

Unveiling the Voices of Cancer Survivors: A Narrative Study

Sadia Choudhri^a, Wasima Shehzad^b

Abstract

Cancer profoundly disrupts an individual's relations, outlook on life, and perceptions of who they are. Other than this, it also causes an identity crisis, triggering people to reunite their lives before the diagnosis with the transformations that illness has brought about. In this context, storytelling provides a key medium for comprehending, adaptability, and identity restoration. This study has been driven by the recognition that storytelling is vital in uniting the different accounts of cancer patients and survivors, leading them to regain meaning and value in their lives. This study makes use of Paul Ricoeur's Narrative Identity theory (1992) to analyse 20 cancer survivor narratives from the Cancer Treatment Centres of America website. A web-based platform presents a space for survivors to voice their narratives and use language that probes endurance, transformation, and solidarity themes. Ricoeur's principles of threefold mimesis (prefiguration, configuration, and refiguration) and the dialectic of sameness (*idem*) and selfhood (*ipse*) guide the analysis of how survivors linguistically frame their journey and recreate their identities from their experiences. Findings suggest that digital storytelling performs both as a therapeutic outlet and as a powerful tool for strengthening resilience. Survivors adopt stories to link their fractured experiences, reform their relationships, and regain their roles within their surroundings. The research underlines the transformative value of storytelling to promote emotional healing, fostering shared identities, and establishing solidarity within cancer care communities.

Keywords: Web-based platform, narrative, Ricoeur's principles of threefold mimesis, the dialectic of sameness (*idem*), selfhood (*ipse*).

^a HITEC University, Taxila, Pakistan.

^b Department of English, Air University, Islamabad, Pakistan.

Corresponding author:
Sadia Choudhri
E-mail: sadia.choudhri@hitecuni.edu.pk

Received: 18 February 2025
Accepted: 15 May 2025
Published: 12 September 2025



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1. Introduction

Cancer and trauma are generally seen as negative experiences that we could all evade if we could do so. An expanding collection of scholarship implies how people can build resilience while making progress in the aftermath of hardships such as disease, trauma, and unforeseen events (Cherry et al., 2018; Frank, 2013; Getchell et al., 2023). Based on this, the narrative therapist method is widely used in medical settings.

Narrative therapy originated with social workers Michael White and David Epston (1990). They employ the concepts of narrative identity in therapeutic practice, which reflects the input of cognitive psychologist Jerome Bruner and philosopher Michel Foucault (White, 2024). The practice of narrative therapy inherently strives to assist people who are reinventing their sense of self through the stories that they generate about themselves. The nature of this process is closely linked to the thought of meaning-making using language, an idea addressed by Jerome Bruner in his research on the “narrative metaphor,” which is vital to how individuals perceive and define their unique identities in ordinary circumstances.

Within the context of narrative therapy, language counts as it both replicates and affects personal identity. As explained by Bruner, humans interpret their past through the stories that they generate about what they have witnessed. White adopts Bruner’s concept that narratives act as means for meaning-making because humans continually evaluate their experiences and establish identities through stories. Harnessing language to project challenges and recontextualise their narratives allows patients to develop novel insights into their identities and daily lives.

White maintains that narrative therapy is centred on a non-pathologising concept that denies the utilisation of diagnostic labels or moral judgments, which frequently impede individuals’ perceptions of themselves. This resonates with Foucault’s historical inquiry into power, in which societal mechanisms outline and govern identities, usually through judgments that serve as tools of authority in society (White, 2024). This therapeutic approach entails the therapist supporting clients in externalising the problem, so distancing one’s identity from their obstacles or the diagnosis. This opens the door to re-authoring an individual’s narrative in a manner that avoids limitations from deficit-based, problem-centred stories.

Paul Ricoeur’s Narrative Identity Theory (1992) asserts that individuals make use of narratives to describe the significance of their being. This notion has been extensively applied in examining how individuals adapt to trauma or illnesses. Narrative identity carries value for individuals when they remodel how they view themselves following an illness’s diagnosis. Ricoeur’s philosophy of

“threefold mimesis” – prefiguration, configuration, and refiguration – highlights the way humans develop their distinct identities under the interplay of past events, present truths, and intended futures (1991). The studies that include Charon (2006) and Frank (2013) examined how the stories of hardship can serve as an instrument to facilitate cognitive and emotional healing. However, the major emphasis of contemporary scholarship is on live storytelling or rehabilitating memoirs, instead of those on online venues. It becomes an instrument of encouragement for those who are in the initial phase of diagnosis.

