too far from what she was till then. She says, “Here I’m without my body, race, culture, religion, or beliefs... yet I continue to exist! Then what I am? I certainly don’t feel reduced or smaller in anyway. On the contrary, I haven’t been this huge, this powerful, or this all-encompassing. Wow, I’ve never, ever felt this way” (Moorjani 69). In that frame of being, she experienced the greatness of herself, more intense, expansive and magnificent than the physical self.

She is quizzical about why she was so harsh to herself, why she betrayed herself while she said yes to those where she meant a no, why she waited for the approval of others to make her own decisions, why she hasn’t listened to her own thoughts and spoke her own truth. Why she pleased others and submitted her own intelligence, why did she neglect herself, did not stand up for herself and did not show the beauty of her soul?

She understands that she is encompassed with the universal love for which she did not do anything specific; she deserved that love because she existed, nothing more and nothing less. Until then, it was believed that one has to work to attain another’s love, but this was the realization that she deserves it because she exists. Her

understanding of herself was clear; she observed a new paradigm of herself, “a crystalline light of her own awareness” (Moorjani 70).

The realisation that all elements of this universe are connected, like every human, animal, insect, plant, sea, mountain, inanimate object and the whole cosmos, made her understand that the whole universe has a consciousness to accommodate all of life and nature. She also understands that everything belongs to one single whole, and we are all a part of that unity, and we are all one. Moreover, everyone has an effect on the collective whole. Furthermore, she realises that even if we go off from this materialistic life, everything would still be perfect on the larger canvas of the universe. She understands that getting cancer was not any kind of punishment for her negative karma as she believed earlier; it was realized that it was the culmination of “every decision, every choice, and every thought of my entire life. My many fears and my great power had manifested as this disease” (Moorjani 70). Thus, according to Moorjani, it was her fears that led her to get cancer, to be oneself with one’s own truth and decisions without living for other’s will, we can be for ourselves, realising the importance of our power and our purpose in life.

After visiting the cancer hospital, Kumar feels light-hearted and relieved of all her heaviness. She says that she saluted the resilience of the human spirit and decided to enjoy each new day. She also says, “I promised I would not die before death actually came. I would value each day and each moment for the precious gifts within it” (Kumar 52). She also declares that the rest of her life will be the best of her life, and Carol says, “All life is love if only we know how to live it!” (Kumar 52).

On January 23rd, 2013, she was diagnosed with Infiltrating duct carcinoma, grade III, with a prominent DCIS-like pattern. However, she had already been treated

for left breast carcinoma in 1996. Kumar was surprised about the diagnosis and interrogated how it had returned after 17 years. She asks for the operation to be held on Valentine's Day, saying that she is in love with herself. It was also the time of her retirement, with all duties on hold, which were to be completed as the assignments to be completed, taxes to be paid, people to be met, properties to be sold and bought, issues to be sorted out. She says that twenty-four hours were not enough to fulfil a single person's responsibilities. As she was thinking about her responsibilities, she was aroused by her high spirit and decided to fight back with all the life force that she carried. She expresses her spirited timeline rather than a tearful account of her suffering. Moorjani and Kumar were directed by their own thoughts in making life decisions. They had their own opinions about them, making them more resilient and courageous to overcome the illness.

Mastery Motivation, Agency, and Related Reward Systems

Masten says, "Self-efficacy arises from the experience of overcoming manageable challenges and a robust sense of self-efficacy in turn fosters persistence in the face of adversity, which is more likely to lead to success than giving up" (161). "Human beings are motivated to adapt to the environment and to experience reward for perceived success" (Masten and Obradovic 9) "People who persist are more likely to succeed, which reinforces efforts to adapt. Thus, it is not surprising to find that, from an early age, human individuals who overcome adversity report more positive views of their own effectiveness and self-worth, express more confidence about success, and experience pleasure in doing well" (Masten and Obradovic 9).

The persistent nature of Koirala appears to be the most vital tool which she carries throughout each point of her adversity. Her prayers were for the bloating belly

to perish, as she says that she prayed to the Lord at Siddhivinayak temple, “Lord, please show me the path-my purpose in life. I’ve been piling on the kilos and nothing seems to work. Please help me get rid of this bloating” (Koirala 6). Koirala had to take a vow to avoid grains, non-vegetarian food or alcohol for three months to get rid of her bloated belly. Her mental trauma was so high that she says, “I was ready to try anything at this point” (7).

After hearing that she has late-stage ovarian cancer, Koirala becomes more practical and realistic; with her passion for life, she says, “...I was not letting this moment go without asking enough questions to understand things properly. ‘So, what do we do now?’, I asked the group of doctors around me. It was a clinical, rather than emotional, question. I had become my practical self now” (Koirala 28).

“I looked on in shock at Dr. Advani’s crestfallen face and asked, ‘Doctor, what do we do now’” (Koirala 28), the doctors were so worried about Manisha, that they found it very difficult to take a decision about the treatment. She says that, “A cloud of worry seemed to drop over Dr. Advani’s eyes. I looked around. That same expression seemed to be reflected in the eyes of all the doctors in the room” (Koirala 29). This reaction perplexed her and increased her worries. As she says, “I pushed my nails into the palm of my hands. It hurt, but not so much as the pain of disappointment in my heart” (Koirala 29).

Moorjani endured illness with great self-efficacy and strong determination. Inevitable help from her family, her true love and concern for others, compromise of her mobility, inconveniences faced at the hospital and home being a comfort place, the clinging to life and the release of the grip to life, realising that there are much more essential things in the world, accepting of defeat, when the date of her death was fixed,

fighting with the toxin within, fight with one's own body, estrangement of the body, realization of the insignificance of the physical self and body, aloneness, caged within the self, but entangled with hope she drove her life with the support of her family, to conquer the immortal world of unconditional love.

Faith and Hope

Masten suggests that "Human capacity for meaning-making, in the midst of suffering or seemingly or overwhelming adversity suggests that systems of belief, personal or shared, may be important for resilience, particularly in situations of great suffering with loss of control" (Masten 164). Such belief systems also help promote self-efficacy during difficult situations. It is reported in resilience studies that faith and spiritual belief have always worked as protective factors. Religions and cultures worldwide have proven to impart rituals and practices that always enhance resilience among individuals.

Koirala narrates how she was filled with hope with nature's imagery. She describes that her mind was floating with distress; at that moment, nature intruded in the form of a fallen eucalyptus tree which was snapped by some onslaught; though the tree was lying prostrate, a branch which was attached to it still had bright young leaves sprouting out. This created a sense of expectation in the mind of Manisha, and she says, "A stray of hope floated into my mind: Is it possible for life to defeat death" (Koirala 11).

After meeting Dr.Chi, she was optimistic, and she started gaining hope when he said that he had treated such cases and the person was still alive. All of them were relieved of the suppressed emotions and burst out with all smiles after the meeting with the doctor. Till then they were, "an entourage of 10-12 very anxious people

moving together in groups, all with similar serious expressions” (Koirala 49), but it all melted when they got out of Dr. Chi’s room, “Beams of joy flew across the room, bounced off our faces and wrapped us all in a big group- hug of warmth” (Koirala 50) this was the reaction of her family members once they reached the hotel room filled with hope and optimism. Koirala mounted herself with optimism with the thoughts that, “*If that patient could live, why couldn’t I, I asked myself nonchalantly*” (Koirala 50).

Fixed with the correct treatment and with the confidence shared by the doctor, Koirala was relieved of her uncertainty about life. She collected information about everything regarding illness to feel empowered and not helpless. She also shared her positivity with her friends and dear ones through emails and finally felt hope. She says that hope is felt rather than spelt and consoles herself, saying, “You don’t spell it. You feel it” (Koirala 50), and starts creating her sunshine with the great hope that she received from Dr. Chi. Correct kind of treatment and the approachability of the doctors have proved to create a significant change in the patient who is enormously encountering a death-life situation.

It was her Shail Mama, her uncle , who encouraged Koirala to become bald and make it fashionable, as he said that her bald head would make a fashion statement. Finally, one day, she went to the salon and became bald. But this event did not affect her much because she was focused on making sure that the treatment was effective in throwing her cancer cells away from her body. She says, “Mentally, I switched off from the pain and switched my mind on to the fact that if chemo was making me bald, it was also killing my cancer cells. I felt this was a small sacrifice to make” (Koirala 59). Therefore she was trying to convert her helplessness into a positive sign of recovery.

Kumar says the ocean's vastness is compared to the vastness of human experience. But at the same time, she reflects on the truth that “In each sea drop does not the entire ocean exist” (Kumar105). However, the drop of water in no way differs from the vast ocean. In the same way, each moment of life is life itself. It contains the wholeness of life itself. Therefore, every single moment of life contains and permeates the wholeness of life. When this experience is converted to life, it is seen as contradicting that when a person is put into extreme suffering, they only refer to one’s pain and misery, which revolves around a restricted small world, relating to the modern-day terms like I, me, myself etc. She states that this attitude would result in a waste of precious human life. She says, “We are designed to experience the highest life state-one as vast as the ocean” (Kumar 107). This would result in the oneness and unity with the universe's life force. Kumar says, “For a person in this life-condition, the inevitable trials of illness, ageing, and death can be experienced as an opportunity for joy and fulfilment. It is characterized by infinite compassion, absolute freedom, boundless wisdom, courage and other qualities essential to living in harmony with fellow beings and nature” (Kumar107). This understanding of being one with the universe's life force could also be identified in Moorjani's work. The similar understanding of the vastness of life and life is not restricted to oneself, and the merging with the power of nature is important for the experience of cure of the body and the joy of living reflected in both texts. Kumar says that she has not yet reached the destination, but she is on the way, moving forward continuously and steadily, determined and with a great range of hope.

Self-Regulation Teachings and Practices

Most religions teach self-regulation skills and encourage prayers, self-reflection or meditation practices that help regulate self-control and arousal. Different

types of practices on mindfulness have helped improve health conditions and well-being and reduce stress.

Lisa Ray describes her spiritual road-tripping; she says, "...then I disappeared for my year of spiritual road-tripping" (Ray 266). Koirala also speaks about a healthy lifestyle pattern with prayers, meditation, healthy food consumption and regular exercise that she follows after reaching Mumbai and completing her treatment in America.

Humour in Resilience

Humour has occupied space as a coping strategy through anecdotes and proverbs thousands of years back. Freud viewed humour as a triumph of the ego; he considered humour a tool to liberate the human self. In resilience, humour has the role of a protective factor. Laughter can reduce social tension and enhance relaxation. According to Masten, "Humour is multifaceted, including the elements of appreciation (both cognitive and affective, thinking that a joke or cartoon is funny vs expressed mirth), comprehension, creativity (generating humour), and biological changes in arousal" (168). Shared humour is considered to boost attachment. Humour is also related to various aspects of personality, improving cognitive skills and intelligence and increasing social competence. It also helps to develop problem-solving capacity and creative thinking. Because of its integrative nature, humour is highly associated with coping and resilience. Humour also helps a person develop the capacity for integrated thought and action, reflective thinking, and self-regulation and facilitates adaptation to difficult situations. Laughter can also lower arousal and stress it also improves immune function.

Humour is used as a literary tool in the narrative to decrease the intensity of the survival process. It is observed that Kumar also applies humour in the narrative to overcome the sensitive incidents that she endures as a patient in the hospital. Kumar had an extraordinary experience exposing her bare body in the hospital bed when she was subjected to 'Fluoroscopy Simulation and Immobilization Procedure'. She says, "Never have I had the experience of so many strange men looking intently at my bare body, taking down notes and discussing the exact spot on my breast" (Kumar 84). But still, with a lot of pride, she explodes, "What if I can't be in Madame Tussauds Wax Museum? I now have a wax likeness of my body in this hospital" (Kumar 84), when she was instructed that she would be waxed up and immobilised during the time of radiation.

Lisa Ray also applies humour as a tool for recovery. During her diagnosis and treatment procedures, she realised the depth of her disease as she conveyed that she was unaware that her bone marrow was becoming solid and no longer soft. Her humorous way of seeing things is reflected in the words, "It had gone solid; they were trying to pull out steak with a needle" (Ray 283).

With life's experience, Kumar says, she has wized up to endure life's cosmic joke, which has played on her repeatedly; she has gained a sense of humour despite all the confusion around her. She says, "I have learnt to laugh when I have to cry and weep when I am happy" (Kumar19). Though her change of behaviour has startled her family and friends, she has been clever enough to outsmart fate by being forewarned and forearmed regarding what life has kept open for her. She admires herself for being so unusual but clever.

Humour is one of the healing strategies that Kumar employs all through the process of treatment, which has created a light-hearted approach towards the tedious treatment procedures. When Doctor advises her about the best diet chart which he has suggested to keep her healthy and to lose weight, Kumar responds in a very humorous ways, she says, “I have always wanted to lose weight and look glamorous. Do give me a smart diet so that I can get into sexy clothes, doctor” (Kumar 81). Seeking the whole world's support during her first chemotherapy through the laptop appeared weird to the nurses, who gave a note to call a psychiatrist to handle such a strange case.

