

Chapter 4

Towards Autobiographical Reconstruction: Coping with Breast Cancer Challenges

Stories have to repair the damage that illness has done to the ill person's sense of where she is in life, and where she may be going. Stories are a way of redrawing maps and finding new destinations.

Arthur W. Frank, *The Wounded Storyteller*, 1995

4.1 Introduction

4.1.1 Looking Beyond Biographical Disruption

Michael Bury's theoretical standpoint on biographical disruption posits that patients start creating a completely new understanding between the self and others after a major life-altering event caused by a chronic illness. The relationship between self and others is generally considered "a precarious presence" characterised by "high degrees of self-reflection, individualism, and manipulation of appearances" under current settings (Bury, 1982, p. 178). Bury has identified three major stages of biographical disruption: At first, the victims of biographical disruption go through the "what is going on here" stage involving attention to altering bodily states; secondly, there are more profound disruptions in explanatory systems used by them that necessitate "a fundamental rethinking of the person's biography and self-concept," and finally, they also feel a sudden and huge amount of disruption in terms of altering resources (Bury, 1982, p. 169; 170). Further, Bury has also hinted at the ways of negotiating biographical

disruption and its strategic management at the onset of chronic illness, and one of these strategies is interactionism (p. 168). Following Giddens' (1979) concept of critical situation, Bury establishes the importance of "biographically located events" such as spirit possession, which has the potential to heal the disruption of mind and self (p. 169). When breast cancer disrupts one's life, it creates a profound and lasting alteration in the individual's life story. Two important manifestations of the biographical disruption are predominantly found in individuals: fear and shame.

Fear does not occur due to a one-time event but because of a chain of events including the sudden shocking revelation of diagnosis, long waiting time for reports, objectification of care in terms of biopsy, PET scan, and MRI, excessive use of medical jargon, the process of inducing foreign drugs in the form of chemotherapy, or even of the fragmented care system while receiving care under many doctors with different specialisations. Fear also has another very significant dimension that is predominantly present among breast cancer patients, which can be referred to as death anxiety. Breast cancer leading to biographical disruption also intensifies death anxiety, in which patients become worried about every little sneeze or even body ache, considering it the deterioration of health. Death anxiety is associated with a major disruption of body and self because it becomes difficult for patients to live life with it. Death anxiety persists in patients even after complete recovery, as the recurrence rate is very high in breast cancer. Thus, once breast cancer is detected, it becomes a lifelong trauma for patients because it is difficult to overcome the fear of the disruption caused by the illness.

Shame, rather than fear, is a more tormenting emotion, as it disturbs a person's confidence and the individual's value after a breast cancer diagnosis, leading to a strong

crisis of self. They feel ashamed to show any signs of distress or strength because society harshly judges how they look and react as breast cancer patients. Other than that, bodily dissatisfactions related to chemo baldness, artificial wigs, one-breastedness, breastlessness, or even body weakness and dependency lead to embodied shame in breast cancer patients. Shame destroys or partially damages the identity of a person due to socio-cultural understanding of breast cancer. Therefore, it becomes necessary to overcome shame and redefine the disrupted identity.

Recounting personal stories is a powerful tool for overcoming the crisis of self-brought on by biographical disruption. It provides several advantages, such as a shift in perspective, emotional healing, connection, and empowerment. From the shattering world involving anger, shame, anxiety, and fear, when patients begin to narrate their journey of recalling, reworking, and reflecting on their past experiences, the act of writing not only helps in bringing clarification, insight, and coherence to life's events but also in creating 'empathic bonds between themselves and their listeners' (Boesky, 2015, p. 76; Frank, 1995, p. xii). When the diagnosis reveals the existence of a malignancy, the world almost changes for a patient, resulting in an exfoliating series of related events and decisions—'clinical, psychological, aesthetic' (Boesky, 2015, p. 76). All those moments of related feelings and decisions get revisited when a person decides to tell her illness experiences, thus creating conditions for a possible biographical redefinition. Among many important approaches to biographical redefinition, Psychodynamic Life Narrative (PLN) is generally recognised as a special form of psychotherapy that aims "to help the patient to understand their current psychological reactions to illness by linking it to important elements of their life

trajectory” (De Vries & Stiefel, 2018, p. 149). Similarly, narrative therapy has been recommended by White and Epston (1990) because it helps the patient expand her perspective of the world and herself, gives coherence to her experiences of illness and gives her the ability to take a stand through her narration (p. 151). In a similar vein, the positive psychologist Daniel Siegel has proposed a model called “Name it to Tame it,” which involves both naming the problem and taming one’s brain. Naming one’s problem facilitates the identification of one’s strong feelings, which in turn aids in lowering stress and anxiety (Dalai Lama Center for Peace and Education, 2014). Therefore, the crisis caused by biographical disruption can be surmounted through narrating.

The act of writing one’s own life is generally considered a dynamic dialectical process in which the writer is engaged in “a process of healing, self-discovery, and growth” (Chandler, 1990, p. 9). Progoff’s “Writing Cure” technique, which is mostly analogous to Freud’s “Talking Cure,” has been proposed as an instrument not only for self-justification but for self-growth (Progoff, 1975; Chandler, 1990, p. 9). The translation of one’s life into writing does not only provide aesthetic satisfaction but also “sets the writer outside the experience by setting the experience outside himself, giving it a form and hence an existence of its own, and bringing it to at least symbolic completion” (Chandler, 1990, p. 10). The writers mostly use symbols to link the creative unconscious with the ordering consciousness because it provides “new ways of seeing and describing experience” (Chandler, 1990, p. 11). Therefore, the wholeness one brings through connecting the dots of life while writing an autobiography ensures both physical and spiritual integrity. Thus, autobiography always encapsulates the author’s

“plea for humanity to relate his isolation to its wholeness” (Spender, 1980, p. 120). Writing is generally considered to be exploratory as “a means of sorting out and naming feelings and seeking to grasp the experience through description” and also to be self-reflexive to “engender new possibilities of self-understanding and provide a basis for continuing fruitful dialogue between the creating and the created self” (Chandler, 1990, p. 8; 13). An autobiographical reconstruction is the process of self-examination and the writing-based emergence of a new self.

An important marker that connects the arguments made in the studies discussed above is how individuals cope with the significant changes that disrupt their life narratives, often due to events like chronic illness, trauma, or other major life changes. Coping with biographical disruption involves reconstructing one's identity, finding new meaning in life, and integrating the disruption into a revised life story. A study based on Thai women's breast cancer experiences has explored the correlation between biographical disruption in breast cancer and associated fear, anxiety, and loss of hope (Liamputtong & Suwankhong, 2015, p. 1086) and reports two coping strategies, acceptance of fate and adherence to Buddhist beliefs and practices with which the patients overcome the biographical disruption. Other than this, a few researchers have explored how patients suffering from illnesses other than breast cancer have developed their coping mechanisms in the face of biographical disruption to suggest strategies such as biographical reinforcement, biographical work or narrative reconstruction, biographical redefinition, and biographical reinvention (Carricaburu & Pierret, 1995; Pranka, 2016; Kehily, 1995; Faulk et. al., 2023; Potter, 2023). A study based on HIV-positive men's biographical disruption has established the reinterpretation of individual

and collective memories as biographical reinforcement to overcome the challenging consequences of the disease (Carricaburu & Pierret, 1995, p. 65). Research establishes that an individual's biographical work or narrative reconstruction helps in overcoming biographical disruption because “the individual tries to connect the previous identity with the new identity that has arisen during the process” (Pranka, 2016, p. 6). Consequently, when writing an autobiography, one juxtaposes their past and present selves (Kehily, 1995, p. 23).

The works discussed above suggest that disrupted identities, often resulting from traumatic or life-altering experiences concerning breast cancer, can be reconstructed through various coping mechanisms. These mechanisms include narrative reconstruction, where individuals make sense of their experiences by integrating them into their life stories, and social support, which provides validation and helps to reaffirm one's sense of self. Additionally, adaptive coping strategies like acceptance, resilience-building, and finding new meanings or roles in life can help individuals rebuild their identities, fostering psychological healing and growth. Through these processes, individuals can regain a coherent sense of self. Informed by these findings, the following sections present the various coping strategies the six women narrators with breast cancer devise to reconstruct their lives autobiographically.

4.2 Findings

4.2.1 From Disruption to Adaptation: Building a Coping Mechanism

The three Indian and the three American breast cancer memoirs were thoroughly analysed to identify the coping strategies devised by the patients while writing about

their struggles with breast cancer as an event of biographical disruption. Using Lazarus and Folkman's coping framework, this chapter explores the possibility of developing a coping mechanism by drawing upon the coping strategies used by the narrators to survive the challenges they undergo in their lifetime. The coping strategies derived from the analysis of the six memoirs are: 1. Recalling happy memories from the past, 2. Nurturing one's teenage desire/ fulfilling the wishlist, 3. Taking inspiration from others' sufferings, 4. Gathering courage, 5. Restoring hope, 6. Metaphoric visualisation, 7. Doing humour, 8. Finding solace in Nature, 9. Understanding the value of life, 10. Introspection, 11. Thinking about the afterlife, 12. Self-criticism, 13. Complaining to God/Fate, 14. Practising spirituality, 15. Denial of the negative, 16. Acceptance of fate, 17. Emotional outburst/weeping, 18. Sharing the emotional burden with a close group, 19. Growing self-love, 20. Seeking love from others, 21. Adopting arrogance as attitude, 22. Using forceful laughter, 23. Processing changes slowly, 24. Challenging cancer vis-à-vis death, 25. Generalisation of sickness/ understanding different dimensions of illness, 26. Practising gratitude, and 27. Normalising breast-talk. After further analysis, the abovementioned coping strategies were classified and five broad themes were discovered. The five broad themes involved in the autobiographical reconstruction: A. Recollection; B. Reflection; C. Integration; D. Emotional Processing; E. Meaning-making and their corresponding coping strategies have been discussed in detail in the following sections.

