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Metaphor and illness experience: A comparative analysis of metaphors in male and female cancer patient narratives

MA Thesis

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Dedication

This thesis is dedicated to all the amazing men and women travelling through their cancer journey, especially my amazing mother, the main inspiration behind this work. I am truly in awe of your strength. Your journey will be one you will always remember. She believed she could do it and she's still standing strong.

Leiden, June 2016

Olga Huijbrechts

“No amount of learned polemic will 'liberate' patients, and those involved with them, from this need for expression, which is often met most effectively through symbol, and metaphor. Such times of spiritual crisis are exactly the times when symbol and metaphor express what otherwise seems beyond words.”

(Czechmeister, 1994: 1230)

Abstract

This thesis investigates the use of WAR and JOURNEY metaphors in male and female cancer patient narratives. The narratives were analyzed to see whether the use of these metaphors could reveal a difference in the way men and women experience illness. The metaphors were analyzed to see whether they were used in a positive/negative or empowering/disempowering way. The results of the study revealed that both men and women used JOURNEY metaphors more frequently than WAR metaphors to describe illness experience. Overall, relatively speaking, men used WAR and JOURNEY metaphors as frequently as women to describe illness experience. However, the female narratives were generally longer than the male narratives, which caused women to use more metaphors absolutely speaking. Positive and empowering WAR and JOURNEY metaphors were used most frequently in the narratives to describe illness experience for both men and women. Contrary to findings of previous research, the results revealed that both men and women use WAR metaphors more frequently in a positive and empowering way than in a negative and disempowering way to describe illness experience. The results of this study contribute to existing research and also provide new findings in this topic area. The findings of the research could benefit both patients and healthcare professionals and create an awareness of the differences between men and women in the way they experience illness in relation to metaphor use.

Table of contents

Dedication.....	II
Abstract	IV
Introduction	1
Chapter 1: Background and Literature Review	4
1.1. Health communication	4
1.2. The Concept of Metaphor	5
1.3. Conceptual metaphor theory.....	6
1.4. Metaphor in medicine and illness experience	9
1.5. Gender and illness experience.....	13
1.6. Metaphor, gender and illness experience.....	16
Chapter 2: Methodology and Procedure	18
2.1. Methodology.....	18
2.2. Metaphor Identification procedure (MIP)	20
Chapter 3: Results and Data Analysis	22
3.1. Introduction.....	22
3.2. General findings	22
3.3. Most frequent JOURNEY metaphors	23
3.4. Most frequent WAR metaphors	29
3.5. Positive/empowering vs negative/disempowering metaphors	33
3.6. Cases of contradicting metaphors	34
3.7. Neutral metaphors	35
3.8. Conclusion	36
Chapter 4: Discussion	37
4.1. Introduction.....	37
4.2. Main findings.....	37
4.3. Conclusion	40
Chapter 5: Conclusion	41
5.1. Introduction.....	41
5.2. Implications of the findings.....	42

5.3. Limitations of the research.....	43
5.4. Suggestions for further research.....	43
5.5. Conclusion	44
References.....	46
Appendices	50
Appendix A	50
Appendix B.....	86
Appendix C.....	107

Introduction

The increasing popularity and accessibility of the internet has brought with it new ways of interacting and communicating with one another. A patient suffering from an illness who is looking for support can turn to such means as online support groups or online discussion boards to seek advice or emotional support from either healthcare professionals, other people suffering from the same or a similar type of illness, or individuals who are also interested in the topic. These forms of communication allow patients to openly write about their illness experience anonymously and seek advice and answers to many health-related questions. Both online discussion boards and online support groups/communities are becoming increasingly popular with cancer survivors (Gooden & Winefield, 2007), and they are becoming an increasingly important source for patients to seek information. Men suffering from prostate cancer have been found to seek advice through online support systems rather than turning to a spouse or another family member as this is a more stigmatized form of cancer (Gray, Fitch, Phillips, Labrecque & Fergus, 2000b; Clark, 2004; Wall & Kristjanson, 2005). Previous research has revealed that male and female cancer patients make use of online support groups for different reasons: women use them more for emotional support and men more for informative purposes (Seale, Ziebland & Charteris-Black, 2006; Gooden & Winefield, 2007; Blank, Schmidt, Vangsness, Monteiro & Santagata, 2010). These findings could explain why men with prostate cancer use these sites for informative support, as they carry with them a more stigmatized form of cancer, making it easier for them to open up and express themselves in an anonymous environment.

Being confronted with a potentially fatal illness such as cancer brings with it intense emotions such as fear, anxiety and uncertainty, which are translated to the outside world through means such as language. Describing these types of emotions can be a complex task and when there is a need to rely on language in order to bring across a certain point of view or to reflect on personal experience, this is where metaphor plays its part. Cancer itself can be directly linked to metaphor by tracing the roots of the word, the origins of which lie in the fifth century BC with the Greek physician Hippocrates, who used the terms *carcinosis* and *carcinoma* to describe certain forms of tumors (Skott, 2002). These words used to describe cancer refer to a crab and are associated with the disease because of the resemblance of the long, finger-like spreading projections from a cancer shaped like a crab (“Early history of cancer,” 2014). Thus, the word ‘cancer’ can be considered a metaphor in itself. Metaphors of cancer have been around since the early decades of the twentieth century, a time in which “neoplastic diseases first assumed alarming proportions” (Clow, 2001: 310).

Previous studies emphasize the importance of the relationship between the patient and their illness, stating that there is a great difference between how the patient perceives their illness and the medical concept of it. Patients understand their illness in terms of lived experience, and the medical conception of the disease “in a scientific framework, disconnected from the actual meaning of the situation” with the result that metaphor bridges a gap between the illness experience of the patient and the medical world (Penson, Schapira, Daniels, Chabner & Lynch, 2004: 713).

Individuals who are battling with an illness such as cancer use metaphorical language to describe their illness experience. This is not something which is always done on a conscious level and so not something which we are always aware of (Lakoff and Johnson, 1980). Health professionals make use of metaphors when explaining information to the patient as this “adds clarity and depth of meaning rather than presenting factual information to the patient” (Penson, Schapira, Daniels, Chabner & Lynch, 2004: 713). It is thus seen as an easier task to convey certain facts to the patient using metaphorical language, as this enables the health professional to convey their message on a deeper level.

This thesis will investigate the use of metaphors in male and female cancer patient survivor narratives, placing a particular focus on the difference between men and women in their use of metaphors in online cancer support sites. This thesis aims to show, through an analysis of WAR and JOURNEY metaphors, that these metaphors are not only prevalent in the discourse of cancer patients, but that men and women use these metaphors to describe their illness experience, as is suggested by Lakoff and Johnson’s Cognitive Metaphor Theory (1980) which will be discussed in chapter 1, section 1.3. Considering the aforementioned points, the following research questions are addressed:

1. Through an analysis and comparison of WAR and JOURNEY metaphors in male and female cancer patient narratives, can a difference be found with regard to the frequency with which each sex uses these metaphors?
2. Can a difference be found with regard to the way each sex uses these metaphors? That is, are they used in a positive and empowering way or in a negative and disempowering way, or in a combination of the two, and does this differ between men and women?
3. Finally, can the findings reveal a difference in the way men and women experience illness?

To attempt to answer these questions, this thesis will address previous research related to the research topic. Although previous studies have focused on metaphor in the discourse of cancer patients (Clow, 2001; Fillion, 2013; Gibbs & Franks, 2002; Mabeck & Olesen, 1997; Penson, Schapira, Daniels, Chabner & Lynch, 2004; Reisfield & Wilson, 2004; Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015; Skott, 2002), no research is currently present comparing male and female cancer patient illness experience and the use of metaphor in discourse. Research on metaphor and breast cancer patients is scarce (Fillion, 2013) and metaphor and prostate cancer patients is a topic which, to my knowledge, has not yet been a focus of investigation. A comparison is thus relevant and necessary in this area of research, as previous research has shown that men and women have been found to experience illness in different ways (Tempelaar, De Haes, De Ruiter, Bakker, Van den Heuvel & Van Nieuwenhuijzen, 1989; Klonoff & Landrine, 1994; Seale, Ziebland & Charteris-Black, 2006; Gooden & Winefield, 2007; Blank, Schmidt, Vangsness, Monteiro & Santagata, 2010).

The following chapter will discuss the relevant research in this topic area, followed by a description of the methodology and procedure used for the analysis in chapter 2. The results are presented in chapter 3, followed by an analysis of the findings. In chapter 4, the results are discussed including an overview of the main findings and the research questions which will be revisited in this section, linking back to previous literature mentioned in chapter 1. The final chapter concludes the research, briefly discusses the implications for patients and healthcare professionals in response to the findings and will also address any limitations of the study and suggestions for further research.

Chapter 1: Background and Literature Review

1.1. Health Communication

Individuals confronted with a potentially fatal illness will have a daunting and uncertain future ahead of them, and patients increasingly feel the need to have an active role in their illness process by challenging doctors to explain information they are being given and researching information themselves in order to be in control and actively participate in the decision-making process (Olweny, 1997). Communication plays a central role in the illness process. In the medical world, personnel are trained using medical and scientific jargon which most patients will not be familiar with, creating a communicative gap and eventual confusion and undesired breakdowns between the doctor and the patient if left unaddressed (Mabeck & Olesen, 1997; Olweny, 1997). In order to fill this communicative gap, Olweny (1997) identifies three main functions of medical communication and emphasizes the importance of these functions within the doctor-patient relationship: (1) it allows for the interchange of information between the doctor, (2) it enables an engagement of feelings, which enhances the therapeutic benefit of the doctor-patient relationship by fostering trust and confidence in the doctor's capabilities; (3) it encourages and fosters compliance (p. 179-180). Olweny (1997) also recognizes that most problems between a doctor and a patient and their families are the result of poor or failed communication. This is therefore something which needs to be addressed in order to enhance this relationship and also the experience of the patient in their illness process. A communicative gap or lack of communication between healthcare professionals and patients can be a plausible reason for the increasing popularity in online supports groups. Patients will seek information elsewhere, in a place where they are able to communicate on the same level with cancer patients going through the same experience.

Skott (2002) emphasizes the importance of communication specifically in the narratives of cancer patients, stressing that "patients want consolation and must overcome solitude by articulating experience, being listened to, and, in this way, recreating and strengthening identity" (p. 230). Patients are found to not merely relay their illness experience, but rather evoke and share their personal illness experience (Skott, 2002). Patients tell their story from a personal perspective, rather than from a medical and practical perspective, indicating the importance of focusing on a patients discourse and interpreting this as a reflection of their personal illness experience. Instead of being treated as a personal expression, language is treated as a transparent universal code in the medical world (Kirmayer, 1992). As Kirmayer (1992) states, "'blood" for the patient is not "blood" for the physician. The inability to see the

metaphoric and contextual basis of discourse limits the physician's comprehension of the patient's life-world” (Kirmayer, 1992: 339). This is an important point which emphasizes that in order for doctors to be able to understand the true experience of the patient, they must understand metaphorical language use in different contexts. This point can be linked to online support groups which are used by patients to be able to express themselves in a certain way, something which they may not be able to do in their everyday lives. In the context of an online support group site, metaphor use is thus key to understanding any underlying meaning of a patient’s illness experience.

Illnesses bring with them a need for the patient to express themselves in very personal terms in order to understand their own experience, as these are unique to the individual. Metaphorical language is used to help patients establish this kind of understanding (Low, 1996). Metaphor enables the patient and the physician to gain a common language, a shared understanding which results in both a connection and simplification (Penson, Schapira, Daniels, Chabner & Lynch, 2004).

1.2. The Concept of Metaphor

The concept of metaphor has a long history of classifications, beginning with the classical theory of language in which metaphor was seen as something which was mutually exclusive to everyday language. Since the ancient times of Aristotle, classic theorists have viewed metaphor as ‘instances of novel poetic language in which words are not used in their normal everyday senses’ (Lakoff, 1993: 1). Metaphor was viewed solely as a matter of language and the word ‘metaphor’ was defined as a poetic expression in which a concept used to describe one thing is used outside of its normal meaning to express another, similar concept (Lakoff, 1993). Though the concept of metaphor was not defined by Aristotle himself, he is known for proposing “the first systematic situating of it which in any event has been retained as such with the most powerful rhetorical effects” (Kennedy, 2010: 3). Aristotle describes metaphor in his work *Poetics* (350BC) as:

“Metaphor consists in giving the thing a name that belongs to something else, the transference being either from genus to species, or from species to genus, or from species to species, or on the ground of analogy.” (Aristotle, 1909: 71)

Aristotle’s definition of metaphor places a key distinction between the ‘metaphorical’ and the ‘literal,’ whereas more recent theories have claimed that these two concepts are in fact not

mutually exclusive, but compatible and intertwined. In the classic theory, “everyday language had no metaphor, and metaphor used mechanisms outside the realm of everyday conventional language” (Lakoff, 1993: 1). The classic theory of metaphor completely excludes metaphor from the cognitive context and limits analysis to literary language. The “traditional literal-metaphorical distinction” (Lakoff, 1993: 3) has since been falsified and surpassed by theories in the domain of cognitive linguistics in which literary metaphor is seen as an extension of everyday metaphor, something which is not part of language but part of thought (Lakoff, 1993: 1). The next section of this chapter will elaborate on Conceptual Metaphor Theory (Lakoff & Johnson, 1980), a theory which represents modern thinking about metaphor, placing thought in the foreground of understanding the concept of metaphor and metaphorical thinking.

1.3. Conceptual Metaphor Theory

Conceptual Metaphor Theory (Lakoff and Johnson, 1980) is the main theoretical framework in the current study as conceptual metaphor analysis can reveal how men and women experience their illness through the use of metaphors and reveal whether or not their conceptual frameworks differ. Lakoff and Johnson (1980) introduced Conceptual Metaphor Theory, now the dominant theoretical framework in the study of metaphor. This theory proposes that metaphor is not just an aspect of language, but a fundamental part of human thought (p. 3).

According to this theory, our conceptual system consists of concepts which structure our everyday lives and how we define our everyday realities and metaphor plays a central role in this construction, with our conceptual system being largely metaphorical (p. 3). Lakoff and Johnson (1980) propose that metaphors involve cross-domain mappings, the conceptualization of one mental domain in terms of another and describe the essence of metaphor as “understanding and experiencing of one kind of thing in terms of another” (p. 5). They refine this concept further through arguing that metaphor is a set of correspondences between two conceptual domains, namely, the source domain, which represents more concrete aspects of experience and the target domain, which is more abstract. The linking of these two domains as ‘conceptual domain A is conceptual domain B’ is what is known as a conceptual metaphor (Kövecses, 2010: 4). However, metaphor is not simply “a mapping of similarities from one domain to another; it creates similarities by demanding that we construct a category or a world in which connections between [these two domains] can be found” (Kirmayer, 1993: 172).

Lakoff and Johnson (1980: 454) argue that the two most common conceptual domains on which many metaphors are based are WAR and JOURNEY, and these are in fact also the dominant metaphors in cancer discourse, i.e. CANCER IS WAR (‘He is *battling* cancer’) and

CANCER IS A JOURNEY ('He has *a long way to go* to recovery') (Penson, Schapira, Daniels, Chabner & Lynch, 2004; Reisfield & Wilson, 2004; Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015).

To illustrate how we conceptualize one mental domain in terms of another, the metaphor LIFE IS A JOURNEY can be used to show how people talk about life. To an English speaker, this way of talking about life is a normal and natural way of speaking about this concept. Speakers use the domain of JOURNEY to think about the highly abstract concept of life (Kovecses, 2010). English has many everyday expressions based on the conceptualization of life as a journey, such as the following metaphorical expressions:

They took different *paths*.

They were at a *crossroads*.

Their relationship is *off the track*.

She will *go places* in life.

This is not limited to the domain of JOURNEY. The following examples show various other source domains used in the form of metaphorical expressions which are linked to popular everyday expressions in the English language:

WAR: The *fight* for freedom.

BUILDINGS: Your argument has a strong *foundation*.

MONEY: We have *invested* a lot in this, let's hope it *pays off*.

Lakoff and Turner (1989) state: "metaphor isn't just for poets; it's in ordinary language and is the principal way we have of conceptualizing abstract concepts like life, death and time" (p. 52). What is striking is that most basic conceptual metaphors found to underlie poetic examples are also conventionalized in everyday language and underlie everyday expressions (p.53). An extract from the famous poem 'The Road Not Taken' by poet Robert Frost illustrates this:

"Two roads diverged in wood, and I –
I took the one less traveled by."

This is read as the poet discussing the options of how he should live his life and that he chooses to do this differently than other people. Such a reading of the poem comes from our “implicit knowledge of the structure of the LIFE IS A JOURNEY metaphor” (Lakoff & Turner, 2009: 3). The main difference between poetic and ordinary language is that in poetic language, “it is the masterful way in which poets extend, compose, and compress [the basic metaphors] that we find poetic” (Lakoff & Turner, 1989: 54). In this view, it is thus the literary technique used in the creation of poetic language which sets it apart from ordinary, everyday, basic metaphorical language and it is this technique that we see as the art of poetic language.

Two of the most commonly occurring conceptual metaphors are ARGUMENT IS WAR and LOVE IS A JOURNEY (Lakoff & Johnson, 1980: 454). The metaphor ARGUMENT IS WAR is an example of a linguistic expression reflecting a conceptual metaphor, this metaphor is “reflected in our everyday language by a wide variety of expressions” (p. 4):

ARGUMENT IS WAR

“Your claims are *indefensible*”

“He *attacked every weak point* in my argument”

“I’ve never *won* an argument”

(Lakoff & Johnson, 1980: 4)

Thus, the linguistic expressions shown in the example above reflect the underlying conceptual metaphor ARGUMENT IS WAR. According to Lakoff and Johnson (1999), the underlying metaphors can be traced to a literal concept based on embodied physical experience. In this way our abstract concepts are connected with our physical experiences and metaphors help individuals to place these experiences into words. The terms used to talk about an argument, such as ‘to attack’ or ‘to defend’, consequently structure our experience of argument in terms of war (Ritchie, 2016: 31). WAR in this case represents a source domain, the conceptual domain from which metaphorical expressions are drawn and ARGUMENT represents the target domain, the conceptual domain which we try to understand (Kövecses, 2010: 17). Lakoff and Johnson (1980) illustrate that it is important to note that we do not just “*talk* about arguments in terms of war. We can actually win or lose arguments [and] if we find a position indefensible, we can abandon it and take a new line of attack. Many of the things we *do* in arguing are partially structured by the concept of war” (p. 4). This is a verbal battle and is something which is determined by the culture we live in, structuring the actions we perform in arguing (p.4).

The idea that many of the source domains of a conceptual metaphor reflect significant patterns of bodily experience (Lakoff & Johnson, 1999) can also be illustrated by the metaphor LIFE IS A JOURNEY. An individual may use the expression ‘life is a journey’ exactly in this way, however, this metaphor in fact acts as a set of conceptual mappings such as the following examples given by Lakoff and Turner (2009) who state that through “knowing the structure of this metaphor means knowing a number of correspondences between the two conceptual domains of life and journeys” (p.3):

The person leading a life is a traveler.

His purposes are destinations.

Progress is the distance traveled.

Choices in life are crossroads.

In the metaphor ‘life is a journey,’ life is understood as a type of journey, which refers to the embodied experience of an individual moving along a path, attempting to reach a goal or as referring to a purpose in someone’s life.

Conceptual metaphors are relevant to the analysis of the speech of cancer patients as they are used in everyday language, in every domain of life and in every type of situation (Penson, Schapira, Daniels, Chabner & Lynch, 2004). Metaphors are seen as vitally important and play a crucial part in the process of caring and healing in the dialogues of patients who are “reconstructing meaning and coherence in a situation of illness” (Skott, 2002: 231). Metaphors are shared within and between cultures and are not arbitrary or unmotivated and some are even “grounded in universal bodily experiences” (p. 231).

One criticism of the theory is that it is focused on internal thought, not placing enough emphasis on the importance of external factors such as the communicative side of metaphor use in narratives. The current thesis examines this communicative aspect of the use of metaphor in order to reveal the way in which metaphors are used to describe illness experience.

1.4. Metaphor in Medicine and Illness Experience

Cognitive linguists have pointed out that metaphors are important tools to help conceptualize the world in a particular way and make sense of “the unfamiliar, intangible world through mapping it to the more familiar physical world” (Zhao, 2009). When applying these definitions of metaphor to communication in the medical world, metaphors are found to be used as a way of “talking about and coping with grave illness” (Periyakoil, 2008) and “can be more than mere

rhetorical flourishes; they can have a powerful influence on the practice of medicine and the experience of illness” (Reisfield & Wilson, 2004: 4024). Metaphors are viewed to serve as filters, used to control how people view their present experiences and project their futures, and most patients dealing with an illness use metaphor to express experiences which are hard to convey in any other way (Siegelman, 1993). Metaphor is found to provide “the intellectual and linguistic tools for communication about senseless suffering, and yet also offers a plan for personal transformation in coping with illness” (Gibbs & Franks, 2002: 141).

Lakoff & Johnson (1980) state in their theory that conceptual metaphors help to conceive complex ideas in terms of simpler ones, creating a sense of clarity and control for the individual. Illness experience can thus be reflected through the use of metaphors. Scott (2002) notes that illness experience even has a narrative structure which refers to “a collection of stories created on various levels” (p. 234). Metaphors in these illness narratives make the experience intelligible and “connect individual illness to collective experience” (p. 234). Thus, what is difficult for the patient to express, is made expressible through the use of metaphors. Individuals experiencing an illness devise their own metaphors based on things they know and value and are thus able to arrange their experiences in personally meaningful ways. Metaphors are used by patients in order to be able to comprehend an illness: “deep personal experience is verbalized within pre-existing conceptual frameworks, and metaphors are used to communicate otherwise inexpressible experiences” (Skott, 2002: 231). The terminology used in the medical world can be seen as an example of the way linguistic forms affect our perception of the world, and how ‘language drives important factors to the margins of consciousness’ (Hodgkin, 1985: 1820).

Metaphors are used to discuss and relate to complex situations in a non-threatening and indirect manner as it is easier, for example, to talk about the concept of dying in terms of a war or a journey (Periyakoil, 2008). A recent study comparing patient’s illness narratives and healthcare workers consultations (Sairanen, 2015), found that metaphors not only appear very frequently in health communication between nurse and patient, but that healthcare workers used metaphors to simplify messages and patients used metaphors in an instrumental way to help with the understanding of their illness.

The metaphor MEDICINE IS WAR is the most prevalent metaphor used in medicine and is one which is firmly engrained in our culture (Penson, Schapira, Daniels, Chabner & Lynch, 2004). This metaphor also has more serious insinuations, however, as it not only portrays illness as an act of war, involving weapons (the medicine), but the term ‘war’ also connotes an act which is negative in nature, something which we are not fully in control of and must let the doctors win (Hodgkin, 1985). This could lead to the patient feeling a lack of control in their

situation resulting in heightened negative experience (Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015). This metaphor thus implicitly eliminates the role of the patient in the illness process, a path which they may have consciously chosen to take if the metaphor had been different.

Hodgkin (1985) focuses on alternatives to the metaphors which are used and have become entrenched in the language of medicine today, emphasizing that a change in metaphors could lead to a change in the way we think and view the disease and would also help share the roles in illness. An alternative suggestion to the WAR metaphor is the JOURNEY metaphor, one which is not only dominant in medical discourse, but is also one of the dominant metaphors in cancer discourse next to the WAR metaphor (Reisfield & Wilson, 2004; Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015). The CANCER IS A JOURNEY metaphor can be applied to patients experiencing cancer. The JOURNEY metaphor “offers excellent cross-domain mapping. It allows for discussions of goals, direction and progress. Quieter than the [war] metaphor, it still has depth, richness, and gravitas to be applicable to the cancer experience” (Reisfield & Wilson, 2004). The JOURNEY metaphor can be seen as ‘quieter’ in the sense that WAR metaphors mainly refer to something with the idea of either damaging, attacking or defeating it. Whereas JOURNEY metaphors are linked to the creation of opportunities, possible paths, goals and progress in a situation. In terms of applying the JOURNEY metaphor to the cancer experience, like the WAR metaphor, it still has the strength to convey the same message in a powerful way. An example of this can be seen when stating, ‘my cancer *journey*’ instead of ‘my *battle* with cancer.’ Both of these quotes ultimately refer to a description of the cancer experience, unlike the second example, the first example leaves opportunities and goals open for the individual.

The WAR metaphor is increasingly criticized as it reinforces and preserves male dominance and authoritarian relationships within the medical establishment (Penson, Schapira, Daniels, Chabner & Lynch, 2004). In a study on the use of metaphor in oncology, Reisfield & Wilson (2004) focus on the strengths and limitations of the WAR metaphor and also suggest using alternative metaphors. The WAR metaphor was found to be inherently masculine and violent and an important implication of this metaphor is that the enemy is the self, as there are no actual enemy invaders. This is claimed to be one of the conceptual weaknesses of this metaphor (Reisfield & Wilson, 2004). JOURNEY metaphors, on the other hand, do not connote such feelings of winning or losing; instead, there is talk of paths and opportunities, ultimately leading to a more positive experience for the patient (Reisfield & Wilson, 2004). Another metaphor which has been proposed as an alternative to the MEDICINE IS WAR metaphor is,

‘medicine is a collaborative exploration’ (Hodgkin, 1985), this metaphor “recognizes that what we are engaged [in] is exploratory, by its nature it is intrinsically uncertain. Although some people may have more expertise in particular aspects of medicine than others, neither doctors nor patients have a direct line to the truth” (p. 1821). Thus, a different use of metaphorical language could enable the patient to have both more control and a more positive experience throughout the illness process.