It is understood that the processes that lead to resilience in a human being involve multiple systems within the person as well as outside. The above-discussed factors include the behavioural and social aspects. However, it has to be understood that these factors are also influenced by many other systems within and outside the individual. The adaptive system in an individual always interacts with many other levels of functions that are interacting continually, like intelligent behaviour, which is associated with brain development, neural functioning, the immune system and many other internal systems of the human body. It is also related to the microorganisms, which enhances healthy function. Research has been conducted to relate resilience with the neurobiological, neuroimmunology and macrobiotic studies in humans over the past decade though it is in its developing stage.

It is understood that an individual's genotype does not change much, but it is highly responsive to experience. Masten says that” the interaction of the organism at many levels (including molecular, neural, and behavioral) is altered by interaction with all aspects of the environment, and these changes can be highly dependent on timing of exposure” (171). Research on resilience has been placed on a broader

ecosystem connecting the physical aspects with social ecology by scientists like Norris, Ungar and Holling.

The variable factors that improve an individual's adaptive system can help overcome any hurdles in life, like calamities, disasters, chronic illness etc., through resilience. Such powerful systems help enhance the capacity for close relationships, self-regulation, problem-solving, motivation to adapt, persistence, having faith and hope and making meaning of life. Family, communities and cultures have a vital role to play in helping and facilitating the progress of resilience in an individual.

Social and Ecological Contributions to Resilience

“Identifying shared principles (and processes) of resilience across systems may also facilitate the building of bridges between disciplines and inform the design of interventions that facilitate the recovery, adaptation, or transformation of systems under stress” (Ungar 34).

Ungar says that:

By searching for commonalities and differences among these lists of principles, seven conceptual clusters were identified that reflect current thinking across disciplines. These include: (1) resilience occurs in contexts of adversity; (2) resilience is a systemic process (five distinct processes are identified); (3) there are trade-offs between systems when a system experiences resilience; (4) a resilient system is open, dynamic, and complex; (5) a resilient system promotes connectivity; (6) a resilient system demonstrates experimentation and learning; and (7) a resilient system includes diversity, redundancy, and participation. Although there are nuanced differences in how each principle and process is applied to human, built, and

ecological systems (Quinlan et al. 2016), there is enough evidence to suggest that each principle should be considered when studying how systems sustain their functioning after exposure to an atypical stressor (e.g., social adversity or perturbation in the natural environment). (Ungar 33)

In physical science, resilience was meant to refer to the quality of a material or of an ecosystem. A frame of steel is meant to be resilient when it returns to its former state after bearing load. A natural environment is considered resilient when it endures and sustains an industrial disaster and recovers. The term resilience started to appear in psychological sciences during 1980s. It was a metaphor for the capability of humans to recover from severe and long-lasting stress. The language of human cybernetics explains resilience as when an individual returns to a state of recovery to a previous level of functioning or, in certain cases, seems to experience change and growth when exposed to a deadly situation. The environments where they take place are found to be manipulated with the interventions of various ecological levels. The initial study of resilience was that the notion of psycho-immunization suggested that when the current or early experiences of stress were combined with high social support, it appeared to be less pathogenic. Ungar defines resilience as “a set of behaviors over time that reflect the interaction between individuals and their environments, particularly the opportunities for personal growth that are available and accessible” (Ungar et al. 14). Resilience is considered to develop from a collection of ecological factors that initiate positive human development.

Michael Ungar, in the book, *The Social Ecology of Resilience* (2012), states that “the resilience of individuals growing up in challenging contexts or facing significant personal adversity is dependent on the quality of the social and physical ecologies that surround them as much, and likely far more, than personality traits,

cognitions or talents” (Ungar 1). Resilience is understood to have the presence of social risk factors. Resilience is further concerned with positive human development during adversity, suggesting that social-ecological factors like family, neighbourhood, school, community and culture are as influential as the influence of the psychological aspects in human development when in stress.

Competence and Resilience of Family as a System

Families can be viewed as adaptive systems for each family member (Masten and Obradovic 11). Family Resilience is focused on the recovery of the whole family, rather than on a single individual, from stress and coping in various adverse situations, which has been developed on the family systems theories. The functioning of the family is dynamically connected to the systems like culture, history and time.

Walsh identifies nine processes for family resilience in three domains of the functioning of a family belief, organization and communication. Family belief system and religious beliefs among the family members help foster adaptive function in the family to enhance resilience. Family can also install coherence, hope and a sense of optimism among the individuals. Family flexibility and connectedness are also considered as the protective processes. Families are also found to mobilize social and economic resources that become a vital relief at the moment of crises. Families also help in problem-solving during crucial moments; the element of collaborative problem-solving strategy and family communication help promote resilience.

Families provide relief, instill humour and initiate empathy among one another in the family. They can also support the ability of conflict management; negotiation skills are developed, and the skill of collaborative decision-making is also strengthened.

Resilience is supported by various strengths of families in managing crises and disturbances to maintain a sense of security among individuals during adversities.

Sustaining rituals and daily routines connect the sociocultural domains and enhance emotional and economic support.

Koirala says that her family members decided to fly to Mumbai for a second opinion regarding the matter, and Koirala willingly accepted it without any say. She says, “No protest to make. I was just an automaton, going with the flow. I felt sorry for myself” (Koirala 11).

Families Promote Resilience

Walsh in *Normal Family Processes* (2011) says that,

Beyond coping, adaptation, or competence in managing difficulties, resilience processes enable transformation and positive growth, which can emerge out of experiences of adversity. This research-informed conceptual framework can usefully be integrated with many strengths-based practice approaches and applied with a wide range of adverse conditions, with attunement to family and cultural diversity. Resilience oriented services foster family empowerment as they bring forth shared hope, develop new and renewed competencies, and strengthen family bonds.” (Walsh 440)

It is observed that the role of the family in Manisha’s recovery has been felt since the time of her diagnosis. We can see that the whole family was genuinely concerned about the health of Koirala in a very intense manner. “Just then, my family walked in one by one- my parents, my brother, my aunt and uncle, my cousins” (Koirala 9). The reaction was filled with pathos when the family members heard about the result. She says, “I could see my beloved parents had become numb with shock. My father, who is generally reticent and calm, also looked badly shaken. They stepped out of the room together, their shoulders sagging. In the corridor, they began

talking in hushed whispers. I knew that I was the topic of their discussion” (Koirala 10).

Moorjani describes her husband, Danny, who supported her during treatment. He acted as a protective shell around her, shutting people out from her. Danny was the only person who knew what was happening to her; from the day of the doctor’s declaration of helplessness, he stopped going to work and even felt reluctant to leave her side. The positive attitude of Danny throughout is also an element which helped Moorjani in her survival process. Once, when she asked, “What if I die?” Danny answered, “Then I’m going to come and get you and bring you back” (Moorjani 54). Love of Danny had no substitute; his constant love and care made her soothe herself though she was in such a crucial condition.

Tension and confusion can arise among families that move into different cultures with different societal values and beliefs. Resilience among such individuals is associated with competence in directing numerous roles and different surroundings. There are vast differences identified by the individuals while adapting to the immigrant culture and the receiving culture. Immigrant youth found themselves breaking the connection between language and culture. These can become burdens and pride but may not be well appreciated. The immigrant paradox indicates that immigrant youth show better health and resilience than native-born individuals. Immigrant families appear to develop positive values and cultural realisations that can be supported and continued to benefit their children. One of the most important ways to establish resilience among individuals is to develop good family function and care. It is found dangerous to any community, culture and society to neglect the capacity of families that nurture resilience.

Resilience in the Context of Culture

Cultures and religions all over the world develop ideas, traditional values and practices in order to confront the variations that life unravels. These traditional beliefs and practices provide direction, relief and comfort to the people of that community. Faith, religious beliefs and traditional cultural practices arise spontaneously during the process of resilience building. It is observed that the importance of faith and religious beliefs was found among the children of Kauai, who were determinedly resilient from an early age and for some who changed after a troubled adolescence. The study conducted with homeless families by Masten noticed that faith and religion emerged spontaneously during coping and resilience. In a study of orphans in the war-torn country of Sri Lanka, it was found that, faith in religion and religious practices enhanced resilience among them. Prayers, meditation, reading scriptures and stories and following a philosophy of life developed peace among them. Religion, spiritual beliefs and traditional practices form a fundamental adaptive system among people during resilience.

Customs and Practices of Moral Values

All religions and cultures prescribe the pattern of living through rules and practices. These rules are accepted by the people for harmonious living. Holy texts often convert these rules into stories and parables and convey the values of living. The religions teach compassion, honesty, forgiveness and other such virtues. Many religions are found to teach forgiveness which removes the motivation to do revenge after traumatic situations. Indigenous cultures and practices promote resilience through their beliefs and traditional and cultural practices.

Koirala states that during the eleven hours of surgery, all were waiting outside the operation theatre chanting prayers; even Dr Chi was given a rudraksha mala by her mother to save Koirala from illness. After the operation, he returned the rudraksha mala to her mother and said, “This mala has done the magic. The process has been successful” (Koirala 65).

Spiritual Attachments and Relationships

A resilient person “has had the opportunity to establish a close bond with at least one competent and emotionally stable person who is attuned to his or her needs” (Werner 83). Resilient girls tend to come from households that emphasise risk-taking and independence with reliable support from a female caregiver, whether mother, grandmother or older sister. The example of a gainfully and steadily employed mother appears to be a compelling identification model for resilient girls. A number of studies of resilient children from various socioeconomic and ethnic backgrounds have also noted that the families of these children had religious beliefs that provided steadiness and sense in times of hardship and adversity.

Religions create a strong relationship between people and the divine, often experienced as an attachment relationship among humans. In certain religions, this kind of spiritual attachment is highly personal. The person creates a personal attachment with the divine and prays directly, seeing God as a parent figure. This creates a sense of security and safety. It also provides emotional comfort. This kind of relationship is devoid of separation, which appears to be a comfort in any situation, at any time and place.

Koirala explains her secular faith with an incident during her stay in Mumbai. On their way back home from her visit to the doctor, they stopped at the Dargah of

Haji Ali, “Haji Ali Dargah is a Mosque and tomb where people of all faiths and religions come to seek blessings. Silently and deeply, we prayed to the saint for my health and well-being” (Koirala 25).

Religions are meant to provide a sense of accomplishment through spiritual thinking and journeys of quests. The physically challenging rituals and customs of various kinds develop a sense of self-efficacy and achievement among the survivors. The strive to seek resilience is also supported by religious rituals and prayers, which are widely accepted and celebrated in communities.

Koirala says she decided to pray more intensely, profoundly and vigorously to make her cancer markers come down to zero. Determined and firm, she prayed until the markers dropped from forty to nine and then dropped until she became cancer-free. Profound meditation, autosuggestion, prayers, chanting, visualization of bright colours of yellow imagined to smash the green cancer cells, and repeatedly reaffirming with words like “I’m healed”, ‘I’m strong’, ‘my immune system is robust” (Koirala 119), made the whole system of her bodywork against cancer cell. She also practised healing affirmations by looking into her eyes and repeatedly saying she was strong.

Positive Role Models and Prosocial Mentors

Religion and culture mainly provide opportunities for relationships with humans outside the family, who provide tremendous support and guidance. Prosocial mentors provide help and mentoring to foster resilience and competence during hazardous and adverse situations. This can create comfort and a sense of belonging.

Kumar narrates the memories with her father, who taught her to be courageous at every step and made her identify her determination to overcome a disease like

cancer. Childhood memories with her father have influenced her to be courageous as she expresses an incident about the flower she found on a snow-covered morning. Her father explains the flower as “That is the landashi or the snow flower. It survives against all odds. My child, that’s the kind of courage I want you to have” (Kumar 99).

The next courageous act was her attempt to prove her teacher’s remark wrong. When she was brought back from Russia and when she was put in a fancy Indian convent school, she was not well-versed in English. Finally, the teacher commented that the girl is wood, sitting on wood” (Kumar 100). Kumar worked hard with great determination and never to be defeated. finally, she successfully wrote four books in English which were all Bestsellers and obtained a lot of Degrees and even became a master's holder in Journalism from the United States of America. The courage that was instilled in her by her father was also observed when she finally signed the papers for her father’s dignified death as he was on his deathbed in the most critical stage. Therefore, Kumar was trained well by her father and through her life experiences to never give up in any crucial situation. Her determination to break all obstacles that came her way and regain a dignified life kept her always positive, and it directly helped her to become a cancer fighter.

Meaning-making Systems of Belief

Religions and cultural communities ensure the world views about the meaning of life through traditional stories, mythologies and traditional scriptures. The belief that life has meaning is always associated with trauma and adversity to sustain hope during the toughest moments of survival. Though people are found losing faith in life while experiencing difficulties in life, religious beliefs provide hope in the future or the afterlife for the person. Masten says that:

A transcendent sense of the spiritual or enduring faith anchored in religious beliefs can provide comfort in suffering, whether it is through the belief that there is higher purpose at work, a view that all life is suffering, expectations that justice will be done in the end, or simply in the realization that there is beauty in the world that cannot be ruined by human evil or controlled by human design. (256)

Moorjani gives a clearer picture of her NDE, which she explores with metaphors and analogies. She says that it is as if we are put in a huge warehouse with just one beam of light so that we are focused on seeing what is revealed to us through that single beam, but that does not mean that nothing else exists. One fine day if the whole surrounding is filled with flashes of lights exposing the unseen and the unravelled, then that is a great realization and understanding. She also says “The vastness, complexity, depth and breadth of everything going around you is almost overwhelming. You can't see all the way to the end of the space, and you know there is more to it than what you can take in from this torrent that's tantalizing your senses and emotions” (Moorjani 72). She explains, “you're actually part of something alive, infinite and altogether fantastic... that goes beyond sight and sound” (Moorjani 72).