A. Recollection

Recollection is the process through which the six women narrators under discussion actively retrieve both positive and negative memories from their past. These memories

play a crucial role in their identity reconstruction, particularly after experiencing a significant life disruption. Positive memories reaffirm their strengths, values, and accomplishments, providing a foundation for self-worth and resilience, while negative memories, on the other hand, offer insights into their challenges, failures, and vulnerabilities, allowing them to confront and integrate these aspects of their past into a more coherent self-narrative. The negative memories involving fear, anxiety, and shame experienced by the women narrators have been discussed in the previous two chapters; hence, this section includes the instances of positive memories only under the recollection process.

(i) *Recalling Past Memories*

Recalling happy memories from the past brings an individual back in time, which helps them to momentarily forget the present moments of distress. While being inside the chemo room, Nina tries practising happiness by taking selfies, making “crazy snarl-lipped pirate/Billy Idol-type faces”, and sending them to friends (Riggs, 2017, p. 31). Thus, she wants to enjoy the most stressful moments of her life before chemotherapy. Along with this, Nina recalls her experiences of happiness when her children Benny and Freddy come to “power cuddle” and play games with her (p. 50). Tig Notaro Indian patient Shormistha Mukherjee tries to recall happy memories from the past to divert her attention from her disturbing present and reality with cancer (Mukherjee, 2021, p. 3; p. 7). These happy moments provide her the energy to cope with the difficult moments of chemotherapy and other treatment of cancer. Similarly, Neelam Kumar nurtures her happy memories from childhood along with her sisters to forget the difficult challenges of her present moments (Kumar, 2011, pp. 29-36). While going

through the chemotherapy sessions, she narrates how she went on “a trip down memory lane” to cherish her memories with her siblings (p. 31).

(ii) *Nurturing One’s Teenage Desire/ Fulfilling the Wishlist*

Through nurturing one’s hidden desire, the patient fulfils her passion for life, and therefore it values the self by giving importance to one’s wishlist. Even after knowing the risks of harvesting eggs for IVF, Tig wants to purposefully take the challenges to give birth to her biological child. Therefore, she has overcome the fear of the possibility of breast cancer recurrence and says, “thinking about a kid was a way to have something to continue to live for” (Notaro, 2016, p. 220). It has always been her childhood fantasy to have kids carrying on the bicycle. Thus, she nurtures her desire to be a mother or to grow a love for kids because it makes her happy in the long run. This is one of the ways to practice happiness even in critical situations.

B. Reflection

Once memories are accessed, the women memoirists reflect on their significance and meaning. Then, they begin to analyse how past experiences have shaped their beliefs, attitudes, values, and behaviours while considering different perspectives and interpretations of events.

(i) *Understanding the Value of Life*

Breast cancer patients, like any other cancer patients, feel a major amount of death anxiety because their lives are shortened due to their illness. When their length of life is compromised, they desperately feel that it is important to improve their quality of

life. By understanding the value of life, patients therefore start focussing on the present moment instead of worrying about the future.

Minakshi understands the value of life after seeing the death of breast cancer while visiting Rajiv's house. She has interpreted that such condolence ceremonies remind her about the life that has been given to her: "The very fact that we are moving, eating, talking, waving our hands, listening—is a big wonder but we take all of it for granted" (Chaudhry, 2011, p. 9). Neelam sometimes wants to live her life on her terms after her breast cancer diagnosis and thus she has created a "care-a-damn girl" in the form of her other self, Carol. To overcome all the negativity around her, Neelam has personified all the mirth and optimism in the form of Carol. She has not only restored hope but also celebrated her sixth and last chemo session which happened to be fixed on her birthday: "We cut a cake and even danced our hearts out. Surely it was the universe conspiring to give me a good life indeed..." (Kumar, 2015, p. 83).

Cancer patients suddenly understand the value of life after receiving the strike from cancer, as Anne Boyer says: "After cancer has you, you forget how much life you have lost to living" (Boyer, 2019, p. 139). Tig has mentioned that any excuse is less effective in comparison with the excuse of having cancer. However, after her cancer diagnosis, she understood: "But having the biggest excuse was actually no excuse. It seemed like all the more reason to make an effort to connect with someone" (Notaro, 2017, p. 154). Therefore, she has emphasised the necessity to live in the present moment and to make connections with people: "While you're alive, you should feel alive" (Notaro, 2017, p. 154). To overcome the death anxiety, Tig Notaro puts her complete effort into her public comedy performance because she wants to exist in her audience's mind even

after her death. She has always casually taken notes on the scraps of paper as stand-up material. However, she starts meticulously working on “jokes, concepts, and moments” to present on stage after her breast cancer diagnosis. Therefore, she puts in extra effort as a coping strategy against her death anxiety.

Consequently, they make the most of every moment of life—a concept also known as "carpe diem" or "seize the day"—when they recognise the value of life in the face of impending death.

(ii) *Introspection*

Introspection is a technique that is often used by breast cancer patients to reflect on themselves and also leads to self-assessment. Self-introspection can make their life meaningful after the sudden shocking revelation of cancer (Pool, 2018, p. 245; Solan et al., 2017, p. 15). By using this as a coping mechanism, patients mostly distance themselves from societal judgement and opinions. Therefore, they try to find solitude for self-assessment and reflection.

Tig Notaro has tried to find solitude for herself so that she does not feel overburdened with the guilt associated with her partner’s sacrifice. Therefore, she decides to break up with Brooke to make her cancer journey traverse by herself. Thus, she analyses the ending of her relationship with Brooke: “This vicious tension seemed to be a sign not only that our connection lacked depth but that we were trying to break up without verbalizing it” (Notaro, 2017, p. 111). At the time of crisis, Tig adopts the coping strategy of being alone to reflect on the situation: “I didn’t want to be comforted by my most recent ex-girlfriends or my newest romantic interest. There was nothing I needed

someone to say. I felt so alone, which only made me want to be alone” (Notaro, 2017, p. 116). Similarly, Indian patient Shormistha has liked to talk to herself after her diagnosis of cancer, which has ironically entered her life: “Like I was willing something bad to happen to me, so I could take control of my life” (Mukherjee, 2021, p. 31). Therefore, Shormistha has assessed the whole event in a very positive light. However, after coming out of the shock, she has not only talked to herself but also taken a few steps to fix her life. Amongst the most important steps, she has convinced herself to make healthy lifestyle changes and for a planned holiday in Goa too. Thus, introspection has become a very important coping mechanism that enlightens oneself by providing a process time to “stop and think.” The introspective experiences help in bringing back vitality, autonomy, and self-confidence.

(iii) Thinking about the Afterlife

Thinking about the afterlife consolidates the patient's mind to create a bridge between the present world and the afterworld. Narrating one's anxiety about death is a pessimistic approach, but thinking positively about the afterworld helps in coping with difficult situations. Anne Boyer has considered herself “a postbiological traveler to an afterlife” and after her death, she expects to have “a morally complex and moderately pleasurable afterworld” (Boyer, 2019, p. 143). Thus, she attempts to overcome the death anxiety by repeatedly using this strategy through her memoir, *The Undying*.

(iv) Self-criticism

Self-criticism is a coping strategy that is primarily employed to deal with life's difficult issues because it takes our focus and can even result in situational humour. To

overcome all the fear and shame, Minakshi tells herself that she should not discriminate about the gender of the doctor: “A doctor is a doctor, male or female, it doesn’t matter. Don’t think like an illiterate” (Chaudhry, 2011, p. 27). On another occasion, she criticised herself for overeating even after a cancer diagnosis: “I was dying, and here I was gorging on cakes and juices” (Chaudhry, 2011, p. 74). Along with Minakshi, Shormistha has also used situational humour by criticising herself while talking about her stammering in front of the doctor.

(v) *Practising Spirituality*

Practising spirituality is a deeper level of self-reflection through which a person can self-care, which results in better health outcomes and improves the quality of life (Puchalski, 2012, p. 49). Indian patient Neelam Kumar, who is a life coach and motivational speaker, has practised spirituality to improve the growth of her inner self. Neelam has strongly fought her cancer and has expressed her special gratitude to the cancer for striking her twice and helping her grow to become a stronger woman (Kumar, 2015, p. 15). By creating a strong inner self like Carol to support her when she is alone, Neelam fights with the world, which either criticises her instead of pitying her or becomes curious to know about the illness. When she found nobody besides her in her period of biographical disruption, then it was Carol who introduced her to reflect on a spiritual path. Therefore, she has also mostly referred to Gandhian philosophy, Buddhist legend, and even internet stories to reconsider the true values of life. According to her, there is no shame in having a genuine heart and a spirit of true sacrifice to help each other in this world (Kumar, 2015, p. 145). Thus, her personal breast cancer memoir has become a greater spiritual and philosophical reflection of life

in general. She considers her life with cancer as ‘a journey of breaking society’s stereotypes’ as she refers to her spiritual journey: “I am a serious work in progress, involved in ‘inner gardening’ trying to become the best version of myself and flowering out my limitless human potential. With spirituality as my core, I promise to live by the mantra of loyalty, morality, and humanity” (Kumar, 2015, p. 175). In addition to overcoming the difficulties brought on by her biographical disruption and the shame that goes along with it, she has simultaneously addressed in chapters eighteen and nineteen important life skills for those facing comparable difficulties. Neelam Kumar strengthens herself by following her spiritual philosophy of life and transforms herself into a life-skills coach and motivational speaker, besides being an author. She has coped with the challenges of cancer as she has thanked life for making her the ‘chosen one’ and writes in a very challenging tone: “You may mark my face with wrinkles, take the strength from my bones, and steal the colour from my black hair, but can you do anything about my spirit? Nope, you can’t” (Kumar, 2015, p. 175). Therefore, facing the truth and challenging it with greater knowledge have become the mantra of these patients’ lives, which can inspire others in their journey in similar critical conditions. The American patient Anne Boyer has also philosophised several aspects of suffering, life, and death, but she has not directly practised spirituality like Neelam. However, it establishes there is a possibility of self-growth through building resilience and practising spirituality as a coping strategy.