The onset of life-threatening diseases like cancer severely influences patients’ self-image, triggering a restoration of one’s identity. Illness narratives encourage recipients to talk about and showcase their shift in condition. As suggested by Ezzy (2000) in his work on HIV accounts, narrative assists patients to construct an identity that unifies their pre-illness personas with their present situation. This notion reflects Ricoeur’s categorisation of narrative as a temporal framework that provides a unified sense of self regardless of the difficulties of disease. Mark Freeman points out that private storylines generally portray ‘a smooth flow of meaning from beginning to middle to finish’ (2010, p. 173). In cancer narratives, the timeline is hardly linear. Hence, illness impairs the notion of chronological periodicity due to an absence of coherence as well, and it also restricts the ability to detect the links between past incidents and future events (Riessman, 2015).

Nevertheless, identity restoration in internet-based storytelling provides an additional aspect of the narrative practice. The digital space offers public involvement, collecting, and receiving, significantly changing the emergence of disease narratives. Patients publishing their experiences in outlets such as the Cancer Treatment Centres of America (CTCA) website do not merely for insight but also to reach a broader audience by linking individual recovery with social support. In territories like the United States, regulators provide subsidies for the “efficient utilisation” of digital healthcare technology, while its consequences are received with reservations. Digital longevity is a basic ambition of the European Union, as described in the European Strategic Plan for 2019-2024 (European Commission) (Stoumpos et al., 2023).

The revolution of digital technology for health care is rapidly spreading and strengthening (Agarwal et al., 2010). Patients may consciously generate narratives that represent optimism, courage, and resilience for individuals in digital environments, so amplifying the performative element of storytelling. Cancer narratives primarily address trends of autonomy and resilience. Zautra et al. (2010) pioneered the concept of resilience in multiple scenarios: “Is resilience best categorised as a process, an individual trait, a dynamic developmental process, an outcome, or all of the above?” (p. 4). Resilience is

particularly critical in the case of cancer, as being diagnosed, medical care, and life upheavals linked to this illness are equivalent to trauma (Arnaboldi et al., 2017; Eicher et al., 2015). Ricoeur's (1991) definition of refiguration – where a narrative terminates with a reformed self-perception can reveal how cancer survivors establish an achievable post-illness existence. However, despite empowerment and resilience having become standard themes across many narratives, storytelling on the internet lends a novel layer to the act of identity reconstruction.

The use of digital storytelling for expressing cancer encounters marks a significant shift in the ways people tackle their illness and transmit their experiences to others. Patients can share their life experiences in real-time through digital mediums such as websites and forums, promoting instant feedback. Those who have battled cancer may use online platforms to restore their sense of identity through vocal campaigns and the posting of shared experiences, in addition to just their thoughts. This collaborative aspect facilitates a more inclusive approach to narratives, as patients' profiles are shaped by their own lived experiences and the input that they obtain from people in online communities. In this manner, the digital setting fosters the constant growth of narrative identity, in which the main character participates with the readership in an integrated creation of the identity process (Page & Thomas, 2011).

Healthcare narratives framed through language convey a unique scope, in contrast to just recounting objective experiences. There usually exists an aspect of “after-the-factness,” an archival perspective to construct a single story from a sequence of events (Freeman 2010, p. 185; Ricoeur 1991). Recent investigations on shaping identities and disease narratives have substantially improved the knowledge of how patients recreate their sense of self through stories. However, a substantial need remains for the application of Paul Ricoeur's Narrative Identity Theory to digital cancer narratives, specifically those broadcast on outlets like the CTCA website. This study aims to apply Ricoeur's theory to the digital context, striving to provide new understandings of how cancer patients remake their identities as citizens using the World Wide Web to have an inspiring impression.

2. Methodology

This study adopted a method of qualitative inquiry grounded on the interpretivist paradigm to explore the personal significance that patients ascribed to their actual life experiences (Guba & Lincoln, 1994). The interpretivist approach seems appropriate for studying how cancer patients

reinvented their identities through online narratives, as it emphasises the subject's storylines and the structure of meaning. This research employed a narrative analysis focusing on experiences displayed on the Cancer Treatment Centres of America (CTCA) website, drawing on Paul Ricoeur's Narrative Identity Theory (Ricoeur, 1992). Narrative analysis has been proper for exploring identity reconstruction, as it facilitated scholars to find out how patients extract meaning from their illness and recreate their identities through discourses in the broader virtual context.