Penson, Schapira, Daniels, Chabner & Lynch (2004) show that although metaphors highlight the complex experience of cancer, they are also capable of creating negative stereotypes and stigma. Czechmeister (1994) emphasizes the importance and value of the study of metaphor in relation to the understanding of the world of the patient in their experience of illness, referring to the metaphor as a ‘two-edged sword’, suggesting that metaphors are not only fundamental to both individual and collective expression but that they are also ‘capable of creating negative forces, such as confusion, stereotype, and stigma, within society’ (Penson, Schapira, Daniels, Chabner & Lynch, 2004: 713). Metaphor is thus something multifaceted, which relies on both the patients personal situation and on the context of use for a correct interpretation. Therefore, context is very important in the interpretation of metaphor as it cannot be presumed that every individual using the same metaphor is also expressing the same meaning (Czechmeister, 1994). The correct interpretation, according Czechmeister (1994), depends on the individual and this is what makes it so difficult to interpret a situation which is so personal in the correct way.

A recent study investigated the frequency with which cancer patients and health professionals use VIOLENCE and JOURNEY metaphors (Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015). The JOURNEY metaphor is used as part of a Cancer Reform Strategy in the UK as an alternative to VIOLENCE metaphors and it is believed that this reform will frame the experience of the patient differently, giving the patient a sense of purpose and control (Semino et al., 2015). The findings of the study revealed that patients with cancer mainly used VIOLENCE and JOURNEY metaphors in cancer discourse. In the study, VIOLENCE metaphors were found to express and reinforce negative feelings, but were also used in empowering ways. JOURNEY metaphors were found to express positive feelings and be used in disempowering ways. Semino et al., (2015) conclude that VIOLENCE metaphors are not necessarily negative and JOURNEY metaphors are not necessarily a positive means of conceptualizing cancer. The authors emphasize the importance of such findings as there are clearly both positive and negative connotations associated with these dominant metaphors used in cancer discourse. The findings of the study will be used as part of the current study in which

metaphor is investigated not only on the basis of the frequency of WAR and JOURNEY metaphors, but also on their positive or negative function in the context of the cancer narrative. This is important when analyzing cancer narratives as it could reveal more about the difference in the way in which men and women experience illness.

1.5. Gender and Illness Experience

The relationship between gender and illness experience is an area of research which has been explored in previous studies. In a study conducted in the Netherlands, investigating the positive and negative experiences in the social interactions of cancer patients, Tempelaar, De Haes, De Ruiter, Bakker, Van den Heuvel & Van Nieuwenhuijzen (1989) found a relationship between the positive experience of cancer patients in social interaction and a good prognosis; however, if the patient had a poor prognosis, this relationship disappeared. These results were compared with the social experiences of those of the normal population who, it was revealed, had fewer positive social experiences than the group of patients. The study also found that the socio-demographic variable of sex is clearly related to positive and negative experiences: women have more positive social experiences than men. This study is useful as it not only compares the cancer experience of patients, but also makes a comparison between patients and a control group from the 'normal' population and between men and women, giving a more generalizable representation of illness experience. The study shows that, contrary to findings of other studies, cancer patients are not isolated and stigmatized and on the contrary, receive a fair amount of support.

A study focusing on the experience of cancer patients in North America, revealed that cancer patients and their families not only face isolation from community services, but that they face stigmatization and are given little social support (Muzzin, Anderson, Figueredo & Gudelis, 1994). A negative correlation was found between cancer patients and the social support that they receive. This appears to be in contrast to other parts of the world, where patients are not so 'walled off' from the rest of their societies (p. 1202), and this last point is illustrated through the positive results regarding social experience and cancer patients in the Netherlands (Tempelaar et al., 1989). In a study conducted in Sweden and Finland, Arman, Rehnsfeldt, Lindholm, Hamrin and Eriksson (2004) found evidence of suffering related to healthcare, a factor which was found to cause increased suffering for female breast cancer patients. Patients were found to hide their feelings and experiences with caregivers, resulting in a more negative illness experience for the patient.

An important issue regarding gender and illness experience is the stereotypical view of men being viewed as the standard for health (Benrud & Reddy, 1998). Medicine has grown out of a science governed and dominated by men and masculine patterns of thought (Hodgkin, 1985). Benrud & Reddy (1998) revealed that there is an androcentric bias in explaining illness, which focuses on men as the norm. In their study, Benrud & Reddy (1998) investigated how this norm affects people's explanations for gender differences in illness. The results revealed a link between disadvantaged women and biological factors and disadvantaged men and behavioral factors. This indicates that women are thought to be at a disadvantage due to factors they cannot control whereas men are able to enforce control, revealing evidence of gender bias. A study comparing the portrayal of breast, testicular and prostate cancer in half a decade of articles in mass print English language magazines in the United States and Canada (Clark, 2004) found that, "each disease is linked with 'essential' femininity and masculinity" (p. 550). To be feminine is to be vulnerable to breast cancer and to be masculine is to be vulnerable to prostate cancer. Clark (2004) emphasizes that if these diseases continue to be seen in this light, then this could overshadow the importance of finding the underlying causes of death for both men and women. Gender bias in the medical world can thus potentially have serious repercussions if not taken seriously.

Wall & Kristjanson (2005) emphasize the negative effect of hegemonic masculinity in portraying the experience of prostate cancer and suggest an alternative of reframing masculinity as a cultural reference point around which a man organizes and adopts certain behavior. Wall & Kristjanson (2005) argue that hegemonic masculinity causes men to feel they must conform to this image and contain the emotions they experience during prostate cancer, rendering them non-emotional. This, according to the authors, creates a barrier between what is socially expected and the reality of what lies beneath. The authors also argue that in qualitative studies, the investigator holds the dominant view of hegemonic masculinity and therefore the results will be based on this view. In their study, Gray, Fitch, Phillips, Labrecque & Fergus (2000a) also found that, in relation to health, men may be disadvantaged by hegemonic masculinity. In a follow-up study, the authors used the data collected to focus on a different aspect; that of the men sharing information with people other than their spouses (Gray, Fitch, Phillips, Labrecque & Fergus, 2000b). The findings revealed that most of the time, men would rather avoid talking about their cancer to other people. Men would rather avoid any form of emotional support and hide their vulnerability to the outside world in fear of stigmatization. Studies such as these reveal that there is a stigma for men diagnosed with cancer, particularly with prostate cancer which could be linked to the association of prostate problems with sexual dysfunction, a

sensitive subject for men who try hard to protect their masculinity (Gray et al., 2000b). These findings suggest that the male patients suffering from prostate cancer analyzed in the current study are influenced by the negative effects of hegemonic masculinity and will therefore not depict emotions when describing their illness experience. This point could be an important factor to determine any differences between men and women in the way that they experience illness.

The findings of a study investigating the impact of breast cancer among Latina survivors (Ashing-Giwa, Padilla, Bohórquez, Tejero & Garcia, 2006), revealed that these cancer survivors were optimistic and seemed to accept their diagnosis, and the fears and suffering associated with it as part of their personal journey. Spirituality was identified as a central factor to the recovery for the females interviewed. In the study, females claimed their family to be a main source of support and stigmatized beliefs about breast cancer included that it is the result of trauma and something which is contagious, which can cause isolation from family and friends. The study found that due to these stigmas and beliefs, Latina's may be at a risk of a negative illness experience, considering that they are, according to the authors, incorrect and inaccurate. The results of the study could vary if the focus is switched from cancer survivors to patients at the beginning of their treatment, a phase which brings with it a lot more fear and insecurity.

Previous studies have also found a difference in the way in which men and women view the cause of illness. Women are more likely than men to view illness as caused by factors such as sin, sex and as a form of punishment, thereby viewing illness as something which is their own fault, as God's will, as a result of Bad Blood or heredity (Klonoff & Landrine, 1994). The findings of the study indicate a difference in the way men and women view the cause of illness and this, in turn, will influence the way each sex experiences illness.

A study comparing the language of men and women with cancer (Seale, Ziebland & Charteris-Black, 2006) revealed clear differences between men and women and internet use during their illness. In the study, men with prostate cancer indicated in research interviews that they are more likely to use the internet as a source for information and women with breast cancer are more likely to use the internet to seek social and emotional support. According to these results, women are more likely than men to seek emotional support whilst experiencing an illness such as cancer. Later studies focusing on language use in cancer supports groups support these findings (Gooden & Winefield, 2007; Blank, Schmidt, Vangness, Monteiro & Santagata, 2010). Gooden & Winefield (2007) found that, overall, men gave more informational support and women more emotional support on online discussion boards for both

breast and prostate cancer. The participants of the study were from six different countries which could lead to an issue with cultural factors, as cancer patients have been found in previous research to experience support during cancer differently, in different parts of the world (Muzzin, Anderson, Figueredo & Gudelis, 1994; Tempelaar et al., 1989). In addition, spouses and widowers were included in the analysis, creating a different dynamic in the research process and thus making a comparison of the illness experience of the patients themselves difficult as more variables are present in the research. Blank et al., (2010) found, that even though messages of support were most frequent for both the analyzed groups of breast cancer and prostate cancer sites, the type of support varies. Breast cancer sites had mainly messages of emotional support and prostate cancer sites had mainly messages focusing on informational support. A reason for these findings can be that prostate cancer is less widely accepted, which would lead patients of this type of cancer to seek more information about treatment; in turn, breast cancer is more widely accepted, which would prioritize emotional and social support in this case (Blank et al., 2010). The study focused on cancer survivors and women posted to each of the sites, making a reliable comparison of differences between men and women difficult.

The findings of the studies discussed above demonstrate the continuing relevance of sex as a key variable in understanding illness experience and are important when considering the ways in which men and women differ in describing and experiencing illness.

1.6. Metaphor, Gender and Illness Experience

When exploring the relationship between metaphor, gender and illness experience, previous research has found an important relationship metaphorical language and the comprehension of illness experience (Gibbs & Franks, 2002). Gibbs and Franks (2002) found in their study, that metaphorical language in women's narratives about cancer experience was "a reflection of enduring metaphorical patterns of thought" (p. 139). The authors emphasize the importance of metaphorical thought in both reflecting on and understanding illness experience. The findings of the study show that the multiple metaphors which women used to conceptualize their cancer experiences were based mainly on embodied experiences, such as the reflection of illness onto a healthy human body even though their own bodies had been disrupted by the illness. An important link is thus made between recurring embodied experiences and metaphorical patterns of thought. Metaphor in language is not only used to find meaning in a personal way for the individual, but "so that [it] can be publically understood by both other cancer survivors and people who have not suffered the same disruption in their lives" (Gibbs & Franks, 2002: 160). The current thesis also focuses on patients in the recovery stage of cancer and also focuses on

the communicative aspect of language as cancer patient narratives online project the internal thoughts of patients into the open, public community of internet users.

In a study examining how women use metaphors to describe their experience with breast cancer (Fillion, 2013), the most frequent metaphor found to describe their illness experience was the JOURNEY metaphor. The WAR metaphor was also amongst the most frequently used, however, the JOURNEY metaphor was used twice as frequently as the other metaphors which were analyzed. The study revealed not only that women frequently used these metaphors in describing illness experience, but that women used these in different ways: the results of the study showed that the majority of JOURNEY metaphors were used in a positive and uplifting way such as, 'I just got right through it,' and 'hope to go forward' (Fillion, 2013: 32). Though women were, overall, positive about their illness experience, metaphors allowed them to understand that there were obstacles along the way, a finding also revealed in the study previously discussed by Gibbs and Franks (2002). Though the sample used in the study was small, it revealed WAR and JOURNEY as dominant metaphors in the discourse of breast cancer patients.

To conclude, it is evident that there is a lack of research available investigating the relationship between metaphor, gender and illness experience. The previous studies discussed each consider an aspect related to this topic, but there is currently no research present, to my knowledge, examining the direct relationship between metaphor, gender and illness experience. This is a necessary area of research as metaphor clearly plays a crucial role in the understanding of the illness experience. The use of metaphor has even been claimed to help the sick heal as "healing may occur not because a conflict is accurately represented, or even symbolically resolved, but because the metaphorisation of distress gives the person room to maneuver, imaginative possibilities, behavioral options, and rhetorical supplies" (Kirmayer, 1993: 165). Metaphor is thus used as an important tool to reflect on illness experience both on a personal and a social level, giving individuals a sense of meaning, self-awareness and control (Gibbs & Franks, 2002). The previous research discussed has revealed that there are differences in the way men and women experience illness and given the fact that individuals were found to reflect on their illness experience through the use of metaphor, the angle of the current study is both useful and necessary.

Chapter 2: Methodology and Procedure

2.1. Methodology

With the use of mainly qualitative methods, using additional quantitative measurements for purposes of comparison and clarification, this thesis investigates the use of metaphor in online cancer narratives written by male and female cancer survivors relaying their illness experience. Previous research has revealed that WAR and JOURNEY metaphors are dominant in cancer discourse (Fillion 2013; Gibbs & Franks, 2002; Penson, Schapira, Daniels, Chabner & Lynch, 2004; Reisfield & Wilson, 2004; Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015), which is why this thesis investigates the use of these two metaphors in the context of male and female illness experience. The two metaphors chosen to be analyzed in this study occur frequently in cancer discourse as previous research has shown, and are therefore likely to play an influential role in describing the illness experience of the patient. The discourse of male and female cancer patient survivors is analyzed and compared in order to examine which of the two source domains occurs most frequently for male prostate cancer and female breast cancer patients. These particular forms of cancer were chosen as they are, after lung cancer, the most common forms of cancer to occur for each sex (Jemal, Siegel, Ward, Hao, Xu, Murray & Thun, 2008). Both breast and prostate cancer are leading diagnosed cancer types with 180,890 men and 246,600 women estimated to be diagnosed this year in America alone (American Cancer Society, 2016). Each of these cancer types is gender-specific, allowing for a gender-related comparison of the patients. Breast cancer patients and prostate cancer patients also have comparable ages of onset, morbidity and mortality rates (American Cancer Society, 2016), making these types of cancer easier to analyze in online cancer support sites as these factors remain relatively constant.

America was chosen as a country for analysis as the data was easily accessible and available online. Another reason to choose this country is that most research on metaphor and on health communication is on English language data. Survivor stories were chosen as cancer patients will experience illness differently at different stages of the illness and to make a comparison more accurate, the focus was on patients recovering from their illness. It should be noted that it is difficult to state whether a patient is officially 'cured.' Not all of the cancer survivors state in their narratives that this is the case for them and feel that cancer is something which you will always live with, even though their prognosis tells them that they are cancer free. At the point of analyzing their narratives, the patients write about their illness experience as a patient, either who has gone through treatment and finished it, or is in the final stages. In

the current study, the definition of a cancer survivor will be an individual who is not in the early stages of their illness and is reflecting on a past experience with cancer which they have overcome.

Online support groups and information resource sites have almost become the new alternative to face-to-face support groups (Blank, Schmidt, Vangness, Monteiro & Santagata, 2010). Information is becoming increasingly accessible, bringing with it advantages such as accessibility to open online cancer narratives and thus a large amount of patient narratives available for comparison. In total, twenty cancer patient narratives were selected from five different cancer support sites and each patient openly published their experiences to share on the online sites selected for analysis. Cancer narratives were selected which, to the best of my knowledge, are personal accounts of a survivor's experience reflecting back on their illness experience. All of the narratives are written in the first person form, ensuring a personal account of the illness experience reported by the patient themselves and not a spouse or family member. After all of the data was analyzed, the metaphorical expressions were grouped according to source domain (WAR or JOURNEY) and gender. These were compared to determine any differences in their frequency of usage.

This thesis did not consider all possible metaphors in the discourse. Only those metaphorical expressions were included that had WAR or JOURNEY as their source domain. The metaphorical expressions found were then analyzed to reveal the way in which each metaphor was used by both sexes. Previous research has indicated that conceptual metaphors can be used both in positive and negative ways and also in empowering and disempowering ways (Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015). In this analysis, WAR and JOURNEY metaphors are analyzed to see whether they used in a positive or negative way and in an empowering or disempowering way to reflect on illness experience. To decide whether the metaphors are used in a positive/negative or empowering/disempowering way, they are analyzed according to the context of the narrative. Metaphors which did not refer to illness experience in a positive/negative or empowering/disempowering way were categorized as 'neutral' and are only included in the frequency analysis of WAR and JOURNEY metaphors. The cancer narratives analyzed are selected from online support sites which, for purposes of anonymity, do not contain any background information about the patient, only their name in most cases and the date. The following section outlines the procedure used in the analysis to identify the metaphorical expressions in the narratives.

2.2. Metaphor Identification Procedure (MIP)

Using the Metaphor Identification Procedure (MIP), the research applies the four steps of this procedure as proposed by the Pragglejaz Group (2007) to identify the metaphorical expressions in the narratives. This method is applied as metaphors are not usually visible at first glance, making it difficult to determine whether a word is used metaphorically in a particular context. The Macmillan Dictionary Online was used as a reference guide in order to review whether a word was used metaphorically or not. The four steps of MIP are as follows (2007: 3):

1. Read the entire text–discourse to establish a general understanding of the meaning.
2. Determine the lexical units in the text-discourse
3. (a) For each lexical unit in the text, establish its meaning in context, that is, how it applies to an entity, relation, or attribute in the situation evoked by the text (contextual meaning). Take into account what comes before and after the lexical unit.
(b) For each lexical unit, determine if it has a more basic contemporary meaning in other contexts than the one in the given context. For our purposes, basic meanings tend to be
 - More concrete; what they evoke is easier to imagine, see, hear, feel, smell, and taste.
 - Related to bodily action.
 - More precise (as opposed to vague)
 - Historically older. Basic meanings are not necessarily the most frequent meanings of the lexical unit.
- (c) If the lexical unit has a more basic current–contemporary meaning in other contexts than the given context, decide whether the contextual meaning contrasts with the basic meaning but can be understood in comparison with it.
4. If yes, mark the lexical unit as metaphorical.

To illustrate this procedure, it will be applied to the word *journey* in the sentence ‘cancer is a journey.’ In order to determine whether the word *journey* is metaphorical, the four steps of MIP are applied:

1. In this context, the concept of cancer is referred to as a journey which is the illness, the patient travels through their illness and the destination of this journey is either health or

death for the patient. Obstacles along the way can refer to situations such as a patient's condition worsening or complications with treatment.

2. The most basic meaning of *journey* is 'an occasion when you travel from one place to another, especially when there is a long distance between the places' (Macmillan Dictionary Online).
3. The contextual and basic meanings contrast as cancer is not literally a journey which you take. The contextual meaning, as something which you go through attempting to regain health, can be understood in comparison with the basic meaning of *journey*, as the patient is going through their illness hoping to go from being sick to becoming healthy.
4. The contextual meaning contrasts with the basic meaning but can be understood in comparison with it, and therefore the word *journey* is used metaphorically in this context.

Chapter 3: Results and Data Analysis

3.1. Introduction

This thesis set out to investigate whether a difference can be found in illness experience between men and women when analyzing WAR and JOURNEY metaphors in cancer patient narratives. Previous research has revealed that WAR and JOURNEY metaphors are dominant in cancer discourse (Fillion 2013; Gibbs & Franks, 2002; Penson, Schapira, Daniels, Chabner & Lynch, 2004; Reisfield & Wilson, 2004; Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015), and thus the focus of this study was on whether these particular metaphors are used differently by men and women. The following aspects were the focus of the analysis: how frequently men and women used WAR and JOURNEY metaphors in their narratives, whether the metaphors were used in a positive or a negative way, and whether they were used in an empowering or disempowering way. After analyzing these points, the results were addressed to conclude whether these can reveal a difference in the way men and women experience illness.

3.2. General findings

The sample in this study amounted to a total of 332 metaphors being found in twenty cancer patient narratives whose total number of words amounted to 23016. In total, 7710 words were analyzed in ten male narratives and 15306 words were analyzed in ten female narratives. The research found a total of 200 metaphors in female cancer narratives and 132 metaphors in the male cancer narratives. In the female narratives, a total of 153 JOURNEY metaphors and 47 WAR metaphors were found. In the male narratives, 102 JOURNEY metaphors and 30 WAR metaphors were found. In total, 69 of the metaphors found were analyzed as ‘neutral’ as they were not used in a positive/negative or empowering/disempowering way. The ‘neutral’ metaphors included 39 JOURNEY metaphors used by women and 26 JOURNEY metaphors used by men, 3 WAR metaphors used by women and 1 WAR metaphor used by men. The ‘neutral’ cases will be discussed in section 3.7 of this chapter. Table 1 below illustrates a comparison of the frequency of the use of WAR and JOURNEY metaphors in male and female cancer narratives.

Table 1: Comparison of the frequency of WAR and JOURNEY metaphors

	Total number of metaphors	Total number of words	Relative frequency
Men	132	7710	1.7%
Women	200	15306	1.3%

As Table 1 shows, absolutely speaking, women use more metaphors than men. However, since the results show that men used on average 771 words per blog and women used on average 1530,60 words, relatively speaking, men use slightly more WAR and JOURNEY metaphors than women. The female narratives were almost twice as long as the male narratives, however, men were found to use 1.7 WAR and JOURNEY metaphors per 100 words and women used 1.3 WAR and JOURNEY metaphors per 100 words. The findings show that, absolutely speaking, women use more metaphors than men and relatively speaking, men use more metaphors than women. However, this difference is negligible since the percentages are so close together (1.7% vs 1.3%) and it can therefore be concluded that, relatively speaking, men used WAR and JOURNEY metaphors as frequently as women.

Table 2: Absolute and relative frequency of WAR and JOURNEY metaphors

	WAR metaphors	JOURNEY metaphors
Men	30 (22.7%)	102 (77.3%)
Women	47 (23.5%)	153 (76.5%)

Table 2 above illustrates that, relatively speaking, men used WAR and JOURNEY metaphors as frequently as women to describe their illness experience. Overall, both sexes use JOURNEY metaphors three times more frequently than WAR metaphors to describe their illness experience.

3.3. Most frequent JOURNEY metaphors

Table 3 below illustrates the most frequent JOURNEY metaphors used by men and women to reflect on illness experience.

Table 3: Most frequent JOURNEY metaphors

Cancer is a JOURNEY	Men	Women
<i>Through</i>	15 (45.5%)	22 (38.6%)
<i>Journey</i>	6 (18.2%)	9 (15.8%)
<i>Going</i>	5 (15.2%)	9 (15.8%)
<i>Return</i>	5 (15.2%)	5 (8.8%)
<i>Goal</i>	1 (3%)	6 (10.5%)
<i>Forward</i>	1 (3%)	6 (10.5%)
Total	33 (100%)	57 (100%)

Table 3 reveals that both men and women most commonly used the metaphor *through* to convey their illness experience in terms of a journey. Men are shown to use ‘through’ to describe their illness experience relatively more frequently than women. This could be a reflection of the stage the patients are at in their illness experience, as the Macmillan Dictionary definition of ‘through’ illustrates: “from one end or side of something to the other” (“through,” 2016), indicating that it is something in which you start at one point (receiving a cancer diagnosis) and get through to the other side (being cured of cancer). This metaphor is used mainly in a neutral way to convey illness experience. This metaphor is also used in a positive and empowering and in a negative and disempowering way, as the following examples illustrate from the male narratives:

“I have walked (stumbled?) *through the valley of darkness* and am emerging”

This metaphor is used in a positive and empowering way by the patient. The patient is referring to emerging from a negative experience into a positive one, out of their illness and into the stages of recovery. The metaphor is empowering as it shows the patient is becoming stronger and emerging from the negative situation they were previously in.

“*Years 1 through 5 of worry* about the possibility of reoccurrence”

This metaphor is used in a negative and disempowering way by the patient to refer to the

constant worry that their illness has brought in their lives and the fear that it could return. This metaphor is disempowering in this context as it shows the impact an illness such as cancer can have on your life and the consequent lack of control that come with it.

The following metaphor is an example of ‘through’ being used in a female narrative in a positive and empowering way followed by an example of the same metaphor being used in a negative and disempowering way:

“My goal is to no longer hastily *force myself through cancer*”

This metaphor is used in a positive and empowering way as the cancer is seen here as an experience which the patient is taking control of through setting goals and deciding how to get through their illness experience.

“I felt helpless and extremely fragile *through the whole process*”

This metaphor is used in a negative and disempowering way. When analyzing this metaphor in context, it can be seen that the patient is expressing themselves as ‘helpless’ and ‘extremely fragile’ throughout the process of their illness. This indicates a lack of control and uncertainty for the patient.