The unconditional love, all-encompassing power of the universe, and the fundamental nature of our self being a part of the infiniteness is what is understood from the NDE of Anita. She says that life has taken on a different meaning, and the new experiences result from those more enormous and greater understanding and awareness.

The next was a crucial part where Moorjani had to decide whether to accept death or return to be a part of the world again. She says, “If I chose death, the test

results would indicate organ failure. If I chose to come back into physical life, they'd show my organs beginning to function" (Moorjani 74).

She becomes aware of the boundary, which she feels is an "invisible threshold marked by a variation in energy levels", and if she crosses it, there is no turning back; it would be the end of her physical life. She asks her father, "Why would I want to return to that body? It has caused nothing but suffering not only for me but for Mum and Danny too! I can't see any purpose in going back" (Moorjani 74).

She became aware of a new level of truth that her body was a mere reflection of her inner state, and if the inner self is aware of the greatness and connection with "All – that is , then the body would reflect that, and it would heal rapidly" (Moorjani 75). She then realizes she has something more to fulfil in her life and believes it will unfold to achieve it. Moreover, to reach that, one needs to be oneself. "The only thing I had to do was be *myself*" (Moorjani 76).

Moorjani, through her near-death experience, understands that we are made of pure love, and we come from the whole and return to it, so why should a person be afraid of anything that comes our way? She also states that the only purpose of one's life is to be oneself and to live in the love and truth we are surrounded with.

She then confirms the realization of the feelings of her father and Soni, saying, "*Now that you know the truth of who you really are, go back and live your life fearlessly!*" (Moorjani 76).

Community and Family Social Support

Religious and Cultural communities help people and families in multiple ways. During adversity, the communities assist by offering food, caring for their

children, or extending emotional support. During a financial crisis, such religious groups also come forward to provide economic or material support to families.

It is understood that Koirala's family had a history of cancer-affected members starting from her father's only sister, whom she went to take care of in January 2012, and it was all in a year that Koirala was affected by cancer. This book is a realization of various kinds of help, guidance and support provided by various people, including friends, family members and well-wishers, which has made her come out of such a dreadful disease. She says, "It is in a crisis such as this that one realizes the value of people who stand by you" The help and guidance from various people starting from her parents, there was a supportive affectionate army around her. She says, "My entourage remained busy in their anxious little worlds, all centring around me" (Koirala 52).

Lisa finally admits that she was weary and didn't know what was to be done next. But with her father's assertion that she would get through it since they understood what was wrong. As Lisa says, sometimes words just don't do it, and what is really wanted is the presence of those who support them. And also, the feeling of refusal is not to give up on anything or anyone. Lisa understands that life would change because of her beloved's reactions. She slowly accepted the severe situation and prepared herself for the cancer journey.

Kumar, who was a widow for the past 20 years and had not found her true love all those years, fantasizes through dreams and imagination, as she says, "I smile into the sky and off I go into a time warp" (Kumar 45). One fine day when she was dreaming of being a duchess from the 16th century who was a ravishing beauty wearing a golden gown with emeralds and rubies, surrounded by wealthy suitors, as she was enjoying

the luxury, she was suddenly hindered by Carol, commenting on her concept of love as, woman's wish list for tenderness, whisperings of sweet nothings, pillow talks, costly gifts, romantic trips across the world, moonlight, butterflies and rainbows. Carol took Kumar to Tata Memorial Hospital, saying she would find her true love here.

Kumar was surprised to see the vast sea of humanity, bruised and injured specimens of humanity; surprisingly, none of them cursed or cried. Kumar was surprised at the strength of the human spirit. In the Paediatric ward, Kumar saw post-chemo children playing happily, with their parents around who were not too busy; at the male ward, the devoted wives were taking care of their grumbling husbands; at the general ward, a bone-thin poverty-stricken was even supported by a whole village for recovery, seeing husbands taking care of the cancer-stricken wives, at the breast surgical OPD, Kumar found a couple, where the husband even cupped his hands before her when she vomited, the sight of a husband consoling his bald wife showing a wedding photo and saying that has she stopped loving him after he becoming bald since their wedding, in the same way, how would he love her less when she has lost her hair? Kumar asked herself about true love after seeing the people who shared true love in spite of their physical beauty. She was surprised thinking about the celebrations of body parts in Bollywood movies through item numbers, she asked herself whether she saw the rural, down-to-earth people rather than the busy professionals who were living out in true love. With the identification of true love at the hospital, Kumar confesses, "I recommend that all those youngsters who profess 'I love you' should compulsorily make a visit to the Tata Memorial Hospital. When the marriage vows say, 'in sickness and in death, 'they must first come here to understand the gravity of the relationship'" (Kumar 51).

Cultural Practice, Ritual and Tradition

Cultures and religions transmit traditions and practices that promote positive development and resilience. Most of religions own their cultural rituals for all critical events of life like birth, puberty, marriage and death, where people come together and get involved through prayers and rituals extending emotional support. These rituals, which had evolved through centuries, provide a sense of collective continuity among humans. Religious organizations often provide religious instructions to convey the values of life.

It could be seen that Koirala and her family members were utterly devoted to rituals and prayers and found solace in calming their anxiety about the illness. The cousins of Koirala approached a Vedic astrologer, confined to perform “Maha mrityunjaya puja or the death conquering ceremony” (Koirala 14); this had the ability to lengthen the lifespan of the devotees and save them from ailments. A group of fifteen Brahmin priests arrived to conduct the ultimate puja to defeat death by chanting the mantra 1,00,000 times with a *japa mala* with 108 beads.

Koirala had too many questions in her mind before she left for Mumbai, “Will I be back to complete the task? Will I be back to see the maddeningly fragrant Night Queen blossom enticing in my garden once again? Will I be here when the snow on the Himalayas begins to melt? Will I be ... at all?” (Koirala 15). The point of survival was a far-off question for which she had no answer. Cancer has made her so disappointed that even the thought of it created distress and a question mark in life.

Prayers made a vital way to rectify fears of all kinds. When Koirala had an issue with the platelet count and her chemo was stopped, she was asked to pray to the padukas or the silver footwear she had taken from India. It was noticed that her

prayers worked. Her platelet count became regular, and she was ready for the next chemo. She considered chemo as vitamin shots and decided to be more friendly with the situation. Therefore:

Mobilization to prepare, respond, and recover effectively from major disasters requires a full-scale collaborative and multidisciplinary agenda to integrate ways of understanding and changing the dynamics of resilience from molecules, microbes, and microchips to cities, societies, economies, electronic communities, and ecosystems. (Masten and Obradovic 14)

Narration and Style of Select Cancer Narratives

Arthur Frank says, "Anyone who is sick wants to be healthy again. Moreover, contemporary culture treats health as the normal condition that people ought to have restored" (Frank 77). The study on the aspects of Resilience initiates hope in the lives of the survivors of the four fictions. The narrators try to outdistance the thoughts of having cancer and find various effective ways to escape the tragedy of illness.

Becoming high-hope individuals, finding new paths of hope, they become successful in their attempt at survivorship. This element of narration makes the four narratives as Restitution narratives. Arthur W. Frank mentions that "The plot of the restitution has the basic storyline: "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again"(Frank 77), and they are also represented through the health-related storyline. "This storyline is filled out with talk of tests and their interpretation, treatments and their possible outcomes, the competence of physicians, and alternative treatments" (Frank 77).

In Restitution narratives, it is understood about the survivors that, “They live out illness as a matter of doing their jobs as patients, preparing for the future after illness, and getting through their own days” (Frank 93).

The resilience process reflects the restitution narrative's characteristics in all four narratives. Positive adaptation of life through Individual competence, getting the support of the protective factors to overcome the struggle effectively, the meticulous use of intelligence, self-regulatory actions, strong faith and hope enhance the process of survivorship to attain recovery and to create a better future. These elements of resilience are presented in the narratives through imagery and symbols, which create hope. In *Healed*, the image of the bird protecting its young ones during rain conveys a sign of hope that God would also protect her from such a harsh illness like cancer. Thus, the aspects of restitution mentioned by Arthur W. Frank, which are traced in the four narratives, make it restitution narratives.

Conclusion

This chapter has identified that the process of resilience, though apparently magical, is more ordinary than often perceived. It has also studied the factors that make the survivors resilient in order to overcome trauma. The individual and the variable factors supporting resilience are identified in the texts using the theoretical framework of Anne S. Masten and Michael Ungar. The chapter has observed that the four survivors became resilient by incorporating both the individual and the variable factors. The chapter has identified that with the individual and variable factors, the survivors create a new pathway of survival. The chapter analyses the texts in the theoretical framework of the “restitution narrative” (Frank 75), as introduced by Arthur W. Frank. The chapter understands how the protective factors and the support

systems are vital in concretising resilience procedures. The chapter also identifies that resilience is not an individual process but a multipronged group activity. It also finds the methods of resilience that help in the recovery of cancer patients for survival as per the four narratives and understands that resilience regulates individual stability and creates social awareness. The chapter recognises that survival could be accomplished with the realisation that recovery is possible through resilience and argues that resilience can be achieved through individual adaptive factors along with protective factors and support systems.

Transformation and Growth

The chapter identifies how the survival techniques and the process of resilience building have helped the survivors to overcome their traumatic experiences as well as helping them to grow and transform during their post-traumatic period, even after enduring their traumatic experiences. It also understands that through the survival experiences, the four authors have enhanced the quality of most of the resilient factors like individual competence, intelligence, problem-solving capabilities, self-regulation and self-direction, faith, hope and ingenuity, along with the support of variable factors like family, society, medical interventions, religion, spirituality, rituals and customs etc. The chapter uses the theoretical framework of Posttraumatic Growth of Richard G. Tedeschi et al. to argue that the process of resilience building helps them to transform and grow. The chapter also analyses the texts with the characteristics of the “Quest narrative” (Frank 115), a form of narrative structure as introduced by Arthur W. Frank. The chapter understands the various possibilities of Posttraumatic Growth and argues that survival becomes transformative and productive.

It is observed that the resilient cancer survivors of the narratives get into the next phase of life, which initiates multiple doubts and queries about the future. This insecurity and confused state of mind is converted to posttraumatic growth through the survivors' efforts and the support of family and society. In this condition, the survivors create a positive outlook towards life and develop new identities. As Jennings et al. say, “In the process of adapting to the stress or trauma, an individual develops new resources and capabilities, may experience a change in values and

priorities, and in extreme cases develops a new sense of self or worldview” (Jennings et al. 117).

Tedeschi et al. define “Posttraumatic Growth” (3) in *Posttraumatic Growth: Theory, Research and Application* (2018) as “positive psychological changes experienced as a result of the struggle with traumatic or highly challenging life circumstances” (Tedeschi et al. 3). Tedeschi et al. say that to understand the concept of PTG, it should be learnt that it is a traumatic incident in a person's life that leads to PTG. It is considered as the occurrence of unpredictable, traumatic events, which significantly evoke distress in people. Trauma is an event that involves actual or threatened death or a severe injury or a threat identified to the physical integration of the self or others accompanied by fear or helplessness. As Tedeschi et al. say, “It is not the event itself that defines trauma, but its effects on schemas, exposing them to reconstruction” (Tedeschi et al. 4). Trauma is a highly challenging, stressful and life-changing event. It is impossible to anticipate which event would result in trauma and which would create substantial change. Tedeschi et al. say that an event must be psychologically seismic to be considered traumatic and will challenge or shatter a person’s assumed perception of the world. The trauma affects the assumptions about a person's future; it makes it difficult to manage anxiety and psychic pain, like the loved one’s loss or losing one’s role of competence in life. Specific life-challenging incidents do not occur in a single incident; they occur over some time, including many sequential events. This is seen to include the aftermath of the traumatic event. As Tedeschi et al. say, “In combat, it may not be a single battle that is the catalyst for change, but an entire deployment into a combat zone” (Tedeschi et al. 5). A disaster includes several events followed by a search for possibilities to rebuild the physical

and the psychological self. This can lead to various levels of post-traumatic growth, which would be different for each person enduring trauma.

Tedeschi et al. mention that “PTG is focused on changes in people after an event rather than their responses during an event” (Tedeschi et al. 5). PTG is not considered as the immediate reactions of the person because they would be almost instinctive. The focused and long-term changes arise after much reflection. Post-trauma time is considered a long period, extending from days to years.

People initiate new ways of understanding life and create new feelings and behavioural patterns because the trauma they have experienced will never allow them to return to the same old baseline situation. This is how Posttraumatic Growth is different from or more than the concept of resilience (a process of returning to the previous condition after trauma through recovery). Posttraumatic growth also focuses on transformative change. Tedeschi et.al say that “It involves positive changes in cognitive and emotional life that are likely to have behavioural implications; the changes can be profound and may be truly transformative” (Tedeschi et al. 5).