This study featured a careful choice of twenty cancer survivor tales extracted from the open-access accumulation of patient accounts on the Cancer Treatment Centres of America® (CTCA) website. During the data collection period, the website had more than 50 narratives, reachable either with a login or specific permission. These stories originate through the website using manual collection strategies, without any institutional consent, as they were assembled for public consumption and representation of patients. Yet moral restrictions were followed by respecting the identity of contributors in studies and using the data solely for non-profit, scholarly purposes. The method of choice covered a deliberate sampling technique, determined by a variety of cancer kinds, gender, and the depth of the narrative arc (diagnosis, treatment, change), instead of merely being accessible, as mentioned in the appendix section. Narratives had been chosen that included both early- and late-stage diagnoses, encompassing the spectrum of diseases comprising breast, pancreatic, brain, kidney, and lung, to discuss various impacts of cancer on identity formation. A total of 20 samples were identified from an initial evaluation of a larger cohort; this number of samples enabled significant subject coverage for narrative analysis while retaining the practical importance of in-depth qualitative interpretation.

The stories incorporated details concerning treatment, diagnosis, and endurance. This leads to vital instruments for studying identity reconstruction efforts. The CTCA website has been selected due to its stellar record and disciplined narrative approach, promoting consistent analysis of several storylines (Smith & Sparkes, 2008). The CTCA website is a supportive forum that encourages the display of numerous stories while also showcasing distinct demographic backgrounds and different types of cancer. It enables a thorough examination of how ideas are reconstructed relating diseases across various personal and clinical settings. The collection of samples consisted of 20 stories from cancer patients available on the CTCA website, collected using a purposive sampling technique. This sampling technique is compatible with the current research objectives to present thorough, detailed, and substantial data (Etikan et al., 2016). This approach includes accounts that give full descriptions of an individual's identity transition during and following cancer therapy

(Patton, 2014). The sample size has been limited to 20 to ensure accuracy in qualitative assessment while retaining the dataset suitable for narrative analysis.

3. Narrative analysis

The study used narrative analysis to gain insight into the structure, content, and influence of the narratives (Clandinin & Connelly, 2000). Considering Ricoeur's Narrative Identity Theory, the analysis centred around key subjects such as transition, resilience, and identity remediation. A particular focus has been given to how digital communication influences narratives, including considering the impact of public candidness and the performative nature of expressing the story (Murray, 2023). Narrative analysis is appropriate for this study because it supports an in-depth analysis of how patients shape their sense of self in their stories and how they locate themselves concerning their sickness (Phoenix et al., 2010). The interactive feature of digital narratives, in which the influence of sufferers' stories through the internet context has been examined.

The CTCA website has been chosen for an array of reasons. Most importantly, it is a trusted and internationally recognised forum with an extensive number of structured narratives, confirming the legitimacy of the material. It has a legacy of 40 years in cancer research, therapy, and protection (CTCA, 2024). Additionally, the CTCA encourages inclusive cancer care, corresponding with this study's focus on identity reconstruction in connection to disease as well as psychological and emotional facets (Frank, 2013). In addition, interactivity in media enriches the nature of communication, turning communication from a direct point-to-point transfer common to face-to-face interactions to a global framework enhanced by the organised aspects of technology (Rodriguez, 2016). Technology has offered an avenue for communities to creatively shape their social worlds without typical spatial and temporal constraints. The study establishes consistency in both the structure and the tone of the narrative available on the CTCA website.

4. Theoretical framework

Paul Ricoeur's Narrative Identity Theory has been applied to study the digital cancer narratives displayed on the Cancer Treatment Centres of America (CTCA) website, particularly on how cancer patients reconstruct their identities in online contexts. The analysis aims to find out how survivors apprehend their encounters with their medical conditions and how digital media fosters identity reconstruction.

Ricoeur's theory reinforces the key role of narrative in the development of identity, especially crucial in the backdrop of illness. Cancer, as a traumatic experience, distorts individuals' self-image, leading to a reconsideration of their identity (Ricoeur, 1992). In the words of Paul Ricoeur, narrative identity is "the sort of identity to which a human being has access thanks to the mediation of the narrative function" (Ricoeur, 1991, p. 73). He contends that narrative acts as the means through which we build as well as understand our identities. The narrative function emphasises a way in which stories (personal stories) mediate between the realities of life and our sense of self-worth. We humans are narrators.

4.1 Threefold mimesis

Ricoeur proposes mimesis as an evolving method for expressing and deciphering human experiences. He classifies this process into three interwoven stages: Mimesis1 (Prefiguration), Mimesis2 (Configuration), and Mimesis3 (Refiguration). These phases describe the construction of stories and how they assist in establishing our knowledge of time and existence.

4.1.1. Mimesis 1: prefiguration

The first stage deals with the pre-narrative underpinning of human experience. It constitutes the base for narrative structure, wherein actions of people, motives, and events are the raw materials for the story. Ricoeur breaks down three competencies at this stage:

- a. *Structural Competence*: A tendency to discriminate between activities (human judgments and their implications) and natural events.
- b. *Symbolic Competence*: Human acts are affected by cultural emblems and norms, integrating experiences with meaning.
- c. *Temporal Competence*: Actions arise within a temporal framework, embracing past, present, and future aspects.