Both men and women refer to their cancer experience directly as a journey a total of fifteen times in all of the narratives analyzed. Journey is described as “an occasion when you travel from one place to another, especially when there is a long distance between the places” (‘journey,’ 2016). Closer analysis of the way in which this metaphor is used reveals that men use this metaphor in either a neutral or in a positive and empowering way. Women, on the other hand, use this metaphor mostly in a neutral way or in a negative and empowering way to describe their illness experience. These so named ‘contradictions’ are addressed in section 3.6 of this chapter. The use of this metaphor by men in a positive and empowering way can be seen in the following examples:

“If so, *the journey* has been worth all the anguish and anxiety”

In this example, ‘journey’ is used in a positive and empowering way to describe the illness

experience. The patient describes how his cancer journey has been worth it, if telling their story will encourage others to reflect on theirs.

“This journey would also lead me to a caring, professional and competent medical team”

This metaphor is used in a positive and empowering way as it suggests that the patient sees the positive side of their illness, and as something which has led them to a team of health professionals who have helped cure them from their illness.

Table 3 above reveals that both men and women also used ‘going’ frequently in the narratives to describe their illness experience in terms of a journey. ‘Going’ is defined as, “to continue to do something although it is difficult” or “to continue moving without stopping” (“keep going,” 2016). This metaphor was used in a positive and empowering way implying that the patients are not going to give up on their journey. This can be seen in the following example from the women’s narratives:

“Going through this together”

This metaphor is used in a positive and empowering way to describe their illness experience in terms of a journey. It implies that the patient is not going through this alone and it is empowering as it shows the patient is in control of their situation and has a goal of getting through their illness.

Men also used this metaphor in a positive and empowering way to describe their illness experience as can be seen in the following example:

“I’m heading into three years and still going strong”

This metaphor is used in a positive and empowering way in this narrative as the patient is doing well and remaining strong throughout their cancer journey.

As table 3 furthermore shows, the metaphor to ‘return,’ defined as, “to go back to a place where you were earlier, or to come back from a place where you have just been” (“return,” 2016), was

used by both men and women to refer to certain situations which they wanted to get back to before they were ill. Examples found in the women's narratives include:

"I returned to work with all of it behind me"

In this example the patient talks of their illness experience as something which is behind them as they return to their normal life. This metaphor is used in a positive and empowering way as the patient now has control of their life and can leave the experience behind them.

"Return to my life as if nothing happened"

This metaphor is very similar to the previous example and is also used in a positive and empowering way. The patient is describing their illness here as something which can be left behind them and is a thing of the past which is no longer spoken about. This shows that the patient also wishes to regain control of their life.

Men also used this metaphor in positive and empowering ways, as the following examples show:

"My return to full energy"

This metaphor is both positive and empowering as the patient describes how they are now in good health, returning from a journey they have experienced.

"Return home safely"

This metaphor is used by the patient to relate their illness experience to a war in which they are in, as the patient reveals he is an ex-soldier. The patient refers to cancer as a journey which he hopes to 'return home safely' from, indicating the patient has hope that they will get through their illness.

Moreover, as is shown in table 3, women used 'goal' and 'forward' about as frequently as 'return' to describe their illness experience in terms of a journey. 'Goal,' defined as 'something that you hope to achieve' ("goal," 2016), is mainly described in a positive and empowering way

by women to describe their illness experience in terms of a journey and is used once in a negative and disempowering way. Examples of this include:

“*My goal* is to achieve and retain a no evidence of disease (NED) status”

This metaphor is used in a positive and empowering way as the patient has set a goal to overcome their illness, showing both strength and control during their illness experience.

“Those in your support system who aren’t *supportive of your goal*”

In this metaphor, the patient shows they are aiming to achieve a goal, however, when analyzing this metaphor in context, this metaphor is revealed to be used in a negative and disempowering way to describe the people you should remove from your life who do not follow your views and aims throughout the illness process. This metaphor describes that there are negative aspects to the illness experience; there are people who you will not get along with and that will not help you to achieve your goals. This is also realistic in a sense, filtering out the people that you do not need around you, however, it is disempowering as the patient states that they cannot do this alone and therefore needs the right people around them. Men used ‘goal’ once in the narratives in a positive and empowering way as the following example shows:

“More time to create *longer-range plans and goals*”

This metaphor is used in a positive and empowering way as the patient is looking to the future and is setting long term goals for themselves, an indication that the patient has received a positive prognosis.

The concept of ‘forward,’ is defined as, “in the direction in front of you” (“forward,” 2016), and was used by women only in a positive and empowering way as the following examples show:

“I am *going forward* to lead a life”

This metaphor is used in a positive and empowering way as it shows the patient has taken

control of their illness and has made a decision to move forward and not let the illness take control of their life.

“I need to *move forward*”

In this metaphor the patient refers to the direction in which they need to move in. The way forward is the future, away from their illness and towards being healthy again.

Men used the concept of ‘forward’ once, but in a negative and disempowering way:

“*The way forward* seems too daunting”

This metaphor is used to refer to the illness experience as something which is fueled by fear in the patient, who found the experience of moving forward in their illness as something which was very daunting and difficult to achieve.

3.4. Most frequent WAR metaphors

Table 4 below illustrates the most frequent WAR metaphors used by men and women to reflect on their illness experience.

Table 4: Most frequent WAR metaphors

Cancer is a war	Men	Women
<i>War</i>	0 (0%)	14 (50%)
<i>Fight</i>	5 (38.5%)	8 (28.6%)
<i>Battle</i>	3 (23%)	6 (21.4%)
<i>Control</i>	5 (38.5%)	0 (0%)
Total	13 (100%)	28 (100%)

The results in table 4 above, reveal that the most frequent WAR metaphor for women in describing illness experience is through making a direct reference to ‘war’ itself. An interesting finding is that men did not use this metaphor in their narratives, whilst women used this metaphor half of the time when referring to their illness experience in terms of a war.

This concept is defined as “fighting between two or more countries that involves the use of the military and usually continues for a long time” (“war,” 2016), and is used in the narratives in both positive and empowering and negative and disempowering ways, as the following examples illustrate:

“When I began *my war against* triple-negative inflammatory breast cancer”

This metaphor is used by the patient in a positive and empowering way to describe their illness in terms of a war which they are fighting in, though not in a negative way as they have chosen to take on the ‘fight’ in order to get cured of their illness. The patient has survived their illness and so is reflecting on it in this way as they have fought back and won.

‘War’ is also used in a negative and empowering way by women to describe their illness experience as the following examples show:

“It’s hard to lead when *waging war against cancer*”

In this metaphor, the patient finds it hard to lead and difficult to stay in control of their illness.

“*It’s a messy war* with leadership that doesn’t make sense”

In this example, the patient refers to cancer as to being the leader of the war, showing that the patient does not feel they are in control of their illness as cancer is the one in control of the situation.

The most frequent metaphors to occur in male narratives to refer to their illness experience in terms of a war were ‘control’ and ‘fight.’ Women also used ‘fight’ somewhat more frequently than ‘battle’, but did not use ‘control’ to convey illness experience in their narratives. Both men and women used ‘fight’ to describe their illness experience. The following examples show

'fight' being used by women in both a positive and empowering way and in a negative and disempowering way:

"A fight I was not going to let you win"

This metaphor is used in a positive and empowering way to describe their illness experience in terms of a 'fight.' The patient states that they were determined to win their fight against cancer and regain control of their life.

"I can't fight this alone"

This metaphor is used in a negative and disempowering way to describe illness experience. The patient states that they are dependent on others to be able to 'fight' against their illness, showing a lack of control of their illness.

Men also used 'fight' to describe their illness experience in terms of a war, however, only in positive and empowering ways as the following example illustrates:

"Desperate for a way to fight back"

This metaphor is used in a positive and empowering way as the patient is stating that they were determined to fight back and both regain control of the situation and overcome their illness.

'Control' is defined as "the power to make decisions about something and decide what should happen" ("control," 2016). Men conceptualize cancer as something which they want to be able to control. This is reflected in their narratives in both positive and empowering and negative and disempowering ways. The following examples show 'control' being used in both a positive and empowering way and in a negative and disempowering way:

"Take control of a situation"

This metaphor is used in a positive and empowering way by the patient as they are talking about not letting the illness take control of them, and instead taking control of their illness.

“In many ways, it's *beyond my control*”

This metaphor is used in a negative and disempowering way as the patient states here that the illness is not in their own hands and is something which they have little control over. The patient shows a sense of being overwhelmed by the impact their illness had on them.

Both men and women view cancer as a battle, defined as “a fight between two armies in a war” (“battle,” 2016). This metaphor is used mainly in negative and disempowering ways by both sexes. The following examples illustrate ‘battle’ being used by women to describe their illness experience in both a positive and empowering and negative and disempowering way:

“Fight this *battle*”

This metaphor is positive and empowering as it shows the patient is determined to ‘fight’ their illness and gain back control of their life.

“*Fighting the battle* in the trenches of our own bodies”

This metaphor is used in a negative and disempowering way to reflect on illness experience. The patient describes their illness here as to literally being a war. The patient is struck by an illness which is going on inside their own body, and in this sense the patient is fighting themselves which is destructive for the patient.

An interesting finding of the research is that one of the female narratives analyzed did not contain any WAR metaphors and two of the male narratives analyzed did not contain any WAR metaphors. These particular men and women did not describe their illness experience in terms of a war. However, all of the narratives contained JOURNEY metaphors.

Overall, the results in table 3 and 4 reveal that the most frequent ways of describing illness experience in terms of a war and a journey are very similar for each sex. However, the analysis has shown that the way in which men and women use these metaphors can differ.

3.5. Positive/empowering vs negative/disempowering metaphors

To investigate a difference beyond analyzing the frequency of metaphors used by each sex, this study analyzed the way in which these metaphors are used in describing illness experience. Table 5 below illustrates that, overall, both men and women used more positive and empowering WAR and JOURNEY metaphors than negative and disempowering metaphors to reflect on illness experience.

A possible explanation for the use of more positive and empowering metaphors in the narratives can be linked to the fact that the patients were cancer survivors who had either overcome or are at a stage of overcoming their illness. Patients who are in the early stages of their illness are in a different phase and will be experiencing their illness in a different way. This would most likely lead to more negative metaphors being used due to factors such as increased uncertainty and fear. Table 5 below compares the frequency in which both WAR and JOURNEY metaphors are used in positive and empowering, negative and disempowering and in neutral ways by men and women.

Table 5: Absolute and relative frequency of WAR and JOURNEY metaphors: positive/empowering vs negative/disempowering vs neutral

	WAR metaphors			JOURNEY metaphors		
	Positive/ Empowering	Negative/ Disempowering	Neutral	Positive/ Empowering	Negative/ Disempowering	Neutral
Men	18 (60%)	11 (36.7%)	1 (3.3%)	53 (52.0%)	23 (22.5%)	26 (25.5%)
Women	23 (51.1%)	19 (42.2%)	3 (6.6%)	82 (54.7%)	29 (19.3%)	39 (26%)

The results in Table 5 above, show that both men and women used WAR and JOURNEY metaphors approximately half of the time in a positive and empowering way to describe their illness experience. The table also reveals that, relatively speaking, men and women used JOURNEY metaphors much less frequently in a negative and disempowering way compared to WAR metaphors. Table 5 shows that women used positive and empowering JOURNEY metaphors relatively more frequently than positive and empowering WAR metaphors and men used both WAR and JOURNEY metaphors, relatively speaking, almost an equal number of times in a positive and empowering way to describe their illness experience. Although the difference

is not great, the results in table 5 reveal that men used relatively more positive and empowering WAR metaphors to describe their illness experience than women. A particular interesting finding is that both men and women used WAR metaphors relatively more frequently in a positive and empowering way than in a negative and disempowering way to describe their illness experience. The ‘neutral’ metaphors will be discussed in section 3.7 in this chapter.

3.6. Cases of contradicting metaphors

The results show that almost all of the positive metaphors were linked to empowerment and almost all of the negative metaphors were linked to disempowerment. The exceptions found in the data are analyzed in this section as separate cases. Previous research has shown that metaphors are not necessarily positive and empowering or negative and disempowering, which, as the results of this study show, is a typical pattern to assume. Metaphors can be used in a positive yet disempowering way and likewise, metaphors can also be used to convey a negative yet empowering image through discourse (Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015). The findings of the current study show evidence of this occurring in a few cases in the cancer patient narratives. Women were found to use WAR metaphors in a negative and empowering way in the following two cases:

“Cancer is a *war*”

“I am *at war* with cancer”

The metaphor “Cancer is a *war*” in this example is used to describe the situation the patient is in, indicating that they are taking on a battle, something which is seen as negative, but is used in an empowering way to show that the patient is fighting back. The same is the case for the metaphor “I am *at war* with cancer” which, although it is negative, indicates the patient is fighting back and ready to take on what comes their way and for this reason is analyzed as empowering. In the male WAR metaphor analysis, there were no cases found. In the female JOURNEY metaphor analysis, three cases of contradicting metaphors were found:

“My *journey* began”

“To get *there* I need help”

“I am not *journeying through* cancer, I am at war with cancer”

The first example, “My *journey began*,” can be seen as an example of a metaphor which is used in a negative and empowering way. The cancer is referred to here as a ‘journey,’ although something negative when it started, it is something which they have eventually got through. The next example, “To get *there* I need help,” is a metaphor which is used in a positive and disempowering way. The patient is referring to a goal they have as, ‘to get there,’ which is used in a positive way, however, this is not something which the patient can achieve by themselves and the patient is thus dependent on others in order to be able to achieve their goal. This is something which is disempowering to an individual as they feel they cannot achieve something by themselves. The third and final example, “I am not *journeying through* cancer, I am at war with cancer,” is a metaphor which is used in a negative and empowering way. This metaphor refers to cancer as something the patient is not ‘journey through,’ however, this is something which is referred to in a positive way in this context, as the patient explains they are in fact at war with cancer, which is empowering because the patient wants to win and feels that a war is more appropriate than a journey for their illness experience. In the male JOURNEY metaphor analysis, such cases did not occur. Only women were found to use metaphor in this way. An important point to note is that each of these metaphors described in this section are analyzed according to their context, this is important as similar metaphors can connote something different in another context, as the findings of this study illustrate.

3.7. Neutral metaphors

The analysis found a total of 69 neutral JOURNEY and WAR metaphors in the narratives. As illustrated in table 5 in section 3.5 in this chapter, men and women used neutral JOURNEY metaphors relatively more to describe their illness experience. Men used only 1 neutral WAR metaphor to describe their illness experience: “Of those three “cures”, *the shots* worked best.” In this example, ‘the shots’ is a metaphor which is used to refer to the injections the patient received during their treatment and does not state anything about their personal illness experience. Women used the following neutral WAR metaphors to describe their illness experience: “They began my therapy with *a shot* of an anti-nausea drug.” The metaphor ‘shot’ in this example, refers to an anti-nausea drug being given and also does not reflect on the personal illness experience of the patient. When analyzed in context, the metaphor “to *track the position* of the tumor,” refers to seeking where the tumor is inside the body. The metaphor “*Right on target*, two weeks after my first chemo treatment, my hair started falling out,” refers to the time in which the patient’s hair would start falling out, and this occurred exactly when expected. This metaphor also does not reflect on or describe the patient’s illness experience.

Examples of neutral JOURNEY metaphors used by women include: “I went *through* the rounds of doctors,” “*The next stop* was the plastic surgeon,” “Once *I finish with* and recover from chemo,” “In my twelve years of *living with* breast cancer,” and “*Leave* this world.” Examples of the use of this metaphor by men include: “The check-up that *arrives so soon*,” “Our test dates *draw nigh*,” “When he *delivered* my results,” and “*Going into* the July 4th holiday.” Each of these metaphors also do not describe the personal illness experience of the patient and reflect on events which have either occurred in the past or are going to occur in the future.

3.8. Conclusion

To conclude this chapter, the results show that a more in-depth analysis of metaphor use in narratives reveals more detailed information about how men and women experience illness. Such an analysis is thus necessary to delve deeper to uncover the underlying meaning behind the metaphors used in cancer narratives, something which is not evident at first glance. The next chapter will present a discussion of the findings of the research.

Chapter 4: Discussion

4.1. Introduction

This thesis has examined how male and female cancer patients use conceptual metaphors in narratives to describe their illness experience. The metaphors used by both sexes reflect not only their personal illness experience, but allow the patient to express themselves to the outside world. This analysis aimed to uncover the underlying meaning behind the metaphors used in the narratives in order to investigate whether there is a difference between men and women in the way they experience illness. This section of the thesis discusses the main findings of the research and relates these to the previous literature discussed in chapter one.

4.2. Main findings

This study aimed to answer the following questions with regards to metaphor use and illness experience of male and female cancer patients. The first research question asked whether a difference could be found with regards to the frequency in which each sex uses WAR and JOURNEY metaphors. The results of the study show that WAR and JOURNEY metaphors are used in the discourse of male and female cancer patients and some interesting findings have emerged in relation to this point. The results revealed that although the female narratives were generally longer than the male narratives, relatively speaking, men used WAR and JOURNEY metaphors as frequently as women in describing illness experience. Both men and women were found to use JOURNEY metaphors almost three times more frequently as WAR metaphors to reflect on illness experience.

Further analysis of the metaphors in terms of the way in which they were used has revealed that the context of metaphor is very important, and it cannot be assumed that every individual using the same metaphor is also expressing the same meaning (Czechmeister, 1994). This has been illustrated through the way in which the metaphors were used in terms of positive and empowering and negative and disempowering ways, a point which the second research question addressed in this thesis. The results revealed that the same metaphor can be used to convey different things and can even contradict one another. Contradicting metaphors were so named as they did not follow the presumed pattern of positive and empowering metaphors and negative and disempowering metaphors as the majority of metaphors did show. An interesting finding which can be observed from the results is that only women used contradicting WAR and JOURNEY metaphors in their narratives. These contradicting metaphors revealed that there are not only positive and negative connotations associated with metaphors (Semino et al., 2015),

but that both positive and negative metaphors can be used in both empowering and disempowering ways, as previous research suggested.

The results of this study reveal that JOURNEY metaphors are not necessarily solely a positive means of conceptualizing the cancer experience. JOURNEY metaphors are used in both positive and empowering ways and negative and disempowering ways, however, overall, both sexes were found to use more JOURNEY metaphors in a positive and empowering way, as previous research has suggested (Fillion, 2013). Previous studies have found that a good prognosis is linked with a positive illness experience (Tempelaar, De Haes, De Ruiter, Bakker, Van den Heuvel & Van Nieuwenhuijzen, 1989). This finding can be linked to the results of the current study, as the stage that the cancer patients were at as cancer survivors can be seen as a direct reflection of the finding that both men and women, overall, used JOURNEY metaphors relatively more frequently than WAR metaphors to reflect on illness experience. Tempelaar et al., (1989) also found in their research that the socio-demographic variable of sex is related to positive and negative experiences and the study concludes that women have more positive experiences than men. The current study contradicts the findings of this research and reveals through an analysis of WAR and JOURNEY metaphors that men and women have relatively equal positive and negative experiences. Out of the twenty narratives analyzed, one of the female narratives did not contain any WAR metaphors and two of the male narratives analyzed did not contain any WAR metaphors. However, all of the narratives by men and women contained JOURNEY metaphors. This finding can also be linked to the fact that the narratives were written by cancer survivors, and whilst cancer can be described using WAR metaphors, the battle with cancer has been fought, perhaps giving them less need to use this metaphor in describing their illness experience.

The analysis revealed that the most frequent ways of describing cancer in terms of a journey and a war were very similar for each sex, as the results in table 3 and 4 in chapter 3 illustrate. The results also revealed that the same metaphors were used in different ways by men and women in describing illness experience, for example, 'journey' was used by men only in a neutral or in a positive and empowering way and women used this metaphor only in a neutral or in a negative and disempowering way.

Previous studies have suggested that the WAR metaphor is inherently masculine (Reisfield & Wilson, 2004), however, the results show that, relatively speaking, both men and women use the WAR metaphor approximately an equal number of times to describe their illness

experience. An interesting finding is that only women made a direct reference to cancer being a war and this was the most common metaphor used by women to refer to their illness experience in terms of a war. Previous research has indicated that the term 'war' connotes something negative (Hodgkin, 1985) and that the use of this metaphor leads a subsequent lack of control and also a heightened negative experience for the individual as a result (Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015). The results of the current study reveal that both men and women used WAR metaphors relatively more frequently in a positive and empowering way than in a negative and disempowering way to describe their illness experience. Although the difference was not great, the results revealed that men used relatively more positive and empowering WAR metaphors to describe their illness experience than women. A particularly interesting finding of the research was that, contrary to findings of previous research, both men and women were found to use WAR metaphors relatively more frequently in a positive and empowering way than in a negative and disempowering way to describe their illness experience. Overall, the results show that WAR metaphors do not necessarily connote something negative in illness experience and that these metaphors can be used both in positive and empowering and negative and disempowering ways to describe illness experience.

Previous research has emphasized the negative effect of hegemonic masculinity in portraying illness experience of prostate cancer (Wall & Kristjanson, 2005), stating that this causes men to internalize their emotions and consequently renders them non-emotional. A study also focusing on masculinity and illness experience found that men internalize their emotions and do not openly speak about their illness (Gray, Fitch, Phillips, Labrecque & Fergus, 2000b). When comparing these findings with the results of the current study, it can be seen in the current research that through their metaphor use, men describe their illness experience in a similar way to women. The fact that men were found to describe illness experience in a similar way to women through online cancer support sites, could be because this is a medium through which male patients feel comfortable in sharing information, in an anonymous environment.

Previous research has suggested that JOURNEY metaphors are better to use as they give a sense of purpose and control for the patient (Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015). This research reveals that overall, men and women use WAR metaphors relatively more frequently in a positive and empowering way than in a negative and disempowering way to describe their illness experience. Patients who are describing their illness experience from a retrospective point of view could use this metaphor in a different way

than patients who are in the beginning stages of their illness. Patients analyzed in the current study have gone through or are at the end of their illness experience, which would give patients a sense of control of the situation. The helplessness that patients feel will depend on the stage they are at and also on the prognosis they receive. Patients who have just received a very bad prognosis will be more likely to be in a state of helplessness. It is therefore important to consider the stage which men and women are at in their illness process and that it is possible that men and women make use of WAR metaphors differently during and after their illness.

When considering previous studies which have suggested that JOURNEY metaphors are better to include in health discourse than WAR metaphors (Reisfield & Wilson, 2004; Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015), the current study has shown that WAR metaphors do not only allow for negative connotations but can also be used to convey positive illness experience. WAR metaphors offer cross-domain mapping to discuss winning and beating cancer for patients in positive and empowering ways and are not just used to convey illness experience in a negative and disempowering way.

4.3. Conclusion

The final research question this analysis aimed to answer is whether after reviewing all of the findings, can the research reveal a difference in the way men and women experience illness. An analysis of the way in which men and women use WAR and JOURNEY metaphors to reflect on their illness experience has revealed slight differences between the sexes, though the differences are not great, this study has revealed some interesting findings which both contradict and contribute to previous research.

Chapter 5: Conclusion

5.1. Introduction

Previous research has shown that illness experience is reflected through the use of metaphors (Czechmeister, 1994; Fillion, 2013; Gibbs & Franks, 2002; Low, 1996; Penson, Schapira, Daniels, Chabner & Lynch, 2004; Periyakoil, 2008; Reisfield & Wilson, 2004; Sairanen, 2015; Siegelman, 1993). Conceptual metaphor theory (Lakoff & Johnson, 1980) was used in this current study to help uncover the underlying meaning behind metaphorical language use in the narratives of cancer patients. Through applying the Metaphor Identification Procedure (MIP), this thesis was able to identify WAR and JOURNEY metaphors in male and female cancer patient narratives and make a comparison of the frequency of metaphors used. A more in-depth analysis of the positive/negative and empowering/disempowering ways in which these metaphors were used revealed both similarities and differences in the way in which men and women experienced their illness.

To my knowledge, prior to this research, a comparison between men and women in their metaphor use in illness experience had not been a focus of analysis. This therefore seemed like a viable and necessary area of research after previous studies had revealed the importance of both health communication (Kirmayer, 1992; Mabeck & Olesen, 1997; Olweny, 1997; Scott, 2002) and metaphor use in describing illness experience (Czechmeister, 1994; Fillion, 2013; Gibbs & Franks, 2002; Low, 1996; Penson, Schapira, Daniels, Chabner & Lynch, 2004; Periyakoil, 2008; Reisfield & Wilson, 2004; Sairanen, 2015; Siegelman, 1993s). Given the lack of research in this area, this thesis aimed to answer three research questions to gain insight into this topic area. The first research question linked back to previous research, which had already found that WAR and JOURNEY metaphors were dominant in cancer discourse (Penson, Schapira, Daniels, Chabner & Lynch, 2004; Reisfield & Wilson, 2004; Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015). The second research question also linked back to previous research which had found that these metaphors are used in different ways, namely in positive/negative and in empowering/disempowering ways. Previous research suggested that VIOLENCE and JOURNEY metaphors are used to express illness in different ways and that by taking these factors into account can result in a better understanding of the illness experience of cancer patients (Semino, Demjén, Demmen, Koller, Payne, Hardie & Rayson, 2015).