Research on Posttraumatic growth has provided positive changes in the cognitive, emotional and behavioural domains by various experts. Personal development, increase in maturity and changes in behaviour are regular changes that occur in a person during various developmental periods of life. As Tedeschi et al. state, “The struggle that leads to PTG is not usually at first a struggle to grow or change, but rather to survive or cope” (5); growth appears to be unplanned and unpredictable.

The Origin of the Term PTG

The overview of the study of Posttraumatic Growth with reference to the book *Trauma and Transformation: Growing in the Aftermath of Suffering*, written by Tedeschi and Calhoun in 1995, explains that the term has been mentioned using various words since the late twentieth century. Tedeschi et al. say:

Some terms conceptually related to PTG include stern conversion (Finkel, 1974 , 1975), positive psychological changes (Yalom & Lieberman, 1991), construing benefits (McMillen, Zuravin, & Rideout, 1995 ; Tennen, Affleck, Urrows, Higgins, & Mendola, 1992), stress-related growth (Park, Cohen, & Murch, 1996), adversarial growth (Linley & Joseph, 2004), flourishing (Ryff & Singer, 1998), positive by-products (McMillen, Howard, Nower, & Chung, 2001), discovery of meaning (Bower, Kemeny, Taylor, & Fahey, 1998), thriving (O'Leary & Ickovics, 1995), positive illusions (Taylor & Brown (1988), positive reinterpretation (Scheier, Weintraub, & Carver, 1986), drawing strength from adversity (McCrae, 1984), and transformational coping (Aldwin, 1994 ; Pargament, 1996). (8)

Tedeschi and Calhoun introduced the term Posttraumatic growth in print in 1995 and was introduced in an article in 1996, which described the development of Posttraumatic Growth theory.

Though it is observed that there are many levels of changes occurring in the lives of the survivors, it is concluded that the changes are found to be positive and transformative. The history of human life is always entangled with the history of trauma and further with the history of PTG. For thousands of years, there have been stories of positive changes and transformation among individuals and society as an

outcome of misery and distress. The real strength of transformation and positive change caused by the experience of greater challenges and distress could be found in texts and scriptures of ancient philosophers and scholars. From such old and new wisdom, it is noted that most people who suffer from trauma endure and recover. They appear to be resilient and also experience growth. The process parallel to PTG has been explained in philosophical and theoretical works of the recent century. Abraham Maslow, in his book *Motivation and Personality*, says about humanistic views and human life,

Human life will never be understood unless its highest aspirations are taken into account. Growth, self-actualization, the striving toward health, the quest for identity and autonomy, the yearning for excellence (and other ways of phrasing the striving “upward”) must by now be accepted beyond question as a widespread and perhaps universal human tendency...growth is often a painful process. (Maslow xii-xiii).

It is understood that personal growth is always painful, though rewarding in the long run. Before the study of Posttraumatic growth began, the concept of personal growth from crises in life was discussed in arts, literature, philosophy, sociology, history, biology and psychology. Philosophical search and works by poets, novelists and dramatists had tried to understand and discover the meaning of human suffering. Therefore, as research progressed, it is understood that Posttraumatic Growth could be discussed from an interdisciplinary perspective because it is found that growth is connected to various disciplines. Understanding Posttraumatic Growth based on a bio-psycho-social-spiritual framework should need familiarity with other disciplines. The possibility that people change positively from a traumatic event can generate queries about other disciplines. Therefore, it is ideal to understand the process and relate it to

other disciplines as well. It is noticed that though study about Posttraumatic Growth is predominantly conducted by psychologists, clinicians, social workers, nurses, oncologists, psychiatrists and other health specialists, “So far, there has been almost no study of PTG in the humanities other than references to the concept of growth” (Tedeschi et al. 9). Another way of understanding PTG is through a transdisciplinary approach, which transcends traditional disciplines.

The Philosophical understanding of Posttraumatic Growth was found in Friedrich Nietzsche, as he says in the book *Twilight of the Idols*, “What does not kill us makes us stronger” (Nietzsche 157). This makes it more paradoxical that the reflections on growth become more philosophical rather than empirical. As it is considered in some traditions, suffering ought to be sought rather than to be avoided. It is observed that when people change their way of understanding the world after trauma, they try to shift the philosophical beliefs that they had before experiencing trauma. The relation of PTG is intertwined since philosophy relates to the ideology of life, and PTG changes life through traumatic survival.

Relationship between Resilience and Posttraumatic Growth

Posttraumatic Growth is frequently interpreted as a synonym for resilience. They are two different constructs. Resilience is defined, according to Rutter, as quoted by Shean as “An interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences” (3). In contrast, Posttraumatic Growth is considered a process and outcome resulting from a struggle with problematic circumstances. Studies prove that resilience is the most common outcome of a stressful situation, and such positive transformation and changes that follow trauma are meant as Posttraumatic Growth.

This creates a positive relationship between resilience and PGT. It is also observed that if a person has experienced PTG, they would be more resilient in the future. The path to PTG creates a new perspective about the self and search for effective ways to deal with adversity. Research proves that PTG has a new sense of acquiring personal strength; as Tedeschi et al. say, "If I have survived this, I can survive anything" (Tedeschi et al 72), this can increase the ability of resilience.

Posttraumatic Growth as Process and Outcome

PTG is considered a process as well as an outcome. Favourable reconsideration may be a process of PTG, whereas the claim that life has altered in a positive and affirmative way conceptualizes the outcome. PTG is a process initiated by a traumatic event or a highly challenging event in life. This realisation of PTG becomes the outcome which can be understood as a cluster of positive changes resulting from a complex combination of intellectual, emotional and societal processes. PTG is the outcome of these processes reflected in the permanent presence of change. For example, a notion of strength in a person may not be recognized during the process of struggle. However, it will be assumed as a change that has occurred through the path of struggle only after reasoning the outcome. PTG can be considered a process and an outcome, which can be sequential, with people engaging in positive framing and reinterpreting the events. Another consideration of the understanding of PTG is that some realise it as finding visible behavioural changes, where growth is focused on the action, others focus on the element of reorganizing one's beliefs, mentioning the cognitive element, and still others focus on the changes occurring in personality. Therefore, changes in PGT can be identified as cognitive, emotional, behavioural and biological in recent studies. Tedeschi et al. say that though PTG is evaluated through the outcome produced, it is realized as a continuous process. The

process of PTG may take various forms, according to the involvement of other systems involved in the process. It happens quite suddenly at certain times and may not have an extended process. For example, in the case of a heart attack, the person may realise a sudden change in the perception of life rather than encountering a long process of change. In such situations, it will be challenging to identify PTG as a process or an outcome. Paying attention to the overall context is essential to understand whether PTG is a process or an outcome.

A transformation is identified in the life of Koirala as she endures the struggle of cancer treatment. The process of PTG occurs naturally, giving way to a change in both the physical and the psychological phase of the survivor. She says that after the traumatic period, it appears that it had started to heal not only the physical body but also the mind, and a great transformation started to occur; time was gently replacing the impulsiveness of her mind towards maturity, “the old controlling me with the new surrendering me” (Koirala 92).

Approaches of PTG on cancer care

The increase in the survival rates that occurred due to the advances in medical care has prompted a need for finding different psycho-social interventions for patients and their families. Such interventions are observed to decrease the presence of negative feelings like helplessness, anxiety, lack of hope, depression, distress, fatigue and pain among the patients. This is designed to increase positive effects among the patients like self-care, self-efficacy, sense of support and coping strategies during adversities. The outcome of such intervention is measured and evaluated through coping abilities, quality of life, knowledge regarding disease and treatment procedures, compliance, physical conditions, recurrence and survival. Research

proves that PTG plays a vital role among cancer patients; PTG is considered an essential factor in managing stress among cancer patients. PTG is meant to be integrated because it closely connects with the person's physiology and the immune system. Certain psychological mechanisms are observed to support cancer patients and their families, like converting future stress into a challenge rather than seeing it as a threat, developing stronger relationships and social support, setting more meaningful life goals, increasing positive emotions and educating oneself regarding the relationship between cognitive changes and the physical changes.

New Awareness of the Body

PTG not only eases distress but also identifies a survivor's physical and psychological changes. It also guides people to understand the various intermediaries which help the survivors to integrate illness into their new identity. The study about the new body emphasises PTG among cancer survivors. There is great interest in survivors who have endured physical illness to know more about the physical changes. The cancer survivors start to create a new awareness about their bodies and initiate a more positive relationship with the body. A close bond is developed with the body by listening to it and observing its changes. Monitoring the body closely also helps understand the degree of cure and recovery. An inseparable relationship is created between PTG and the physical changes that occur.

It could be identified that Koirala was reluctant to face people after her diagnosis since she was a popular actor; she says, "They had known me as a beautiful, glamorous star with lustrous hair and confident strides" (Koirala 124), but the image that stared back was of a frightened woman with many battle scars. She imagined the hypercritical response of the people, "Haww! Kaisi thi! Aur kaisi ho gayi! (Look how

she was! And look what she has become now!)” (Koirala 124). Immediately, Koirala grabbed an eyebrow pencil, pencilled out her missing eyebrows, and created an illusion with the eyeliner to feel that there were eyelashes. She says, “I realised how difficult it must be to fit in and look like the standard version of a woman” (Koirala 124).

She was struggling and fighting hard to return to her former situation and appearance, which was a great mental struggle. The unacceptability of the results of cancer treatment, an unacceptance of the scared body and an incomplete face are required by society to find a way out from the concept of perfect body image. A new imperfect body is created with multiple possibilities of existence.

Moorjani, in her memoir, describes the recovery of the mind and the inner strength that helped her to overcome the trauma that her body experienced after she came out of the coma. She says, “As I looked at my skeletal reflection, my heart sank” (Moorjani 85). She stood gazing at her image in the mirror and felt awful, She almost didn’t recognize the person in the mirror; her hair had fallen in clumps, her eyes too big for their sockets, her cheekbones jutting out and had a massive bandage on the side of the neck, she was shocked and felt, “I stood riveted by my image, and I began to cry”(Moorjani 85). Though her physical appearance was not necessary then, she says that the harshness she had done to herself created so much pain in her. “How could I have allowed myself to go through so much anguish? How could I cause myself this much pain? I grieved” (Moorjani 85). Looking at her image in the mirror, she promises to herself that “I’d never hurt myself so badly again” (Moorjani 86). Loving oneself is the prime realization she feels; to love oneself and motivate oneself towards life can make a person think about the purpose of living. Lisa tries to accept her new body as being a part of all her former experiences.

Resilience was the single word which was heard in Lisa's mind. Lisa convinces herself that she is composed of all that is seen, known and experienced, with the emotions of the life that is lived close to the bone. She finds a new body that she presents on the red carpet and also says that it is fortunate to see how life alters without warning. She says, "Here I'm alive and better than before, rocking my chemo cut; cancer hasn't stopped me" (Ray 360). Therefore, A new kind of relationship is established with the body, where the negative experience is converted to positivity. The physical and psychological reactions that have initiated the recovery process are considered responsible for PTA, creating a positive attitude towards their bodies.

Identity Creation/Crisis in PTG

"...life story interprets and connects the significant events of one's life into a meaningful whole (emplotment) and is shared with significant others (enactment) (Sremac 400). The kind of identity affects the person with regard to the terms defined like survivor, victim or any other form of identity created according to their cancer. Studies prove that those people affected by cancer seem to be identified as cancer survivors rather than cancer patients, which has to be done with careful consideration. Still, some identify the term as an adjective, not a person. Koirala identifies a new self, the birth of a Koirala woman. She set new boundaries around her as reinvented, renewed and realigned. She constantly tries to shatter her hardness and tries not to become vulnerable. After the survival struggle, Koirala feels she has washed off all trappings. She has started to consider clothes and bags as possessions, not obsessions and relationships as precious and not merely time pass. She decided to fill the days with health, nutrition regimens, exercise, yoga and pranayama. She restarted her career in films, and she was deeply grateful for all that life gave her. She imagines herself as a deep-rooted banyan tree branched out to all multifaceted sides. She shares

her precious life lessons as a motivational speaker at various schools, hospitals and organizations. As a social worker, she has worked with organizations to promote women's rights and prevent violence against women and human trafficking of Nepal girls and prostitutes. She feels expanded in heart and generous in spirit and wants to give back to society. Cancer has helped her make her vision sharper, her mind clearer, and her perspective realigned. Passive aggressive anger is transformed into more peaceful expressions.

Therefore, she has become a better person on the whole. She also realizes that she has showcased only the tip of the iceberg of her talent and understands that the real stuff remains unexplored within her. She understands that her needs are different and the new self will never succumb to mere existence. She feels that she has to keep growing as she says, "I have finally embraced life, and I think it has embraced me back" (Koirala 209). It is understood that many changes have come over in life and in Koirala's personality due to the cancer attack. The narrative *Healed*, showcases the birth of a new woman eager to work for the goodness of oneself and for the benefit of society.

Optimizing Health Behaviours

"Cancer and its treatment often cause symptoms and side effects of variable nature, severity, and duration in patients. Pain, physical dysfunction, fatigue, nausea, and hair loss are prevalent and associated with concomitant psychological and emotional reactions" (Garland et al. 949). PTG initiates health awareness, and it motivates the survivors to continue their commitment to future health care. Tedeschi et al. say, "Follow-up care is critical for cancer survivors, so if PTG can be a resource for optimizing health behaviours and for making a long-term commitment, it should

be integrated” (Tedeschi et al.160). It enhances self-efficacy and increases the possibilities of PTG. “Negative physical and psychological effects can have a serious and enduring impact on quality of life” (Garland et al. 949). The survivors are found to inculcate new health behaviours that help them overcome stress, fatigue and other ailments of the mind. The four memoirs trace many health behaviours integrated into the survivors' lives.