(vi) *Finding solace in Nature*

Nature is a rejuvenating force that helps any human being find solace from daily monotonous activities. The same force of Nature can bring hope of a better life as soon

as the cancer patients divert their attention to embrace Nature. Seeking a deeper meaning in life is aided by accepting nature as a source of comfort.

Neelam has associated the meaning of her name with the blue colour of the sea. Therefore, she feels more relaxed while watching the sea's numerous moods: "I can simply sit still for hours, opening my senses to its salty smell, its lapping sounds, and its changing blues" (Kumar, 2015, p. 90). She has learnt six biggest lessons of life from the sea and has also acknowledged herself as the privileged mediator who shares those with others: "Trust me, the ancient sea holds profound insights for us. I invite you to dip into it..." (Kumar, 2015, p. 91). Neelam has thus taught others six lessons—courage, vastness, stillness, compassion, abundance, and fluidity—that have enabled her to overcome the difficulties posed by a stressful illness. Nina tries to find happiness inside Nature, especially when it becomes impossible for her to bear chemotherapy. She imagines herself inside the woods with all the senses awake: "...I feel I am being drugged with the scent of wisteria" (Riggs, 2017, p. 39). Therefore, when she considers the chemo journey unbearable, she follows the path of her great-great-great grandfather Emerson, who "believed that to truly appreciate nature, you must not only look at it and admire it, but also be able to feel it taking over the senses" (Riggs, 2017, pp. 39-40). Finding solace in Nature does not bring only happiness but also helps in overcoming fear, shame, and other challenging emotions through learning valuable lessons from Nature.

C. Integration

During the integration process, the women narrators integrated fragmented memories into a cohesive narrative that provides them with a sense of continuity and identity. This process involved identifying common themes, patterns, and connections across different life experiences. The integration allowed these individuals to make sense of their past and understand how it has influenced their present selves.

(i) *Taking Inspiration from Others' Sufferings*

Taking inspiration from others helps one to overcome breast cancer as a biographical disruption and therefore makes the life of the patients hassle-free. Thus, breast cancer patients need to gather knowledge from others' experiences and apply it in their lives. Neelam has not only focussed on her cancer journey but also draws attention to other patients' sufferings whom she encounters in the corridors of the Tata Memorial Center. Her eyes become riveted to the sights of different categories of cancer patients in the hospital: "There were separate departments for cancers for every imaginable part of the human body" (Kumar, 2015, p. 47). She tries to forget her pain, fear, and shame by looking at others: "I marvelled at the poise of the ailing. I marvelled at the strength of the human spirit" (Kumar, 2015, pp. 47-48). Thus, she has promised herself a new beginning as she is determined to enjoy each day of her remaining life: "All life is love if only we know how to live it!" (Kumar, 2015, p. 52).

Anne Boyer has referred to Fanny Burney's optimistic approach towards her painful mastectomy without anaesthesia. She talks about this painful episode in a euphemistic and hyperbolic manner: Climbing into the makeshift surgical bed and lying with a veil over her eyes. Burney hears the lead surgeon ask, "Qui me tiendra ce sein?" ("Who

will hold this breast for me?”), to which she replies, “I will, sir.” She rips off her veil, cradles her breast in her hand so that the surgeon can begin to amputate it, and explains in detail its radiant web of pain (Boyer, 2019, p. 151). Looking at Burney’s emotional strength, Anne Boyer feels that she will overcome the pain, fear, and anxiety of her illness and death. She considers the universality of suffering, which can lend inspiration to others: “Suffering doesn’t need to be witnessed to be experienced, and in the case of illness, loss remains, as a source of knowledge, supreme” (Boyer, 2019, p. 152). As per Anne Boyer, what Burney has written about her mastectomy accounts cannot be reread without feeling sick, and that’s why she narrates the powerful impact of such writing as it is “unbearable to read” (Boyer, 2019, p. 153). Similarly, Nina has also drawn inspiration from different other people’s sufferings and their coping strategies, including Montaigne. Nina has referred to the famous essayist Montaigne to understand greater facts about life and death. Therefore, she repeatedly says that death is a “Suspicious country” as she is trying to know that place (Riggs, 2017, p. 25). Her fear of cancer leading to death has been expressed when she uses Montaigne’s phrase “suspicious country” to describe the “ninth floor, oncology ward” (Riggs, 2017, p. 200). However, she later overcomes the death anxiety by quoting from Montaigne: “Dying isn’t the end of the world” (Riggs, 2017, p. 198). Looking at other people’s sufferings and the general drama of pain, cancer patients receive motivation from others to fight with their present challenges in life.

(ii) *Gathering Courage*

Gathering courage helps a patient to move on with life even after the shocking news of malignancy in breasts, the decision of mastectomy/ lumpectomy, painful

chemotherapy, radiotherapy, and others. At each difficult stage of life, patients use courage as a coping strategy to effectively manage a life-altering or sometimes dead-end situation.

After Nina's doctor tells her about the small spot in the biopsy report confirming her breast cancer, she tries to repeat the phrase "one small spot" several times to herself and close ones. Therefore, she tries to gather the courage to overcome her fear: "One small spot is a year of your life. No one dies from one small spot" (Riggs, 2017, p. 8). She often uses introspection techniques to gather courage during the chemo sessions:

"Are you doing okay?" I ask myself in the chemo bay.

"I think so," I say. (Riggs, 2017, p. 23).

The phrase she has repeated at the gatherings of the chemo school also gives her the courage to live her life bravely: "I have the c-word but the c-word doesn't have me" (Riggs, 2017, p. 22). She also tries to hold two of the following ideas, like two magnets in her hand, which provide her with the courage to overcome her biographical disruption: "*One small spot and the universe is fluid and volatile*" (Riggs, 2017, p. 45). Tig has planned her public appearance as a comedian to overcome the fear and shame of breast cancer: "I needed to find the happy medium between sharing my situation openly and making light of it. I wanted it to be honest but still be a comedy show" (Notaro, 2017, p. 134). Therefore, she finds honesty as a weapon to overcome the fear, shame, and psychological stress of the situation.

Minakshi has gathered courage for herself by repeating her problems twice because she deliberately wants to overcome her fear that she has never known “any breast specialist” whom she can consult with (Chaudhry, 2011, p. 19). Along with this, she has started questioning herself: “...did I really have a fatal disease, was it really happening?” (Chaudhry, 2011, p. 19). Therefore, she wants to gather the courage to defeat such a fatal disease by dominating it with her positive strength. Most of the time, breast cancer patients look at the illness as very small in comparison to their courage when they prepare themselves with mental strength.

(iii) Restoring Hope and Bringing a Positive Approach

Hope always helps to improve the quality of life, and the existential and spiritual well-being of the patients. For terminally ill patients, it is only the ray of hope that helps them to live through the difficult situations of life. Even those breast cancer patients whose illness is highly curable through medical treatment also consider hope as a major coping strategy to bring optimism into life.

While celebrating her son Benny’s birthday, Nina feels happy that Benny wishes to see her mother’s breasts become cancer-free after he grows up. Nina herself tries to restore hope by repeating her wish for a positive future as “no more cancer” and “no mutant body parts” (Riggs, 2017, p. 108). She celebrates her popularity after her diagnosis of cancer as everyone starts recognising her with it: “Didn’t know I was such a celebrity!” (Riggs, 2017, p. 109). Nina has adapted multiple ways to restore hope for herself as she enjoys spending time looking at the options of online furniture stores: “Isn’t buying an expensive couch a kind of lovely expression of hopefulness?” (Riggs, 2017, pp. 212-

3). Anne Boyer has started following multiple video channels of vloggers like Coopdizzle and expresses her gratitude for cancer by assenting with them: “When you get it (cancer) is such an eye opener” (Boyer, 2019, p. 177). She has also talked about bringing a new perspective to one’s old one: “It is as if the old year is being burned out of me through fever and the new one will come in renewed because any illness that doesn’t kill you sets you on fire and then you start over, just like that” (Boyer, 2019, p. 94). The risk people see in cancer has also been noted by Anne Boyer: “Cancer can be a stage of virtue on which others can act, and it is also a pure instance of suffering in which we have no one—and everything—to blame” (Boyer, 2019, p. 120).

Shormistha tries to remain optimistic about her future despite her breast cancer diagnosis by returning to her hectic work schedule: “I remember sitting on the floor in the conference room, talking and laughing, and convincing myself that it will be all okay” (Mukherjee, 2021, p. 29). Shormistha has viewed her life in a very positive way as she has called herself a chosen one out of some lucky draw event: “There was some giant not-so-lucky draw, and I got picked. That was it” (Mukherjee, 2021, p. 52). She has also found cognitive therapy for herself, which would satisfy her feel-good hormones. After meeting the oncologist, when Shormistha feels frustrated, then she forcefully brings back positivity within herself: “I shake myself. There’s no point in thinking about what could have been. I just have to focus on what’s coming now” (Mukherjee, 2021, p. 95). Minakshi’s husband Rakesh has started talking about “life, death, philosophy, motivation, positive attitude” to divert her attention from cancer. Minakshi has understood that sometimes putting faith in Mother Goddess and practising positivity shifts her mood. Neelam has gone through severe hair loss due to

chemotherapy, but she has tried to find positivity: “No shampoos, no conditioners, no combs, no oiling, no beauty parlours, no blow-dries!” (Kumar, 2015, p. 54). She realised the importance of hair in defining one's identity while purchasing a wig for herself, saying, "It is funny what hair can do to you" (Kumar, 2015, p. 55). After that, she has created confusion amongst her neighbours with her wigged and no-wigged look: “I would don my wig when I got into a traditional saree and throw it off when I wore jeans” (Kumar, 2015, p. 57). Thus, she has felt positive about her life that she can at least choose for herself whether to wear a wig or not.