Prefiguration depicts the innate structuring of Being that makes it narratable, even before it becomes directly proclaimed as a narrative.

4.1.2. Mimesis 2: configuration

At this stage in time, the prefigured parts of life (basic happenings and symbols) are arranged into an integrated story. Ricoeur defines this as the technique of emplotment. It is the state in which the events are sequentially

organised and woven into a narrative encompassing a beginning, middle, and conclusion. It addresses the divergence by combining dissimilar components (e.g., characters, events, goals) into a unifying whole. Another aspect is that temporality becomes more organised as the narrative transmits a pattern. This phase shows the artistic fusion that exists in narrative construction, where the distinct manifestations from Mimesis¹ are transfigured into comprehensible stories.

4.1.3. *Mimesis 3: refiguration*

The terminating stage emerges when the story is experienced and processed by the audience. This is the junction of the narrative realm (the text) and the reader's (or the audience's) world, establishing a dialogue. The narrative transforms the audience's interpretation of their lived experiences and identity. Readers evaluate the narrative through their unique cultural and personal optics, leading them to link the story to their own lives. It provokes contemplation and influences the individual's identity and outlook on time. Refiguration culminates the cycle, exhibiting how narratives imitate existence and directly impact individuals' beliefs about their past, present, and future.

4.2 *Dialectic of sameness (idem) and selfhood (ipse)*

Paul Ricoeur's dialectic of sameness (*idem*) and selfhood (*ipse*) represents an essential notion in his philosophical investigation of identity. It emphasises the struggle between the unchanging parts of identity (sameness) and its changing, dynamic facets (selfhood).

- a. *Sameness (Idem) Definition*: “*Idem*” signifies the persistent quality of any person or entity, immovable characteristics over time. It corresponds to traits that bring stability to identity. These constant attributes enable us to perceive an individual as the “same” throughout time, regardless of extrinsic or situational variations. As an example, we can identify an individual as a similar person we met years earlier due to recurrent physical or psychological attributes.
- b. *Selfhood (Ipse) Definition*: “*Ipse*” implies the fluid, crafting facets of identity. It expresses evolution, growth, and the capacity for conversion over time and using experiences.

Both aspects are not interchangeable with one another. Selfhood doesn't reduce sameness; instead, it intensifies it, enabling identity to preserve coherence even changing over time. Mimesis establishes the narrative scheme

within which identity is presented, whereas sameness and selfhood describe the patterns of identity that are expressed and managed within those narratives. They demonstrate how individuals apprehend time, experience, and identity using narrative, constituting Ricoeur's philosophy an in-depth analysis of the human plight. In the case of cancer, where both physique and identity undergo serious difficulties, storytelling becomes a vital tool for survivors to reconfigure their changing memories and reconstitute their perceptions of themselves (Pecchinenda, 2008).

5. Data analysis

The analysis of this study has been drawn from the accounts of cancer survivors retrieved from the CTCA website. This research, guided by Paul Ricoeur's theoretical perspective (1992), covered two distinct steps: Threefold Mimesis and Ricoeur's Dialectic of Sameness and Selfhood. The verbatim of the survivors' narratives on the CTCA website has been taken accordingly.

Paul Ricoeur's Threefold Mimesis framework consists of threefold mimesis, such as Mimesis1 (Prefiguration), Mimesis2 (Configuration), and Mimesis3 (Refiguration). This offers a structural approach to analysing the multifaceted narratives of cancer survivors.

5.1. Mimesis 1: prefiguration

The first part of the analysis focused on Mimesis1, which is the pre-narrative stage, wherein lived instances, symbols, and temporal features establish the starting point for the narratives that survivors afterwards generate by considering the structural, symbolic, and temporal competencies identified in Ricoeur's framework. Mimesis1 discusses the preconceived ideas of human interaction and the implicit underpinning of the patient's world earlier than its narrative formation.

5.1.1. Structural Competence

Structural competence emphasises an awareness of acts and situations within cultural as well as personal contexts that attribute their meaning. Cancer survivors generally communicate their reactions by means of vantage points of disruption, positions (roles), and expectations.

5.1.1.1. *Pre-diagnosis stage*

The patient outlines a systematic, healthful livelihood earlier to detection (diagnosis),

“Before my diagnosis, I exercised and ate well; I was healthy.”

This suggests a veiled expectation of health stability, wherein behaviours such as nutrition and physical activity are culturally considered vital for sustaining good health conditions. The expressions like “exercised,” “ate well,” and “healthy” highlight the organised regimen and social conventions about health. The survivor’s practices (appropriate routines) represent the social notion that a managed lifestyle nurtures well-being and shields against diseases.