5.2. Implications of the findings

The research findings emphasize the relevance of the topic, as the analysis has shown that, relatively speaking, men used WAR and JOURNEY metaphors as frequently as women in their narratives, and this finding could say something about the way male patients express their illness experience. Online support sites could be the way that men choose to express themselves, as they have been found not to do this in an overt way in previous studies, due to overarching ideas of hegemonic masculinity in society preventing them from openly expressing their emotions (Clark, 2004; Wall & Kristjanson, 2005). This study shows that not only metaphor, but communication plays a central role and this is further linked to the way in which men and women are presented in society, and what is expected of them in their masculine and feminine roles.

The research also revealed that the male narratives were overall much shorter in length. This could link with the overall tendency for men to internalize their experience due to fear of the stigmatization they may face in society. Women, on the other hand, are able to openly express themselves and do this much more frequently which could result in more lengthy narratives. Taking social factors such as these into account can also lead to a better understanding of metaphor use between men and women.

A question raised by the results of the research is whether the findings should result in men and women being treated differently during illness based on their metaphor use, and how important this is in reflecting on their illness experience. This is a complex issue as it is not an easy task to determine which patient prefers precisely which metaphors, however, it is important to be aware that every individual differs in the way they experience a disease such as cancer. The results of this study reveal that a difference can be seen in the way in which WAR and JOURNEY metaphors are used by men and women, and therefore a closer analysis of metaphor use is able to reveal underlying differences in metaphor use in describing illness experience. It is always important in every context to use appropriate language and metaphorical language use should not be an exception to this rule, as this plays a vital role in describing illness experience. The application of this analysis in practice could lead to a greater awareness in the manner in which each patient has their illness communicated to them, through unique means which fit each individual.

This analysis has shown that metaphor plays an important role in expressing illness experience for both men and women. This study has also giving an insight, through a

comparison of metaphor use, into the illness experience of male and female cancer patients. This can be a useful addition to prior research and can also be used as a consideration for both patients and healthcare professionals when communicating with one another. The findings can also contribute to enhancing the patient and doctor relationship and also the experience of the patient in the illness process. To have an understanding of how men and women experience illness is important, as this can lead to others understanding an illness such as cancer outside of its medical context and be aware of the personal implications such an illness can have on the patient. Likewise, knowledge of metaphor use in the medical world can have an effect on how each patient conceives their illness and consequently copes with it.

5.3. Limitations of the research

Although the research fulfilled its aims through answering the research questions, some unavoidable limitations arose in the study. Firstly, due to time limits, the sample of this study was constrained to ten narratives per sex, restraining generalizability to the larger male and female population. Further, through analyzing cancer patients online, this study cannot account for any social factors relating to the patients, as only their name and the date on which the narrative was written was known. This could have allowed for the current study to compare factors such as a difference between men and women in their illness experience from different ethnic backgrounds, or from different social classes. Finally, this study was limited to cancer patients in America and as previous research has shown, illness experience for men and women differs across different parts of the world.

5.4. Suggestions for further research

An interesting topic for further research would be to examine whether there is a difference between men and women from different cultures and ethnic backgrounds in the way they experience illness through analysis of their use of metaphors. This is an area of research which could provide both patients and healthcare professionals with interesting findings which could be used to adapt to individuals on an even more personal level.

Another interesting point for further research would be to keep the variables of the current study the same, but to analyze a larger sample to see if the same patterns persist with regards to length of the narratives and the frequency of positive and negative metaphors used by each sex.

Age is of course also a variable which comes into play when dealing with different types of cancer. The average age of men with prostate cancer is above the age of fifty and the average

age of women with breast cancer is broader as this can occur from a much younger age. The influence of age on the use of metaphors in illness experience is also an interesting topic for future research.

Finally, the findings of this study can contribute to revealing a possible link between the way in which patients use WAR and JOURNEY metaphors and the cancer phase that the patient is in. A comparison between male and female cancer patients and metaphor use in the beginning phase of their illness could reveal a difference in the way WAR and JOURNEY metaphors are used and is therefore an interesting follow-up study in further research on the topic.

5.5. Conclusion

To conclude, this thesis emphasizes the importance of a recognition of potential differences between men and women in illness experience. Metaphor use in language is shown to be used as a tool to make something which is unfamiliar familiar for a patient who is coping with an illness such as cancer. This thesis has aimed to illustrate not only the importance of the link between metaphor, sex and illness experience, but that this is a topic which goes beyond language use. Using the ideas of Conceptual Metaphor Theory (Lakoff & Johnson, 1980), this thesis has aimed to create an understanding of the way metaphor is used by men and women through delving behind the language to uncover underlying meaning behind the metaphors. This study has shown that through an analysis of the ways in which WAR and JOURNEY metaphors are used in cancer narratives, this can reveal more detailed information about the illness experience of the patient in how they experience illness.

This research has also emphasized the importance of understanding the way in which patients describe their illness experience through means such as online cancer support sites. Men appear to be more open about their illness experience in an anonymous, online environment and this finding can also contribute to research on gender roles in society. An awareness of the use of JOURNEY metaphors, a metaphor which clearly plays an influential role in helping patients to comprehend their illness, can also help enhance the illness experience of the patient. However, only making use of JOURNEY metaphors and not WAR metaphors is not something which should be considered as the results of this study show, these metaphors are used relatively more frequently by both male and female patients in a positive and empowering way than in a negative and disempowering way to describe illness experience. This study shows that WAR metaphors can thus contribute in a positive and empowering way to the illness experience of the cancer patient who is in the later stages of their illness. Such an

understanding of metaphor use could ultimately reduce any anxiety and fears that a patient may have concerning their illness. An awareness of the issues mentioned above can also help others to understand the relevance of metaphorical language in illness experience and, in turn, through adapting their language use, create the possibility of enhancing the personal and unique illness experience of the patient.

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Appendices

Appendix A: Breast cancer narratives analysis

Analysis Narrative 1

<http://www.oncolink.org/coping/article.cfm?aid=926&id=236&c=400>

Key

Red: JOURNEY
metaphors

Blue: WAR
metaphors

Stopping a Time Bomb

"I found a lump in my breast," my 27-year-old twin sister, Kelly, stated the last week of June 1996, as we were having lunch and preparing to return to our teaching positions.

As soon as I heard those words, fear and terror, **striking** simultaneously broke my heart. I could actually feel it. My emotions were on a **roller coaster** as memories of our mother came to mind. She lost her life to breast cancer at the age of 44 in 1986.

"When did you find the lump?" I asked. "About a week ago," she replied. With her husband Burr, Kelly sought immediate medical attention. One doctor said, "Its a gland" while another stated, "Its nothing." After reading her mammography, the radiologist said, "It's just fibrous tissue." After a biopsy, her surgeon said, "Its malignant."

After receiving the results by phone, Kelly called me. I knew instantly and my worst fears were confirmed. When I put down the receiver of the phone, I **exploded**. After losing my mother to breast cancer and nearly losing Kelly to a different form of cancer, Hodgkin's Disease, ten years earlier, I raged, "If God wants her, why doesn't He just take her instead of playing these games?" Enraged, I felt as though I was eulogizing her at age 27. I rationalized, "She's such a good person who loves life, loves teaching...why is this happening?"

Kelly had a single mastectomy at in July and had to undergo chemotherapy treatments for a duration of four months. When I asked her how she has the strength to do this, she replied, "You will do anything you have to in order to save your life." She has completed treatments successfully and been given a clean bill of health, resuming her teaching career in January 1997.

In 1986, I learned about a procedure called, "Preventative Mastectomy." Because my mother had breast cancer, my surgeon said **I could proceed** with this option when I was 30, so that I would be mentally and physically ready.

A preventative mastectomy is when the breast tissue is removed and replaced with saline implants, reducing the possibility of getting breast cancer for high-risk women. I decided to have this procedure done at 28 instead of 30. And I decided to have this procedure done during Christmas vacation 1997. That would give me a two-week recovery period and then I would resume teaching 7th grade.

I was not nervous at all and I had never had surgery before. Only the breast tissue was removed. Then after the surgery, the breast tissue was removed and tissue expanders, filled with saline, were inserted. During a two-month period, they would be expanded with saline injections, a painless procedure, to stretch the skin and tissue. This is done in preparation for **the next and final step**, the permanent implants.

I went home after a day and a half. The most difficult part of the surgery for me was getting out of bed. And the most inspiring part for me is remembering when Kelly said, "You will do anything you have to in order to save your life." As far as I was concerned, a little bit of change and scarring was not going to alter my life in the slightest way. **Time heals all wounds.**

I would return to my teaching position two weeks later and managed very well. I had the support of wonderful colleagues at work and my family at home. I could resume my daily activities, except for heavy lifting because of the delicate procedure. I knew I wanted to have a preventative mastectomy at 17 and now that I did it at 28, I felt as though a heavy burden had been lifted from my shoulders.

From February until May, I saw my plastic surgeon twice and two rounds of saline were injected to stretch the tissue to my normal breast size. It was a little uncomfortable for a day and if I needed a painkiller, I took Ibuprofen, which also helped bring down the swelling. My plastic surgeon said, "I could make you a Dolly Parton-noid" but I opted to stay with my normal size.

At the end of May 1997, during summer vacation, I had the tissue expanders removed and permanent saline implants inserted on an outpatient basis. I am pleased not only with the results, but as an active participant in saving my own life.

Kelly and I **look to the future** with great optimism. I was reminded of Kelly when I saw "Evita" for the first time and Madonna sang the lyrics, "What good is the strongest of hearts in a body that's falling apart, a serious thought, I hope you know that." That was the first time I ever cried during a movie, and when Madonna sings, "You Must Love Me" also from "Evita."

I am truly optimistic that Kelly will live a normal, healthy life. I am also thankful that I **proceeded with** and had the option I did, to increase, my chances of never getting breast cancer.

I truly hope that more women will become aware of this procedure by discussing preventative, also known as prophylactic mastectomy, with their physicians. And, most importantly, get second opinions, and a third opinion, if you feel the need. Participate in your own well-being and trust your instincts.

Analysis Narrative 2

<http://www.oncolink.org/coping/article.cfm?aid=959&id=264&c=400>

A Breast Cancer Patient's Account of **Living with Cancer**

My journey began with my annual mammogram on July 14, 1998. The results were conveyed to my surgeon and physician within a week, and I met with my surgeon on July 21, 1998 to discuss the masses present in both my left and right breasts. An ultrasound test was performed during this visit, and showed my left breast mass as being O.K. but my right breast as suspicious. The surgeon performed a needle core biopsy that day on the right breast. I was told he would rush the lab work and have results to me by July 24, 1998. We scheduled a lumpectomy, just in case. That part didn't cause any concern, since I'd already had 3 benign lumps removed from my left breast over the past decade. However, the word "rush" should have alerted me to the forthcoming news.

True to his word, my surgeon has his report back on the day I called. When I asked him for the results, he said, "It's bad. It's **cancer**". I asked how bad and he said "Pretty bad." I later found out that meant Level II breast cancer had invaded my body! Living wills and funeral arrangements entered my mind. Immediately, praying became as natural as breathing.

The surgeon wanted to schedule surgery as quickly as possible, and arranged for a thorough consultation with his associate, regarding the injection of radioactive material at the tumor site. I immediately turned to my husband to share the diagnosis, and put my head down in my

hands to contemplate the shocking news I had just heard on the phone. Since both my parents had died from cancer, I always felt the clock was ticking away to the moment when it was my turn...and that **time was now here!**

My mother-in-law was due to arrive at our home for a 10-day visit, the very same day I got the diagnosis. How does a person given this type of news, get it together and keep it together for 10 days. This was indeed stressful and, at that time, I didn't want to cope with any negativity or gloom and doom. We decided not to tell her about the biopsy results during the visit, and to keep our phone conversations with doctors and hospitals as private as possible. I told only a few close friends what was going on, and had to keep these discussions private also. (These and future discussions were literally **my "life line"** and were always upbeat.) I clearly recollect sitting there at times during her visit, and thinking; "Will I be here next year for her **annual visit?**" Surgery was scheduled for August 5, 1998, the day after her departure, and that was on my mind all the time! Additionally, our daughter was admitted for emergency surgery 10 days after delivering another grandson, our nephew had an emergency appendectomy, and my husband and I were asked to be pall bearers at the funeral of my brother's mother-in-law. If it wouldn't be for bad luck, I wouldn't have any luck at all. If there is a master plan for each of us, I wanted to trade mine in for a better one!

Surgery day arrived quickly. I had to report to Nuclear Medicine first to have the **radioactive** material injected into the tumor and then to get a Xray to **track the position** of the tumor and for node mapping. After a couple of hours, I was wheeled into the operating room. Both surgeons were present and testing the Geiger counter before I was given anesthesia. I was nervous and making such lame jokes, that the surgeon asked if I had been already sedated. It was strange to hear the loud clicking of the Geiger counter as **I was going under.** Next thing I remember is waking up as I was being wheeled through the doorway of my room. My husband was there to tell me everything went well. I was given the option of staying overnight, which I gladly took. I was in not completely ambulatory, and the discomfort from the axillary node dissection and drainage tube was not something I wanted to deal with at home. Just getting to the bathroom with the IV stand and drainage pouch required assistance. The stinging armpit numbness was another matter that curtailed my mobility.

My next scheduled surgeon visit was August 12, 1998. However, I found myself with a half grapefruit size lump ballooning under my right arm, and needed a painless needle aspiration a couple of times before that time. (The lymph gland fluids continue to pool, until your system

learns to disperse them.) **My August 12th visit brought good news and bad.** The axillary dissection showed that the cancer had **not** spread to my lymph nodes...good. The tumor, however, was larger than anticipated, and they were unable to remove a clean margin (cancer free tissue) with it...bad. Now my options were a re-excision of the tumor site to obtain a clean margin, or remove the right breast with a mastectomy. (Percentages for long term survival were exactly the same for both procedures.) If they were able to get a clean margin next time, we would follow up with chemotherapy and radiation. If not, we would definitely have to do the mastectomy followed with chemotherapy. After many sleepless nights and heart to heart discussions with my very supportive husband about prosthesis devices and reconstruction, we scheduled re-excision for August 24, 1998. (I also had my annual Pap test done on August 20, 1998 and was glad to hear that part of my body was fine).

This time surgery was done on an outpatient basis and was not nearly as bad as the first time. My last needle aspiration was done during surgery. I was home that afternoon, after stopping to shop for a sports bra. I experienced very little discomfort from this surgery and resumed my regular routine immediately. Because of the "happy face smile" incision, my only deformity was a right nipple that was now heading south.

September 1, 1998 was **my next visit to the surgeon.** These waiting periods for good news or bad news were beginning to feel like I was on a **roller coaster ride.** He entered the examining room, came over and gave me a kiss on the cheek and a big hug, and whispered "You're fine!!!!" I thanked him profusely, but he said he had nothing to do with getting clean margins...God did and we thanked him. Now, **where do I go from here?**

We scheduled a visit with the radiologist and oncologist. I was anxious to **move onto the next step** of treatment. **My visit on September 9th** with my radiologist was pleasant and informative. (Everyone I had met with **each step in treatment** was both positive and supportive.) However, I was told they couldn't begin radiation, until my oncologist made a decision on and concluded chemotherapy sessions. I was very upset that **I had to wait for my oncology visit,** which was scheduled on my birthday, September 23rd. I deliberately chose to think of this as a birthday gift to myself...**chemo was going to give me many more future birthdays!**

When I allowed myself to think about this appointment, I thought of wigs and nausea. I began collecting information from OncoLink and the ACS. My small file folder became a thick binder bursting with the new information that I was cataloging. I had casual conversations

with breast cancer survivors (we identify each other by our pink ribbon pins). My head was full of opinions and options that everyone had to offer. Finally, my **appointment day arrived** and, once again, everyone was positive and supportive. I was scheduled to begin CMF chemotherapy on September 28th, and continue with 1 session every 3 weeks for 6 months. A bone scan was scheduled for September 30th also. Radiation would follow much later on.

The weekend before, **I lived it up** by attending several social functions. I enjoyed drinking and eating my favorites, thinking I would be giving this up during chemotherapy. I was anticipating the nausea and loss of appetite usually accompanying chemotherapy. I reported at 11:00 on the 28th. First, my vitals were taken and blood was drawn for testing before we were escorted to the chemo area. My husband and I walked into a very airy and cheerfully decorated room, and I was seated in a comfortable recliner. A needle was inserted in my left hand for the IV drip. They began my therapy with a **shot** of an anti-nausea drug, which ironically caused me to feel nauseated and very hot (my vaginal area, in particular, because of the concentration of surface blood vessels). This past in about a minute or two, and then we began the consecutive drips for the 3 other drugs. This was a piece of cake! I was able to watch T.V., sip ginger ale and read my "Chicken Soup for the Surviving Soul" book. My favorite quote from it is "I'm not dying from cancer, but living with cancer." My husband sat in a chair nearby and worked on his laptop computer, while we conversed. I was in and out in about 1 1/2 hours. I had insomnia that first night, but experienced no nausea in the weeks **between my next visit** on October 19th. **That visit was a pleasant surprise**, because they administered the anti-nausea drug through an IV and I didn't feel any Hot Spots at all. The minor fatigue and major heat flashes during the day, which is to be expected, was a small inconvenience. I slept an average of 10 hours a night and napped for 1 hour some mid - afternoons. Because I chose 6 month, instead of 3-month therapy, my drug doses were significantly lower. As a result, I was told I shouldn't have to deal with balding or thinning. So far, this seemed to be accurate information. My business and social schedules didn't suffer because of chemo. I trusted God to answer my prayers (and those of my friends and family) for good health and peace of mind! I'm still waiting on the results from my bone scan at my next chemo session on November 9th, and, as usual, anticipating good news/bad news.

I spoke with my mother-in-law this evening. She asked for the umpteenth time if my husband and I were coming to Florida for the Christmas holidays. Since all my news has been good to this point, I decided to explain why we couldn't commit to a visit at Christmas. I told her I was diagnosed with breast cancer in July, but preferred to wait until I had good news to give

her. I explained that I was doing very well and, we promised a long weekend visit when my course of treatments is complete. This seemed to be the best compromise, and has placated her for now.

Psychologically, **I'm finding that each day is great.** I'm more aware of the little things that make each day special. Close friends have said to me that they are not surprised by my can-do attitude and courage, and that they always admired that part of my personality...wow! Spending time with family and friends is a precious commodity we don't truly appreciate. Hugs and heart-to-heart discussions really make my day! I'm less critical of myself and others, and now much more open to meeting new people and forgetting about what they think of me. This new approach has produced some truly memorable encounters. I avoid stress as much as possible, and allow time for pampering myself. I like how all this makes me feel, and marvel at how simple things can bring such pleasure! I'm **living in the moment** and not procrastinating with decision making...like buying a new car the same night I test drove it! I allow myself to be selfish sometimes...like saying no when I'm fatigued, to people or tasks that can wait. When I have energy, I share it with the people I enjoy by doing things I like. Putting myself first has had a very positive effect on **my outlook!**

Physically, I have more energy on most days, than I've had in several years. The days I cope with fatigue are fewer. Close friends observe that I look better now than I did before my diagnosis and treatments. I kid them by telling them they too can look and feel better with only a couple of surgeries and chemo treatments! It's a small price to pay for feeling this good.

November 9th, I had my third chemo treatment and met with my oncologist. She said my bone scan was clear and my platelet and white blood cell counts are fine. Her stethoscope indicated my lungs are clear. She also commented on how well I looked and that I seemed to be in good spirits. I had no nausea or Hot Spots with this CMF treatment, and only needed a warmed blanket towards the end of my treatment (because of a drafty vent). This is like visiting a day spa...a private TV, a good book to read in between shows, iced ginger ale, and a warm blanket. Plus a very attentive hospital staff available at the press of a button. The only discomfort is that this time and last, it took two tries to find a vein for my IV needle...it hurts, but **I can live with that.** I'm ready for my next appointment on November 30th, which will be my 4th in a course of 8 chemo treatments. I'm amazed that almost halfway through with chemotherapy!

My next door neighbor has just **discovered a lump** in her breast and is scheduled for biopsy work November 16th. I delivered some literature on surgeries to her and explained if she gave birth to 3 girls, this will be a piece of cake. I offered transportation if she needs it and gave her a hug and the promise of my prayers for her. She will let me know when her results come back and whether she needs a referral to an excellent local surgeon. Informal networking seems, for me, to be the best support system.

I've sent monthly breast check reminder stickers along with a brief note to several of my close friends. I'm happy to say that most were pleased when they received the, and touched by my concern and caring. They've encouraged me to submit the note idea to ACS.

Things have going so well for me that my husband and I decided to celebrate with dinner and a few alcoholic drinks. The drinks were a BIG MISTAKE! Now I know first hand why they don't recommend drinking alcohol during chemo treatments. The car ride home was a dizzy experience. When I arrive home, I immediately "tossed my cookies". So this is what it's like to **live life on the edge**...the edge of the toilet bowl! After my head stopped spinning and my foot flat on the floor steadied the room, I fell into a deep sleep. Needless to say, I learned a valuable lesson, and will not be repeating that behavior again.

I spoke with my surgeon on November 17th about **shooting pains** in both breasts. He said the needle aspiration showed no cancer in the left breast mass. We scheduled a meeting on the 24th for re-examination and further evaluation, just to be sure..I love him for his compassionate and caring attitude. Prior to this meeting, I had examined each breast, but couldn't find anything lumpy to which to attribute the pains. After reading for an hour in the waiting room, I was escorted to the examination room and given my paper bed jacket. He arrived within moments and explained some woman came in for a routine visit and had spent an hour talking about her breasts...been there, done that! He scrutinized each breast carefully, and said there was nothing to cause any alarm. He did, however, suggest removing a dot-sized mole on my right breast when I conclude chemo and before beginning radiation treatments. We talked further about my chemo and how I have had virtually no ill effects to date. I have a January appointment set up, and he may handle the mole removal during that visit. I had a friend at the hospital I wanted to visit after I left his office, and asked him to supply me with a sterile mask as a joke. He was very accommodating and gave me surgical gauze and tape to wear in her room. He parted company with a handshake, a hug and a kiss on the cheek and the

comment "Bet I'm your only doctor who kisses you good-bye!" I said he was right and that Leslie, my female oncologist, wouldn't dare.

My visit with my friend Kelly was short. She was extremely tired and needed her rest. Her doctors are trying medications first before turning to surgery. She's diabetic and found out if she had continued with the previous doctors, she would have gone into renal failure. Thank God her mother suggested seeing some else at this point in treatment. Kelly wasn't really happy with her former doctor's treatments and was than willing to try someone else.

The day before Thanksgiving I stopped in to drop off pie recipes for my husband's cousin and his wife. I had a particularly hectic day, deadlines and traffic in particular, and arrived at their house very frazzled. She suggested a drink, but I declined. I had my pink ribbon shirt on and mentioned that with chemo it wouldn't be a good idea. I explained that I had been diagnosed with breast cancer and had clean lymph nodes and clean margins at the tumor site. The chemo was just an extra measure towards preventive medicine. She was quite upset with the news and got misty eyed. Since her father died about a year ago from cancer, she's been very vulnerable. I gave her a hug and told her I was doing great with my treatments and hoping for the best. I guess there's really no easy way to deliver this type of news to family and friends!

Today, November 30th was my 4th chemo treatment...4 more to go! I met with my oncologist, and once again my blood work looked good, my lungs were clear, my platelets were fine. Chemo went very well with only 1 needle prick to insert the IV line...thank God for small favors. I read a novel, watched TV and conversed with my nurse, Nancy, about Christmas decorations. She and her son do the entire outside of their house (peaks included) all by themselves. She said she's a little afraid of heights, but her son holds the ladder while she scales the rooftop. Last year, lights went out over a peaked area, so she opened her bedroom window, used a clothesline pole to lift the string of lights off the hooks and droop them below her window, while she removed and tested each bulb. Pretty ingenious way of avoiding the rooftop! I not only get treated very well at the cancer center, but get pretty nifty household tips too. As usual, I have insomnia tonight, and I'm writing this entry at 1:30 a.m.

After my chemo was done, I went to visit my friend who's still in the hospital. She had surgery this weekend for bowel obstructions, and is hoping this will take care of the problem. She hasn't had solid food in two weeks, and has been on IV supplements during that time. Her mother (a former nurse) has been at her bedside day and night. Her biggest problem is that she pulled some back muscles and the pain is excruciating. She can't start therapy for that until the

bowel surgery has healed. She was crying because she was complaining and depressed, and I had just come from chemo with no complaints. I said if it would make her feel good, I would be back next day with my hair uncombed, no makeup and the schlepiest outfit I could dig up...and lots of complaints! That seemed to do be an acceptable solution to her post surgery blues. Her mother explained they had **discovered gangrene during surgery**, and that her recovery would be arduous.