Many breast cancer patients involve themselves in bringing positivity or restoring hope and thus try to overcome the biographical disruption, which is also manifested in the form of fear, anxiety, and shame. Sometimes, they bring back positivity by buying new furniture and wigs, following YouTube videos, or even dressing up. Anne Boyer has rightly said that when something cannot destroy a person can have the capability to renew or rejuvenate. Therefore, whenever there is a bad time, it should be followed by a good time ahead.

(iv) *Metaphoric Visualisation*

Metaphors are considered powerful tools as too many difficult emotions can be narrated and abstractions can be visualised without any elaborations through them (Harrington, 2012, p. 408). Therefore, metaphoric understanding of the problem of illness helps in narrating the subjective feelings which are otherwise difficult to express in language. The commonly found metaphors are battle metaphors and journey metaphors when it is used for coping with cancer (Hendricks et al., 2019, p. 267). Using

metaphorical expressions help them to narrate their feelings of traumatic events, fear and shame, and give coherence to their understanding of illness.

After overcoming the initial shock, Nina Riggs in *The Bright Hour* tries positively visualise her breast cancer, which she earlier refers to as “the terrible thing”: “Somehow, a lovely space has opened up inside my chest, a little, deep pool in the thickest woods” (Riggs, 2017, p. 14). Whenever she feels scared, Nina uses metaphors like “little, deep pool” and “empty ocean” to share her feelings with her readers. Her description of fishing in the empty ocean showcases her inner struggle to overcome her fear of loneliness: “It’s pretty lonely in there. I’m sorry I can’t find anything” (Riggs, 2017, p. 48). Nina has consistently used wild animals to represent her crisis in her visions. For example, the night before the radiology scan, she had a dream in which two tigers appeared in place of the two tumors in her chest. After that, she used the metaphor of an elephant for cancer: “There is the cancer elephant” (Riggs, 2017, p. 99). Her mother’s cancer has also been referred to by Nina as an elephant for the first time. Later, Nina refers to her mother’s cancer as a rhinoceros because it has also been called an “unpredictable beast” (Riggs, 2017, p. 99). Thus, she tries to fight her fear of cancer by imagining their power as the power of violent beasts. Nina has also imagined her post-surgical scarred breast as “Vesuvius rumbling over burned Pompeii” (Riggs, 2017, p. 104).

In *The Undying*, excessive pain and suffering of chemotherapy which Anne Boyer calls the “calamity of medicine” create a longing for death which she expresses by using a metaphor: “Every nerve is a beggar, asking for the alms of an end. Any wisdom of my body comes out as an insufferably melodramatic request made by a fool” (Boyer, 2019,

p. 140). In *I'm Just a Person*, Tig initially feels scared of her critical situation but she tries to imagine it through visual imagery of herself: "I imagined the aerial view of myself as a red target focused on the top of my car, as if there was a helicopter searching for lonely people with bad news" (Notaro, 2017, p. 117). Therefore, she feels isolated from the rest of the world as her disease causes the disruption of her normal life. She has also narrated her experiences from biopsies using the metaphor of "a serious car crash" (Notaro, 2017, p. 119). On the other hand, she makes fun of the bravery tag given to her through visualisation of military personnel: "...I pictured military personnel busting through my front door because they'd heard how brave I was and needed me to replace their buddy who just died on the front lines" (Notaro, 2017, p. 144). Tig tries to visualise how her life has changed after her cancer diagnosis, and therefore she needs to embrace the new normal by restoring hope: "I was in a kind of capsule, hearing the murmur of people talking, the wheels rolling" (Notaro, 2017, p. 155).

Similarly, the Indian patients have also used metaphors to come out of the difficult situation. When Shormistha faces the sudden news of her cancer, then she visualises herself sinking under the ocean and touching its bottom: "And it's calm. I can see light filtering in, far, far away" (Mukherjee, 2021, p. 25). Therefore, she tries to find clarity in her present confused life. Later, she visualised herself stepping on the accelerator to overcome all her psychological turmoil: "When I could just throw away all the rubbish and all the frustration, and start afresh" (Mukherjee, 2021, p. 31). She has also used the visual imagery of fire for the purification of the soul: "This wasn't just a visit to a therapist or a nutritionist, this was my chance to walk through fire and come out a new

person” (Mukherjee, 2021, p. 31). There are some moments they visualise that might seem to be nonsensical or impractical, apparently, but the patients often make sense of their lives through those visualisations. In *Sunshine*, after the doctor determined that her condition was not cancer but rather fibrosis, Minakshi began to visualise all of her stress and anxiety leaving her body: "I could actually see it going away and in its place the normal me was coming back" (Chaudhry, 2011, p. 45). Minakshi also personalises the cancerous cells as if they talk to her: “Beware we are cancerous and this body is our home” (Chaudhry, 2011, p. 54).

Through metaphoric visualisation, the patients have given voice to their frustration, loneliness, and fear and thus make sense of their lives after illness. Therefore, it helps them to simplify the otherwise complicated emotions to be uttered through suitable metaphors. There are few conventional illness metaphors mostly the battle metaphors that were earlier used by the patients. However, there is a major change in inventing new metaphors like car crash, Mumbai local, boob grinder, capsule, accelerator, wild animal metaphors, and many others to understand the stages of difficulty and pain in both illness and treatment.

(v) *Doing Humour*

Humour has long been considered an important coping strategy as it lightens the darker mood of grave situations like cancer. Cancer patients are generally encouraged to use humour to make fun of cancer and its consequences, attacking embarrassing or taboo experiences. Thus, practising humour generally facilitates individual and collective empowerment and therefore builds a sense of community (Demjén, 2016, p. 18).

Anne Boyer has accepted the fate of her cancer and the significant loss due to it: “I’ve lost friends, lovers, memory, eyelashes, and money to this illness” (Boyer, 2019, p. 141). She created a combination of serious and trivial in a single sentence to create a comic effect. She often uses incongruity humour to narrate even the loss of her nails as a post-chemotherapy effect: “My nails fall off despite my opposition” (Boyer, 2019, p. 141). She has made fun of her loss of hair and eyelashes: “When your eyelashes fall out, send them as a reverse wish to every person who has, at your illness, disappeared. Your hair will fall out onto every surface you come near: it will fall into new alphabets and new words. Read these words to discover the aetiology of your illness: If you are lucky you will read another word that means ‘illness has turned you into an armament’” (Boyer, 2019, p. 48). Therefore, through her use of humour on hair loss, she has also restored hope by saying that illness has strengthened her instead of weakening. Anne Boyer has ironically created an odd combination of similarity to narrate her preparation for chemotherapy as if “it is like preparing for a winter storm, or a winter storm and a houseguest, or a winter storm, a houseguest, and the birth of a child” (Boyer, 2019, p. 69). She has tried to hide her fear of chemotherapy by sarcastically attacking oncologists’ fear of chemo’s side effects: “Oncologists, too, fear oncology” (Boyer, 2019, p. 82).

Tig uses dark humour to narrate her situation when a doctor suspects cancer after seeing the mammogram report but could not confirm anything until the biopsy. Therefore, Tig uses sarcasm to highlight the paradoxes of the situation: “I felt like I had just been told I had cancer but also like I had not been told that I had cancer. Here I was again: dangling in purgatory” (Notaro, 2017, pp. 115-116). Tig has made fun of her thoughts

of returning the unused furniture to overcome her death anxiety and fear associated with cancer:

Me: Yes, hi. I'd like to return this.

Employee: The reason?

Me: I have cancer.

Employee: Do you have a receipt?

Me: No, but I do have cancer. (Notaro, 2017, 126-7)

She has also used sarcasm to narrate the birthday celebration around someone else's tombstone while visiting the graveyard. Therefore, she also narrates the situation as she says: "The longer I stared at it, the funnier and more ironic it became" (Notaro, 2017, p. 128). Observing this with dark incongruity humour, Notaro proposes her future generation "just dress the thing up in celebration and then take the party elsewhere" (Notaro, 2017, p. 128). Tig has pointed out the incongruity of the situation as she can laugh wholeheartedly during the public announcement of cancer: "Who would have thought that the next time I'd be laughing that hard, I would be on the brink of announcing to hundreds of people that I had cancer?" (Notaro, 2017, p. 138). She initially finds it very difficult to crack jokes about her cancer but she feels more relaxed after using the punch line: "Hello. Good evening. Hello. I have cancer, how are you" (Notaro, 2017, p. 139). She uses irony to describe the situation: "My biggest problem with being called brave was that I felt undeserving." (Notaro, 2017, p. 144). Therefore, after becoming recognised as a celebrity comedian and breast cancer fighter, she feels ironically that these tags are not worthy of her actual self because she has not chosen to be a brave fighter but rather unexpectedly discovers herself in a fatal position.

Nina Riggs uses humour to narrate her experiences in the chemo school, where she meets with other patients and nurses who help her prepare for the cancer battle. Consequently, Nina quips in jest as she exits the chemotherapy school, "We graduate. We're ready for the big leagues" (Riggs, 2017, p. 22). Thus, she comically mentions herself as a graduate of the chemo school and also makes fun of the conventional battle metaphor. Nina has used humour to narrate Dr Cavanaugh's explanation of smart cancer and stupid cancer. She has analysed smart cancer as "an atom bomb – mushrooming out wherever possible" and stupid cancer as that which "makes a tumor, gets bored, sidles around, builds a nearby tumor" (Riggs, 2017, p. 92). She has also used rebellious humour to overcome the difficulty of the situation and shares it with her friend Ginny with the same kind of breast cancer: "You are fully entitled to slap the next person who tells you that God only gives us what we can handle" (Riggs, 2017, p. 111).