5.1.1.2. *Disruption*

The disclosure of a cancer diagnosis affects the natural continuity of life.

“I was devastated. I felt overwhelmed by fear. I thought cancer would change my life forever.”

The diagnosis challenges one’s notion of health and cultivates a feeling of existential turmoil. The phrase “beyond my ability to cope” implies the splitting of the structure. Cancer upsets the unspoken cause-and-effect expectation (health practices = wellness), triggering a loss of grip and harmony in life.

5.1.2. *Symbolic competence*

Symbolic competence involves the use of metaphors, symbols, and cultural implications that impact one’s reality. This survivor employs compelling metaphors to recontextualise the terminal illness experience:

5.1.2.1. *Warrior metaphor*

The sufferer reconceptualises her trauma as warfare or a battlefield.

“Determined to put up a strong fight, my son and I went to an Army surplus store for camouflage gear—something I could wear to remind myself that this was a war and I had a job to do.”

The camouflage dress implies resilience and focus, recontextualising radiation treatment and chemotherapy as “weapons” versus threatening. The above statement reflects the idea of cancer as an ongoing dispute. The utilisation of wartime symbols, camouflage, and weapons alters a patient’s standpoint, recontextualising cancer treatment from reasons for misery to effective tools of strength. The metaphorical modification recontextualises the story, as the survivor shifts from a victim into a “warrior,” battling cancer. The gear operates as a tangible and emotional reminder of courage and tenacity.

5.1.2.2. *Hair loss symbolism*

The loss of hair, usually related to ailments in many communities, is recontextualised:

“I chose to view the loss of my hair as an affirmation that the chemotherapy was working.”

It therefore symbolically endorses the medication’s efficacy, reflecting hope as opposed to misery. Hair loss within this context is typically seen as an adverse marker of disease and is recast as a good indicator of restoration. The term “affirmation” suggests embracing and transformation term as “quest narrative” (Frank, 2013), because the negative consequences of chemotherapy are regarded as measures of health improvement and not as a sign of defeat. This symbolic recontextualization assists the survivor in retaining agency and behavioural influence over her ordeal.

5.1.3. *Temporal competence*

Temporal competency is related to integrating the elements of past, present, and future within the course of life. Cancer pauses the temporal process of life, yet survivors adapt these setbacks into a modified storyline.

5.1.3.1. Temporal disruption

The diagnosis suggests an experiential interruption, instilling uncertainties for the future.

“I hated the waiting. It was a slow, anxious journey.”

The expectations of outcomes from tests and the disorientation of the future reflect the temporal halt caused by this disease. This underscores the disintegration of the survivor’s habitual temporal pattern.

5.1.3.2. Restoring the future

Regardless of temporal instability, the survivor outlines a constructive outlook.

“Each sunrise and sunset is a blessing. Cancer cannot make me afraid without my permission.”

The words “permission” and “refuse” reveal a purposeful choice to distort the narrative of fright by sustaining the belief system. The survivor approaches the future with bravery and respect, acquiring her temporality. Seeing time as not being an opponent but as an opportunity. Overall, the analysis of Mimesis1 develops the basis for emplotment (Mimesis2) and ultimately leads towards the restoration stage (Mimesis3) of narrative.

5.2. Mimesis 2: configuration

Paul Ricoeur’s Mimesis2 focuses on emplotment, the narrative art of structuring life events into a coherent story. This stage integrates the preconfigured parts from Mimesis1 into an organised narrative. Temporality, comprising a cycle of past, present, and future, has significance as it ties disconnected happenings into a logical progression.

5.2.1. *Emplotment in narratives*

Emplotment comprises a structured organisation of events, which involves diagnosis, therapy, hardships, and victories into an integrated story with a definable initial stage, middle, and ending.

5.2.1.1 *The initial stage*

In cancer narratives, the survivors begin with the breakdown and diagnosis aspect.

“When my doctor explained that my options were to take the medicine or get healthy, I finally decided to become responsible for my health.”

“Well, you’ve got cancer... Without looking up, I asked him if the cancer could be cut out.”

This statement builds the narrative’s basis wherein the survivor evolves from doubt or misconception to embracing ownership by acting. The diagnosis upsets the main character’s existence and constitutes an important turning point that drives the narrative. Frank (2013) identifies this phase as the “chaos narrative”, when illness alters the regular progression of life, instilling disorientation and stress.

5.1.2.2 *The Middle Stage*

The middle stage of the narrative involves the struggle and action of survivors.

“I scheduled my initial evaluation for July 2018... ‘When can we start?’ I asked him. ‘Right now,’ he replied. About an hour later, I began my cancer treatment.”