Kumar says that health is not the complete absence of illness. According to her, “Health means constant challenge, constant creativity. A prolific life always moving forward, with ever-opening fresh new vistas, that is a life of true health” (Kumar 121). She believes that medicine fights illness with scientific progress and inventions, and Buddhism develops human wisdom so that we may find our rhythm to strengthen our life force. Kumar understands that health and illness are not separate like life and death, “They are part of a single whole” (Kumar 122).

Koirala is found to be involved in several new health-enhancing approaches. Early morning walks, with meditations in the parks, made her ‘super positive’. Koirala says protein was an element needed for recovery, so vegetarian food rich in protein was chosen as her body rejected animal protein and her stomach rejected non-vegetarian food. She became a staunch vegetarian. She says, “I could see my body and my appetite responding to this pampering and smiling back in contentment” (Koirala 132).

“Exercises including yoga, weight lifting, and jogging have been shown to be effective in reducing anxiety, depression, fatigue, and stress in cancer patients” (Xuan Ng 6). Koirala describes her excitement of discovery walks as “Like a kid in a candy store, I was excited” (Koirala 138). She found many parks in and around her locality, which she had not recognised till then. Yoga was practised with meditations and

visualizations. The visualisations of the river Ganga became imageries of hope and brought back memories of her childhood days at Varanasi. Rest is considered an inevitable element in the routine of recovery. Through guided meditation, Koirala would dip slowly into herself; she says, “I was completely immersed in a deep mind-body-soul experience” (Koirala 135). Healthy diversions were taken by reading books on healing to turn life into a blissful experience. As days progressed, Koirala developed “a deep regard for all healers on our planet” (Koirala 134). Spending quality time with family, sharing and discussing spiritual scripts, and sharing memories of laughter and light-hearted jokes rejuvenated her from fatigue and made her feel re-energised.

Fostering Benefit-Finding Interventions

Specific external interventions like peer-level interactions and stress management initiatives enhance Posttraumatic Growth among the survivors. Benefit finding is associated with emotional processing, which is the method of finding and understanding one’s emotions and feelings, an essential aspect among cancer survivors. It also tries to analyse how an occurrence like cancer positively impacts a person’s life. Tedeschi et al mention about the factors used to measure PTG:

seven factors: compassion/empathy (“become more respectful of others”), spiritual growth (“become more spiritual”), mindfulness (“learned to slow down”), family relations growth (“My friends and family worry about me more”), lifestyle gains (“I re-evaluated my diet and physical activity”), personal growth (“I become more motivated to succeed”), and new opportunities (“New opportunities have become available”). (Tedeschi et al. 96)

Benefit finding also increases the purpose of life, which could be traced in the lives of the survivors in the text.

Kumar explores the great truth that “relationships get either damaged or deepened during crisis” (Kumar 61), as Carol quotes. It was observed that certain relationships were found to collapse, and some “became polished, their coarse edges turning into glossy pebbles, self-contained in their quiet grace” (Koirala 61). As she specifies, others became sharp, ready to wound and hurt. In *Healed*, Koirala realises that life is offering her a new start. A new chapter was about to be written in her life. She decides it will be a transformative year for her; she then has her brave New Year resolution: “I will live” (Koirala 94). Koirala wanted to share her healing path with others from what she learned through the process of illness. She found ways to create awareness about diagnosis, treatment and survival. She shares that good nutrition and the best treatment would convert cancer from being a death sentence. Educating oneself about illness, initiating willpower and developing emotional health creates a new understanding of cancer, from being a killer to a gift. Moorjani's message after her Near-death experience is to care for oneself and love oneself. She says, “The very act of permitting without judgement is an act of self-love. This act of kindness towards myself goes much further in creating a joyful life than falsely pretending to feel optimistic” (Moorjani 158). Lisa became a cancer graduate, which she termed about herself, rather than being a cancer warrior or a cancer survivor. With her bald photo in *India Today*, Lisa tried to give a new meaning to cancer.

Well-being in PTG

“The well-being of a cancer patient is determined by how well her physical, social, psychological, emotional, and spiritual needs are being met” (Xuan Ng et al. 2). Changes are observed among cancer survivors that enhance well-being. Positive

perception of life and of themselves, initiating new meaningful relationships, starting new appreciation of life and a future orientation of seizing new opportunities were found as common traits of PTG promoting wellbeing.

Kumar discovers that just like how the vastness of the sea represents the broadness of the spirit, without any discrimination between countries and shores, all are mysteriously connected with the invisible thread, as the ancient belief of ‘Vasudeva kudumbam’, which means the entire world is a family, breaking the barriers of self, caste, creed, religion, society. colour and gender. The realization that indissoluble bonds tie us with each other and that we share a common destiny is a realization that Kumar explores through her journey of struggle. In her book, Kumar says we get 60,000 to 80,000 thoughts daily, 80% of which are negative. We must consciously convert negative thoughts to positive ones to remain in the positive zone until we realise that the process is done effortlessly. Kumar says, “We must challenge ourselves to bounce back quicker each time” (Kumar 137).

Disclosure, Social Support and PTG

“Disclosure” (Tedeschi et al. 48) or sharing about one’s traumatic experience or highly challenging events and the response of the listeners in a social network significantly influence a survivor’s life. Disclosure can take various forms, such as talking to others about their stressful moments, which tells one’s story. Sometimes, trauma survivors express themselves through drawings, music or any other creative ways. Disclosure has been studied as an expressing mode and as affecting the psychological and physiological health conditions and also the ability to promote PTG. There are reasons which are relevant to PTG in relation to disclosure, like they alleviate the emotional distress related to their experience, foster mental processing, and be seen as a form of PTG; it also brings unconscious thoughts and feelings to the

core. The supportive groups validate the person's experience, and the response created due to the result of such experiences. Self-disclosure is an effective way to manage emotional distress, which helps PTG.

Moorjani, in *Dying to be Me*, found it challenging to explain to people what had happened in her life. The purpose of Moorjani's life started to unravel once she posted her experience on the website. It became an inspiration for thousands of people across the world.

The true purpose of the life of Moorjani, to become helpful to thousands of people, came true. She became a motivation to others who were without any hope in their lives. The love she had received from the Near-death experience had started to work magic in her life as she started to live for herself and be herself in all situations.

The interaction with the doctors regarding her recovery conveyed that her story would be helpful to others. She confirmed that she has returned for some greater purpose; she says, "I just knew that in some way, I was going to be helping a lot of people." (Moorjani xiii). The doctors responded that "something (non-physical ... "information") either switched off the mutated genes from expressing, or signalled them to a programmed cell death. The exact mechanism is unknown to us, but not likely to be the result of cytotoxic drugs" (Moorjani 101).

It was her experience in Dubai, when she shared her story at a holistic healing Centre, that she really felt in touch with the expanded magnificence of self. She realized the transformation that was happening among others as they listened to her story. This is how Moorjani was encouraged to share her experience later. She says, "I suddenly realized that both my getting cancer and my healing was actually for the planet" (Moorjani 120- 21) and felt that what happened to her happened to all and the universe. Moorjani assures her experience of getting ill as, "I understood that the reason I even

got sick and then chose to come back was to serve as an instrument for healing to take place in others - not just physical healing but, more important, emotional healing since our feelings are actually what drive our physical reality” (Moorjani 121). Calhoun and Tedeschi say that:

The individual's experience with trauma usually has to come out. Some people simply have a compelling need to tell their story, whereas others make such disclosure only reluctantly. For persons who have resisted disclosure and intimacy in the past, the experience of telling about traumatic events and their aftermath can be an extension of the trauma experience. Their psychological survival may seem dependent on relating in this unfamiliar way, which is both uncomfortable and necessary. (96)

Lisa Ray says that she did two interviews in Canada; she says the presence of people around during the interview in a symbolic way that “everyone was very wired and walking on eggshells” (Ray 308). Finally, they responded that everything was going to be fine. The disclosure of cancer experience seemed to help the survivors positively as they became cancer-beaters rather than cancer fighters.

Narration in PTG

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 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 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.

The narrative process has supported the enhancement of greater PTG. Studies prove that expressive writing has always been a tool for survivors to create new possibilities and plan the future by referring to their past lives. 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 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 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 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. Therefore, Tedeschi et al. say that “reconstructing narrative can help lead to PTG experiences” (Tedeschi et al. 157).

Lisa Ray exposed herself honestly about her illness experiences and the changes in her body through her writings. It was on 6th September 2009 that she started writing in the newly started blog named *The Yellow Diaries*. “I started writing

about my cancer during a fit of steroid-induced mania ...they let me be fearless about speaking out” (Ray 305). She decided that if she had to write, she had to be honest to herself and to the public. Writing seemed to be a covert form of therapy for her. She opines that “cancer was pushing me in the direction of saying what needed to be said and doing what needed to be done” (Ray 306); this appeared to be a change formed because of cancer, and it also affirmed the presence of PTG among the survivors.

Posttraumatic Growth is a transformative experience. It is an ongoing process rather than a static outcome. Outcome refers to a set of positive changes. It is formed from complex reasoning, emotive and societal processes. “PTG does not result from the trauma itself but through the struggles and efforts of dealing with the demanding situation” (Seiler 26). It is observed that PTG may take multiple processes to reach the outcome phase. As Tedeschi et al. say, “The process may take various shapes, such as a spiral, going back and forth in interaction with other systems” (Tedeschi et al. 25). In the early studies, PTG was observed in three different areas like changes in relationships, philosophy of life and views about oneself. Later, PTG was analysed under five empirical domains: the increase in the appreciation of life, enhancing the sense of personal strength, perceiving new opportunities, improved social relationships, and a more profound sense of spiritual and existential transformation.

The presence of PTG and transformation is evident among the survivors, as narrated by Lisa Ray, “Because not everything should go back to as it was before. No matter where life takes me, I vowed to remember, I am better for this experience, for having listened to the language of my marrow and letting myself break open” (Ray 309). The imagery of golden veins inside the fruit she cut expresses her positivity. She says, “I looked down at the seams in the fruit which I had just cut. It must’ve been my imagination, but they were decorated with veins of gold” (Ray 309).

Personal Strength

The self of a survivor is transformed into a victor rather than a victim in Posttraumatic Growth. Personality traits have a significant role in determining the responses to distressing moments. It is understood that an increased sense of self-reliance, strength and confidence influence the outcome of trauma. In PTG, the person accomplishes trauma and creates a sense of survival. Tedeschi et al. mention it as “a sense that there is nothing a person feels they cannot do” (Tedeschi et al. 27). This leads to a behavioural change, altering the old assumptions about the self and finding new opportunities and engagements, like learning something entirely new. “This is the strength of endurance, acceptance, expressiveness, and support-seeking tendencies” (Calhoun and Tedeschi 79). Personal strength initiates courage to live while facing death during trauma. However, it is understood that “feelings of vulnerability and distress make it difficult ... to see themselves as strong. With emotions unexpectedly arising and an acute sense of loss, it is hard to experience oneself as strong” (Calhoun and Tedeschi 80). Kumar explains the diagnosis during the recurrence of cancer; however, she had a prior experience with cancer. She says, “I was horrified when the good doctor held my hand and clucked disapprovingly at a lump” (Kumar 20). Kumar mentions herself as “an action woman.” In spite of the mental strength she had, she was still worried. She says, “I knew that the tension of waiting for the result would be too much for me. (Kumar 21). The trauma of cancer affects even a person who has personal strength. It initiates numerous fears like fear about the future, death, treatments, family and life. In a traumatic situation, “facing fear is strength. Because trauma brings people face to face with issues in living that are usually avoided” (Calhoun and Tedeschi 80). Kumar starts accumulating strength and conveys, “I have learnt to laugh when I have to cry and weep when I am happy”

(Kumar 19). She admires herself for being clever to outsmart fate and tries to be forewarned and forearmed. Moorjani, during her recovery, says that she felt victorious, “I felt a level of victory. I’d so completely overcome my fear of everything - from dying to cancer to chemotherapy that this proved to me that it had been the fear destroying me...I knew how fear-filled I was before” (Moorjani 86). This transformation could be identified in cancer survivors as they attained personal strength.

Aloneness in a person enhances personal strength. “Existential aloneness is the awareness that every person is unique, and this realisation allows a sense of independence and freedom” (Eley et al. 4). Koirala explains that she found aloneness instead of loneliness. She felt comfortable in her own company and thus found freedom from needing another companion. She finally got the strength to discover the truth of well-being and was now energized to heal her own emotional body. She decided that she would avoid drama in her personal space, and she says that “leading a peaceful life was what my heart desired. And self-preservation would now become my priority” (Koirala 171). “Existential thought emphasizes that aloneness can be viewed as an opportunity to rely on inner strength, power and knowledge in the continuing process of self-development” (Combs 23). Koirala realises that in stillness and peace, she could see the true beauty of life and confirms, “I had become my own roadway. I had become my own destination” (Koirala 171).