Neelam has received the caregiving attitude of her sisters in a humorous tone: "...but even the mildest sister can turn into a tigress when her sibling is in trouble. And this was trouble with a capital C" (Kumar, 2015, p. 32). While going for the first chemo, Neelam was accompanied by her sisters, who she describes as if "they remained obstinately stuck to my head like stubborn noodles" (Kumar, 2015, p. 32). She has not only enjoyed their caregiving but even also made fun of the situation when her "siblings began competing with the other to look after me better" (Kumar, 2015, p. 30). Minakshi's long-suppressed emotion like fear and anxiety comes out suddenly in front of her mother after having a fight with her father over losing a good amount of money. However, she has narrated in a humorous tone that money which is otherwise

considered unimportant “makes you reveal and do things that you might not have done otherwise” (Chaudhry, 2011, p. 33). Shormistha has mocked the conventional representation of cancer in Hindi movies in which the person who is diagnosed with cancer generally wears white clothes symbolising gloominess. When everyone hides the news of the diagnosis from the patient, Shormistha attempts to laugh at the absurdity of the situation:

Next, their friends and relatives don't tell them they are going to die, but they stand exactly one foot away from them and cry and sing sad songs. So, I'm not sure how the patient doesn't guess it's bad, and realize that they are probably going to die (Mukherjee, 2021, p. 111).

Neelam begins her memoir with irony by addressing her readers: “Whoever said life is dull should take a slice off mine” (Kumar, 2015, p. 19). She develops “a quirky sense of humour” to cope with the painful journey of cancer: “I have learnt to laugh when I have to cry and weep when I am happy” (Kumar, 2015, p. 19). Overcoming the initial experiences of shame in breast cancer, Neelam also mocks at her opportunist relatives' fake sympathy and the underneath intention of staying in the city till their daughter's college admission. After seeing the carcinogenic cells under the microscope, Minakshi uses humour instead of being ashamed of the disease: “...So tiny, so dangerous. What are they? Are they living and multiplying - do they have mouths to eat me up? If not, then how else will they kill me?” (Chaudhry, 2011, p. 24). She also accepts her fortune using lighter situational humour to narrate her actions: “How funny life is! Here I was battling cancer but worried about clean bedsheets” (Chaudhry, 2011, p. 132). She also mocks her caring husband's nonsensical activities, as he does not leave her “even for a

minute except when I went to the washroom” (Chaudhry, 2011, p. 135). Therefore, humour has been employed as an important coping mechanism by all the narrators to overcome the biographical disruption due to the critical situation.

Humour helps in focusing on the trivial things of life and draws happiness from them. Parallely, breast cancer patients create incongruous humour out of the disparity between the seriousness and the triviality of life. They have also used irony to mock the difficulties of cancer and also to attack the foolishness of others’ reactions and behaviour.

D. Emotional Processing

Autobiographical reconstruction strategies employed by the women narrators involve emotional processing, where the narrators confront and work through the emotions associated with their past experiences. This includes acknowledging and expressing feelings of joy, sadness, anger, fear, or shame related to specific memories.

(i) *Complaining to God/ Fate*

Complaining to God/ fate is an important coping strategy that transfers the blame to an unknown, omnipotent, and invisible power. It is sometimes unknowingly used as a preliminary strategy preceding the acceptance of fate.

When a doctor disapproves of her lumps, Neelam Kumar complains to God with rage, whom she refers to as a destiny-maker: “You really have something against me, don’t you?” (Kumar, 2015, p. 21). However, she has asked God to not spoil her trip to Pune which she describes as “a vacation to bond over childhood memories” (Kumar, 2015,

p. 20). When Shormistha has understood the absurdity of questions like “Why me?” then she has left finding answers to this. Instead, she has shifted to a new question, “Why now?” as she has multiple plans for her future life (Mukherjee, 2021, p. 32). Thus, Shormistha has complained to fate for having cancer as a sudden shock. American patients face a struggle because of the dominant cheerful breast cancer culture and thus avoid narrating their “why me?” stage like the Indian patients.

(ii) *Denial of the Negative*

Denial, a very common mechanism to deliberately divert one’s mind from the “painful or threatening thoughts, feelings, perceptions, or information” (Rabinowitz & Peirson, 2009, p. 68), is found in every cancer patient. Therefore, it is a predominantly found coping strategy that helps in negating the pessimistic side of illness and treatment as it allows the patient time to process distressing information at a manageable time (p. 68). This strategy has been in all three Indian breast cancer memoirs and two American breast cancer memoirs written by Tig Notaro and Nina Riggs.

In *Sunshine*, Minakshi has tried to find denial as a significant coping strategy to come out of the difficult situation. When the doctor finds everything normal but suggests a mammogram to be on the safer side, then Minakshi reassures herself and her husband: “I was not even forty, I was safe!” (Chaudhry, 2011, p. 16). Even while doing the mammogram, she understands that something is wrong as a lot of calcification is found in her breasts. However, she tries to deny the negative possibilities even after being scared: “Could it be that? Of course not, it can’t be that bad” (Chaudhry, 2011, p. 19). After knowing that the fibrosis in her breasts might lead to cancer, she denies

pronouncing the word: “I just couldn’t utter the word, the word, the dreadful words” (Chaudhry, 2011, p. 47). Minakshi narrates how she has to manage acting in front of her parents and that everything is alright with her. However, she narrates how the pretentious acts help her to overcome her fear for a certain period: “I had to pretend that I was just worried about them, but in a way, it made me strong even if I was just pretending—it also helped push my tension to the background” (Chaudhry, 2011, p. 33). In *Cancer, You Picked the Wrong Girl*, Shormistha narrated her tendency to escape from Tata Memorial as soon as she enters the hospital: “The first time you get off, and you look at it, the only thing you really want to do is flee” (Mukherjee, 2021, p. 39). In *To Cancer, with Love*, Neelam Kumar has also narrated how cancer has disrupted her regular life and therefore she has to go through five stages of grief – “denial, anger, depression, acceptance, and hope” (Kumar, 2015, p. 77). Indian patients have mostly attempted to write a positive memoir including the positive coping strategies and therefore have deliberately avoided narrating their denial stage in great detail. However, it is an important part of one’s coping process, as initially, it becomes difficult to accept cancer as part of a person’s body or self.

In *I’m Just a Person*, Tig Notaro tries to deny the fear of her breast cancer by denying the lumps, as she says: “I believed everything was normal. I considered myself a healthy person” (Notaro, 2017, p. 109). As she continues to be in denial mode to overcome the fear, she has negated the abnormal growth by pointing out that “the lumps on each breast were nearly symmetrical” (Notaro, 2017, p. 109). Therefore, she finally concluded: “I decided that my lumpy breast tissue was merely the result of the ebb and flow of hormones” (Notaro, 2017, p. 109). Even after her first mammogram, she

declares herself healthy much before receiving the results. She has narrated her denial of the possibility of breast cancer in a very casual manner: “I forgot about the mammogram and went on with my life. Why wouldn’t I? No one that I knew of in my family have ever had breast cancer” (Notaro, 2017, p. 112). Even after the doctor’s confirmation of cancer, Tig tries to overcome her fear through instant denial: “Like maybe they had gotten my files mixed up with someone else’s” (Notaro, 2017, p. 114). On repeated occasions, she mentions that she has been waiting to hear that she does not have cancer. Therefore, she tries to focus on her sandwich for lunch instead of her mammogram reports (Notaro, 2017, p. 113). In *The Bright Hour*, when Nina feels extremely scared of the physical pain and psychological stress of chemotherapy, then she finds an escape route for herself a blind spot that is considered the most perfect spot of the human eye where everything disappears: “On chemo, I’d like to crawl inside that blind spot, whatever its size – scrunch up my body and disappear” (Riggs, 2017, p. 42). When the doctor prescribes her “head prosthesis” for the first time as a solution to hair loss, Nina throws out the prescription: “In my postdiagnosis haze, I had thrown out the first one she gave me, thinking: *Oh, this must be for someone else. I haven’t lost my head*” (Riggs, 2017, p. 25). Through using the denial of the negative, all these patients manage some processing time to accept the reality of biographical disruption. As breast cancer causes a major disruption in terms of body, self, and resources; the patients start processing the life-altering changes or reality by first denying them. Thus, they create an alternative reality for themselves to sustain the difficulty of the situation.

(iii) *Acceptance of Fate*

Acceptance of cancer as a strike given by fate is generally recognised as an important coping strategy because it plays a critical role in psychological adjustment to the illness (Secinti et al., 2019, p. 27). Breast cancer patients who have accepted cancer as fate have not stopped living life considering the lack of possibility of changing reality. However, they try their best to restore fighting spirit through the acceptance of fate as it lowers the anxiety and depressive symptoms in them (p. 28).

In *Sunshine*, the initial fear of breast cancer has been overcome by Minakshi as she understands it as a kind of disease that could happen to anybody (Chaudhry, 2011, p. 6). Minakshi narrated her first encounter with the vulnerability of breast cancer while attending a condolence ceremony for her junior Rajiv's mother, who had also died of breast cancer. She has observed the calm acceptance of the death by Rajiv's family members, and Minakshi declares:

It doesn't matter whether you are rich or poor, thin or fat, man or woman, educated or illiterate, officer or labourer, at random it can attack anyone and you just wither away helplessly (Chaudhry, 2011, p. 8).