“I participated in a clinical trial for a little over a year... I completed oral chemotherapy, and I returned to CTC A every six weeks for check-ins.”

This moment reveals the protagonist’s constructive role in medication, with radiation and medical attention as crucial happenings. The narrative progresses from chaos to resolution, showcasing freedom and perseverance. The survivor’s recovery trajectory has been organised into an array of events

such as trial engagement, chemotherapy phases, and medical supervision, which serve as the skeleton of the narrative.

5.1.2.3. *The ending stage*

“Then, when I returned to CTCA after the third break in treatment, my medical oncologist told me that my imaging scans showed no visible sign of cancer.”

“Cancer was an event that provided me with insights that I could share with others, to help them through their difficult times.”

This is the culmination of a fortunate episode where the story earns a sense of completeness or glory. The survivor transforms their misery into profound misery, turning from victim to representative, with cancer contributing as an indicator of significance.

5.2.2. *Temporality in narratives*

Temporality, the connection of past, present, and future, is key to Ricoeur's Mimesis². The survivalist's path has been defined by an assortment of important milestones, highlighting the sequence of diagnosis, therapy, and healing.

5.2.2.1 *Past*

Past in the stories of cancer patients is the life before the diagnosis.

“I weighed 260 pounds and was not in good health. At one point, I was taking about 10 different medications to keep my blood pressure under control.”

“Even though I was in the best physical shape I'd ever been in, I was still not well.”

The past builds the background for the narrative underlying the survivor's experience before they had cancer and earlier health problems.

5.2.2.2. *Present*

The present is related to the struggle phase of cancer survivors.

"I was finally diagnosed with renal cell carcinoma, and it had metastasized to my lymph nodes."

"I participated in the clinical trial for over a year... and worked with supportive care clinicians to manage my side effects."

This phase is usually defined by noteworthy occurrences—diagnosis, onset of treatment, and the ongoing battle against cancer. The survivor integrates these incidents into vital “plot points” that move the narrative ahead.

5.2.2.3 Future

This stage ties in with the hope and transformation of the survivors.

"I cherish the time I have with my friends and family. I look forward to life after COVID-19 is under control."

"I continue to have hope. I imagine someday we will find a way to kill the cancer in my body."

This optimistic statement reflects a positive outlook, indicating the survivor's trust in future life and its meaning.

5.3. Mimesis 3: refiguration

Based on Paul Ricoeur, Mimesis3 is a point where an account is recognised, comprehended, and reshaped according to the person's current and potential identity. At this level, the person's narratives and incidents are more than just thoughts; they see themselves and the world at large. The interpretation of the disorganised events from Mimesis1 (prefiguration) and the systematic narrative from Mimesis2 (emplotment), the survivor shifts how they interact with time, other individuals, and their shortcomings.

5.3.1. Refiguring through faith

At this moment, the victim agrees with the disease and believes that they've found an entirely new meaning in life. They frequently interpret suffering as an opportunity to serve others or live more mindfully.

“A cancer diagnosis caused me to pause and re-evaluate my life. It led me closer to the Lord and taught me to lean on my faith. Although the clouds were dark, I drew strength from God, and He brought me to the light.”

“Pause,” “re-evaluate,” “led me closer to the Lord”, these expressions depict an episode of belief and a reorient when the narrator reflects on what’s vital in life at this time. “Strength from God,” “brought me to the light”, faith relocates into a new anchor, and disease transforms into a path of inner development and healing. The person who conquered cancer perceives it as a moment of awakening and infuses the experience into who they’ve become as a believer. This is like Ricoeur’s notion of turning distress into an emerging sense of identity.

5.3.2. *Refiguration through emotions*

Mimesis3 involves recovery on a psychological level while establishing new relationships with human beings, like relatives, close companions, and others in the community.

“Just walking into the center, I got such a positive first impression. I got a sense of hope as soon as I walked through the doors. Everybody’s friendly, they greet you warmly, and you just feel secure. I felt like I was in the right place for me. I just had this feeling that good things were going to happen.”

“Positive first impression,” “hope,” “greet you warmly,” and “secure”, these words draw out how the medical centre turned into a place of solace and refuge for the person, contrary to the anxiety and disbelief associated with the illness. The hospital has not just been a place to receive treatment, but also a manifestation of emotional restoration, which makes people feel comfortable and trusted around those who treat them.

5.3.3. *Future-oriented refiguration*

Mimesis3 also brings the future to the account of the survivor. The person anticipates a life despite illness, where they view every moment as an act of gratitude and cherish it with respect and a purpose.

“I choose to focus on the positives in my life because I know I am blessed... every day is a gift. I can appreciate that so much more.”