I also visited another friend, Jeanne, who just had a hysterectomy. She was feeling extremely bloated, because they did laproscopic surgery. Her biggest complaint was her extended stomach. I didn't stay too long, but promised to have lunch with her during her month's recuperative time. I've been helping my brother and nephews redecorate their home. Since their live-in grandmother died, the house has been looking shabby and in need of sprucing up. Interior decorating is my hobby, and my services were required and appreciated. I'm providing the direction and their doing the renovation work. This is taking a good deal of my time and energy, so I'm trying to **pace myself**. I've also begun Christmas shopping for the family and decorating the house for the holidays. My afternoon naps have become an essential part of my days now.

My neighbor got the news that her breast lump was benign. Needless to say, she was ecstatic and will continue to **watch any future developments** very closely.

I've developed a pretty terrible sore throat in the days following the last chemo. Today, I decided to take it easy and stayed in bed to almost 11:00 a.m. to rest my body. I did manage to get up and take a shower and read the newspaper by noon. It's definitely going to be a pamper day for me!

I spoke with my oncologist about the coughing and sore throat today. She suggested getting in touch my primary physician, if things didn't improve by the weekend. I visited my MD on Saturday and he prescribed an antibiotic. I'm to continue taking these for a week and if there's no improvement, we'll **explore other options**. The coughing spasms are more frequent and I'm hoping this prescription alleviates these spells quickly.

I suspect all the holiday parties we've been attending are contributing to my long recuperation period from this flu/cold. Seems everyone is coughing or sneezing at these public gatherings, which means I'm constantly exposed to unrelenting germs. I may have to start wearing a surgical mask out in public, or just stop attending the parties for a while.

December 21st was to be my 5th chemo treatment. Unfortunately, my blood work showed my white cell count was at 900. Dr. Kormier didn't want to proceed with my CMF treatment until I reached 1200. We've rescheduled chemo for December 28th. I left small Christmas presents for several of her staff members. In the meantime, I've contacted my MD to explain what's going on, and ask him to prescribe a stronger antibiotic. He called in another prescription and I had my Cough syrup prescription refilled too. Hopefully, the combination of new antibiotic and cough syrup will help elevate my white cell count for the 28th.

I'm still coughing but feeling better, and the family visited us on Christmas Eve. The house was filled with our daughters, sons-in-laws, grandchildren, my brother and nephews. I was looking forward to working in the kitchen with our daughters. They've suggested that I just make a fruit and cheese tray, and they would handle everything else. This game plan was o.k. with me, since I've been really fatigued by holiday preparations and work. I did deviate from their plan somewhat by baking a few desserts. Everything worked out perfectly, including a long distance call to my mother-in-law while she was opening our collective Christmas gift to her and her companion...a full set of wheeled luggage. They're in their 70's, travel often and, loved our gift!

Thankfully, I had only one exchange to handle after all the gifts were given...my nephew needed a much larger Nautica sweatshirt (since teenagers are wearing their clothes very baggy these days). We will be leaving the decorations up for a few weeks, Christmas parties are done, and now I can relax completely and enjoy the upcoming New Year's Eve celebration at a friend's house...only seven of us. I'm ordering a fruit and cheese tray and baking a white chocolate cheesecake to take along. We're keeping the menu simple, so that we all can actually relax and kick back all evening!

Today the 28th was my rescheduled chemo day. I had my blood work done and vitals taken when I arrived, as usual. The good news was that my white cell count came up and, I had my 5th chemo treatment...hooray! The nurses had one chair available when I arrived and we were able to insert my IV line immediately, after suggesting I find a vein on my own and begin. They liked the "Hope for the Cure" shirts I gave them for Christmas. I must get a gift to Paula also, since she wasn't there the day I delivered presents. Another "spa" session has put me in good spirits (I watched the Rosie O'Donnell's show). I felt good after my CMF treatment, and went to do some errands afterwards. I came home just in time for my hour long afternoon nap. And yes, I'm placing my needs first and foremost above all else!

I spoke with Kelly to check up on her recuperation from bowel surgery. She's feeling much better, and still has the visiting nurse in daily to change dressings and irrigate her wound. Hopefully, I may be able to see her tomorrow for a short visit and gift exchange. Aren't we a pair!

The day after chemo, I managed to sprain my ankle while watering my poinsettias. When I fell, I heard two loud pops and then screamed for my husband. We telephoned the doctor immediately, and he said to come right over to the office. He examined me and then sent me to get Xrays done. The results showed no bone splinters, only a bad sprain. I was given an inflatable cast and ordered to stay put and use either crutches or a cane.

We had planned to spend New Year's Eve with two other couples at one of their homes. This worked out perfectly, since I wasn't able to kick up my heels and ring in the new year. I spent the evening sitting on the couch and being waited on hand and foot...no pun intended. What a terrific **way to start the New Year!**

We also had committed to attend a Surprise 50th Birthday party for a close friend that weekend. I debated about going and, in the end, went anyway. We had a terrific time, meeting some new people and enjoying the company of old friends. I also came away with something I could have done without.

The following Monday, I began throwing up, had diarrhea and acute pain in my right side. I phoned the doctor Tuesday morning after a sleepless night and, made appointment that same morning. His examine indicated a bad intestinal flu that had **hit our area over the holidays**. I was prescribed medication for the cramping (side pain) and told to take Imodium for the rest. If there's no improvement by Thursday, I'll have **to return to him** for further tests. I now understand why they say to avoid public places during chemo...your immune system becomes a welcome mat for every germ or virus out there! I cancelled babysitting for our grandkids this week, as a precautionary measure.

My sprain is mending slowly and my **flu bug has moved out**. I had an appointment with my surgeon on January 12th. My 6 month breast examination showed no problems and, **I will return for mole removal** between the conclusion of my chemo and commencement of my radiation treatments.

I spoke with Kelly about having lunch next week. We both are leary about eating in a public restaurant, but each of us has a case of cabin fever. We decided to go early and avoid the

crowds that eat during peak times. **I'm really looking forward** to this get together, as I know she is.

I attended a class at Gateway Computers on January 13th. I hope everyone in that classroom was healthy, so I'm fit for my next chemo treatment on January 18th. I'm trying to avoid any public contact **through this weekend**.

Chemo treatment on January 18th went extremely well. Blood work was fine and finding a vein for the IV was easy. I had my usual insomnia that evening but other than that, no side effects. I've noticed more and more strands of hair on the bathroom floor over the go several weeks. Fortunately, my hair was very thick to start with and the loss isn't noticeable yet. Only two more chemo treatments to go!

Kelly and I finally had lunch together at Chi Chi's. We were both pleased there was a light lunch crowd. What a pleasure it was to be eating in a public place and enjoying the friendship of a very good friend. She still has the visiting nurse coming daily to tend to her incision. She's back working full time and feeling exhausted by the end of the day. I'm still hobbling around with an elastic ankle brace and cane for support. Once again, we made a fine pair!

I've signed up for an adult evening course in Interior Decorating at the local high school. It runs for 10 weeks beginning February 2nd on Tuesday evenings from 7-9 p.m. I'm so excited about this enrollment meeting some new people and processing new ideas sounds like fun to me. I babysat for Andrew and Ryan on the January 21st, and was totally exhausted by the end of the day. We all took naps in the afternoon, but otherwise, we had a full day of activities. I really enjoy spending time with the grandkids, and can always rest up after they leave.

We had dinner with my husband's boss and wife on the January 23rd at their home. Homemade spaghetti and meatballs were on the menu, along with my white chocolate cheese pie dessert. We had a wonderful evening but Chuck was up all night with stomach flu. We had to cancel a brunch engagement and I called our doctor Sunday morning to get two prescriptions filled. Chuck's going to be out of town on business for the next 3 days. I'm hoping I don't have another bout of the flu on my horizon, and that we can get him cured quickly! I spent the day installing our new Gateway computer and downloading files for work, while Chuck remained bedridden. I am sure the bedrest and drugs will do the trick.

I have lunch planned with my nephew Stefan and dinner with my friend Arleen on the January 25th, while Chuck is out of town. I'm pleased they're both available to spend time with

me. I value both these relationships and appreciate that they are there for me right now. I was really depressed on the 22nd and actually had a crying jag. I think all this cancer stuff finally **hit me** and, my **positive attitude went right out the window!** When I'm feeling physically fine, it doesn't enter my mind. When I'm stressed and run down, then I seem to focus on the negative aspects.

Chuck never made it out of town, due to an intestinal virus. However, I did manage to have any enjoyable lunch with Stefan and dinner with Arleen. Both of them are interested in what's going on with my cancer treatments, and once that's out of the way, we're on to discussing what's going on in their lives.

I had my 7th chemo treatment today. All went well and the staff and I are **looking forward to** my last chemo treatment on March 1st. I may even bring along a cake to celebrate!

I visited my radiologist of February 9th for follow up. It looks like **it's a go ahead** and we'll begin radiation treatments on April 12th. I'm elated that I'll have some time away from hospital visits. Especially, since I'll have 34 consecutive treatments of radiation.

Our 5th grandchild, Peyton Alexa Breinich, was born on February 10th. She weighed 7lbs. 14 oz. and was 21 inches long. We took pictures and videos at the hospital no matter how hard I try, I can't stay away from hospitals!

I spoke with Kelly and she's doing much better. She has a needle biopsy scheduled within the month, but can handle anything now. We'll try to schedule a "keep our sanity" lunch next week.

My sprained ankle is fine and I have almost complete mobility back. I did manage to trip on the edge of some carpeting in the laundry area today. This time, it was my nose and chin that got the brunt of it bruises and some bleeding. A cold compress and Polysporin took care of everything. I'm like an accident waiting to happen! My day was brightened by a beautiful floral delivery for Valentines Day from my husband what a sweetie!

We had a "Let's All Celebrate Chemo Number 8" party with the 6 pack (our friends from the T-Bird Club). This was the weekend immediately before my last treatment. and we really enjoyed ourselves. We rented videos, I made a pot of six bean chili, Jeanne brought salad fixin's and Sandy made her famous Grasshopper pie. The guys were in charge of the bar refreshments. All in all, it was a relaxing and fun evening!

My last chemo was March 1st, as scheduled, and everything went well. I've grown attached to the caring nurses in chemotherapy, but must admit, I'm ready for a break.

I have had celebratory meals with Alice, her daughter and mother, and also with Kelly. These friends have decided to help me celebrate each passing of treatment. The first one being completion of 8 chemo treatments. I also met my friend , Molly for lunch in York, PA for a leisurely Saturday luncheon. When Chuck and I went to Florida to visit my mother-in-law from March 11th through the 15th, Barb drove up from N. Lauderdale and spent the night with us. All of these people are the most terrific support network anyone could hope for, much less have. Thank God for them and Chuck!

I did manage to get pneumonia when I came back from Florida. I had a chest Xray and was put on antibiotics and cough medicine, as well as an inhaler. It seems I just get over one thing, and **manage to pick up something else**. I've forgotten what it's like to be completely well!

Also, I had in house surgery, on March 23rd, to remove two suspicious moles. I should have the pathology report by the 26th. My surgeon just wants to be sure, but doesn't suspect that these will be malignant.

The pneumonia seems to have cleared up but I still have the coughing from time to time. I was babysitting our two grandsons and the littlest one had an ear infection and coughing spells. I hope we didn't pass back each others germs. For myself, I wonder what it's like to feel completely healthy. It's been a long time since I've had that luxury. It's the repetitive little illnesses that wear me out, not the cancer.

Today, April 12th, was my dress rehearsal for radiation. The room itself, looked like a set for Star Trek, ominous looking machines, laser beams, clicking and humming. The tattooing was not painful, just like a pinprick in several locations around my right breast. April 14th will my first actual radiation treatment hope all goes well.

I went to have my stitches removed on April 20th. Seems both moles were benign and I shouldn't have any further problems. Another sigh of relief! **I stopped by to visit the nurses** in chemo, and had a nice welcome from all of them. I promised I would do this whenever I was in the area, and as time allowed.

April 14th through June 1st, I was in radiation treatment every weekday at 12:30 p.m. As with the chemo nurses, this staff was equally attentive and friendly. Other than extreme fatigue, weight gain, and some tanning under my arm, there were no significant side effects. I must

say, however, that the 34 consecutive treatments did drain me mentally. I met an old friend of my mother's and her daughter during treatments. Her daughter was being treated for uterine cancer, and was **just beginning** as **I was concluding**. It was nice to see them after so many decades.

June is going to be a doctor free month for me. I have nothing planned other than some well deserved R & R, gardening and working at home. The fatigue still remains, so I nap each afternoon. Four days after concluding my last treatment, I attended our local Relay for Life, a team event to raise funds to fight cancer. My husband and I did one lap around the track and I did one with other cancer survivors. It was a very emotional evening, especially during the luminary lighting. Family and friends gathered near their designated luminaries for loved ones. Next year, Lord willing, I would like to join a team for the complete 24-hour relay.

In July I had follow up appointments with my oncologist and radiologist and both reports were good. My final appointment, in August, with my surgeon was good, as well. I must wait until 6 months after radiation to have another mammogram. Until that time, I will assume I am a survivor.

I have decided to **live my life day to day**. This August, I met with an old friend for an overnight stay at a resort and spa. We treated ourselves to dinner at a gourmet restaurant and therapeutic massages the next day. The rest of the day, we spent exploring the Farmers Market. The following week, I spent a day at the beach with another old friend, just relaxing and enjoying the ocean breeze. We had a delicious seafood dinner on a deck overlooking the ocean and beach. I hope to spend more days like these with my family and friends.

It's been a year now since all this began. I've **made many discoveries along the way**, some made me sad, and some made me glad! I wouldn't wish cancer on anyone, but it has helped me grow in many ways. I'll be celebrating another birthday on September 23rd, thanks to the special care I received from my health care providers, family and friends. **I'm looking forward to celebrating** many more birthdays!

Analysis Narrative 3

<http://www.oncolink.org/coping/article.cfm?aid=931&id=241&c=400>

Surviving, Thriving, Coping

In January 1998, when I wrote *From a Beginning Breast Cancer Survivor* I was feeling very much the novice at **living with cancer**. While there are still times when I find it hard to believe that I am really a "survivor," or that **cancer is an integral part of my life**, I am becoming more accustomed to **living with the "new" me** who is somewhat different from and yet very much the same as the "old" me.

THE LAST CHEMO

I left off on the eve of my last chemotherapy treatment. Looking back on chemo, I really hated it. I hated the thought of "poisoning" my body, I hated being "spaced out" for a day and a half, I hated being fatigued, I hated having a compromised immune system. I felt helpless and extremely fragile **through the whole process**. The week before that last infusion I was terribly tense; my white blood count had dropped to an all-time low the week before and I feared it would not be high enough for the final treatment on the scheduled day. To my joy, it bounced back up that week and then the only problem was that the nurse needed three tries to find a good vein.

For whatever reason, I bounced back faster from my last chemo than I had from the earlier treatments. By "bounced back" I only mean that I felt like taking walks and eating at least a day sooner. What lasted longer was the feeling of nausea, especially in the mornings, and food had little or no taste for more than a week.

One day I ordered a tuna salad in a restaurant and it was served with a bowl of dressing on the side. In the course of the lunch, I used the entire bowl of dressing because I thought the tuna and vegetables were so bland. It was not until I was driving home that I realized that there was probably nothing at all wrong with that salad, it was my taste that was totally off! A few days later I was saturating the bread of a Reuben sandwich with mustard...it didn't taste either.

Throughout my course of chemo, I craved salty foods because they had a taste. Other favorites were fresh fruit, especially mango. My oncologist said that I could keep having my glass of wine with dinner, but for much of the time, it burned as I swallowed and for the rest of the time my "off" taste buds made it impossible for me to distinguish one wine from another; fruit juice proved to be a better bet.

RADIATION

Two weeks after my last chemo, I started a series of 29 radiation treatments. Other than the nuisance of having to go for a treatment every week day, the radiation didn't bother me a bit. My radiation oncologist and his staff were always upbeat, attentive, and considerate. I made friends with the other patients who had treatments before and after me. It was not until the last week or so that I had any sort of skin reaction from the radiation and that caused little discomfort. My energy level stayed high throughout and I didn't need the daily naps that I took while I was having chemo.

THE HAIR COMES BACK

My hair loss gradually annoyed me more and more. I wore my wig for about two months and then got fed up with it...it was hot, it itched, when I walked outdoors in the wind **I feared it would take flight**, when it rained I feared I would look like the head of a mop. My next "head gear" transition was to hats and scarves. These made me happier because I treated them like accessories and matched them up to my clothes. I have never liked to wear hats and, yet, here I was with a wardrobe of *chapeaux*. With no hair, my head got cold, even in the house, and I started keeping a baseball cap with me wherever I went, just in case.

Naively, I expected a new head of hair to sprout within days of completing chemo, but that was not to be. In fact, just about the time I was starting radiation, the few wisps of hair that had remained, fell out. The "peach fuzz" on my face disappeared, giving me very smooth soft skin, a perfect complexion, and the hair on my arms disappeared, too. My eye brows thinned and most of my lashes disappeared. Each day I would carefully apply mascara to the four (yes, I counted them) remaining lashes on my right eye. Looking back on this final "shedding" I am guessing that new hair was starting to grow and it pushed out all the old.

When I rode my bike during my hairless period **I discovered that eye lashes serve a purpose** other than being something to bat at attractive men; they keep out dust and dirt. Bike riding was almost impossible because my eyes would tear continuously from particles that I picked up on the road, even when I wore sun glasses.

About two months after my last chemo, at the end of March, I felt some fuzz on my head. My husband swore that he saw nothing, but, at my insistence, took out a flashlight and magnifying glass to examine my head. Whether there really was hair or he was just humoring me, I will never know, but he confirmed that hair was growing. Yea!

By this time California Spring was upon us and I started going around bareheaded. Yes, I got a few looks now and then, but, knowing that I was growing hair, I had the courage and determination to show it off. Day by day more hair grew and in a short time I had a chic "look" that had people stopping me on the street to compliment me on my hair style. I learned to restrain myself and just smile and say "thank you," knowing that the last thing they would want to hear was my cancer story.

My hair was curly before I lost it and it seems to be curly, or at least wavy, this time around as well. The color is a bit darker and there is more gray than blond, but the sun and chlorine from the pool are lightening it. I've had two haircuts to shape it up and like the ultra-short look enough to keep it this way for a while, at least until total strangers stop telling me how attractive it looks.

A CELEBRATION

Through all my treatments I had not felt the need of a formal support group. In fact, I was so busy going to medical appointments that I felt I had enough cancer-related things in my life. **I kept working through this all** which contributed to my sanity and gave me a sense of purpose.

But, I did, in fact, have an informal support group which was made up of a few close friends and my swim buddies. I swim on a U.S. Masters Team and attend three or four workouts each week. Each day when I walked into the locker room and tossed my wig or hat into my bag, I got encouragement, praise, and lots of support from my companions. Curiously, while many of them have known people with cancer, few have shared the daily details of **going through treatment and coping and recovering**. I was only too glad to show my scars and share the details of my treatment. We were all learning and **going through this together**.

Soon after my last radiation, I made a big party for my personal support group. It was a time to celebrate and that we did.

I CAN COPE

As I was finishing up my radiation, it occurred to me that for more than six months I had been intensely occupied with treating my cancer. **Now that was about to wind down and I was to return to my "normal" routine**.

Just as I was wondering, how I would handle the transition, my radiation oncologist was handing out flyers advertising an up-and-coming "I Can Cope" program in which he was participating. I signed up.

"I Can Cope" is an eight-session American Cancer Society program which is conducted, at no charge, for cancer patients, survivors, and their families and friends. One of my friends whose mother had just been diagnosed with stomach cancer came with me. Each week we covered a different topic. The class was led by a social worker and an oncology nurse from my hospital. Our speakers included a medical oncologist, my radiation oncologist, a psychiatrist, and representatives from local support groups. This was my first real association with other people whose lives had been touched by cancer and it opened my eyes to **what others live with and go through**. As members of this group we came to care about one another. We worried when someone was absent and rejoiced when someone had some good news.

A WORK IN PROGRESS

A month after I completed radiation, my radiation oncologist said that my skin had recovered and that I could have my nipple reconstructed.

This was an outpatient procedure that took about an hour and a half. My abdominal scar from the TRAM Flap reconstruction had little bumpy areas on either end. My plastic surgeon revised this scar and removed these "dog ears" and used the skin from one to make a nipple. He sent me home bandaged up with puffy bandages that were so big that I kept bumping into things for the week that I wore them! It is amazing that when you change your body's dimensions, how you have to make other adjustments.

A week later, when the bandages came off, I got my first look at the nipple. Although my surgeon had told me he was making it about three times larger than the other one because it would shrink as it healed, I was unprepared to look down and see what looked like a Greek Olive sticking out of my breast. It took a few weeks for the "olive" to shrink to raisin size and it continues to look more like its prototype on my original other breast every day.

The next step, once the nipple is completely healed, will be to have an areola tattooed around the nipple. I continue to be amazed and delighted at the wonders of plastic surgery. I feel like a work of art.

SURVIVING AND THRIVING

Last week I had my second three-month checkup with my oncologist and my blood tests indicate that all is going well. Before each checkup I have a few tense days because I know that despite my good prognosis for "cure," there is no real cure for cancer and that it could pop up again at any point in time. **This is part of living with and surviving cancer.**

I also celebrated my 57th birthday and realized that I worked very hard to get to this birthday. I've always loved birthdays and have never been bothered about getting older, but now **each birthday will carry with it an added blessing.**

It feels great to be a survivor and I am thriving on my survival.

Analysis Narrative 4

<http://www.oncolink.org/coping/article.cfm?aid=1073&id=488&c=400>

Sue's Victory Story

Three little words brought me to The Wellness Community -- PROGNOSIS SO POOR. I had **been through the worst of it.** At thirty-two, I had a bilateral mastectomy and four months of aggressive chemotherapy. Now, cancer free, **I returned to work with all of it behind me --** until I read a report the radiologist sent to my surgeon in which she said, ... "prognosis so poor, it doesn't matter if it's a lumpectomy or mastectomy." Those three words sent me into depression and severe anxiety about dying. No longer in treatment, I felt that no one was doing anything to save me. In my panic I remembered reading Gilda Radner's book in which she spoke highly of The Wellness Community during her **battle with cancer.** Immediately, I called and attended a drop-in Orientation Meeting. When I walked into that meeting, I felt alone and frightened. In no time at all, I was comfortable and struck by how people were **reaching out to help me.** Knowing I needed this place, I immediately joined an on-going Participant Group. It was frightening for me, as I had never been around anyone who was dealing with a chronic disease or dying -- my greatest fear. From the first time I came to group, they helped me bring this fear out and deal with it. And that changed everything for me. I always thought death was something that paralyzed you with terror. But at The Wellness Community I met people who were dying and maintaining their quality of life. It calmed me to know that even if I am going to die -- you can be sure that **I'm going to live as long as I'm alive.** And, once I was able to **conquer that hurdle, I put my life back together and moved on.**

Today my career is progressing. I have renewed a relationship with my high school boyfriend, John, who was wonderfully supportive when I shared with him all the issues around my cancer. Everything was perfect -- until a stiff neck and some hip pain led to the devastating diagnosis of a metastasis. Two days and nights I cried. On the morning of the third day, I

woke up and said, "Wait a minute. I am not ready to die yet." I thought of all the people I met at The Wellness Community in various stages of the disease and realized **I'm going to get through this**, and then **I'm going to move on with my life**." The doctors gave me a 20% chance, AND **I'm going for that 20%**.

I have returned to The Wellness Community and am doing well emotionally. Once again, I've found the support **I need to move forward**, get **through treatment**, get **through baldness**, get **through the bone marrow transplant that awaits me**, and finally **get on to my future**.

Analysis Narrative 5

<http://www.oncolink.org/coping/article.cfm?aid=965&id=269&c=400>

From a Beginning Breast Cancer Survivor

I was diagnosed with breast cancer in September 1997, just ten days before my husband and I were scheduled to leave for a two-week vacation in France. The month before, I had gone for my annual mammogram and was called back the next day for more detailed pictures because something was "questionable." The radiologist told me there were three micro-calcifications that should be biopsied. She advised me to get a surgeon and take care of it. I was stunned, first because I had always had normal mammograms and second because this radiologist was talking to me as if I had a surgeon at my beck and call! As the kids say, "Helloooooo!"

As luck would have it, I have a terrific primary care doctor who calmed me down, told me not to worry about anything until I was sure I had something to worry about, and got me in touch with an excellent surgeon. When the surgeon could not see me for over a month, my primary care doctor got on the phone to her office and got me in a few weeks sooner. **Throughout this "odyssey,"** as I sometimes call it, she has made sure that I have seen the right doctors and has taken time out of her busy schedule to regularly call to check on me. I feel blessed to have her taking care of me and I say, if you do not think your doctor has a sincere interest in your well-being, find another one and do it as soon as you can, preferably while you are healthy.