Gradually, after her breast cancer diagnosis, Minakshi accepts her fate and even boldly announces that she has cancer when her mother tells it as a headache in front of her friends. Therefore, she narrates how she thoroughly enjoys the moment of accepting her cancer: "It was the first time I said the word aloud to anyone other than my family members" (Chaudhry, 2011, p. 60). Although Minakshi initially hides her cancer from everyone, she feels a strong urge to express it to everyone after accepting the truth: "A life that had been left behind, and then I wanted to somehow tell all my dear ones what

had happened. I did not want to linger or give them wrong information” (Chaudhry, 2011, p. 67). Therefore, she narrates how it has effectively helped her to overcome the burden of “acting or lying” (Chaudhry, 2011, p. 67). Minakshi has overcome her fear by consoling herself that what has to happen has already happened: “It has been diagnosed and you have cancer. This is what is scary. But now there is nothing to be scared of. You already have it” (Chaudhry, 2011, p. 82). Thus, Minakshi has gathered the courage to defeat her fear of cancer by accepting the truth.

In *To Cancer, with Love*, Neelam has also accepted the truth of life by revealing her bald head in public, even though she mentions that she used to take pride in her long hair previously. Thereafter, when she asks for drop-in, people feel scared of her appearance, which leads her to draw the ultimate conclusion of life: “People go only for appearances. Just reveal your true glory and shame these hypocrites” (Kumar, 2015, p. 43). As she cannot find true love in her real life, she finds escape in fantasies for a certain time. However, her inner self Carol brings her back into reality as she refers to Neelam’s dreams as a “nonsensical idea of love” (Kumar, 2015, p. 45). Finally, Neelam understands that acceptance of fate is a more effective process to manage biographical disruption than escaping from reality. Similarly, Shormistha, in her memoir has accepted the fact of her life that she has delayed the breast examination for a long time even after feeling the lumps and inverted nipples of her breast. She has blamed herself for ignoring it and gathered strength to fight against it: “And suddenly all I wanted was to know. And to deal with it. Whatever it was” (Mukherjee, 2021, p. 37). She even feels surprised by her calm attitude towards her cancer diagnosis: “I was calm. The calmest I’ve ever been. No tears, no hysterics, no why me, no how sad is my life”

(Mukherjee, 2021, p. 44). Her acceptance of life's miseries also leads to a sound sleep after overcoming all the stress: "Like my body was kicking in some defence mechanism. I would hit the pillow and promptly pass out. No staying awake in stress. No worrying. No nothing. Just engulfed in sleep" (Mukherjee, 2021, p. 37). When Shormistha was informed about her mastectomy, she positively accepted the future reality: "*What has to be done, has to be done. If the breast has to go, it'll go. I'm way more than one breast*" (Mukherjee, 2021, p. 91). Therefore, all Indian patients accept the reality of cancer and its vulnerable consequences in a positive manner.

The American patients too have tried to cope similarly through their acceptance of cancer. Though Tig Notaro was first in denial mode, she later discovers herself both accepting and believing in the reality of cancer through her memoir, *I'm Just a Person*. While driving alone home, she repeats the phrase "I have cancer" for ten times to herself. After accepting the reality of the unavoidable situation, she feels happy discussing her situation with her old colleague and friend Jessie: "These were fleeting moments of happiness in days spent picturing the cancer spreading through my body" (Notaro, 2017, p. 151). When the mammogram first detects her cancer, then she starts believing in fate for the first time as she says: "I'm not a superstitious person, but I was beginning to believe that I was on a bad streak and that life had made a decision to take me down" (Notaro, 2017, p. 114). While lying down as a patient in the cancer room, Tig starts analysing her situation as she feels herself to be cursed: "How quickly I had gone from always lucky in the eyes of my friends – having "Tig Luck" – to being pitied and feeling pathetic" (Notaro, 2017, p. 115). Thus, she has blamed fate as a reason for

her disrupted life and therefore by accepting her fate she tries to overcome the fear of cancer.

Anne Boyer has used the metaphor “a marriage arranged by fate” to narrate the unexpected suddenness of the life-altering situation (Boyer, 2019, p. 139). The illness has come to her life like a sudden blow changing her life which has been compared with an unfortunate marriage between her and cancer, well-planned by fate. Cancer patients often cope with their reality as they accept their fate: “A cancer patient can tell herself why what is done to her must be done, but this does not often fix the feeling that she has been cut up, poisoned, harvested, amputated, implanted, punctured, weakened, and infected, often all at once” (Boyer, 2019, p. 229). By knowing the reality of cancer as well as narrating it, Anne Boyer strengthens herself to overcome all the fear of illness and its treatment. Though Anne Boyer herself survives cancer, she does not deny the death which happens to others:

Cancer treatment sometimes ends well, of course, as mine did, so sometimes it only feels unending, but it also has a stubborn chronicity, since for so many people it can go on forever, which means at least until they are dead. (Boyer, 2019, p. 230).

Therefore, all breast cancer patients understand that they cannot avoid the painful, disruptive reality of cancer. Acceptance provides them a realistic way to live with the illness, i.e., an accepting patient does not judge, avoid, or deny the illness, and engages themselves feasibly in everyday life activities in a positive manner.

(iv) *Emotional Outburst/ Weeping*

Weeping is a coping strategy that helps someone to overcome the emotional burden against the tyrannic cheerfulness of the dominant breast cancer culture, which promotes optimism. However, many breast cancer patients find that both weeping and laughing should be a choice for them based on their moods in a particular situation.

After meeting the gynaecologist, Shormistha starts weeping loudly in front of her husband Anirban. She has narrated her experience of shock: “And we both just stood there, holding on for dear life as we let the news wash over us” (Mukherjee, 2021, p. 19). Minakshi narrates that she has wanted to weep after she has been consoled by her husband, who holds her hand in the car. She could not cry in front of the driver as he is an unknown person but weeps while sitting under a tree: “It was the kind of crying without a sound, my tears streaming silently down” (Chaudhry, 2011, p. 21). While revealing the news of her diagnosis to her father Minakshi cries loudly and continuously to overcome all the stress and anxiety (Chaudhry, 2011, p. 55).

When Tig Notaro feels it is difficult for her to deal with her cancer, C-diff, her mother’s death along her broken relationship with Brooke, then she even adopts yelling as a coping strategy to release her psychological stress: “I soon reached the point at which I was even yelling at her (Brooke) to please leave me and go be with someone else” (Notaro, 2017, p. 111). Anne Boyer has narrated that she had made plans for a place suitable for “public weeping” to cope with the fear and shame of her breast cancer. She has planned to install such monuments in every major city so that people could cry “in good company and with the proper equipment” (Boyer, 2019, p. 205). Such an exaggerated expression of a luxurious weeping place has been used by Anne Boyer to establish the necessity of weeping in public to overcome the taboo of showing

weakness in public. Anne Boyer has also attacked the pink ribbon culture which has spread awareness about breast cancer by promoting survivors' stories and therefore creating "anti-sadness reactionaries" (Boyer, 2019, p. 206). Anne Boyer has attempted to break it by highlighting the necessity of weeping as a coping strategy: "Later, when I was sick, I was on a chemotherapy drug with a side effect of endless crying, tears dripping without agency from my eyes no matter what I was feeling or where I was" (Boyer, 2019, p. 206). She has thus created a community with other sufferers and referred to her coping as "the season of Cartesian weeping": "...I cried every minute, whether I was sad or not, ..." (Boyer, 2019, p. 206). At many moments, she cries as much as she calls herself "the temple for weeping", and "a mobile, embarrassed public monument of tears" (Boyer, 2019, p. 206). Therefore, she establishes the fact the choice to weep or laugh should not be taken by outside pressure but should be decided by the patients themselves. Thus, both Indian and American patients use weeping as an extremely effective strategy to overcome psychological and excessive bodily pain while receiving cancer treatment.

(v) *Sharing the Emotional Burden with a Close Group*

Sharing one's emotional burden with a close group has always been an important coping strategy which improves the patient's strength to fight against breast cancer as a biographical disruption and its aftermath. Sharing one's thoughts and true feelings leads to withdrawal of emotional burden, and that again leads to caring for the patients by listening to them.

Tig has broken the news of her breast cancer to both her brother and her stepfather Ric in a matter-of-fact way. Therefore, she feels acceptance of truth as a better way of coping with the situation: “Chatting casually at first would have felt like lying, so after I said hello, I calmly told him I had bilateral breast cancer and rushed to answer what I thought would be his next question by stating that I was getting treatment as soon as possible” (Notaro, 2017, pp. 125-6). Being in pleasant company always helps a patient to overcome her anxiety as Tig narrates how Jessie’s company comforts her: “Our exchanges took me out of my past and my future and made me available to the present, which I could enjoy” (Notaro, 2017, p. 151). Similarly, Shormistha has shared her news of breast cancer with her aunt from America because she makes her feel very comfortable after listening to such shocking news: “Just listening to her being normal and calm started to make me feel better. It wasn’t even a very long call, or full of sympathy or anything like that” (Mukherjee, 2021, p. 28). Therefore, Shormistha narrates how a normal discussion can make someone feel better during a period of crisis. Neelam has sympathised with her three sisters who speak confident words outwardly but whose faces are washed or throats are choked with tears after listening to Neelam’s cancer. Neelam has narrated her experience: “I ended up patting their backs to console them” (Kumar, 2015, p. 30). Neelam has compared herself with “a sheep being taken to slaughter to an overburdened priest” and her sisters have started making confessions about their mischievous childhood activities against Neelam: “...listening to outrageous confessions, I magnanimously said, ‘It’s okay. Let’s concentrate now at the task at hand” (Kumar, 2015, p. 31). Therefore, after listening to all the funny confessions, Neelam has forgiven everything, and this act of kindness helps her to overcome her fear and death anxiety. Thus, patients cope with

psychological trauma, fear, anxiety, and shame by open-heartedly talking about them with their siblings, husbands, other family members, and friends.