“Focus on the positives,” “blessed,” “every day is a gift”, through these words, downtime no longer serves as a commodity to be overlooked or taken for granted, but as a factor to be valued. Cancer affects how a survivor views time, leading them to dedicate themselves to the future, preach gratitude, a positive attitude, and live fully. As Bury (1982) asserts, illness alters one’s perception of time, but those affected can adapt themselves to the current and the future by rebuilding their stories. The survivor’s comments demonstrate how this connection works, where cancer renders life more worthwhile and valuable.

5.4. Dialectic of Sameness (idem)

Paul Ricoeur’s notions of sameness (*idem*) and selfhood (*ipse*) hold significance for knowing how stories can be utilised in order to restore identity. In the context of a traumatic occurrence like cancer, *idem* pertains to the enduring and unaltered aspects of one’s personality, while *ipse* relates to the fluid and interpersonal parts of the self that evolve as novel circumstances and issues materialise.

5.4.1. Identity and relational ties

“I still live in Arkansas, close to the Texas/Oklahoma border in Lockesburg. I retired from Tyson Foods after 25 years. My husband, Keith, and I presently have boilers—chickens that are raised for meat. We love caring for our chickens and treating them with respect during their lives.”

“I enjoy spending time with my husband, two stepchildren, and grandchildren. I also care deeply for my sisters, which is why when Cindy was diagnosed with cancer in 2011, I was with her every step of the way.”

“Still live in Arkansas,” “retired from Tyson Foods,” “25 years,” “love caring for our chickens”, “spending time,” these terms reflect the survivor’s determined identity. Regardless of the cancer affliction and its psychological and physiological implications, her relationship with her locality (Arkansas), career (25 years with Tyson Foods), and core values (treating animals with respect) remains constant.

5.4.2. *Faith as anchors of sameness*

“The strength to cope with this challenge came from God... I pray to God every day for good health, and I thank Him for His blessings. I tell others who have been diagnosed with cancer to keep their head up and don’t lose hope. Always have faith in the Lord.”

“Strength from God,” “pray to God every day,” “faith in the Lord”, the following phrases reveal the survivor’s firm belief in God as an inherent and irreversible facet of her identity. Faith supplies consistency and positive thinking, leading her to think of cancer suffering as a portion of a deeper spiritual narrative. Faith works as a framework that allows the survivor to perceive her medical condition. It maintains her pre-existing identity as a person of belief systems, preserving permanence in the context of disruption. Individuals tend to rely on established societal or spiritual foundations to safeguard identity coherence when cancer challenges living (Bury, 1982). The juxtaposition of mystical reflection and individual resilience across multiple survivors’ testimonies demonstrates wider trends of contemporary spiritualities, whereby views of healing and recovery often have their origins in illusion, concealment, and a restoration of inner relevance (Palmisano & Pannofino, 2020).

5.4.3. *Establishing new meanings*

“I get the chance to grow old with my husband after spending the last 25 years together. We are enjoying our life together on our farm.”

“Grow old,” “25 years together,” “enjoying our life together”, these expressions suggest the survivor’s reintroduction into ordinary and earlier duties. Her marriage, way of life, and affiliation with the farm contribute as evidence of stability. The farm implies a sense of permanence, expressing the survivor’s persistent connection with her surroundings and way of everyday life. The above aspects of uniformity (*idem*) empower the survivor to handle the transformational effect of cancer while still preserving the firm and sturdy facets of her unique character. This analysis verifies Ricoeur’s notion that sameness (*idem*) drives selfhood (*ipse*), enabling individuals to redefine the unrest, such as illness, into a coherent and essential life narrative.

5.5. Dialectic of selfhood (ipse)

Paul Ricoeur's view of selfhood (ipse) includes the evolving, relational, and emerging features of identity that come from connections to others and respond to the challenges of life. In opposition to sameness (idem), which highlights stability, ipse indicates having the ability to adapt, develop, and renegotiate one's narrative identity over time, especially when confronting a transforming situation such as disease.

5.5.1. Selfhood as a dynamic bond

"Then one day, I felt like a silent killer tried to sneak up and attack me. I didn't know it was coming. And boom, one day it was there: cancer. I felt like there was nothing I could do, which was scary."

"My goal when I first started cancer treatment was to be a part of this special day... I dreamed about this day for so long, and it was such a magical day."

"Silent killer," "sneak up and attack me," "nothing I could do", "magical day"; these phrases are used to represent a moment of inner struggle. The narrator deals with difficulty and a sense of being powerless, which compromises their pre-cancer perceptions of themselves as a figure of legitimacy, an essential attribute of a police chief. The collision with terror and insecurity signals a vital transformation in the narrator's sense of self. According to Ricoeur (1992), selfhood has been defined not by a dearth of disruption but by being able to transform and reinterpret one's identity in the face of it.