THE BIOPSY

The biopsy surgery went fine; I came home after it and indulged in a hearty dinner of barbecue from one of my favorite restaurants. The surgeon said she would call the next day to let me know about the pathology. Much as I tried to keep myself busy with my work, I was on

pins and needles. Her phone call did not come until 6 p.m. while I was hurrying through dinner before heading for my weekly French class. She told me one of the calcifications was malignant and that she would like me to come to her office with my husband to discuss surgery options. *Time stood still.*

Of course, I knew that there was the probability that I had breast cancer, but until I heard her words, it did not sink in. Thinking, I had everything in control, I got into my car and headed off to class. Imagining that I was driving carefully, despite my racing mind, I stopped at a traffic light at a busy intersection and then when I saw cars driving all around me, realized that I had stopped in the *middle* of that intersection. I was not in control!

DECISIONS AND DOCTORS

I guess I should say a bit about myself. I am the healthiest person I know. I am 56 years old. I have my own business...writing about travel, dining, and shopping in Northern California both for my own private newsletter and for other publications. I plan events and give guided tours for visitors to the San Francisco Bay Area. And, in odd moments, I train people to use their Macintosh computers (my prior career was in data processing, working for large corporations). I exercise regularly, swimming three or four times a week with a Masters Swim Team, playing tennis, and riding a mountain bike. I eat well (Could I have eaten too much broccoli?) and am not overweight. I have a wonderful husband, delightful miniature poodle, and many very special friends. My life is good, happy, busy, and, above all, healthy. Up to this point, my most major health problem has been severe osteoarthritis in one knee...I tried to learn to ski once and the injuries sustained from a fall brought this on.

In the ten days that followed, I saw more doctors and made more important decisions than I ever have in all my life. My primary care doctor sprung into action once again and made sure that both a medical oncologist and a plastic surgeon adjusted their schedules to make time to see me before I left for vacation.

As for the vacation...I was willing to cancel it, but as **I went through the rounds of doctors**, they all agreed that my going away was not going to endanger or worsen my condition. First I saw the surgeon who, in explaining the invasive component of the calcification, made it clear that a mastectomy was the best surgery option. As for reconstruction, I had already decided that, given my active lifestyle, immediate reconstruction was what I wanted. **The next stop was to the plastic surgeon** who explained the different types of reconstruction. The TRAM Flap was what I chose...abdominal tissue and attached muscle are tunneled up to reconstruct a

new breast. This is the only procedure that generally does not require any kind of implant. Also, it is the most complicated surgical procedure, taking 6 to 7 hours. The "bonus" of the TRAM Flap, is that you get a tummy tuck in the process, and even I had a little tummy that could be made a bit flatter!

The final doctor I saw was the medical oncologist who explained the whys and wherefores of chemotherapy. It was in this doctor's office that I relaxed just a bit after he said, "You must feel wonderful since you've had the biopsy. Right now you have less cancer in your body than you've had in years." Those words continue to cheer me when I feel a bit down...breast cancer does not pop up overnight; it takes years before even something as small as mine is detectable.

By the time I went on vacation, my surgery was scheduled, my first chemotherapy was scheduled, and I had given the first of two units of blood for my surgery.

Taking a two-week vacation in the midst of all this was the best thing that I could have done. I felt as if I had **been on a treadmill** and this gave me and my husband **a chance to get off and catch our breath**. We had a wonderful time and came back clearheaded and **ready to tackle what was ahead**.

SURGERY

My surgery was in early November, It went well and, according to the anesthesiologist, I woke up smiling. I don't even remember talking to him, but I do remember talking with my husband in my room, debating over whether I wanted to try the morphine pump even though I was not in pain, and chatting with a friend who decided to pop in on her way home from work.

I spent four nights in the hospital, **progressing well**, to the delight of my doctors and nurses. The little peek I got at my reconstructed breast gave me another boost; it looked great; it looked like the old me.

RECOVERY

Recovery progressed well. From the day I got home I started taking walks. First it was just around the block, then it was around our neighborhood, and soon I was heading out to nearby trails. Having a well-conditioned body was paying off.

Two weeks after surgery, I started chemotherapy...four treatments of Adriamycin and Cytoxan, spaced 21 days apart. I am writing this on the eve of my last treatment. Again, what my medical oncologist said was what has happened. He advised me to think of myself as a healthy person who would feel awful for two days every three weeks. That pretty much has been what has happened. **I do live in fear of infection** with my compromised immune system and must wash my hands a hundred times a day. When I hear someone cough or sneeze while I am in line at the post office or grocery store, I cringe. Before I go to someone's house or have guests at my home or office, I ask if they have colds.

Five weeks after surgery, I got the OK from the plastic surgeon to **go back to my old activities**. So far, I am back to swimming, doing three workouts a week. This is the rainy season in California and I have only taken one short bike ride and, as a weekend tennis player, have not had a clear weekend to see how I will do with a racquet in my hand.

THE HAIR

Right on target, two weeks after my first chemo treatment, my hair started falling out. Friends who had gone through hair loss advised me to cut it off as soon as it started to fall out. I could not do it!!!

For a week, I washed my hair in the sink with the drain closed and then fished out handfuls of hair. After a week, scalp started to show and I put on the wig that I had picked out before I started the chemo. Some wisps of hair have remained and I cherish them. Every day I look to see if new hair is coming growing back. So far, nothing is happening, except that some eyelashes and parts of my brows have also fallen out. I keep wondering if the new hair will be blond and curly as the old was...**only time will tell**.

With the hair loss, I learned something about myself. I found out how much of my self-image is tied up in that hair. I feel like a different me, no matter how nice my wig, or how "cute" my scarves and hats.

WHAT'S NEXT

Once I finish with and recover from chemo, I start radiation treatments...28 treatments, every weekday for about 5 1/2 weeks. I've met with my radiation oncologist and next week will have my simulation done. **Radiation should start in a few weeks**.

After that . . . close follow-up with my doctors and **keeping my fingers crossed about the future**.

COPING

I cope by talking about my problems, or by writing about them. I have told everyone I know that I have breast cancer. I've proudly showed my reconstruction to anyone who even remotely expresses an interest in seeing it. At the pool, my swimming colleagues marvel at my appearance, check out the shape of my head, and come up with new scarf-tying tips. My swim coach keeps an eye on me, making sure I don't overdo.

I'm happy to tell my story and hope that I can be inspiration to those who may **have to go through** a similar experience. A lot of my strength has come from family and friends who are out there cheering me on. In many cases, I am the first person they know who has openly discussed the whole process.

I have gained insights into the people in my life, too. While many have kept in touch, including a special group of men friends who take me out to lunch to celebrate each milestone of my treatment, some have stayed away as if I have the plague. My reaction to this is more amazement than anything else. Cancer is not contagious and the last thing in the world that I want to do is to hide away from the rest of the world.

Hopefully, the remainder of my treatment **will progress smoothly** and in a few months medical appointments will not hold such a predominant spot in my daily routine. But, I know my life has changed and **I am going forward to lead a life** that I value more dearly than anything else.

Analysis Narrative 6

<https://www.mdanderson.org/publications/cancerwise/2015/10/triple-negative-inflammatory-breast-cancer-survivor-cancer-is-a-.html#more>

Triple-negative inflammatory breast cancer survivor: **Cancer is a war**

Lately, I've seen a lot of people use the word 'journey' to describe dealing with cancer. **A journey is a process, a path.** It involves **learning along the way.** Although facing triple-negative inflammatory breast cancer **seemed like a journey** while processing my diagnosis, this word really doesn't reflect **the harsh reality of living or dying with cancer.**

I've also heard a lot of people use the phrase '**battling cancer.**' Yet, 'battle' suggests a finite process. And though they're significant, battles are often small drops in something much greater.

What, then, should we call this experience? Is there even a word that fully sums up [fighting against your own body for your life](#)?

I vote that we [call it war](#).

Why [cancer is a war](#)

War is serious. War is scary. War is a big deal. [It shouldn't be entered into lightly](#). [Winning demands leadership](#) and clear, realistic goals. You need specialized personnel and adequate resources. War requires thinking big -- and a [leader with a clear objective and direction](#).

But unlike leaders in military war, we [cancer patients are ill-equipped, trained in the midst of a shocking diagnosis](#), and [fighting the battle in the trenches of our own bodies](#). Yet we're more dedicated than any other person. [It's our own lives for which we're waging war](#).

[It's hard to lead when waging war against cancer](#). [During my war against triple-negative inflammatory breast cancer](#), lack of sleep, pain and nausea have clouded my thoughts. Decreased energy [has reduced my ability to act](#). [It's imperative, though, to lead your war](#).

Life changes with cancer

When I [began my war against triple-negative inflammatory breast cancer](#) in April 2015, [my goal](#), my hope, was to [speed through this hell](#) as quickly as possible and [return to my life](#) as if nothing happened.

But I already [see cancer changing me](#). In some areas, it has strengthened resolve; in others, it has softened harshness and deepened connections. Yet other areas have become darker. [My goal is to no longer hastily force myself through cancer](#). Instead, I want to grow, to learn, to fully become the woman God created me to be, [no matter the number of days I have left](#).

I also want to talk about it. All of it. The seriousness. The possibilities. The probabilities. The frustrating aspect of having triple negative inflammatory breast cancer, which is incurable, yet treatable. Let's bring it all out into the open.

Physically, [my goal is to achieve](#) and retain a no evidence of disease (NED) status. This will require much work and loss. It means pain, nausea, exhaustion and chemobrain, not to mention the hair I've already lost. Yet, [I press on towards becoming](#) NED because the ultimate gain is time. [I'm not ready to go](#). I look forward to getting old and wrinkled and sharing stories that no longer make sense.

Surround yourself with allies

To get there, I need help. I can't fight this alone.

When you are at war, who you partner with matters. It literally could mean your life or your death. This may mean breaking ties with doctors, medical facilities or even those in your support system who aren't supportive of your goal. (Remember, it is about you, not them. And definitely not their egos.)

This also applies to your community of support. Not everyone wants to help. Sometimes it's best to emotionally remove such people from your life by setting up healthy boundaries.

Cancer, you can't steal from me

War changes you. I already feel weathered by triple-negative inflammatory breast cancer. Each day I am seeing new effects of this war in my life. I'm now more focused, more direct. I am forceful in what I spend my time on.

Although cancer may shape my behaviors and views, it doesn't dictate who I am. I refuse to let cancer steal me from me. I am determined to keep my sense of humor and zany thoughts, especially on my bad days.

It's a messy war with leadership that doesn't make sense, yet it's the best system for this war. I am not battling cancer. I am not journeying through cancer. I am at war with cancer.

Analysis Narrative 7

<https://www.mdanderson.org/publications/cancerwise/2016/05/cancer--i-beat-you.html>

Cancer, I beat you

Before my doctor ever said your name, Cancer, the stress at home was weakening my immune system and quietly giving you energy, fueling your growth. I had missed my mammogram appointment by six months. I hadn't worried about it because previous tests had shown nothing suspicious.

During those six months, I thought something was wrong, but little did I know that it was you growing inside me. I had spoken to my doctors in Dallas about the throbbing and pulsating feeling I had where you were growing, but you, Cancer, are so sneaky that you were able to hide from them.

Even though I was always watching my diet and exercising, you found your way into my body, Cancer. You got an advantage when I missed my appointment and dealt with too much stress. You were able to advance to stage II and grow bigger.

I found family at MD Anderson, Cancer

When I found out about you, Cancer, you made me feel so miserable and scared. I thought you were going to take me away from my daughters who needed me to be there for them. I was alone and didn't know what to do.

I went to MD Anderson for a second opinion, and the minute I arrived, I felt I was in good hands. I felt at ease knowing MD Anderson provides the latest technologies and treatments. I was not alone anymore. I found people who cared, who gave me hope, who were there for me, who guided me, who made me laugh, who knew what they were against up, and wanted to [help me fight you](#). I found people who hate you as much as I do, Cancer.

MD Anderson became the family I needed at that time, and they were not going to fail me. **I came to the right place at the right time, Cancer.** A drug called Perjeta had just been approved by the FDA a week before I started my treatment. Perjeta is used to treat HER2-positive breast cancer in women like me. My doctor, Kimberly Koenig, M.D., decided to use it as part of my chemo protocol to increase our chances of [beating you](#).

This was [a fight I was not going to let you win](#). It's [a fight](#) MD Anderson [battles](#) every day. They [fight this battle](#) against you, Cancer, so that patients like me can survive and thrive.

I beat you, Cancer

With my wonderful team of experts and caring staff at MD Anderson and at home, [we knocked you out](#), Cancer. I hope you never touch my body again.

And I hope you know **I'm living my life** in spite of you, Cancer. I'm now a two-year breast cancer survivor and was able to see my oldest daughter graduate from high school. I got to take her to college, see my youngest get into high school, spend special moments together and **live life**. I'm back to lifting weights.

I'm also telling other people to pay attention to their bodies, to avoid stress and, most importantly, to get their screening exams. I'm telling everyone these things, Cancer, because I don't want anyone else to have to deal with you.

I'm living in the moment now, but know this: I'm watching you, Cancer. And you won't win.

Analysis Narrative 8

<http://www.oncolink.org/coping/article.cfm?aid=1541&id=1058&c=400>

Why Pink Is Not My Favorite Color

I hate pink. When my daughter was a baby, I changed the words in her nursery rhymes. I wanted her to learn that little girls did not all turn into princesses and little boys did not all squirm like puppy dog tails. She was the only two-year-old girl with blue chuck sneakers. Whether any of this made a difference, I do not know. But she has turned into a self-assured young woman who is expecting a baby girl in January. She has a responsible job, a loving husband, and a meaningful life. She told me that I could feel free to change the words in Molly's (her soon-to-born child's) nursery rhymes also.

However, the main reason that I hate pink is because of the month of October--Breast Cancer Awareness Month. For me and the thousands of other women and men who battle this disease so that we may live to see our grandchildren, pink just does not do it. Nor do frilly ribbons, pink fountains, pink sales promotions, and once-a-year TV spots. Pink is a prissy color, and the colors of autumn vibrate with rich hues of copper, red, and gold.

I understand that the pink campaign has led to increased public awareness that has spawned millions of dollars in research that has benefited all of us survivors. I also appreciate that it has led to thousands of women being screened, and perhaps, many lives saved. For that, I am grateful. I pray that these efforts will spare my daughter and yet-to-be-born granddaughter from the scourges of this disease.

However, pink is not the whole story. For me and many other women, breast cancer does not end with early detection and first-line treatments. For 20 to 30% of survivors, the disease metastasizes and shows up months to years later in the bones, liver, lungs, chest wall, brain, etc. As Elizabeth Edwards testified, this means that the cancer is no longer curable but remains treatable until all known treatments fail to arrest the cancer.

For those of us with Stage 4 metastatic breast cancer, this means enduring CAT scans, bone scans, MRI's, PET scans, hormonal therapy, chemotherapy, and mild-to-toxic side effects **for the rest of our lives**. It means staring starkly at our mortality and facing the awareness that we may **leave our loved ones and this life far too soon**. It means learning that we do not have control over our lives and accepting the randomness of fate. Whether we are in our 30's or 70's, even if we ate organically, exercised every day, had the BRCA breast cancer mutations or didn't, diligently followed the cancer-screening guidelines--examined our breasts every month and had routine mammograms--the one random cancer cell found its way into our blood stream or lymph system and remained undetected until it decided to rear its ugly head. This is the truth about breast cancer that pink does not reveal. We are often shunned by other early-stage cancer survivors because no one who has endured surgery or months of toxic chemotherapy wants to hear that no matter how skilled the physicians, how early the stage at diagnosis, and how small the tumor, her cancer can recur. As one physician told me, "The disease is curable, but sometimes nasty stuff can happen."

In my twelve years of living with breast cancer (my mother, who survived the disease, was diagnosed the year before me), I have learned that not everything about **living with cancer** is terrible, and that there is much to be grateful for. I have met and embraced many courageous, strong women in my support group and yoga classes at The Wellness Community and the workshops that I have attended through Living Beyond Breast Cancer. I have made many new friends and continue to embrace long-time friends, family members, and my synagogue community, who have surrounded my husband and me with love and support. I cherish each day and can find joy in a book, listening to a symphony, or walking in the park with my puppy. Since my metastatic diagnosis in 2007, I have traveled to Scotland, Greece, and France and spent many sun-filled days at the Jersey Shore and in Florida. I have taken up yoga, writing, digital photography, dog hugging, mentoring student teachers, and planning and attending my daughter's wedding. For all of this, I am grateful for the significant advances that have been made in the treatment of metastatic disease. I have received excellent and compassionate medical care, and I remain in awe of my oncologist and the many nurses and doctors who offer hope to us patients battling overwhelming odds and despair. I know that these advances have been made possible because of those ubiquitous pink ribbons.

Yet I also am aware of the young women I have met who never made it to their first mammogram; the women I know who were diagnosed not through routine screening, but by an x-ray after an automobile accident; the women who are struggling to raise young children

as they [battle this disease](#). I miss the funny, smart, and courageous women who were part of my support group and who are now no longer with us.

Yes, October is Breast Cancer Awareness Month, and because of the efforts of the Metastatic Breast Cancer Network, (www.mbcnetwork.org), October 13 is Metastatic Breast Cancer Awareness Day. On that day, be sure to wear pink, but remember that pink is not the only color. For some of us, blue or turquoise or gray or purple may seem more appropriate. And say a prayer that in our lifetimes, a cure for breast cancer and other terrible cancers will be found.

Analysis Narrative 9

<http://www.breastlink.com/breast-cancer-stories/roxanne-r/>

Bilateral Mastectomy Breast Cancer Story

I have always tried to live my life with “the cup half full”. So, after learning I had breast cancer, I thought, “Okay, based on the statistics, I’m the 1 in 8. I’ll take one for the team.” I immediately created a CaringBridge webpage, called my church and got on the prayer chain and [started my journey](#).

The chain of events was as follows: neoadjuvant chemotherapy, bilateral mastectomy with immediate reconstruction, more chemotherapy and 5 weeks of radiation. [My goal through the entire process](#) was to stay strong emotionally and be the best example for my daughter who was 15 at that time.

Yes, it was [a huge mountain to climb](#) and I definitely [hit some bumps in the road](#). [Through the grace of God](#), I had tremendous love and support from family, friends, neighbors and even acquaintances. I honestly would not change a thing. I would have never met the phenomenal team at Breastlink or any of the individuals [I have encountered along the way](#). I truly hope we do find a cure for this cancer, but until then, we will just have to “Stay calm and carry on.”

As a result of my diagnosis, I somehow switched from volunteer maniac who did not have the word “no” in my vocabulary to a new focus of service. I volunteer weekly at both the Hoag Breast Center and of course, at the Orange Coast Imaging Center (Breastlink).

I also get to work at the Women's Health Boutique and share my story and listen to others share their story. It is very rewarding to meet a breast cancer sister and hear her story **wherever she is in her journey.**

Once I completed treatment and was feeling better and more like my old self, I wanted to resume some of my activities – like playing bunco with my old group. Unfortunately, the group dissolved. I thought “what better way to get back on the horse than start a new group”! Thanks to Facebook and my dear friend Becky, I was able to create a group rather quickly. We have some familiar faces from the previous group and also some new members which include all ages young and old. It is such a blessing to have these wonderful ladies in my life, even if I only see some of them once a month.

I am so grateful for each and every day and count my blessings every morning.

Analysis Narrative 10

<http://www.breastlink.com/breast-cancer-stories/lori-c-brca2-positive/>

Breast Cancer Journey

My week started out like any other week until I received a letter asking me to schedule an ultrasound as my routine mammogram appeared abnormal. I wasn't overly concerned as I had been called back in previous years with good results. The ultrasound revealed three different types of masses in one area. That didn't sound promising.

A few days after my biopsy, I received the anticipated news that I had early breast cancer. I never thought, “Why me?” because both my brothers were diagnosed with late stage cancer so I thought, “Why them and not me?” I guess I was just lucky I had a type of cancer with early screening tests and that Dr. Erica Guzalo (radiologist) was very meticulous.

I was anxious about telling my mother and adult son since I had already lost one brother to cancer and my other brother now had terminal cancer. How do you tell your mother her third and last child has cancer? My son was understandably concerned, but relieved that I was handling the diagnosis well emotionally. A friend advised me to tell my mother via e-mail to keep emotions at a minimum and after thinking it over, I did just that. I sent her a positive and carefully worded e-mail asking her to digest the news then we would talk the next day. She later confirmed that was a good strategy to keep her calm.

Now my apprehension turned toward treatment, recovery and time off work. I asked three different people for surgical referrals and Dr. Lisa Curcio's name was mentioned all three times. She was obviously well respected and it made sense to me to go with a surgeon specializing in breast cancer.

Dr. Curcio spent a great deal of time with me during my initial consultation and patiently listened to my laundry list of concerns due to my quirky medical history. She also provided a great deal of information which was comforting and satisfied my need to be informed.

Throughout my journey, she responded to my questions and concerns promptly through the patient web portal.

The most draining stress and frustration for me was what felt like an endless cycle of tests followed by the wait for results. I told Dr. Curcio I felt like Bill Murray in "Groundhog Day" **living the same day over and over again**.

Finally, the last results were in. My genetic testing revealed I was BRCA2 positive (hereditary breast/ovarian cancer syndrome). Dr. Curcio immediately called me to discuss treatment options and we agreed that a prophylactic double mastectomy and salpingo-oophorectomy (tubes/ovaries) would be the most prudent option for me given the genetic mutation.

I dreaded the thought of recovering from one surgery only to schedule another and wondered how my career and finances would survive two leaves of absence in one year. To my surprise, Dr. Curcio immediately offered to coordinate with my gynecologist to perform the surgeries consecutively minimizing the burden to one hospital stay, one recovery period and one leave of absence from work. She took care of everything. This time-saving, cost-efficient plan convinced me she believed in total care for her patients.

I had serious concerns about recovering from all-encompassing surgeries due to my history of slow healing, excessive surgical pain, and being unresponsive to pain meds. However, on the day of surgery, I felt very relaxed as I knew I was in good hands and **the waiting game had finally come to an end** so **the healing could begin**. The light at the end of the tunnel was getting brighter!

I've always been self-reliant and reluctant to ask for or accept help for fear of being a burden. Fortunately, friends and family anticipated my needs and did not take no for an answer.

Without being asked and without hesitation, they cheerfully came to my aid as caretakers, gift-givers and dog walkers throughout my recovery. Breastlink counselor, Kelley Yasbek, had advised me to accept help when offered as it can keep others from feeling helpless. I had a long and arduous recovery due to my pre-existing medical issues and I could not have survived without all the help. It was very heartwarming and much appreciated!

Sarah Baca (physician's assistant) was so kind and thorough during post-op visits. She also referred me to a wonderful physical therapist who helped me immensely with post-surgical issues and taught me the error of my ways regarding general body conditioning. **She set me on a new path** to be physically fit!

After surgery, I also had visits with Dr. John Link (oncologist) who was so kind while he carefully studied my medical history and ordered blood tests to determine my optimal treatment plan. He gave me the wonderful news that since my cancer had been caught early and I had a double mastectomy, I would not need radiation treatments, chemotherapy or even hormone-blocking medication.

Imagine how lucky I felt! He informed me my survival rate was about 99.2 percent then hugged me and released me back to my life. I have been encouraging all my friends to schedule their routine mammograms as just a one or two year delay could have resulted in a very different story.

For years I've longed to find opportunities where I can directly assist others on a personal and rewarding level, but time can easily slip away as you maintain the status quo.

Having cancer brought new life to this quest. I plan to train my next dog to be a therapy dog that will bring smiles to those in need of the love and cheer a dog so eagerly provides. In the meantime, I'll continue with charity walks and look for other ad hoc service opportunities.

My end goal is to maximize my service footprint so when I eventually **leave this world** I will be comforted to know I had a positive impact on other lives.

My best advice for those **embarking on their own challenging journey** is to **focus on the light at the end of the tunnel** and find the humor in it all. I've always been able to find humor in any situation. That helped me deal with stress and allowed me to laugh with friends and family about my situation rather than making our visits sad or awkward.

Rest assured you **will discover silver linings along the way** that may ultimately outweigh the hardships. And finally, turn the tables on cancer not only by **fighting back**, but by using it as an opportunity and a catalyst to redesign your life!

Appendix B: Prostate cancer narratives analysis

Analysis Narrative 1

<https://myfirstcancer.com/2016/01/04/kicking-the-cancer-down-the-road/>

Kicking the Can(cer) Down the Road

My most recent semi-annual cancer check-up came last year, quite coincidentally, on my birthday.

“Semi-annual.” That’s **the check-up that arrives so soon** that there couldn’t possibly have been *that* much change in your cancer. Yet it’s also the check-up that’s so infrequent that maybe — just maybe — **enough time has elapsed** for something to have gone haywire. This incalculable equation (time/cancer=?) is, in part, why we cancerians get so anxious as **our test dates draw nigh**. And there’s nothing we can do to swing the balance of test results; there’s no strategy that will improve the outcome; and there’s certainly no studying in the hope of getting a better score on the test.

It will be what it will be, when it will be, and, all too often with cancer, you feel like you’re just **along for the ride**.

A cancer test on a birthday? A day to celebrate — or not.

At reception in the blood-draw lab:

“Your name?”

“Curry. C-u-r-r-y.”

“And your birthday?”

“Today.”

“Oh! Happy birthday! Any special plans?”

“That’ll depend on the test results.”