(vi) *Adopting Arrogance as an Attitude*

Challenging cancer or gaining a courageous attitude against it is a commonly found coping strategy in many breast cancer patients. However, patients become arrogant while dealing with fear and major biographical disruption in breast cancer. Tig Notaro has adopted arrogance as an attitude to cope with the fear of cancer as she starts teasing her partner Brooke by removing her shirt and saying: “Hey, wanna touch my cancer?” (Notaro, 2017, p. 110). Therefore, arrogance can help bring instant relief from troubling emotions.

(vii) *Using Forceful Laughter*

Physiologically, laughter provides a sudden relief from the stress a cancer patient goes through in her lifetime. This coping strategy can be used to improve the quality of life of an individual by hiding inner fear. While imagining the beginning line of the show, Tig tries to laugh very hard to overcome her fear though she refers to it as “what insanity felt like” (Notaro, 2017, p. 134). However, using laughter as a coping mechanism Tig feels an instant relief: “I felt light as a feather – which I pretty much was – an intoxicated” (Notaro, 2017, p. 134). Her first public performance has given her the strength to understand the power of jokes and laughter: “Everyone, including me, was living moment to moment, processing raw truths in the dark. It was exhilarating and freeing. I still had cancer, but I felt empowered, as though I had an edge over the competition” (Notaro, 2017, pp. 140-141). Nina tries to overcome her

fear and shame associated with the biographical disruption by comically attacking the cancer shows available online. Therefore, she has shared the experiences of watching those shows to entertain herself: “I guess it makes me feel a little more normal. Plus it has really terrible writing, so it makes me laugh” (Riggs, 2017, p. 91). Thus, forceful laughter entertains a person and helps her to divert attention by forgetting the stressful moments.

(viii) *Challenging Cancer vis-à-vis Death*

Challenging cancer with psychological strength is an effective coping strategy that helps in overcoming the fear of cancer and associated death anxiety. Breast cancer patients who decide to fight back generally attempt to imagine cancer’s force as not so overpowering that it cannot be defeated. Thus, they grow a very strong attitude against cancer as well as death.

In *The Bright Hour*, Nina tries to overcome her death anxiety by accepting the challenging attitude towards death as she follows Montaigne’s words to challenge her death anxiety: “I want death to find me planting my cabbages, not concerned about *it* or – still less – my unfinished garden” (Riggs, 2017, p. 26). In *Cancer, You Picked the Wrong Girl*, Shormistha feels disturbed but she challenges the power of cancer itself as accepting defeat is not her nature. She has revealed her daring attitude: “I will do everything under the sun to better a situation, to fix it, to come out on top” (Mukherjee, 2021, p. 25). Shormistha never accepts her defeat to cancer: “And I realize I need to take control, of myself, and whatever it is that I have” (Mukherjee, 2021, p. 25). Shormistha makes fun of her cancer in a very positive way by calling the “stupid lump”

and she even tells her friend Oindrila not to accompany her visit to a gynaecologist as she can take care of her stupid lump. Similarly, Minakshi also mockingly doubts the power of carcinogenic cells while seeing them under the microscope: “So tiny, so dangerous. What are they? Are they living and multiplying - do they have mouths to eat me up? If not, then how else will they kill me?” (Chaudhry, 2011, p. 24). In a very challenging tone, Shormistha has even addressed cancer and therefore titled her memoir “Cancer, you Picked the Wrong Girl”. The challenging attitude of Indian patients Minakshi and Shormistha, and American patient Nina help them in overcoming the fear, anxiety, shame, and other disturbing emotions. However, the dominant breast cancer culture encourages this challenging tone, but this rebellious nature might temporarily bring back confidence in themselves. The challenge against cancer and therefore against death creates a dominant sense of self-assurance amongst breast cancer patients.

E. Meaning-Making

Through autobiographical reconstruction, these women narrators seek to derive meaning from their life experiences. They search for lessons learned, personal growth, and insights gained from overcoming challenges and adversities. The meaning-making process becomes essential for them in finding purpose and direction in life after the biographical disruption.

(i) *Processing Changes Slowly*

After a sudden shock like cancer revelation, patients take the process time to overcome the biographical disruption. Indian patient Shormistha has mentioned that she has

mostly processed the challenging shock in very slow motion. When everyone around Shormistha starts looking at her with “a sorry face” then she expresses how she feels confused: “...at this moment I have no idea how to deal with it” (Mukherjee, 2021, p. 24). She has confessed that she needs “time to process this, I need advice from those I can trust” (Mukherjee, 2021, p. 24). Shormistha shares her experience that whenever she is in a difficult situation then her mind generally works in slow motion: “Everything was very clear, but happening very slowly” (Mukherjee, 2021, p. 18). Her husband Anirban has also given her time to process this transformation instead of using consoling words like “don’t worry” or “we’ll fight this together” (Mukherjee, 2021, p. 24). Thus, it brings back the self in activity which helps in the patient’s coping with the illness.

(ii) Generalisation of Sickness/ Understanding different dimensions of illness

Understanding different dimensions of illness helps in coping with cancer as it diverts the patient’s focus from the problem of illness towards the sickness of mind as well as of humanity. Therefore, patients cope with difficult situations by looking at the general aspects of illness. Anne Boyer has tried to cope with the fear of sickness by calling it “a sickness that is our century’s own” because it is not her sickness alone (Boyer, 2019, p. 139). Therefore, any sickness of the contemporary human mind is referred to as cancer: “Cancer is an idea we cast as an aspersion over our own malignancy” (Boyer, 2019, p. 140). Anne Boyer has asked her students to draw a diagram of pain to capture the visibility of the invisible. After seeing the attempts made by her students, she concludes that the pain can only be narrated by capturing different dimensions of it. The importance of expressing its different dimensions is mentioned by Anne Boyer:

An exclamation point is useful, but pain can also be described by its duration, its magnitude, its locations, its relations, its variations, its disruptions, its histories, its temperatures, its haptics, its memories, its patterns, its pressures, its sympathies, its forms, its purposes, its references, its causes, its economics, its forgettings, its dimensions, its categories, its effects. (Boyer, 2019, p. 237).

Finally, Anne Boyer has also said that her cancer is very much similar to other people's cancer but the only this is different about her is the extraordinary "practice of writing" (Boyer, 2019, p. 130). Therefore, her writing about the different stages of cancer helps her to recount her experiences and therefore connect her previous identity and new identity. Anne Boyer has summarised everybody's illness in her memoir as she has concluded other's sickness as general drama of a person's life.

(iii) *Growing Self-love*

Growing self-love is a form of coping which rejuvenates one's disrupted identity and therefore prioritises oneself over others. Narrative medicine as a discipline encourages cultivating self-love as a method of growing self-care (Hotz, 2015, p. 134).

Even after all the sudden transformation in her life, Anne Boyer has never stopped loving herself as she tries to dress properly so that everyone appreciates her: "I try to be the best-dressed person in the infusion room, wrap myself up in thrift-store luxury and pin it together with a large gold brooch in the shape of a horseshoe. The nurses always praise the way I dress" (Boyer, 2019, p. 71). After listening to the nurse's appreciation of her appearance, Anne Boyer has expressed how much it has been needed for her. She has also expressed her thoughts about the importance of growing

self-love in cancer patients: “Self-love under these conditions appears to require you to love cancer in yourself and to hate it as a threat to yourself, too” (Boyer, 2019, p. 78). For Tig, she starts accepting her scarred body when her partner points out her scars as admirable: “Someone looking at you just the way you are and exclaiming that you’re hot always feels great, but when you look a way that you never thought you would look, you really want to hear someone say it’s so fucking hot” (Notaro, 2017, p. 165). Therefore, Tig has grown in self-love after listening to the appreciation of her partner Jessie. Similarly, Nina also gradually grows self-love by saying that she also sometimes like the unexpected post-surgical asymmetry of her body: “...but sometimes I prefer the one-sidedness, the wrongness of it – the gap and the scar. It’s a truth, an artifact – a way to put my hands on losses and take stock” (Riggs, 2017, p. 180). All American patients have majorly identified self-love as a strategy which helps in accepting their imperfect body, and disrupted self as the major consequences of cancer. Most of the time the empathy and love of the others help in initiating self-love for the patients.

(iv) *Seeking Love from Others*

Feelings of being loved by others is an empowering emotion which helps in coping with the psychological stress. The caressing, hugging, or appreciation from close partners or family members always brings self-respect to patients which they generally lose after the strike of biographical disruption. Finding love from others therefore brings happiness and leads the patients toward self-appreciation.

Neelam finds true love when her grandbaby Rajveer jumps into her arms for kissing as she acknowledges it: “Relief and happiness flooded through my being” (Kumar, 2015,

p. 43). She has not only overcome her negative emotions like fear, shame, and stress but also sees life as compensating in the darkest times. She has also attempted to find perfect examples of love among patients and their close ones while visiting cancer wards. Finally, Neelam accepts the power of love in healing patients' psychological stress and crisis of self: "Love is the infallible physician, the supreme consoler. It is the conqueror, the sovereign teacher. It is also the supreme leveller" (Kumar, 2015, p. 51). Nina expresses her love towards her husband and she demands the same from him to restore to her happy married life in the new normal situation: "And you have to love me even more now. You're not allowed to leave your bald, one-breasted wife" (Riggs, 2017, p. 110). She considers herself fortunate while comparing her condition with Ginny's who has to file a divorce case against her cheating husband. Her husband John's compassionate reply to Nina helps her to cope with fear as he comments on her one-breasted look: "But I still prefer you topless, even when you're lopsided" (Riggs, 2017, p. 180). Nina attempts to pull herself back into her regular life by performing motherly duties for her children. For instance, she prioritises buying poster board for her son Freddy's project instead of going home. Nina has demanded love only from her family, but Tig has also demanded love from her audience who attends her comedy show. On the other hand, Indian patient Neelam has talked about many other cancer patients in the cancer ward as their family members show their love through the process of caregiving. She has even felt happy while seeking for such stories of perfect familial love in others.