5.5.2. Selfhood as a reclaimed autonomy

"The only thing I could control was my actions. So, I started organizing and preparing my family for life without me. I got my finances in order. I made sure my wife had important information available."

"Furthermore, it accentuates the therapeutic and community impact of digital storytelling in cancer, enabling an enabling setting for cross-disciplinary collaboration among narrative theory, psychosocial oncology, and digital health communication."

“Control my actions,” “organising,” “preparing,” “healthy lifestyle”, these acts reveal the narrator’s basic attempt to restore agency among experiences of hopelessness. They rethink their duties as an enabler, tailoring them to the conditions of cancer. Cancer damages their self-image, yet the narrators repair their identity by paying attention to attainable conduct, reiterating Pecchinenda’s (2008) idea about *autonarrazione* as a social means of preserving identity stability during phases of biological disorder. This exemplifies Ricoeur’s concept of narrative adaptability, wherein identity endures through adaptive response to transformation.

5.5.3. *Selfhood anchor through relationships*

“Dina pushed me and told me we’re not going to lose hope. Looking back, I can see that I needed to hang onto that kernel of hope.”

“Dina pushed me,” “not going to lose hope,” “kernel of hope”, the narrator’s wife has an important role in preserving and redefining his identity. Her willpower eliminates the narrator’s earlier despair, permitting him to understand himself as a fighter rather than a victim. Relationships act as an indication and regulating force, allowing the narrator to recapture dignity and reassemble his identity. This accords with Ricoeur’s statement that identity emerges through interactions between self and others. It creates a framework for restoring identity during illness. The assistance of caretakers and associates frequently turns the patient’s impression of misery into one of solidarity and resilience (Carel, 2016).

6. Conclusion

The connection of Ricoeur’s threefold mimesis, sameness (*idem*), and selfhood (*ipse*) presents a comprehensive framework for studying the narratives of those battling cancer. These patterns highlight how sufferers restore their identities, interpret their experiences, and revise their narratives considering detrimental diagnoses. From the standpoint of mimesis, the cancer episode emerges as a narrative continuum incorporating prefiguration (the time before a diagnosis), configuration (the stage following diagnosis and therapy), and refiguration (the merger of the disease encounter into a reformed identity). This narrative approach reflects the dynamic variations in temporal interpretation and emplotment that help patients comprehend their hardships and triumphs. The analysed narratives suggest that narrating these experiences

allows patients to recover agency and clarity during serious challenges. This study validates the multidimensional nature of narrative identity theory, as illustrated by Ricoeur's philosophical framework and Pecchinenda's (2008) anthropological research on self-narration. Both vantage points prioritise narrative as a profound resource in redefining individual identities during times of turmoil.

The dialectic of sameness (*idem*) depicts how patients maintain a sense of stability while struggling with the changing consequences of disease. By preserving facets of earlier identity, such as career positions, familial links, or personal norms, patients sustain a sense of continuity that provides an emotional foundation. Yet, the problems brought about by cancer require them to become part of novel perspectives, so modifying their sense of self. Selfhood (*ipse*) focuses on this flexibility, highlighting how patients build their identities by displaying resilience and adaptability when exposed to change. The balance between continuity and transformation underscores the intricate dynamics of identity during and after a cancer diagnosis, where survival entails not only medical results but also a narrative and existential aspect. The present research thus makes a novel contribution to the merger of narratology and health humanities through using Paul Ricoeur's theory of narrative identity, particularly the tripartite mimesis and the dialectic of sameness and selfhood, in an investigation of digitally conserved cancer survivor accounts. It specifically focuses on narrative structure and symbolic transformation as avenues for identity rebuilding during different cancer trajectories, in comparison with previous investigations that have evaluated ailments narratives from phenomenological or clinical perspectives. However, some limits must be addressed. The sample comprises 20 narratives acquired from one digital platform (CTCA), which may cause representational bias and constrain generalizability.

Linguistically, this study demonstrates that survivors use language for discussing trauma, restoration, and change, underscoring the influence of speech on identity. The study indicates that linguistic patterns and cues of time in storylines assist us in mapping out who we are and reconnecting once again. These outcomes are also valuable to teachers because they offer a fresh insight into how to instruct narratology. The study focuses solely on the CTCA website; however, it could be stretched to look at websites from other organisations as well. Using a corpus tool on an extensive amount of data additionally gives an in-depth comprehension of how narrative linguistic patterns impact the development of identity. Furthermore, it accentuates the therapeutic and community impact of digital storytelling in cancer, enabling an enabling setting for cross-disciplinary collaboration among narrative theory, psychosocial oncology, and digital health communication.

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