It is also observed that the survival narratives are woven with imageries, symbols and metaphorical representations, which helps initiate personal strength among the survivors. “Working with images introduces the possibility within the metaphorical environment first. (Calhoun and Tedeschi 82). The survivors “locate the elements of choice, courage, and strength in the midst of the pain, fear, and

vulnerability, and metaphors can sometimes make these elements more distinct” (Calhoun and Tedeschi 83). Cancer struggle is represented as a battle and the survivor as a fighter in all four narratives. “The *journey* is a useful metaphor because they see themselves as active, moving forward, and having some strength” (Calhoun and Tedeschi 83). The struggle is also metaphorically represented as a journey to return to everyday life by overcoming cancer. The title of Moorjani’s narrative itself suggests that the cancer struggle is a journey. Its title is mentioned as, *Dying to be me: My Journey from cancer to near death. to true healing*. Moorjani metaphorically mentions that her survivorship is divided into three phases: the struggle, the dying, and the healing phase, creating a survival trajectory. Koirala portrays cancer as a gift and says, “I think cancer came into my life as a gift” (Koirala 207).

Relating to Others

Posttraumatic Growth also reflects on the changes in relationships, like being more compassionate with others and feeling a stronger connection with others. This does not restrict to mere relationships, but rather the attitude or behaviours that may change positively, like willingness to express one’s emotions and the readiness to receive aid from others. This can also lead to making decisions on spending more time with family and friends and telling them about how much you value them and love them. PTG makes one realize the value of relationships with family and friends, the inevitable survival protectors. Relationship changes are evident in PTG, including moving away from futile and no longer favourable relationships. Such changes reflect the improvement in personal strength.

“Survivors may change the way they engage in these relationships, how they present themselves, or the role they take with other people” (Calhoun and Tedeschi

91-2). Posttraumatic Growth in relationships helps to recognise that one cannot overcome the survival process alone. It ensures that interdependence is predominant in the process. This also shows that “Weakness and vulnerability must be admitted to others, opening up the possibility that they might help in a way that has never been necessary or experienced before” (Calhoun and Tedeschi 92).

Koirala realises the changes that had occurred in her relationship with her father. She says that she had always been a ‘Daddy’s girl’ since childhood; therefore, the anxiety of losing his precious daughter made a significant difference to his daily routine; he was not even able to step out of the house to get the newspaper and kept on reading the old ones again and again. He had stopped having wine; he sat with her most of the time after his morning walks; most of the time, he remained in his space but kept an eye on her. Koirala decided to work on two things: walking for thirty minutes daily and working on her posture. Therefore, changes in relations become reciprocal.

“Often, the people who are seen as needed and most helpful are others that have endured similar experiences” (Calhoun and Tedeschi 92). It could also be noticed that survivors find new relationships with those who really try to understand them, or else they would feel desolate. In the narrative *Close to the Bone*, Lisa Ray decides to marry her friend, whom she mentions as Bobcat, after her struggle with cancer ends.

“Another specific manifestation of posttraumatic growth is the way in which experiencing the struggle with trauma is a gift: an increased compassion for and ability to empathize with other hurting people, particularly those who have suffered

similar crises” (Calhoun and Tedeschi 93). This helps them relate to people better than in the early days.

Kumar appears to be passionate about the man in the salon as he painfully speaks about his father's death because of cancer. She says, “Compassion welled up inside me. ‘Tell me all, buddy’, I prodded him on with a sad smile, nodding my half-shaven head in understanding” (Kumar 41). When trauma survivors become listeners (e.g., in family or group treatment), there are gains that become possible in how they relate to others. (Calhoun and Tedeschi 97). This can be useful in relieving some distress, giving hope, and initiating a desire to help. Survivors come to recognize that they are not alone in their suffering” (Calhoun and Tedeschi 98). The trauma survivorship fraternity pays less attention to socioeconomic status, race, etc. Survivors become more accepting of people from other social backgrounds since they relate to people based on profound human experiences.

Moorjani realises there was a shift in attitude, which she feels is social. She understands that she had many friends earlier, but now she lets only a few people into her private life. Attachment towards the immediate family has increased, and feeling close to others has become burdensome. She does not try to drift from others but connects with others by being a cultural trainer, initiating a new perspective on relationships.

The changes created within herself have reflected in enriching intimate relationships. She experienced an increase in intimacy with her friends and immediate family members. They also agreed to have an energy change when they were around her. She also identifies that all can heal themselves and facilitate the healing of others, and healing takes place everywhere, including the planet.

New Possibilities

“This domain can be seen in the individual’s identification of new possibilities for one’s life or of the possibility of taking a new and different path in life” (Tedeschi et al.27). This can also appear as creating new interests, habits and activities by choosing a new career that may not have been happening in one’s life if the person may not have experienced a triggering event. People who have encountered a life-threatening illness may change their behaviour positively. The aftermath of trauma may make people realize the purpose of their traumatic happenings and make changes in their personal or professional lives, realizing they can serve others.

The life of all the four survivors had drastically changed for newness. Koirala expresses her fulfilment of life and her desire to serve society, “I feel expanded in heart, generous in spirit. It is my time under the sun now. I am burning with the desire to give back to society” (Koirala 207). She felt the positive change in her life expanded in her heart and generous in her spirit. She realises, " The real stuff remains unexplored within me” (Koirala 209). finally, she understands that her needs are different and her new will would not be satisfied with mere existence. Her reach out for adventures could be traced in her action of returning to acting in 2017, and her journey from being an actor to a motivational speaker sharing her life lessons at schools, hospitals and organisations is an evident transformation caused by PTG. The changes identified in her made her grow as a social activist. She became the goodwill ambassador of the United Nations Population Fund, and coordinated relief work during the Nepal earthquake in 2015, started working with organisations to promote the prevention of violence against women and human trafficking of Nepal girls for the purpose of prostitution. Koirala’s fear of life abandoning her has been converted to

extreme positivity; she has transformed her passive-anger and anxiety into a peaceful expression. Her words, “I have finally embraced life, and I think it has embraced me back” (Koirala 209), convey a complete transformation of herself by availing new possibilities of life.

“*New Possibilities* are experienced as developing a new path or opportunities that emerged as a result of the traumatic experience and subsequent psychological struggles” (Taku 188). Lisa says, “Cancer had thrown me through a window into the central courtyard of crisis, and because of that impact, new windows had open” (Ray 332) “...now that I was healing, I was ready to focus on other things” (Ray 334). Lisa is “a champion of near death” (Ray 336).

Lisa Ray metaphorically defines “illness as alchemy” (Ray 336), which she wished to convey through her cover photo as bald in the Magazine *India Today*. On her thirty-eighth birthday after her recovery, she called herself with a new name, “Lisa Rebooted”, expressing a rebirth of herself. Lisa also created a realisation that “Until we adore ourselves- I mean like head over heels in love with ourselves- we just can’t love others” (Ray 339) and also conveys that she was a full-time lover of everything, including her suffering. This develops a new meaning to life. She also says, “Here I am, alive and better than before, rocking my chemo cut; cancer hasn’t stopped me” (Ray 360). The narrative also gives rise to orient about the importance of banking the eggs for the future by cancer survivors. Before the stem transplantation, Lisa Ray was advised by one of the nurses about egg banking as the nurse bluntly said, “If you want to have kids, you need to think about banking your eggs now.” (Ray 318). The narrative tries to bring in all new possibilities for a cancer survivor to hold on to life. PTG worked with Lisa Ray, transforming her into an ambassador for

cancer. She stepped ahead with philanthropic deeds like raising funds and conducting awareness programmes on cancer cures.

Appreciation of Life

“Appreciation of Life is experienced as a greater appreciation for each day and for the value of life” (Taku 189). The positive transformation expresses greater appreciation to all the things that life offers, those that are taken for granted in the past and greater appreciation for those that people have, still in their lives. Traumatic events lead them to see life as a gift or a second chance which is to be cherished. Tedeschi et al. say that “People may report...that having to deal with a major stressor has made them realize that it is important to spend more time on their intimate relationships, to appreciate each day and its small pleasures more, to take life easier, and simply be more aware and appreciative of their environment” (Tedeschi et al. 28). It is observed that people who have experienced traumatic events have started to admire common things in life, like – a blue sky, a sunset, or anything that’s seen in their landscape, which they had not given enough appreciation before.

Kumar says that she feels grateful to cancer for giving her a new perspective on life, the new cells in the body, and creating a “new me”. She is grateful to cancer for dwarfing other problems that entered after cancer, like cataract operation, and for turning her into an authority on cancer for newly diagnosed people. She was also thankful for her wacky sense of humour; above all, the experience of getting closer to death has made her appreciate life a lot more. She is also grateful for being alive and realises life is the most significant gift. She was also grateful for the next moment and for the present. Cancer is found to have shaped a new perspective on life and endorsed a new sense of meaning in living. Kumar also tries to explore the innumerable

possibilities of the present moment. She says she is grateful for the ‘Now’ in her life, which she explains as untouched, unsullied and filled with many possibilities. Kumar believes that we are born in this world not to suffer but to be gloriously happy. We should not allow suffering and misfortune to defeat us but should ensure joy at the end of our struggle. Being a cancer fighter is more empowering for Kumar. Courage is a tool that is used to recognize the impermanence of life. She says we should have the courage to leave our destiny and create our path to success. As the sea clears all the obstacles that come its way, we humans should also find our path of destiny. The sea imagery is used symbolically to express all the changes proposed for humans to lead a mindfulness-filled life. Kumar categorises the second part of the narrative *To Cancer with Love* as “The Sea and Me”, personifying the sea with the six qualities of humans: courage, vastness, stillness, and compassion. abundance. fluidity and promises, which paves the way for a magnificent living. The sea imagery is identified as a mother and an enemy, as Kumar says, “One moment it can stroke you like a concerned mother...the next, it can smash and destroy you like a dreaded enemy” (Kumar 89). The unpredictability, precariousness and the volatility has impressed Kumar to be merged with the sea throughout her life’s glitches. Both mysterious and tranquil, has always attracted Kumar towards the sea. As she says, “I can simply sit still for hours, opening my senses to its salty smell, its lapping sounds, and its changing blues” (Kumar 90).

The sea is also personified as a lover and a friend, “It can kiss you like a lover... calm you like a friend...or mirror the waves on the edge of your soul by crashing against its own shores” (Kumar 89-90). Kumar mentions the sea as a great teacher, “It has all the answers you and I are seeking” (Kumar 91); as a part of appreciating life after her second remission from cancer Kumar seeks the help of the

sea and advises that, “Trust me, the ancient sea holds profound insights for us. I invite you to dip into it...” (Kumar 91). Kumar says that the sea is never in lack of resources the same way, “Neither are humans short of resources. All these resources lie within, not outside the miracle of creation which is the human being” (Kumar 151).

There is nothing called impossible. Reaching the moon, the soldiers standing in minus 60-degree temperatures at over 5000 meters altitude are the abilities of humans to make the impossible as possible. The experience that she had in a friend’s house, who was just three and a half feet in height, made her realise that “it’s all within us. The resource to overcome every handicap” (152), she says, “For any seemingly insurmountable problems, all we have to do is dip into our inner resources of courage, patience, love, compassion, faith, perseverance, strength and anything else we are seeking outside” (Kumar 153).

Cancer and its sufferings have made Kumar realise that death is inevitable. She says, “Being able to accept the truth that one day we will surely die will make us focused on how we should live. Actually, a sound view of life and death enriches human life beyond anything else” (Kumar 135). Therefore, facing death directly can definitely generate positive feelings like compassion and benevolence. Kumar expresses her gratitude for cancer and also mentions the gifts that life has given her due to cancer, “Better skin, new cells, curly hair, a perspective as wide as the ocean, a compassion as deep as the sea, and a sense of humour so wacky that I feel I am truly living life now” (Kumar 136).

Moorjani could be seen to appreciate life with joy and happiness by attending functions and moving out with family; Moorjani understands that life has to be lived with joy and abundance. The change of mentality about life, as it was from an outside-in view, changed to an inside-out view. Earlier, it was the external world, and people

around were directed to her life, but now she has started to feel the divinity in her, and she realized that it is an integral part of the greater whole. She felt like she was at the centre of the universe, and we all express from our perspective; she says that all are the centre of the cosmic web.

As she feels she is at the centre of the cosmic web, the whole depends on her; if she is happy, the universe is happy. If she loves herself, everyone else will love her; if she is in peace, all creation is peaceful. She says that when she felt stressed, unhappy or anxious, she started moving inward to make her at ease by walking in nature or listening to music to make herself calm, and this method has helped to create changes in oneself as well as to the external world; the obstacles fell off without any special effort. This feeling of centrality, being the centre of our universe, changes one's life and in people around us, being at the centre of oneness.