It would be an overstatement to say that, **when he delivered my results**, my oncologist seemed a bit giddy. But in the din of **delivery of good test news**, I think I heard him say something like, “With numbers like this, **you’ll live forever**.”

To be sure, my PSA had risen over the previous six months, from 0.06 ng/mL to 0.07. Really not that much of a rise at all – even a rounding error? — and so, over a birthday dinner of steak tartare, the champagne flowed: celebration times two.

Later, as I added the test results to my PSA spreadsheet, I noticed that **I'd been here before**, that **I'm back exactly where I was** on Oct. 4, 2010: a PSA of 0.07. (Reminder: PSA levels reflect the progression of my cancer.)

Of course, that was before my PSA rose to 0.10 and then to 0.11 and then to – well, **before it could go any higher**, I underwent 36 treatments of salvage radiation, trying to rid myself of cancer once again. Yet today, I remain a Stage 4 cancerian, one who's **back where he was five years ago**. And that's when I finally and fully grasped — and came to embrace — the import of 'managing your cancer': We're **kicking my can(cer) down the road**.

We're buying me time.

Except that, with cancer, buying time is truly about buying life – and all of the **wondrous adventures and delights woven into the fabric of life**.

Or as my friend David put it: “We celebrated our 25th wedding anniversary...and chose to do it alone, off shooting pictures in the high desert of Arizona...and, most importantly, commemorated and savored a milestone neither of us thought **we'd see nearly eight years ago**” when his wife, Nancy, was diagnosed. “Oh, what a blessing!”

What a blessing, indeed.

Since my 0.07 PSA reading in 2010:

- I've seen my daughter start and finish law school, marry a great guy, pass the bar and start practicing law.
- I've traveled to stunning National Parks, experienced the wonders of far-off places and loved strangers in strange lands: China, Sri Lanka, Cuba and beyond.
- At family reunions, I've reconnected with relatives I'd not seen in years, decades even, and together we stoked our family memories, raised toasts to our parents and enriched for the future our shared gene pool.
- I've spent extended yet rich time with old friends and new, sharing memories, stories and thoughts of the past, the present and our futures.

- I celebrated the 35th anniversary with my bride, a milestone, to quote David, I thought I might never see.

And, perhaps most importantly, since my last PSA of 0.07, six new prostate cancer drugs have been approved, each one with the promise of extending life. *Six new drugs* since, medically, **I was last right where I am now**.

So am **I truly back to where I was** on Oct. 4, 2010?

Not on your life. Nor on mine, because **life doesn't stand still** even when cancer **threatens to stop your clock**.

And **there's a lot more life to pass** as we **kick my can(cer) down the road**.

Analysis Narrative 2

<http://www.oncolink.org/coping/article.cfm?aid=955&id=262&c=400>

The purpose of what you are about to read is this: If only one person can benefit by anything I did during my bout with prostate cancer, then it will have been worth my effort to share the story.

In May 1999, I went for a routine CAT scan, following up on surgery I had in 1995 to remove a cancerous tumor. While waiting for the CAT scan, a nurse drew my blood to run a PSA test for me. Since I'd already had a PSA test in January '99, which yielded a 2.7 PSA, I didn't think much about having another test done a mere 4 months later.

Later that same day, I met with my urologist to review the CAT scan, which (again) showed no recurrence of the tumor he had removed in 1995. But, I was shocked to learn that my PSA had jumped to 5.1! What to do?

My urologist suggested we conduct a biopsy of the prostate as quickly as possible, which we did. The result was nothing more than "pre-cancerous" cells having been detected. Nothing conclusive. He then recommended we conduct another biopsy in 4-6 weeks. I asked that he do it in four weeks. If there is something wrong in my body, I thought the sooner we can identify what the problem is, perhaps I would have more options from which to **select my attack**.

The second biopsy was performed in late June. Out of the 12 tissue samples examined, one was positive. Oh, no, I thought. What does this mean and what are my options?

Following this second biopsy, we conducted a bone scan to see if we could detect the spread of any cancerous cells in other parts of my body. This test was negative, indicating a higher degree of expectation that the cancer had not (yet) spread.

I learned this bad news during the week **going into the July 4th holiday**. With that weekend totally unencumbered, I did two things: I went to a bookstore, bought four books on the subject, and read them. Secondly, I pulled up numerous articles and professional papers off the Internet written on the subject of prostate cancer and read them as well, including Andy Grove's Fortune Magazine article from 1996.

In four days, it was clear to me that I most definitely had options. The question I needed to answer was which option would be best for me? To help me determine this "best choice" option, I created a simple grid which forced me to list as many plusses and minuses as I could identify that were associated with these options: radical prostatectomy (surgery), external beam radiation, radioactive seed implants, cryotherapy (freezing), or doing nothing (commonly referred to as watchful waiting). This last option never became a consideration.

The week following the holiday, I spoke to my family doctor as well as his predecessor, both of whom were well trained. Based upon my age/life expectancy, based upon the PSA number of 5.1, based upon my Gleason grade of 6, they recommended the removal of my prostate gland. They both felt that, because we had **stumbled onto this so early**, there was a very high probability these cancerous cells had not spread outside of the prostate capsule.

I next spoke to another urologist who had been my urologist for years before I encountered the tumor in 1995 while undergoing a CAT scan to monitor a melanoma surgery I'd had in 1990. But that's another story. My urologist also recommended surgery for precisely the same reasons as my other two internists. However, the two major side effects associated with surgery include incontinence and impotence. Of course, all of the doctors told me there are ways to deal with each of these potential problems. I was still having great difficulty digesting the possibility of having to deal with either one of them.

I then scheduled an appointment with a radiation oncologist to discuss external beam radiation as well as seed implants. Among the side effects to these types of treatment: potential damage to the bladder and to the colon. Of course, he said there are ways to address these side effects if they occur.

Based upon all that I had read in the short space of two weeks' time, coupled with what highly respected doctors were telling me, I had to make a choice. The good news continued to be the fact that I had options. The bad news was in trying to weigh the risk potential associated with each option.

I called my urologist and told him I wanted to have my prostate gland surgically removed for these reasons:

- all indications pointed to the very high probability these cancerous cells had not escaped (yet) from my prostate, since we caught this thing early.
- all of the doctors, including a radiologist, seemed certain about the unlikely possibility of any long-term incontinence or impotence. Today's (nerve sparing) surgical procedures seem to be more user-friendly than was previously the case.
- the fact I am in (otherwise) excellent physical condition. I am not over-weight; therefore, little or no fat to have to cut through. I am a long-distance runner and lift weights; my circulatory system should enable a very successful healing process in all respects.
- radiation would pretty much eliminate me from being a candidate for surgery in that part of my body in the future if such a need were to arise, since the tissue, following radiation, becomes almost impossible to cut through successfully.

That call was made on July 15th, and my doctor was able to slip me into his schedule for surgery the following Tuesday instead of an August date we had tentatively scheduled (he told me I could always pick up the telephone and cancel the surgery if I wanted to pursue a course other than surgery).

Surgery was performed in one hour and **I was then moved to a room** for 4 uneventful days (good news). I began walking the evening of my surgery day, knowing that good circulation helps both the healing process as well as the rest of my system, since all of the bowel function had been shut down and needed to get itself restarted again. While in the hospital, I did numerous walking laps around the hallways of my area in an effort to help my body heal itself sooner rather than later. I'm a restless patient, I suppose. That walking paid off in spades, since most of my body functions were working two days later.

The pathology report told us this was a diploid tumor (a non-aggressive type), which is the best prognosis of all the tumors. Good news so far. The surrounding lymph nodes tested

negative. More good news. The tumor was about one centimeter in size (about the size of a pea), was well contained within the prostate capsule and had not spread outside my prostate gland. The expectation of recurrence is virtually zero. The best news I could expect from this experience.

While in the hospital, I watched a videotape on the care and feeding of all the equipment I was about to become responsible for most importantly, the catheter which was to remain with me for 14 days following surgery. I'll never forget the first time I looked down, after I was in my room, and saw that catheter coming out of me. My fun meter was not up to a 10 when I realized the catheter was to be with me for 14 more days! Also, a fair amount of printed material on all of the bacterial risks and sanitation requirements began to make me consider the need for hiring someone who could come to my home at least once a day to help keep me on course. I didn't need to set myself up for another problem, I thought.

I was fortunate to employ just such a person. She did come to my home daily to clean me up, sterilize all of the equipment, and monitor the swelling and the scar. Believe me when I tell you this: The peace of mind having a real professional help you take **that next step** was worth its weight in gold. Prevention of the first order.

The 14 days came and went without a hitch. For the next four weeks, no lifting of anything over 10 pounds. And, no running. Six weeks following the surgery I began my running routine, although at a slightly slower pace, and the following week I found the weight room again, doing most of my routine at a 50% (of norm) level.

As I reflected upon the fact I'm in my 50's and have now had two bouts with cancer (I don't count the melanoma because that was self-induced from too much sun when we were growing up), I began wondering what it was in my diet that must be missing? There is one school of thought that believes more than 80% of all human cancers are induced by environmental factors, with 30%-40% of the men tied to a diet that is not providing the body with the multitude of vitamins and minerals that are potent anti-cancer agents. This has become a primary focal point as I regain my health.

I began this monologue with the hope it can be of some value to others as they **go through the process** of evaluating their options, should they find they have this disease. Whatever course of action anyone chooses to take, I have these suggestions:

1. Be aggressive. Do not sit back and hope this goes away by itself. It probably won't.

2. Create a deadline by which time you **force yourself** to make a decision. Then, **stick to it or move up the deadline**. Your clock is ticking.
3. Document yourself. Go to a large bookstore and browse the shelves until you find books that are focused on prostate cancer. Also, go to the Internet. You'll be amazed at what you can pull up/print off.
4. Seek out the VERY BEST medical experts in your area. This is one of those times in life when you want input from people who excelled in medical school.
5. Get yourself into the very best shape you can. (For the 8 days preceding my surgery, I ran 4 days and lifted weights twice.) Not only will you be helping your physical state for a rather major incursion, but you will also gain strength mentally. And most all of us know that having a positive attitude when **going into something as serious as this** helps a great deal.
6. Be certain you have that special person/friend/family member who will be at your side **to help you through those two long weeks** following surgery since you will need to rest and let your body heal itself. **Rather than fight it**, why not enjoy it with a good book or two? You'll be back on your feet before you know it!

I sincerely hope my summary helps you or a loved one **take control of a situation** that otherwise will be very threatening. By doing so, you can **turn this obstacle** into a reasonably good opportunity. Good luck!

Analysis Narrative 3

<http://www.oncolink.org/coping/article.cfm?aid=1161&id=585&c=400>

It's Almost As If It Never Happened

There are two dates that are burned into my memory. February 15, 1996, the day I was told that I had Prostate Cancer (PC) and April 11, 1996, the day I had a radical prostatectomy to remove the disease from my body.

As I've pointed out in previous updates to the Oncology Bulletin Board, life right after being told one has PC, **through each step** including what was termed successful surgery, each successive blood test -- every 6 months **for the rest of your life** -- the fear and concerns continued to diminish. With every anniversary year, hope grows that it -- having cancer -- is finally, really over.

I remember doing my annual updated reports for this bulletin board, messages to other cancer victims and survivors, and how thrilled I was to have achieved 1,2,3, and 4 years post-op, cancer-free. I promised the bulletin board editor, Maggie that I'd write of my successful completion of my 5-year anniversary, because it was to be such a momentous occasion. I never did.

That was almost a year ago. Somehow, I never got around to writing that 5th-year update. Life was and is good, and perhaps, **crossing that 5-year mark** does something to your memory. "Oh, sure, I had cancer, yeah Prostate, but that was 5 years ago." Suddenly, it's just no big deal. And I never wrote my update as promised.

So what has prompted me to submit what is almost my 6th year anniversary chapter? Well, in December 2001, as I was walking across the parking lot of our local community college -- that's another story for another time - I saw the American Red Cross Mobile Blood Center bus in front of the administration building. They were giving away these neat T-shirts just for donating blood, and I wanted one. But of course, as a survivor of cancer, I thought my blood donating days were over -- thank heavens, because to this day, I still don't like getting stuck with a needle, even for a good cause!

Feeling as if there was no way that I would be permitted to give blood, and willing to forego the T-shirt just to avoid being stuck with another needle, this is what happened. When approached to donate, I responded with that tried and true statement, "I've had cancer, so I can't donate."

Well, to my surprise, these tenacious blood-grabbing volunteers simply asked, "How long ago did you have cancer?" I said, "About 5½ years ago." And they said, "Great!"

I knew I was in trouble. "What do you mean great?" I asked.

"Well, after 5 years, we consider you to be cancer free," said the cute young lady with what was beginning to look like a very bloodthirsty look in her eyes.

"You mean like I can give blood?" I asked.

"Well, **if you've gone 5 years or more with no reoccurrence** or signs of prostate or other forms of cancer, we'd love to have your blood. You're cured!"

"Well, I'll be damned," I thought. "Not even my own doctor was willing to tell me I was officially cured. Maybe he just likes seeing me every 6 months?"

"Let me think about this," I said, as I walked into the administration building. I wasn't ready to let a woman with a Cheshire-Cat grin, even a good-looking one with a Red Cross insignia on her sleeve, stick me with one of those pipeline-sized needles.

But as I went about my tasks, I began to think that there are sure a lot of people who would love to be healthy enough to be able to give blood, but simply cannot because, well, they're just not healthy.

And here I was, just having been informed, after little more than 5 years from the day I was told I had cancer, that I can be a blood donor.

I thought, "I'm more than a survivor, I'm cured! My blood is as good as anyone's, even someone who hasn't had cancer. Imagine that!"

So, my school business complete and my mind made up, I exited the administration building and walked up the steps into that Blood Mobile and asked, "Do you have any of those T-shirts left?"

Darn it, they did, and in my size too. I had tried to leave myself one more loophole, but even that **escape route was blocked. I was officially trapped.**

I gave a drop of blood from my finger to test for iron deficiency -- passed that test like my blood was made of lead -- then **went through the usual 100 question form** with the nurse.

When the issue came up, "Have you ever had cancer?" I responded, "Indeed I have."

She asked, "How long ago?" And I said, "Well, it's been more than 5 years." To which she said, "No reoccurrence, no problem, which arm would you like us to use?"

To make a long story longer, I gave blood.

Compared to the feeling that I really am cancer-free, a little needle-stick in the arm doesn't even begin to measure up.

I've actually given blood since then -- with no T-shirt bribery necessary -- about 7 weeks later when I saw the Blood Mobile at our local grocery store parking lot. Doing so, for me, was another confirmation and reaffirmation that I, AM!

April 11, 2002, will mark 6 full years cancer free. Those memories of the diagnosis, surgery, and **years 1 through 5 of worry** about the possibility of reoccurrence, have somehow been all but forgotten. It's almost as if it never happened.

Oh, I still see my doctor every 6 months. But those wonderful people, who so willingly take my donated blood, now also serve as a reminder that my life is beautiful, reasonably carefree - - except for an occasional needle stick -- and most importantly, cancer free.

For a pint of my blood, a price I'm happy to pay, I hear someone remind me, every 8 weeks, "You're cured."

It just doesn't get much better than that!

Analysis Narrative 4

<http://www.oncolink.org/coping/article.cfm?aid=960&id=265&c=400>

PC Post-Op 1,360 Days -- But Who's Counting?

It's hard to believe, as I sit here just a few hours away from **my semi-annual revisit** to my surgeon's office for another PSA test, that I'm approaching 4 years since my prostate cancer (PC) surgery. I really have no doubt that the results will again be in the range of 0.2, as they have been so consistently for the past 3 years.

I continue to hear almost weekly from many people who have read my previous articles tracking my own experiences from biopsy to post-surgery recovery. For other PC "victors" out there or for those who see themselves as recently notified victims with Prostate Cancer, I can only relate my continuing story of successful surgery and good health, and tell you that you too should plan and expect a similar result.

These days, my energy level, which began to rebuild within a few weeks of surgery, returned to 97% about 6 months after surgery. Probably as good as it can get for a 55 year old who still thinks he's not over 40. In fact, my wife and I took up road cycling with our local bicycle club about a year ago, and now ride almost daily. I can routinely ride 35 to 60 miles with the occasional 100-mile century ride thrown in for good measure.

It still seems to amaze some people to think that I had cancer and **now lead a normal life**. I guess that's the point. I had PC, and once you have had any form of cancer, it becomes, at some level, a part of your life forever. The choices you have, as any survivor can tell you, is **to get on with life** and be **in control of your destiny**, or allow any aspect of the disease to **control your life** - the latter is a bad choice.

Obviously, I chose the former, **to get on with my life**. The memory of the horror and shock of being told I had PC, as well as the fear I had of electing and submitting to the radical surgery has long since diminished. I remember it was absolutely NOT a painful surgery, and that there were many funny incidents that occurred in the weeks and months after the surgery.

Particularly the catheter during the first 18 days, and then the much anticipated **return to a "normal" sex life**. My wife, Lisa, and I still laugh about it.

The fears of incontinence were totally unfounded, as it was resolved within a few days of removal of the catheter after the successful surgery. My return to work took about 30 days, and **my return to full energy** and all physical activities took between 4 and 6 months.

Candidly, the **return to normal sexual function** took quite a bit longer. Although I had no nerve bundles removed during the surgery, the trauma to the nerves in the area, just as a by-product of the surgery, was enough to create unpredictable occasions of impotence.

To overcome this problem, I worked with my surgeon as a "human guinea pig" willing to try anything to **return to those wonderful days** of old. I tried everything. From inserting medicines such as Muse into the opening of my penis, to Caver-Ject, a medicine that is self-injected into the side/shaft of the penis, to the well-known pill Viagra. I tried them all.

Of those three "cures", **the shots** worked best. Viagra also worked, but the Muse failed to assist me at all. Viagra, however, gave me severe headaches. Imagine telling your partner that taking "the pill" and then making love gave you a headache. It's almost comical. But my return to adequate performance without some chemical assistance **became a 2 year journey** filled with some disappointment, some hilarity, and a great deal of acceptance.

About the end of the second year after surgery, I found that although I could not perform sexually like the 20-year-old stud I always thought I was, my body had recovered sufficiently to no longer require the use of any chemicals or outside substances. For me, not taking or putting anything into my body that it doesn't need is important. So I'm pleased to say that with a loving and willing partner, patience, and persistence, life is and can be quite normal and satisfying.

Life goes on, with all its challenges, excitement, stress, failures and successes. I really choose to keep my experience with cancer as just something that happened to me in the past. Not anything to worry about on a continuing basis. But it's always there, hiding in the dark and dusty corners of my memory. Out of sight, waiting for those rare moments of personal

weakness, when it can pop into my stream of conscious thought and [force me to deal with it](#) again, questioning, and make me wonder if I'm really cured. Like today.

So, I'm off to see my doctor who facetiously swears he never pronounces anyone "cured," until they've completed their [20th year of visits to his office](#) for clean bills of health. But he's also the same skeptic who was actually emboldened enough to tell me during my last visit 6 months ago, that he's tempted to use the "C" word regarding me. Imagine that, "C" meaning CURED!

There you have it, the Yin and Yang of survivorship. Maybe I can finally put that pesky little wave of doubt to rest for good. We'll see after today's appointment.

Analysis Narrative 5

http://copingmag.com/cwc/index.php/cancerType/cancerType_survivor_article/cancers_gift

Cancer's Gift

As word of [my diagnosis spread through the various circles in my life](#), I had countless conversations with friends, relatives, and coworkers. These were caring conversations. Reassuring conversations. Conversations focused on this general belief that everything would be OK. It seemed, somehow, that everyone had magical powers with which to see into the future. And what they saw was always good. "I know you'll be fine," they repeated constantly. While I appreciated the sentiment and optimism, I found that comment funny. In many ways, I felt as if people were trying to gain my reassurance, which I found hard to give convincingly. Karen's talk was the most motivating, uplifting conversation ever. Not just [during that period in my life](#). I mean ever. I'm candid. I'm blunt. And while I certainly wanted to have a positive attitude, I was also realistic. I knew this story could play out in many ways. After all, our family batting average was terrible.

Two of the conversations during those early days, however, were truly [stop-you-dead-in-your-tracks-and-shake-you-by-your-shirt-collar moments](#). The first, and most powerful one, was with a casual friend named Karen. I had known her tangentially for several years because she was a friend of some of my good friends. But [our paths rarely crossed](#). She was about my age. Petite. A glowing, energetic person. I knew she had had her own issues with cancer a few years earlier, but that was the extent of what I knew. She was simply Karen – my friend's fun,

spirited friend who had had breast cancer. Little did I know she would become one of the most influential people in the story of my life.

Her first contact with me arrived as a voice mail. “Jim, it’s Karen, Sarah’s friend. I’m so sorry to hear **what you’re going through**. Listen, I know you’re buried, but I really want to talk to you. I have something to tell you. It’s important. Could you call me when you have a few minutes? Thanks!” Click. “If your mind and heart are open, I promise you will come out of this with a gift that will change your life.” I was intrigued. I was curious. And I wanted to meet Karen immediately. So we did. The very next day. Karen’s talk was the most motivating, uplifting conversation ever. Not just during that period in my life. I mean ever. We didn’t talk about her own experiences **through surgeries and recovery**. We didn’t talk about **the beating** her body had **to endure through her treatment**. We didn’t talk about being afraid. Karen had only one thing to teach me. “Jim, you are going to receive the most amazing gift **as you go through this**,” she promised.

I took mental notes as she shared with me the extraordinary gift she ultimately received as **the result of her journey**. It was like a moment from the kung fu television series I used to watch as a child. There was always a scene when the little boy would sit in front of old Master Po, who would say, “When you can take the pebble from my hand, it will be **time for you to leave**.” I wanted the pebble Karen was holding. “You may not even realize it at the time, Jim,” she said, “but if your mind and heart are open, I promise you will come out of this with a gift that will change your life. Your gift will be yours and yours alone. And you will never be the same. Regardless of what happens with your cancer.” She also gave me a notebook. “Write, Jim,” she said. “Take time to write.” For the first time in days, I was excited. Karen **framed my life** in a way no one else could. Not only was I filled with her energy, but I was also beginning to experience a new taste of my own. Karen came to teach me a lesson. And I listened. There was a gift out there with my name on it.

Analysis Narrative 6

http://copingmag.com/cwc/index.php/cancerType/cancerType_survivor_article/through_the_valley

Through the Valley

On my 69th birthday, I was told that my PSA was off the chart, an almost sure sign that I had advanced prostate cancer. Despite the relatively asymptomatic nature of prostate cancer, I was

not greatly surprised. However, a definitive diagnosis of advanced, incurable prostate cancer is at best a wakeup call, at worst a life threatening judgment. My life would never be the same again.

I am convinced that an unequivocal positive attitude and a confident reliance on the healing powers of the body through our God-given immune system are essential to dealing with cancer. I do not expect my cancer to be cured. I will be satisfied with coming to terms with it – perhaps a standoff. Like North and South Korea, a 50-year truce. I guess the medical term might be “remission.”

It has been more than three months since my diagnosis. My initial treatments seem to have been successful. I feel as though **I have walked (stumbled?) through the valley of darkness and am emerging**, a bit weakened and chastened, into the light of a normal existence. One of my personal therapies is increased physical activity. At age 69, I am determined to continue playing ice hockey. I also try to eat right and sleep adequately. But most of all, I maintain a positive attitude. I find that I pray more, I drive less aggressively, and I move more slowly and deliberately.

The world of cancer, which I have entered, has changed the way I look at everything: my life, my relationships, the trees, the sky. I hope I am more gentle, more caring, more sensitive to others, more open, and more flexible. I find that my priorities have changed. I still feel passionately about certain issues, but I realize that they do not depend solely on my efforts. In many ways, my life is richer.

I have learned that cancer can be treated as a chronic illness. There will be highs and lows, **peaks and valleys. I have gone through the first “valley of tears” and am now on a high plateau, perhaps moving toward a peak.** My prayer and hope is that I will have the courage, strength, and grace to again **face the darkness of the next valley**, should it come.

Analysis Narrative 7

<https://www.mdanderson.org/publications/cancerwise/2013/06/how-my-second-cancer-diagnosis-changed-me.html>

How my second cancer diagnosis changed me

When I was diagnosed with an aggressive prostate cancer in 2002, I swallowed hard as my urologist explained my rather limited options. I felt emptied of incentive, devoid of purpose. I just wanted to be rid of the tumor.

Within weeks, I underwent surgery and **began my long recovery**. I had no idea what I was getting into and sought no help in coping.

Being an old school male, I just toughed it out.

My silent struggle with prostate cancer

I wasn't prepared for the complications, mainly infections. Though I acted courageous, I was seething inside. At times, my anger overflowed onto my wife or the dog, but mostly it feasted on me. I became depressed. I functioned, but I didn't engage with others or with life.

I continued this way for about a year, **surviving on autopilot** until I began cycling. Riding my bike 16-25 miles, 3 days a week raised me out of the depression and provided an outlet for my anger.

Still I didn't talk to others about my cancer experience. I had no idea whether others had similar travails. **Mine was a private journey**, observed with sorrow and concern by my wife, but always at some distance because of my short temper.