(v) *Practicing Gratitude*

The positive effects of gratitude help in coping with traumatic events and facilitating psychological well-being. Expressing gratitude nullifies negative emotions such as fear, anger, distress, and anxiety because it helps the patients to focus on the brighter sides of life. Gratitude is generally considered as a personality disposition to find, appreciate and respond to the common causes of being thankful for other people's kindness or benevolence and also about life in general (Ruini & Vescovelli, 2013, p. 263).

Minakshi has expressed her gratitude to her new good-looking empathetic doctor: "What a difference can make, I realised for the first time, remembering all my horrible experience with those other unfeeling doctors" (Chaudhry, 2011, p. 45). Similarly, Neelam has expressed her thankfulness for the basic human requirements like "Food, shelter, and clothing" (Kumar, 2015, p. 69). Next, she shows gratitude for her mother's concerned voice at the other end of the phone. Neelam has also extended her gratitude for her supporting sisters, her children as well as their spouses. Along with the family members, she has also extended her gratitude to all the support staff at both home and workplace, all the known and unknown people in the park, cab drivers, auto drivers, shopkeepers, deliverymen, and salesmen. After practising gratefulness towards others, Neelam also extends her gratitude "for the bad things" that happened in her life (Kumar, 2015, p. 71). Therefore, she expresses her thankfulness towards difficult people because she has learnt interpersonal skills from them. She has learnt self-dependence along with the improvement of problem-solving abilities after the traumatic event of her husband's death and thus she acknowledges the necessity of it. Similarly, she practices her gratitude to cancer as well: "I guess I am grateful to my

cancer for giving me a new perspective on life, for new cells in my body – a new me” (Kumar, 2015, p. 73). At last, she feels even grateful for material objects and resources in her life: “I am deeply grateful about being *alive*, for life is the biggest gift there could be” (Kumar, 2015, p. 73). Shormistha extends her thankfulness towards everything she has in her life and thus challenges cancer that she cannot be destroyed by it: “But grateful, that I have people who love me, the means, friends, a job where everyone is supportive. I wasn’t unlucky. I was lucky” (Mukherjee, 2021, p. 29).

Tig feels extremely thankful to life by considering having the opportunity to perform in public as she says: “...this was a really special moment in my life that would never come again. I was thankful that, on a whim, I had remembered to ask Flaganant to record it” (Notaro, 2017, p. 141). After the recording of that show has gone viral over the internet, she feels thankful to her social media audience and Louis who wants to release it as an album (Notaro, 2017, p. 142). Anne Boyer has tried to capture the larger picture and admitted the fact that she cannot describe her individual pain by refusing to admit her predecessors’ description of it. In this context, she has referred to Audre Lorde and Fanny Burney who “expertly described” the same event and she considers her pain as smaller in front of them: “I do not mourn my own lost breasts, because the condition of the shared world seems exponentially more grievable” (Boyer, 2019, p. 157). She considers her permit for “private grief” has long expired, and she feels grateful for her respectable job, supporting friends and families, and more importantly access to developed treatment and anaesthesia during surgery that was not available during the time of her predecessors. Therefore, she expresses her gratitude by quoting

from Whitman's poem: "Whoever is not in his coffin and the dark grave, let him know he has enough" (Boyer, 2019, p. 158).

The cancer patients have not only expressed their gratitude for the care, treatment, and empathy they have received from others but also feel grateful to cancer for leading them to understand the value of life. They also feel thankful to non-cooperating persons in their life who teach them some lessons and also even to death for letting them live for some time happily till the final blow strikes off. Therefore, practising gratitude is related to positive emotional functioning and positive social relationships which bring an extreme stage of happiness.

(vi) *Normalising Breast-talk*

Normalising breast talk is a coping strategy in breast cancer patients which helps in overcoming the taboo around women's breasts by initiating an open discussion about women's body image and sexuality (Langellier & Sullivan, 1998, p. 76). As breast talk is still a taboo in India, Indian patients mostly engage more in breast talk so that they can cope with their current social and healthcare scenario. Shormistha always boldly talks about her breasts, inverted nipples, and other problems to the doctors and tries to create an ideal example of breast talk. She does not hesitate to talk about her first experience of breast talk while buying a bra for the first time with her mother (Mukherjee, 2021, p. 76). She also self-deprecatingly mocks her inferiority complex regarding the size of her breasts: "And in my forties, I'm convinced that I have small boobs all the time. Calling them lemons and raisins, and cribbing to my girlfriends that I want plastic surgery" (Mukherjee 2021, p. 77). On the other hand, Minakshi initially

narrates a huge embarrassment to talk about her problem related to her disease to the male doctors and other family members. However, she gradually not only overcame the shame but also examined her close friends' breasts "to see how hard or soft they were" (Chaudhry, 2011, p. 49) compared to her own. Her friends initially felt embarrassed too but later they "laughed and shared (talked about) all my (Minakshi's) reasons for attacking their chests" (Chaudhry, 2011, p. 49). Therefore, she has not only initiated the breast talk for herself but even normalised it for others. When Minakshi's mother tried to hide the fact of her cancer from her friends by talking about headaches instead, she narrates how she took all the effort to get up from the bed and tell them that she had breast cancer (Chaudhry, 2011, p. 60). Therefore, she attempts to reconstruct her disrupted self by facing the truth. Similarly, Neelam was uncomfortable with breast talk at the beginning as she called the breast 'a certain body part' (Kumar, 2015, p. 20). Later, she openly comments on people's curiosity to check out the 'mischievous lump' inside her breast before surgery and to discover if she is wearing 'falsies' (artificial breasts) after surgery (Kumar, 2015, p. 63). Therefore, normalising breast talk in breast cancer is another coping mechanism that helps the patients to overcome shame through open discussion.

4.3 Discussion

4.3.1 Autobiographical Reconstruction and the Quest for Coherence

Looking at the coping strategies used by the six breast cancer memoirists, we can trace a reconstruction of the disrupted self in an autobiographical manner. Faced with a sudden life-threatening illness like breast cancer, the biographical identities of these

memoirists were completely disrupted by a series of disturbing events causing serious alterations to their regular habits and perceptions, relationships with others, and changes in time, energy, and other resources. When the challenging task of overcoming their disrupted biographies was undertaken, the memoirists took five distinct steps to reconstruct their identities autobiographically. The first step is recollection, which helps in recalling past events and memory plays an important role in overcoming the destroying effects of biographical disruption. Recalling happy memories from the past, nurturing one's teenage desire or fulfilling the wishlist are major coping strategies that construct the first step of autobiographical reconstruction. Other than these, recollecting the memories of fear and shame (as discussed in the previous two chapters) also comes under the process of recollection as it is the very first stage of moving forward after shedding the burden caused by breast cancer. The second step is reflection, which enables these memoirists to reflect on their life experiences, choices, and challenges to develop an enhanced self-awareness crucial for reconstructing and shaping identity. Understanding the value of life, introspection, thinking about the afterlife, self-criticism, finding solace in Nature, and practising spirituality are the positive coping strategies which help in understanding external influences on the inner self and also allow these memoirists to explore the various factors that have influenced their lives, such as family and relationships. Self-reflection helps the memoirists to energise the self while enabling a conscious effort to redefine or reaffirm the possibility of renewal. The third step of reconstructing the disrupted identity is integration as it helps in connecting the scattered episodes of memory and in better understanding of the chain of disrupted events. Taking inspiration from others' sufferings, gathering courage, restoring hope, metaphoric visualisation, and doing humour are the coping

strategies which help in integrating one's past events in life. Integration of lived experiences enables the memoirists to revisit both the positive and the challenging experiences. By integrating these diverse experiences into a coherent life story, the memoirists embrace the entirety of their journey to form a more integrated and resilient identity. The fourth step is emotional processing, which provides a problem-solving approach as it helps in controlling the overpowering emotions that disrupt the patients' regular life post-breast cancer diagnosis. Complaining to God/ Fate, denial of the negative, acceptance of fate, emotional outbursts/ weeping, sharing the emotional burden with a close group, adopting arrogance as an Attitude, using forceful laughter, and challenging cancer vis-a-vis death are the coping strategies which allow the memoirists to acknowledge their strengths and weaknesses, identify the patterns of emotional outburst, and use them for betterment of their psychological state. The fifth step is meaning-making as it finally helps the memoirists to derive meaning from their lived experiences of illness. Processing changes slowly, growing self-love, seeking love from others, generalisation of sickness/ understanding different dimensions of illness, practising gratitude, and normalising Breast Talk are some of the important coping strategies that help them in setting goals and rethinking personal development through a dynamic and evolving sense of identity. Notably, every breast cancer patient chosen for this study has used at least one or more coping strategies from each of the five categories that are identified as components of ARM.

The twenty-seven autobiographical reconstruction strategies mentioned above are instrumental in the creation of narratives of reconstruction through which the memoirists engage in an act of autobiographically reconstructing their lives by

reorganising events, memories, and emotions while making sense of their past, connect the dots between different life phases, and establish a coherent narrative that contributes to a more stable and meaningful sense of identity. Simultaneously, by presenting their memoirs, the patients create a space to express their thoughts and emotions, contributing to healing and promoting a more positive and authentic sense of self while also facilitating a community catharsis. To conclude, these three American and three Indian breast cancer memoirists accept the realities of the illness, autobiographically reconstruct their disrupted identities, and share their survival lessons with others to rebuild a community for themselves and others with similar challenging experiences. Sharing their experiences through memoirs fosters an empowered self for these patients and restores their agency through the act of narrating (Frank, 2016, p. 9). This sense of connection strengthens their autobiographically reconstructed identity by recognising shared humanity and common struggles.