Spiritual and Existential Change

“one's view of spirituality or religiosity pre-trauma is likely to influence whether one focuses on religious growth; thus, the religious change may be viewed differently among individuals” (Taku 189). Social ties can strengthen and influence the participants' spiritual transformation and reconstruction of their narrative identity (Sremac 416). This domain expands the zone of religious and spiritual experiences of people who have endured traumatic events. The spiritual and religious changes that occur in PTG result in visible existential changes. This includes the measuring of interconnectedness with others, harmony and mortality. PTG allows one to reflect on the engagement with matters related to religious beliefs and spiritual and philosophical views. “Spirituality... describes the individual's experience of the transcendent, a higher force, or an existential state beyond the self” (Calhoun and Tedeschi 105). The basic concern about humans is that “We are mortal and must face

death, one's life quest is ultimately each individual's own responsibility, and finding meaning and purpose in life are of central importance for each person” (Calhoun and T 106). As individuals struggle to come to terms with traumatic events, the naked realisation of the limitations of one's existence may be the catalyst for positive changes in one's philosophy of life. (Calhoun and Tedeschi 106). Traumatic events allow one to change one's philosophy of life and direct towards greater wisdom. Spiritual beliefs help survivors to enhance their coping strategies for recovery. Religious communities also provide social support through rituals and the service of materials during traumatic conditions. Positive religious coping strategies like seeking spiritual support, benevolent religious reappraisals, and seeking spiritual forgiveness enhance PTG among survivors.

Life has become a spiritual experience for Moorjani, as she says that she was constantly changing and evolving following the spiritual path, therefore realizing our own infinite self, that we all are at the core of existence. It is also a realisation that we are here to discover and honour our path. Moreover, it reflects that any positivity brought to oneself is understood to be brought to the whole world. Therefore, she feels that her life is a prayer, and she also finds meditation to calm her.

The condition of *pure allowing* is something where positive change occurs. Negative thoughts bring negativity to life. Thus, she says that “our feelings about ourselves are actually the most important barometer for determining the conditions of life” (Moorjani 157). She also says to be true to oneself. They have to love and value themselves. There should be judgement and fear towards oneself. She advises that we need not carry the baggage of one experience to another. Instead, we can see each moment as unique, which brings out new possibilities. According to Moorjani,

“allowing” does not require any extra effort. Moorjani understands that if we initiate the feeling that everything is one, what we wish is already attained.

Moorjani explains her NDE and spiritual transformation in the narrative, confirming her spiritual growth, which could be understood as a part of PTG. The experience of the new realm was indescribable for her; she understood the true purpose of life and the reason for having cancer. She finds herself overwhelmed with the understanding that God was not a being but a state of being. The thread that was woven through all experiences and all relationships made meaning for the completion of existence, whether it was positive or negative.

Moorjani says that during the near-death experience, she felt as if she was connected to the entire universe. It was also experienced that the whole Universe was an extension of Moorjani. This realisation led her to think that all are co-creating the world—moreover, our lives with various emotions and actions. She also says that the experience had no beginning and the door of such an experience is open and is not closed. An eternal understanding of the universal love. She says that everything needed is already present within, and it is completely accessible if we open up towards what is true.

She also reflects that she does not fear death anymore. The presence has become the place of residence for Moorjani. She says that she had become more grounded and focused. This was because Nirvana or rebirth did not apply to NDE. She also felt that time does not move in a linear fashion unless we filter it through our physical body and mind. The concept of incarnation is only an interpretation for Moorjani. In NDE, there is no restriction on time. Moorjani mentions that she understands that time is at a standstill and that we are moving. It is understood that not only do all points of time exist concurrently, but it is felt that we can move slower, faster or even forward or

backwards. However, we cross all time and space when we spill out of our bodies. She says that all are pure consciousness and can travel anywhere in the other realm

She tries to convey that this planet is the principal place where the action occurs. She also understands one need not die to get the experience of nirvana. Moorjani tries to clarify the thought that our magnificence exists right then. The truth is not somewhere out; it is all within, as she says, Moorjani says that the answer to all questions lies within ourselves. All that is happening externally triggers something within and creates the realisation that the magnificence takes us back to the condition of who we really were.

She says it was a realisation that the magnificence of the self and the universe are one and the same; this realisation made way for her healing and recovery. She also says that nothing is external and tries to convey that all are one, a part of the universal energy. Moorjani also shares that Chi, prana or ki means the “life force energy”; all are the same; using terms like God, Krishna, and Buddha creates duality. Universal energy is the pure state of consciousness. The mind is more about doing, and the soul is about being.

She also pronounces that if all the people of this world had spiritually transformative experiences, people would be more self-empowered and fearless. Priorities would change, and we would no longer be driven by greed. She also realizes that when we can look into the eyes of our enemies and if the eyes reflect our presence, we will see the transformation of the human race as a whole. She also feels that by expanding one’s awareness on an individual level, we will see the changes in the universe and assures us through her experience of NDE that her only work was to be and to be herself.

Koirala is also observed to have taken the path of spirituality along her way to recovery and healing. During her stay at the Oneness University from May to December 2014, she decided to attain wisdom and spirituality. Koirala drops all the labels she had acquired in her past, such as alcohol-dependent, unforgiving one, the bad picker of dudes and the drama queen. She wanted to find out answers to too many questions that she had. She had to convince and seek answers to all her queries which she asks to herself,

Why had none of my romantic relationships worked out? Why was I always on the receiving end of judgement and pain for being honest? Why was there so much drama and toxicity in my life? Why had all these negative thoughts not gone away even after the suffering I had been through? What other thoughts needed to be rinsed out of me? (Koirala 160)

She sent silent prayer to the divine, praying, “Please guide me in this process and help me discover if there is any toxic pattern I need to release from my system” (Koirala 163), suddenly a “primordial howl” emerged from her innermost self and tears flowed from her for almost two hours; finally, it was peeling grief from within. This experience of spiritual healing created PTG in Koirala, As said by Sri. Bhagavan at the oneness university, ‘We are nothing but programmes’ (Koirala 164), she wanted to reprogram herself.

Koirala got into the process of self-discovery about why she became alcohol dependent and realised that she wanted to overcome her shyness and feeling of awkwardness, so alcohol came to her rescue; she found confidence, and her shyness disappeared. She took back to those moments with a lot of regret and sorrow. She started to recollect and tried to correct herself with much confidence. Koirala had

stored up all dark and injured emotions as a sensitive person. She took each emotion, examined them and disposed of them individually. She felt light and free. The friends she had dropped her once they heard of her disease, and this abandonment was burning fiercely in her. She convinced herself that it might be because of their difficulty accepting a dying woman from a party girl. It was also noted that she had not spent much time consoling others in grief and pain. She hugged them in her mind and thanked them for all the fun they had given. She says, “I forgave them as I forgave myself” (Koirala 169).

Koirala also understood through her self-evaluation that her vulnerability and desperate need to be loved made her jump into relationships even before checking whether the person was mature enough to handle the kind of relationship she wanted. Therefore, she says, “I decided that I would never again seek another human being as my anchor. Instead, I would solidify myself” (Koirala 169). Through spiritual self-evaluation, she realises all her negativity, helps herself to relieve herself from all such thoughts, and comes out with a new feeling of contentment towards life. Koirala finds a new self and allows herself to live in the present moment, to be kind and stay committed to change, to develop an attitude of gratitude, and to fill herself with positivity. She also realised that the body and mind are interconnected and are powerful. She also learns to accept death as a natural process of life. Cancer made her focus on her behaviour as a person, and she tried to become the best version of herself – emotionally, physically and spiritually.

Kumar also realises spiritual transformation through her traumatic experience of cancer. She said, “I believe that it is in the stillness of the spirit that we truly discover ourselves” (Kumar 115). Kumar speaks about attaining happiness, the most important healing tool. Happiness is considered as neither injectable nor purchasable,

and it is not available in the cacophony of music nor in the external disturbances the present world is filled with. Humans are full of disturbances and restlessness. Kumar says that happiness is a choice. She says it is “the choice to travel deep within oneself and do some serious inner cleansing. To reflect deeply on oneself before passing judgment on another. It is an invitation to swap the externals for the internals” (Kumar 116).

According to Kumar, the sea with its ancient soul is trying to invite us gently to adopt the old values of the world, the time-tested ways of the previous generation, to depart ourselves from the noise of the modern-day existence to the pristine calmness of yesteryears. It is advising us to pause and reflect on ourselves. Kumar considers cure as a perfect harmony with the universal rhythm. Kumar says that she found the powerful philosophy which changed her life script, “be in perfect harmony with the universal rhythm, overcome the darkest side of life, and become gloriously happy” (Kumar 117). She also realizes that life's meaning and fulfilment lie within oneself, and searching for it in the external world is useless. It is the ultimate understanding of individual empowerment.

Another philosophy that Kumar practised was “changing poison into medicine”, through her Buddhist chanting, “Nam-myoho-renge-kyo” (Kumar 119), which is the fundamental force for transforming one's karma. She believed that the Lotus Sutra can break the chain of karma, therefore bringing out our life's inherent power. Changing poison into medicine means that we all have the power to convert experiences like loss, pain, and failure into joy and good. Moreover, any unfavourable situation could be changed to a source of value. Kumar says, “More fundamentally, it is by challenging and overcoming painful circumstances that we can grow as human beings” (Kumar 119). Kumar speaks about “human revolution” (Kumar120) as the

problematic experiences that lead us to reflect on ourselves to strengthen and develop our courage and compassion, enhancing our vitality and wisdom. Furthermore, it considers such an experience a genuinely expansive state of living.

Kumar also confirms that merging with the Universe through limitless prayers would bring solace to life. When Kumar was struck by cancer, she tried to fuse her body's microcosm with the universe's macrocosm through limitless prayers. This gave rise to the unlimited power to overcome any problem. Kumar says, "Prayer, I have learnt, is the way to destroy all fear. It is the way to banish sorrow, the way to light a torch of hope. It is the revolution that rewrites the scenario of our destiny" (Kumar 123). Therefore, Kumar tried hard to create stillness within her through faith-filled chanting, and victory had to follow on its own. The stillness of the mind helped her to overcome all obstacles that came her way during her struggle. Though the pressure at the deepest point of the sea is more than 8 tons per square inch, the sea is still because it is cantered and also because it has depth. This was the lesson that Kumar learnt to understand the stillness of the sea. "Fostering resilience and PTG during cancer treatment may yield better psychological adjustment and psychosocial functioning during and following cancer therapy, thereby facilitating recovery from the cancer itself" (Seiler 30).

Narration and Style of Select Cancer Narratives

As the narratives move towards the process of survival, after the accomplishment of pain and chaos of diagnosis and treatment, they are represented as being in quest of a new self, which they try to attain through the perspective of posttraumatic growth. Arthur W. Frank says that "Illness is the occasion that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that something is to be gained through experience" (Frank 115).

The search for a new body, the acceptance of the scars and amputations of the body, creating a new image of body and self, the creation of a new identity overcoming the identity crisis of a patient towards the transformation of a survivor, searching for mindfulness and well-being, acquiring personal strength, the quest for a better life experience through new relationships and new possibilities in life, the transformation of core values and beliefs through a more profound sense of spirituality directs the survivors towards the quest for a new beginning of life. The quest stories help the ill to have a distinct voice. This distinct identity and unique expression have made the four narratives distinct. This makes the four narrative quest narratives, as mentioned by Arthur W. Frank.

Therefore, Arthur W. Frank says, Restitution stories attempt to outdistance mortality by rendering illness transitory. Chaos stories are sucked into the undertow of illness and the disasters that attend it. Quest stories meet suffering head-on. They accept illness and seek to use it” (Frank 115). Further making the narratives transformational narratives, where all four narratives are identified as moving towards transformation in multiple aspects of living.

Conclusion

The chapter has identified how the survival techniques and the process of resilience building have helped the survivors overcome their traumatic experiences and grow and transform during their post-traumatic period. The chapter identifies the perspectives of Posttraumatic Growth that occur during the post-traumatic period in the lives of the four survivors, like retrieving good health, creating a perspective of a new body, and initiating well-being, therefore stating that posttraumatic growth is the process and outcome of resilience and survival. The chapter has brought insights into redefining body beliefs, accepting the body with scars and amputations, optimising

health behaviours, fostering benefit relations, creating a new identity, increasing personal strength, appreciating life, fostering new life possibilities, and generating a future with hope.

The survival techniques and the process of resilience building acquired during the initial stage of trauma have helped them to transform and grow even after overcoming their traumatic experiences.

Conclusion

Cancer survival is a continuous comprehensive function of resilience transcending towards growth and transformation. It results in reconstituting the self, shaking up from the past and establishing a new self that is much better than the past. So, it is not the process of returning to the former condition, but a step more; it is realising all the needs of survival and creating a new perspective of living, both socially and psychologically, establishing inventiveness and resourcefulness. The individual and the external aspects come into a cordial coordination for living. The individual, social codes, cultural beliefs, medical system, environmental elements, food patterns, government policies, religion, faith and spirituality come in one line to form the survivor's self, where every aspect of life is reconstituted into newness. The thought formation is processed by adding elements not implemented in life earlier; something new is constituted and added to the existing beliefs and perspectives. For example, the changes created in the food pattern, becoming more conscious about the consumption of healthy food, which was not a habit earlier, could be observed as a drastic shift. The changes that could be perceived among the survivors are a change in attitudes towards society and the arousal of social commitment.

The thesis identifies the survivors' illness experience and survival strategies and observes how the survivors become resilient by incorporating the individual and the variable factors. The thesis proves that the survival techniques and the process of resilience building acquired during the initial stage of trauma have helped them to transform and grow even after overcoming their traumatic experiences. The thesis identifies the various literary devices used in the narrative structure and proves that writing becomes a healing process.