My second cancer diagnosis: Metastatic melanoma

Muddling and pedaling along on my own, I made it to the fifth anniversary of my prostate cancer diagnosis, only to discover a swollen lymph node under my right arm. When the biopsy revealed that I had metastatic melanoma, I instantaneously felt a yawning abyss opening beneath me.

After surgical removal of the node confirmed the melanoma diagnosis, my oncologist said that nothing more could be done. We would just wait to see if it recurred.

The power of including others in my second cancer journey

My wife and I were **not about to go down the same rabbit hole of compliance** that we had after my prostate cancer diagnosis. We sought a second opinion. We researched alternatives. **We explored**. We shared our feelings and thoughts with family and friends.

Together we determined our course of action: We would go to MD Anderson.

Being actively engaged changed the dynamics completely. Instead of turning my anger inward, I directed it towards research and action. I joined a clinical trial with the understanding that even if the trial did not help me, it might help someone else. I became an active participant rather than a [victim](#).

Now that I had opened up a bit to family and friends, I also decided that I would [seek out others living with cancer](#). My wife and I became members of Gilda's Club and participate actively in that organization.

Through our constantly changing cadre of new friends, we have found added strength and purpose in sharing every aspect of life, including the special grief of [walking alongside those who die](#). Instead of shielding ourselves, we risked becoming involved in the often frustrating [narratives of other travelers on the cancer road](#). And it brought peculiar joy and satisfaction. It still does.

What we learn from our responses to a cancer diagnosis

I have learned that there is no one way to respond to a cancer diagnosis. A range of choices challenge each one who hears the fateful words. At times, we'll become passive because [the way forward seems too daunting](#). At other times, we may feel rage at fate for cursing us so. Or we may become frantic in searching for the one [magic bullet](#) that will make it all right again.

The fact is that a cancer diagnosis reveals something about ourselves that we might benefit from learning. For me, it was the two-headed beast of anger and how to keep the beast engaged in a positive way. For others, the revelations vary.

While cancer itself is [no walk in the park](#), I am grateful for the opportunities to learn about myself, [move outside myself in constructive action](#), engage others in understanding ways and learn to cherish each little experience as the treat of a lifetime.

Maybe telling my story will encourage others to reflect on theirs. [If so, the journey has been worth all the anguish and anxiety](#).

Analysis Narrative 8

<https://www.mdanderson.org/publications/cancerwise/2014/03/prostate-cancer-patient-gives-back-and-fights-back.html>

Prostate cancer patient fights back and gives back

On March 23, 2011, I was told I wouldn't live to be an old man. I was diagnosed with metastatic prostate cancer and was told by my doctor in Colorado that I only had two to four years to live.

"But, I'm only 44. I have a 1 and a half year-old little girl. I've only been married five years," I said. "I'm sorry," the doctor responded.

Would my daughter Kaila even remember who I was? Would she know how much her daddy loved her? My wife Cinthia and I were faced with an unbearable **outlook for our future**. All our hopes and dreams for our family, our girls and my role in **their lives were circling the drain**.

Everything in me and the loved ones around us were desperate for a way to **fight back**. We all felt completely helpless. It just felt like, swallow your medicine and deal with it.

Amidst the darkness, we made a few plans. I have a strong faith in God and I felt **he was leading us to take some steps**.

Coming to MD Anderson for prostate cancer treatment

I decided to come to MD Anderson for prostate cancer treatment based on high recommendations from a few family and friends. My first appointment with Ana Aparicio, M.D., assistant professor in Genitourinary Medical Oncology, was in May 2011. I was not given false hope, but through her thorough approach and sensitive manner, she gave me **something to fight for**. She gave me a plan with **systematic steps to my treatment**. Revolutionary, no. But it was exactly what I needed.

I'm heading into three years and still going strong. I have been very receptive to the treatments, including hormone treatments, injections, a radical prostatectomy and lymphectomy, which continue to buy me more time.

Giving back during cancer treatment

I also decided to film short videos about my life, detailing my beliefs, my adventures and my hopes and dreams, for my little girl. I might not be able to experience life with her in person, but she was going to know who I was and hear my advice and wishes for her life. Through these videos, I

found a way to **speak into the future events in her life** that I might not be around for.

It's important for people like me to know we will not be forgotten, and to know that our loved ones will remember exactly how we felt about them. Creating a visual connection for loved ones to have once we are gone, can also help them **through the healing process**.

Because I know this is so important, I'm now giving back and helping others create their own video stories and books for their families. Last year, I started a non-profit organization called the Gift of my Story.

Giving back has allowed me to bring meaning and purpose back into a 'hopeless' situation, especially during what may be **the final days of my life**. MD Anderson helped me **fight back**, creating videos for others has helped me give back.

Analysis Narrative 9

<https://www.mdanderson.org/publications/cancerwise/2013/11/prostate-cancer-an-air-force-officers-latest-battle.html>

Prostate cancer: An Air Force officer's latest **battle**

I retired from the U.S. Air Force after serving 26 years as a fighter pilot. After that, I served another 15 years as a high school Air Force Junior ROTC instructor. My military service included two tours in Vietnam and combat action in Operation Desert Storm, where I served as the commander of the unit that flew the F117A stealth fighter.

But **my latest battle** came in February 2013, when, at age 67, I received a prostate cancer diagnosis.

I had watched my Prostate Specific Antigen (PSA) test scores **climb slowly over several years**, but a dramatic increase in a recent physical exam had motivated me to have a biopsy. The biopsy came back positive for prostate cancer.

Choosing my prostate cancer treatment

I diligently evaluated my prostate cancer treatment options. I discussed a variety of cancer treatments with my primary care physician, my urologist, a radiation oncologist and other

men who had experienced prostate cancer. But I was not particularly pleased with what I heard regarding the options available to me in my hometown.

I kept going back to an option I had discovered on the website for MD Anderson: proton therapy.

Unfortunately, I could not find anyone that I could talk to face-to-face about proton therapy. So my wife Ann and I decided to visit MD Anderson to get a second opinion about my prostate cancer diagnosis and to learn all we could about proton therapy.

Why proton therapy was the right choice for me

As an Air Force stealth fighter aviator during Desert Storm, I was tasked with employing a new and innovative technology, the F-117A, in a dangerous, unforgiving environment. There were naysayers who said the aircraft was too expensive, but I knew that it would enable bombs to reach targets without collateral damage to civilians and allow us to return home safely.

When I flew into the teeth of battle with the explosions of antiaircraft artillery and surface to air missiles raging about me, I knew I was extremely fortunate to be in that stealth aircraft.

Likewise, when I found MD Anderson and proton therapy, I knew my treatment team could attack my tumor with precision and destroy that target with maximum effect and minimal, if any, side effects. As a patient faced with a disease that could kill me, I wanted to go into that fight with the most capable treatment and one that will cause minimal if any collateral damage to other parts of my body.

Not only did I want to survive, but I wanted to preserve my quality of life. And through proton therapy I did just that. Throughout my treatment, I increased my walking to three or four miles a day and spent a couple of hours at the gym at least three times a week.

Most importantly, I completed my prostate cancer treatment and was declared well on my way to being cancer-free in early November 2013.

In both the Air Force and at MD Anderson, I was blessed that people had shown the initiative and determination to pursue new and evolving technologies that would benefit humanity and not base that decision solely on the cost.

I decided to come to MD Anderson because I knew it would offer the best treatment available. What I didn't know was that **this journey would also lead me** to a caring, professional and competent medical team that not only is the best at what they do, but also inspired, comforted and cared for me in ways I never imagined possible.

Analysis Narrative 10

<https://www.mdanderson.org/publications/cancerwise/2015/06/after-a-terminal-metastatic-diagnosis-planning-a-longer-life.html>

After a terminal, metastatic diagnosis, **planning a longer life**

In 2011, I was diagnosed with aggressive metastatic prostate cancer. Because of this, my doctors had very little hope I would **still be here four years later**.

But after hormone treatments, injections, a radical prostatectomy and lymphectomy to treat my metastatic prostate cancer, **I'm still here**. Not only that, but my doctor, Ana Aparicio, M.D., tells me I have reasons to hope.

Finding hope at MD Anderson after my metastatic diagnosis

Dr. Aparicio told me there are two immunotherapy treatments coming down the pike that could be game-changers for metastatic prostate cancer patients like me. They are in the last stages of clinical trials and are showing very encouraging results. Prostate cancer treatment is progressing at a very rapid pace. The longer I'm alive, the greater the chances that more therapies can benefit me.

Because of my prolonged successful time on hormone therapy, Dr. Aparicio indicated that I may respond well to other treatments.

I spent some time asking about other treatments and new ideas I had read about. What I appreciate about Dr. Aparicio is that with many of these new treatments and ideas, she isn't just reading about them like everyone else. She is in the conversation and part of the debates and discussions. I'm so thankful that she's my doctor.

New possibilities for my future despite my metastatic diagnosis

We know there are still no guarantees for me, regardless of new prostate cancer treatment options.

In many ways, it's **beyond my control**. It's not all about a positive attitude or exercise. If it were, we wouldn't be losing so many great people that have practiced all of these things. It just is what it is. I do hope and pray that **things continue to progress** for me, but I realize that **I can't and don't control this realm**.

My wife and I have **changed our outlook on our life together**. Most likely, we will have more time together, more time to be a family and **more time to create longer-range plans and goals**. It's pretty fun to allow ourselves to think about a five-year plan. That might be a stretch, but maybe not so out of reason.

Appendix C: Complete tables of data analysis

Table 1: Women: WAR metaphors

WAR Metaphors	Positive/Negative/Neutral	Empowering/Disempowering/Neutral
Striking	Negative	Disempowering
Exploded	Negative	Disempowering
Radioactive	Negative	Disempowering
Track the position	Neutral	Neutral
Shot (anti-nausea drug)	Neutral	Neutral
Shooting pains	Negative	Disempowering
Hit our area	Negative	Disempowering
Hit me	Negative	Disempowering
Battle with cancer	Negative	Disempowering
Conquer that hurdle	Positive	Empowering
Tackle	Positive	Empowering
Right on target	Neutral	Neutral
Cancer is a war	Negative	Empowering
Fighting against your own body for your life	Negative	Disempowering
Call it war	Positive	Empowering
Cancer is a war	Positive	Empowering
Winning demands leadership	Positive	Empowering
Cancer patients are ill-equipped	Negative	Disempowering
Trained in the midst of a shocking diagnosis	Positive	Empowering
Fighting the battle in the trenches of our own bodies	Negative	Disempowering
It's our own lives for which we're waging war	Positive	Empowering
It's hard to lead when waging war against cancer	Negative	Disempowering
During my war against	Positive	Empowering
It's imperative though, to lead your war	Positive	Empowering
I began my war against	Positive	Empowering
I can't fight this alone	Negative	Disempowering
When you are at war, who you partner with matters	Positive	Empowering
War changes you	Negative	Disempowering
This war in my life	Negative	Disempowering
I am forceful	Negative	Disempowering
It's a messy war with leadership that doesn't make sense	Negative	Disempowering
The best system for this war	Negative	Disempowering
I am not battling cancer	Positive	Empowering
I am at war with cancer	Negative	Empowering
I beat you	Positive	Empowering
Help me fight	Positive	Empowering
Increase chances of beating	Positive	Empowering

A fight I was not going to let you win	Positive	Empowering
It's a fight	Positive	Empowering
Battles everyday	Positive	Empowering
Fight this battle	Positive	Empowering
I beat you	Positive	Empowering
Knocked you out	Positive	Empowering
(the cancer) You won't win	Positive	Empowering
Battle this disease	Negative	Disempowering
Battle this disease	Negative	Disempowering
Fighting back	Positive	Empowering

Table 2: Men: WAR metaphors

WAR Metaphors	Positive/Negative/Neutral	Empowering/Disempowering/Neutral
Kicking (can)cer (x3)	Positive	Empowering
Force yourself	Positive	Empowering
Select my attack	Positive	Empowering
Rather than fight it	Positive	Empowering
Take control	Positive	Empowering
In control	Positive	Empowering
Control your life	Negative	Disempowering
The shots	Neutral	Neutral
Force me to deal with it	Negative	Disempowering
The beating	Negative	Disempowering
A victim	Negative	Disempowering
Magic bullet	Positive	Empowering
Fight back	Positive	Empowering
Something to fight for	Positive	Empowering
Fight back	Positive	Empowering
Battle	Negative	Disempowering
My latest battle	Negative	Disempowering
Enable bombs	Positive	Empowering
Reach targets	Positive	Empowering
Collateral damage	Positive	Empowering
The teeth of battle	Negative	Disempowering
Attack my tumor	Positive	Empowering
Destroy that target	Positive	Empowering
Faced with a disease that could kill me	Negative	Disempowering
Go into that fight	Positive	Empowering
Collateral damage	Negative	Disempowering
Beyond my control	Negative	Disempowering
I can't and don't control this realm	Negative	Disempowering

Table 3: Women: JOURNEY metaphors

JOURNEY Metaphors	Positive/Negative/Neutral	Empowering/Disempowering/Neutral
Stopping a time bomb	Positive	Empowering
Roller coaster	Negative	Disempowering
I could proceed	Neutral	Neutral

The next and final step	Neutral	Neutral
Time heals all wounds	Positive	Empowering
Look to the future	Positive	Empowering
Proceeded with	Neutral	Neutral
Living with cancer	Positive	Empowering
My journey began	Negative	Empowering
Time was now here	Negative	Disempowering
Life line	Positive	Empowering
Annual visit	Negative	Disempowering
Surgery day arrived quickly	Positive	Empowering
I was going under	Neutral	Neutral
August 12 th visit brought good news and bad news	Neutral	Neutral
My next visit to the surgeon	Neutral	Neutral
Roller coaster ride	Negative	Disempowering
Where do I go from here	Neutral	Neutral
Move onto the next step	Positive	Empowering
My visit on September 9 th	Neutral	Neutral
Each step in treatment	Positive	Empowering
Wait for my oncology visit	Negative	Disempowering
Chemo was going to give me many more future birthdays	Positive	Empowering
My appointment day arrived	Neutral	Neutral
I lived it up	Positive	Empowering
Between my next visit	Neutral	Neutral
That visit was a pleasant surprise	Positive	Empowering
I'm finding that each day is great	Positive	Empowering
Living in the moment	Positive	Empowering
My outlook	Positive	Empowering
I can live with that	Positive	Empowering
Discovered a lump	Negative	Disempowering
Live life on the edge	Negative	Disempowering
To deliver this type of news	Negative	Disempowering
Discovered gangrene during my surgery	Negative	Disempowering
Pace myself	Positive	Empowering
Watch any future developments	Neutral	Neutral
Explore other options	Positive	Empowering
To proceed	Negative	Disempowering
I reached 1200	Neutral	Neutral
I was looking forward	Positive	Empowering
Terrific way to start the new year	Positive	Empowering
To return to him	Neutral	Neutral
Flu bug has moved out	Positive	Empowering

I will return	Neutral	Neutral
I'm really looking forward	Positive	Empowering
Through this weekend	Neutral	Neutral
Positive attitude went right out the window	Negative	Disempowering
Looking forward to	Positive	Empowering
It's a go ahead	Positive	Empowering
Manage to pick up something else	Negative	Disempowering
I stopped by to visit the nurses	Neutral	Neutral
Just beginning	Negative	Disempowering
I was concluding	Positive	Empowering
Live my life day to day	Positive	Empowering
Made many discoveries along the way	Positive	Empowering
I'm looking forward to	Positive	Empowering
Living with cancer	Neutral	Neutral
Cancer is an integral part of my life	Negative	Disempowering
Living with the "new" me	Positive	Empowering
Through the whole process	Negative	Disempowering
Throughout my course of chemo	Neutral	Neutral
I feared it would take flight	Negative	Disempowering
I discovered that my eye lashes serve a purpose	Neutral	Neutral
Through all my treatments	Neutral	Neutral
I kept working through this all	Positive	Empowering
Going through treatment and recovering	Positive	Empowering
Going through this together	Positive	Empowering
Now that was about to wind down	Positive	Empowering
I was to return to my "normal" routine	Neutral	Neutral
What others live with and go through	Negative	Disempowering
A work in progress	Positive	Empowering
The next step	Positive	Empowering
This is part of living with and surviving cancer	Positive	Empowering
Each birthday will carry with it an added blessing	Positive	Empowering
Been through the worst of it	Positive	Empowering
I returned to work with all of it behind me	Positive	Empowering
Reaching out to help me	Positive	Empowering

I'm going to live as long as I'm alive	Positive	Empowering
I put my life back together and moved on	Positive	Empowering
I'm going to get through this	Positive	Empowering
I'm going to move on with my life	Positive	Empowering
I'm going to for that 20%	Positive	Empowering
I need to move forward	Positive	Empowering
Get through movement	Positive	Empowering
Get through treatment	Positive	Empowering
Get through baldness	Positive	Empowering
Get through the bone marrow transplant that awaits me	Positive	Empowering
Get on with my future	Positive	Empowering
Throughout this "odyssey"	Neutral	Neutral
I went through the rounds of doctors	Neutral	Neutral
The next stop was the plastic surgeon	Neutral	Neutral
Been on a treadmill	Negative	Disempowering
A change to get off and catch our breath	Positive	Empowering
What was ahead	Positive	Empowering
Progressing well	Positive	Empowering
Recovery progressed well	Positive	Empowering
I do live in fear of infection	Negative	Disempowering
Go back to my old activities	Positive	Empowering
Only time will tell	Neutral	Neutral
Once I finish with and recover from chemo	Neutral	Neutral
Radiation should start in a few weeks	Neutral	Neutral
Keeping my fingers crossed about the future	Positive	Empowering
Will progress smoothly	Positive	Empowering
I am going forward to lead a life	Positive	Empowering
A journey is a process, a path	Neutral	Neutral
Learning along the way	Positive	Empowering
Seemed like a journey	Neutral	Neutral
The harsh reality of living or dying with cancer	Negative	Disempowering
It shouldn't be entered into lightly	Negative	Disempowering
A leader with a clear objective and direction	Positive	Empowering

Has reduced my ability to act	Negative	Disempowering
My goal	Neutral	Neutral
Speed through this hell	Positive	Empowering
Return to my life	Positive	Empowering
See cancer changing me	Negative	Disempowering
My goal is to no longer hastily force myself through cancer	Positive	Empowering
No matter the number of days I have left	Neutral	Neutral
My goal is to achieve	Positive	Empowering
I press on towards becoming	Positive	Empowering
I'm not ready to go	Positive	Empowering
To get there, I need help	Positive	Disempowering
Those who aren't supportive of your goal	Negative	Disempowering
I am not journeying through cancer	Negative	Empowering
I came to the right place at the right time	Positive	Empowering
I'm living my life	Positive	Empowering
Live life	Positive	Empowering
I'm living in the moment now	Positive	Empowering
So that we may live to see our grandchildren	Positive	Empowering
For the rest of our lives	Negative	Disempowering
Leave our loved ones and this life far too soon	Negative	Disempowering
In my twelve years of living with breast cancer	Neutral	Neutral
Living with cancer	Neutral	Neutral
Started my journey	Neutral	Neutral
My goal through the entire process	Positive	Empowering
A huge mountain to climb	Negative	Disempowering
Hit some bumps in the road	Negative	Disempowering
Through the grace of god	Positive	Empowering
I have encountered along the way	Positive	Empowering
Wherever she is in her journey	Neutral	Neutral
Breast cancer journey	Neutral	Neutral
Throughout my journey	Neutral	Neutral
Living the same day over and over again	Negative	Disempowering
The waiting game had finally come to an end	Positive	Empowering
The healing could begin	Positive	Empowering
She set me on a new path	Positive	Empowering

For years I've longed to find opportunities	Positive	Empowering
Having cancer brought new life to this quest	Positive	Empowering
My end goal	Positive	Empowering
Leave this world	Neutral	Neutral
Embarking on their own challenging journey	Neutral	Neutral
Focus on the light at the end of the tunnel	Positive	Empowering
Will discover silver linings along the way	Positive	Empowering

Table 4: Men JOURNEY metaphors

JOURNEY Metaphors	Positive/Negative/Neutral	Empowering/Disempowering/Neutral
Down the road	Positive	Empowering
The check-up that arrives so soon	Neutral	Neutral
Enough time has elapsed	Neutral	Neutral
Our test dates draw nigh	Neutral	Neutral
Along for the ride	Negative	Disempowering
When he delivered my results	Neutral	Neutral
Delivery of good test news	Positive	Empowering
You'll live forever	Positive	Empowering
I'd been here before	Negative	Disempowering
I'm back exactly where I was	Negative	Disempowering
Before it could go any higher	Negative	Disempowering
Back where he was five years ago	Negative	Disempowering
Down the road	Positive	Empowering
Wondrous adventures and delights woven into the fabric of life	Positive	Empowering
We'd see nearly eight years ago	Positive	Empowering
I was last right where I am now	Negative	Disempowering
Am I truly back to where I was?	Positive	Empowering
Life doesn't stand still	Neutral	Neutral
Threatens to stop your clock	Negative	Disempowering
There's a lot more life to pass	Positive	Empowering
Kick my cancer down the road	Positive	Empowering
Going into the July 4 th holiday	Neutral	Neutral

Stumbled onto this so early	Positive	Empowering
I was then moved to a room	Neutral	Neutral
That next step	Positive	Empowering
Go through the process	Neutral	Neutral
Stick to it or move up your deadline	Positive	Empowering
Going into something as serious as this	Positive	Empowering
To help you through those two long weeks	Positive	Empowering
Turn this obstacle	Positive	Empowering
Through next step	Neutral	Neutral
For the rest of your life	Negative	Disempowering
Crossing that 5-year mark	Positive	Empowering
If you've gone 5 years or more with no reoccurrence	Positive	Empowering
Escape route was blocked	Negative	Disempowering
I was officially trapped	Negative	Disempowering
Went through the usual 100 question form	Neutral	Neutral
Years 1 through 5 of worry	Negative	Disempowering
My semi-annual revisit	Neutral	Neutral
Now lead a normal life	Positive	Empowering
To get on with life	Positive	Empowering
To get on with my life	Positive	Empowering
Return to a "normal" sex life	Positive	Empowering
My return to full energy	Positive	Empowering
Return to normal sexual function	Positive	Empowering
Return to those wonderful days	Positive	Empowering
Became a 2 year journey	Positive	Empowering
Life goes on, with all its challenges, excitement	Positive	Empowering
20 th year of visits to his office	Neutral	Neutral
As word of my diagnosis spread through the various circles in my life	Neutral	Neutral
During that period in my life	Negative	Disempowering
Stop-you-dead-in-your-tracks-and-shake-you-by-your-shirt-collar moments	Positive	Empowering
Our paths rarely crossed	Neutral	Neutral
What you're going through	Negative	Disempowering
To endure through her treatment	Negative	Disempowering

As you go through this	Positive	Empowering
The result of her journey	Neutral	Neutral
Time for you to leave	Neutral	Neutral
Framed my life	Positive	Empowering
Through the valley	Neutral	Neutral
I have walked (stumbled?) through the valley of darkness and am emerging	Positive	Empowering
Peaks and Valleys	Neutral	Neutral
I have gone through the first “valley of tears”	Positive	Empowering
On a high plateau	Positive	Empowering
Perhaps moving toward a peak	Positive	Empowering
Face the darkness of the next valley	Negative	Disempowering
Began my long recovery	Positive	Empowering
Surviving on autopilot	Negative	Disempowering
Mine was a private journey	Neutral	Neutral
Muddling and pedaling along on my own	Negative	Disempowering
My second cancer journey	Neutral	Neutral
Not about to go down the same rabbit hole of compliance	Positive	Empowering
We explored	Neutral	Neutral
Seek out others living with cancer	Neutral	Neutral
Walking alongside those who die	Neutral	Neutral
Narratives of other travelers on the cancer road	Positive	Empowering
The way forward seems too daunting	Negative	Disempowering
No walk in the park	Negative	Disempowering
Move outside myself in constructive action	Positive	Empowering
If so the journey has been worth all the anguish and anxiety	Positive	Empowering
Outlook for our future	Negative	Disempowering
Their lives were circling the drain	Negative	Disempowering
He was leading us to take some steps	Positive	Empowering
Systematic steps to my treatment	Positive	Empowering
I’m heading into three years and still going strong	Positive	Empowering
Speak into the future events in her life	Positive	Empowering

Through the healing process	Positive	Empowering
The final days of my life	Negative	Disempowering
Climb slowly over several years	Positive	Empowering
I kept going back to an option I had discovered on the website	Neutral	Neutral
Return home safely	Positive	Empowering
I flew into the teeth of battle	Negative	Disempowering
Through proton therapy	Neutral	Neutral
Throughout my treatment	Neutral	Neutral
Well on my way to being cancer-free	Positive	Empowering
This journey would also lead me	Positive	Empowering
Planning a longer life	Positive	Empowering
Still be here four years later	Positive	Empowering
I'm still here	Positive	Empowering
Things continue to progress	Positive	Empowering
Changed our outlook on our life together	Positive	Empowering
More time to create longer-range plans and goals	Positive	Empowering