The thesis also identifies the varied elements of faith, like science, fact and technology and those that are side-lined by some, like the afterlife, loss, fear, and grief. It also discusses the circulation of local and global capital for innovations and developments in treatment methods and cures, the investment by survivors over others and the social inequalities created in survivorship. Therefore, cancer survivorship is more than the disease outcome. It is an elaborate social, ethical, moral, economic and political practice. Survivorship is also an evolving and emerging reality with uncertainties.

Cancer Narratives as Transformative Narratives

Anne Hawkins mentions four groups of pathographies commonly found in illness narratives. The didactic narratives intended to help others, angry narratives that express discontent with medical treatments, alternative narratives that find alternative treatment methods, and eco pathographies relate illness with environmental conditions. The four cancer narratives selected for the study incorporate the characteristics of all four narrative groups and further transcend towards the next phase of transformation. The survival strategies depicted in the select narratives describe the process of survival from the point of diagnosis through the adverse situations of the treatment and finally reach a point of realisation that survival leads to transformation and growth. The deep analysis of the four narratives has framed the path of survival, striving through resilience with individual and collective supporting factors. The narratives also give descriptions of the changes that have been generated in the lives of the survivors along the process of survivorship. They are identifying new possibilities in life, creating a “new me”, listening to the body and accepting the changes that had been caused due to the trauma of treatment. A transformation was identified among the survivors from being self-content persons to socially benefitting

individuals. Transformation also occurs in behavioural patterns, where former decision-makers start to share their responsibilities with other family members. Individuals generate a positive perception of life, appreciating nature's minute and insignificant elements. The changes also affect the shift in the choice of relationship; the value of relationship gained importance, and interconnectedness was developed between the individual's body and mind. The changes in the individual also created changes in the family and community through various resilient strategies, acquiring strength and fearlessness. Changes in self are also directed towards the changes in core beliefs and values. The importance of healthy living conditions, enrichment of spiritual and philosophical beliefs, changes in social interactions, a search for mindfulness and a positive perception of life supported the transformation of the self, therefore converting the mythical and treacherous beliefs of cancer as equivalent to death. Considering cancer as a "gift", as Koirala says, and survivors becoming "cancer graduates", as per Ray, could be traced as a radical shift in the perception of cancer survival, categorising the narratives as transformation narratives.

From Chaotic narrative structure to quest narratives

The study's outcome emphasises the pattern of narratives as beginning from chaotic conditions, extending towards restitution, generating hope, and finally developing the need to search for new realities of life, initiating a quest to gain something from the traumatic experience. It is understood that the survivors positively interpret the situation, where cancer is metaphorically represented as a teacher instead of being represented as a killer. As Koirala says, "Cancer taught me to pay attention to the taste of the fruits I ate...it taught me to marvel at the magnificence of sunrises...It taught me to rejoice at God's handiwork" (186). Arthur W. Frank says illness stories are categorised into chaos, restitution and quest. The narratives are

found to be chaotic during the initial part and later find space for restitution, finding various ways to overcome the traumatic situation and then find newness in life.

Imagery and Symbolism

Literary techniques are used as a medium to create an emotional framework for the select cancer narratives. All four survivors are observed applying various literary devices to make the narrative impressive and effective to enhance worthy reading. The commonly used literary devices by the survivors are flashbacks and memory, humour, metaphors and similes, Irony, lamentation, prayer, symbolism and dream allegory. The narrators give a detailed description of the past life through allegories from nature to create a clear understanding of the situation. Neelam Kumar uses *landashi* or the snow flower as the image of resilience. Imageries used from nature provide sensory details to connect deeply to the narratives, making the narratives more vivid, evoking emotions and creating memorable scenes. The sea imagery personified in the text of Neelam Kumar extends to almost eight chapters. It is connected to the qualities of humans, like courage, vastness, stillness, compassion, abundance and fluidity. The images of the “snow-covered peaks of Himalayas”, “the orange and pink glow of the fading sun”, “the childhood smell- that of lavender and honey”, “Bagmati of Nepal and the majestic Ganges of India” (Koirala 3), extend comfort during chaotic conditions of survival. The imagery expresses the agony of waiting in Koirala’s cancer struggle. She says that the “evening was about to stretch its fingers and smother the daylight’s neck” (Koirala 9). The evening that is imagined of stretching its fingers to smother the daylight’s neck, expresses the insecurity and fear created in the mind of Koirala because of the hauntings of cancer. Ray also portrays the image of the earth where the weeds are cleaned; she says, “Then we prepare the earth for replanting - that’s me, the earth, don’t I look like an earth

goddess? – and we replant grass” (Ray 326) Nature symbols and images are continuously used in all four narratives to express emotions like agony, distress, fear, hope, rejuvenation, and renewal of the mind.

Humour is a narrative technique the survivors apply in all four texts. Humour is considered a coping strategy that reduces social tension and promotes relaxation. It also initiates creativity. The survivors take humour to make the situations of crisis easy to handle. Such depictions of humour could be traced in the narratives described through humorous incidents and dialogues. Humour helps the survivor to regulate the self from adverse and critical situations. It becomes an escape from the traumatic situation. Humour makes the traumatic struggle much more accessible and easier to overcome.

Survival as a Continuous Social Process

Survivorship is a collective social process that is “subjective” (12), “relational” (12) and “innovative” (14) (Broom and Kenny). The various facets of experience and the awareness about cancer procedures make the survivors evolve from it quickly with prior knowledge rather than disembodiment of cancer. The thesis has observed the various levels of the survival process, from the point of diagnosis, connecting to previous experiences and changes that had occurred before the diagnosis, the treatment procedures, the quest for new possibilities of treatment, the advancement of technology, the awareness about precision medicine, lead to the creation of hope and increases the chances of recovery. 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. Waiting makes people less productive; it expels them from the track of productivity and makes them passive in their personal and professional lives. Innovation in the aspect of survivorship creates positivity in the approach to cancer struggle. Finding new ways of survival, inspired by various narrative imagery, searching for various new treatment methods, different methods adopted for the sustainability of life, like the quest for enlightenment, creating positivity in life, finding innovative measures to overcome the side effects of cancer, finding normalcy in life, despite of the pervasiveness of waiting, making the best use of medical advancements to preserve the continuity of life, are found to help the survivors make survivorship a continuous process interconnected to the various social factors, making survival a continuous social practice. As Koirala mentions, "Let this be a learning moment for all of us. Cancer can be overcome by making different choices, by being equipped with the right knowledge and having a solid support system" (Koirala 177).

Survival as a day-to-day Life Experience

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. It becomes a daily practice which is socially integrated into the day-to-day life.

Enhance resilience through continuous resilient pathways

Walsh says, “Resilience does not mean bouncing back unscathed, but struggling well, effectively working through and learning from adversity, and integrating the experience into life’s journey” (422). Human resilience arises from the process of standard adaptive systems, which is found inside and outside of the individual and not from any extraordinary, rare actions or resources. There are, therefore, many pathways to resilience. There are ever-expanding possibilities to convert the odd into favourable success among individuals. Evidence proves that we can foster resilience through many levels of human interactions that help individuals cascade forward in life and benefit people who interact with them, their families, communities, societies and future generations. Positive adaptations like creating a purpose in life, improving individual competence, creating positive traits of one’s personality, high self-esteem, a better understanding of society and inculcating creative thinking increase the

possibilities of individual adaptive factors, creating resilient pathways. Self – regulation and directing oneself for better living, faith and hope, and emotional stability, make the survivors find continuous pathways of resilience.

Family support, Rituals, Social acceptance, and Medical developments as Resilient Strategies

An individual is continuously supported by the social and ecological support systems that are prevalent in the process of resilience and survival. A family becomes resilient and protective during the traumatic conditions of its members. Family belief systems, along with religious and ritualistic practices, help in fostering adaptive functions. Family successfully creates coherence, hope and a sense of optimism among the survivors. Acceptance of the act of making decisions by family members helps to decrease anxiety and enhance resilience. Culture and religion develop ideas, traditional values, and religious practices help to confront the problematic situations which life exposes. Religion, spiritual beliefs, and traditional practices form a fundamental adaptive system. Customs and practices of moral values increase the possibilities of survivorship through specific rules and regulations. Indigenous cultures and practices also promote resilience through their beliefs and cultural practices. A strong bond is created between the individual and the divine. The influence of positive role models and pro-social mentors is seen as providing opportunities for promoting resilience pathways. They provide advice and help to foster resilience and competence. This initiates a sense of belonging. The belief that life has meaning is also related to trauma and adversities. Religious beliefs provide hope for the future of the person enduring cancer. The cultural and religious communities help people and families caught in trauma in multiple ways. Assistance is provided by offering food, caring for children, and sharing emotional support

through these socio-cultural practices. As Koirala states, “Unlike the Westerners, we Asians are fortunate to still have our family network intact to support us in crisis” (Koirala 177).

It is Uncertain but Emerging and Evolving

“Cancer is much more than a *diagnosis* of a diseased bodily state” (Broom and Kenny 26). Survivorship is considered emerging and evolving despite all the chaotic conditions of the survival struggle caused by medical interventions. It is considered as a social practice, that includes many aspects of human life. It reflects on the social relations created during the time of diagnosis. Cancer is understood as an emerging process which is recognised as growing beyond the medical and technological system. The interconnectedness of the survivor with other factors like other bodies, practices, technologies and emotions creates new meaning to the survival process and makes the experience emerging and evolving. Ray says, “Cancer had thrown me through a window into the eternal courtyard of crisis, and because of that impact, new windows had opened” (Ray 333). The survival process is not confronted alone by the individuals; aspects like family and society escort it. Therefore, cancer as an emerging process does not merely focus on the guidelines of health professionals, cancer patients or their carers. It relates to the survivor's cultural, political, social and economic conditions accompanying the survival process.

The Silence Behind the Narratives

Tracing the journey of survival in the select narratives and identifying the individual and variable factors involved in cutting a new path of resilience, the thesis brings forth the personal and social experiences depicted in the narratives. The authors of the four texts have successfully presented their battle with cancer, relating

it to all platforms of life experiences like family, society, profession, medical sector, etc. The narrative style establishes a very cordial mode of expression of the survivors who frame themselves under qualities like gentleness, love, understanding, patience, humour, etc. The study identifies that apart from such gentle qualities, humans react to such trauma with indifference, anger and anxiety. However, all four texts do not reveal or describe any real emotions that may create a negative impact. However, they write about anger and bitterness in their survival journey. All four authors have used narrative techniques to transcend the harsh realities to bring positivity through writing and in life situations. It could be identified when Ray narrates about her challenging experience in the hospital when she was pinned on a hospital bed to insert a port. As Ray joked with the surgeon to ease the trauma, but she says, “He silenced me with a look...the nurse held my hand and I turned my head to stare at a blank wall...I drove home humiliated for reasons I could not pinpoint” (Ray 312) and justifies the moment saying 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 312). Though all four authors are women survivors, the narratives do not mention anything about the basic physical and sexual challenges and changes that they might have come across during the tough times of survival. It is also found that the authors appeared to maintain a highly diplomatic expression about their personal, professional and medical interventions.

The study reveals the various adaptive techniques employed by cancer survivors. It helps to understand the numerous aspects of survival and pathways of resilience to make survival a better life experience. Hence, the survivors evolve as stronger and more resilient women.

Recommendations

The study of cancer narratives is still in its initial stages. There is a broad scope for research on the varied aspects of cancer narration. New studies in the literary section of cancer narratives could be eye-openers for survivors and the people associated with illness, generating space for discussion in different hemispheres of research.

Experiential Phase

Further research can be conducted on experiential levels of cancer survival in different groups of individuals.

Children's cancer narratives could be studied based on various developmental strategies of life, their recovery procedures and the survival aspects that could impact children's survival process. Queer cancer Narratives and Disability cancer narratives can display a changing perspective of psychological, social and cultural interference and experiences and expound into the inclusive aspects of analyses which are rarely discussed. Studies on indigenous cancer narratives from specific traditions and cross-cultural experiences of survivors could be analysed intensely to learn about the complementary alternative methods of treatment and other survival procedures availed under varied cultural contexts. A study on people living with cancer leading to death could reflect on the possibilities of life's sustenance to search for better possibilities of living experiences through literary works.

Aesthetic Phase

Observations on Cancer Poetry can initiate the understanding of cancer survivors' aesthetic and emotional features, which could enhance the study to

understand the technical and literary techniques of expressive writing in literature. Memory studies in cancer narratives can focus on survivors' life patterns and living experiences connecting to their past interventions of positivity and behavioural patterns in life. Studies can be conducted on the cancer experiences of survivors in Graphic novels and graphic medicines.

Technical Phase

Post-human and Virtual representations of cancer experiences caused by mutation and supplemented by advanced AI technologies expressed in literary works could turn out to be prolific observations in the study of cancer narratives, which can create orientation about better possibilities of survival.

Studies on Onco-filmographies and theatrical performances widen the scope of research for further understanding of adaptation literature.

Environmental Phase

A study can be developed on environmental narratives that focus on the toxic tour of the cancer industry, and studies about the comparison with medical sectors can create a new curriculum of cancer survival.

Creating new possibilities in multiple research disciplines, like physical, psychological, cultural, and genetic research, can vitalise the scope of placing cancer experiences on a broader platform of knowledge enhancement.

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