

# “Because in Truth, I’m Never a Victim”: Identities, Perceptions, and Narrative Beginnings in Anita Moorjani’s Cancer Memoir *Dying To Be Me*

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**Abstract** This paper focuses on Anita Moorjani’s memoir *Dying to be Me* (2012) to outline the identity of the patient-narrator who narrates her illness story to reconfigure her life which has been altered by the sudden onset of Lymphoma. In recounting the subjective experience of her illness, Moorjani plots her growth as an individual who claims voice and agency and regains it by decolonizing the hegemonic tropes of medical science. The illness narrative maps the patient-narrator’s journey from her illness to healing and subsequent restitution. The paper highlights the problems associated with the beginnings of such illness narratives and the efforts made by the narrator to locate an inception moment to narrate her story. The present article revisits the theoretical postulates of Arthur Frank, Arthur Kleinman and Shlomith Rimmon Kenan on illness narratives. Drawing on Paul Ricoeur’s concept of “narrative identity,” Roy Schafer’s concept of narrative and Edward Said’s thoughts on beginnings and origin, the paper aims to delineate the problem of “beginnings,” the dilemmas associated with identity and the various patient perceptions which shape Moorjani’s memoir.

**Keywords** Illness narrative; patient perceptions; subjective experience; narrative inception; identity dilemmas

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### Introduction

Although bio-medical intervention is necessary for diagnosing and treating illnesses such as cancer, the tendency of clinical narratives to eclipse the patient’s subjective experience of illness and healing is well established. This paper is motivated by a notable new wave of records on terminal illness, specifically cancer. By taking this writing seriously as literature, it examines how the authors of such personal narratives come to write of and negotiate their experiences of illness between the extremes of cliché and extraordinariness in text and the wider public realm. The text we have selected for our study is Anita Moorjani’s memoir *Dying to be Me* (2012). The author of this memoir is the narrator-protagonist of her story. This cancer narrative is written from the first-person point of view.

Moorjani’s memoir *Dying to be Me* (2012) voices her illness experience and tells us about her perceptions of cancer. It also relates the importance of storytelling and the difficulties in putting into a narrative framework the author’s experiences and insights when she is diagnosed with cancer. It is challenging to narrate a body fighting against cancer because a diseased body eludes language (Frank, *The Wounded Storyteller* 2). Additionally, Arthur Kleinman asserts, “illness is polysemic or multivocal; illness experiences and events usually radiate (or conceal) more than one meaning” (Kleinman 8). The body and the voice narrating the illness constantly change. However, the story binds everything together into a coherent whole. Illness stories turn events and chronology into purpose and meaning (Taylor 2). Illness both shapes and fragments the narrative. The author works out her identity by telling the story. She also offers herself and her story as a guide to others’ self-formation. Moorjani writes, “the main purpose of sharing my story is so that others do not have to go through what I went through” (xiii).

Moorjani’s memoir allows readers to seek confirmation of their experience in her story. There takes place socialization. It enables others who read or listen to

her story to identify, share with fellow sufferers, and overcome their solitude. The memoir is not only a window into her experiences of illness and construction of identity but also a service to others in a similar, vulnerable situation. Once a person is sick, he has to narrate his illness (why it hurts? how it feels?) to people around him who demand to hear about his condition. Illness demands stories. (Frank, *The Wounded* 54). Roy Schafer explains,

we are forever telling stories about ourselves. In telling these self-stories to others we may, for most purposes, be said to be performing straightforward narrative actions. In saying that we also tell them to ourselves, however, we are enclosing one story within another. This is the story that there is a self to tell something to, a someone else serving as audience who is oneself or one's self... On this view, the self is a telling. (31)

Within the pages of *Dying to be Me*, Moorjani narrates her childhood in Hong Kong, her professional life and true love- Danny, her diagnosis of lymphoma, the clinical encounters, her tryst with alternative medicine and her treatment on the medical bed where she had her near-death experience and subsequent recovery. The present essay discusses the problems associated with narrating a cancer story. The first section of the paper will look at why it is challenging to identify and describe accurately the exact moment when cancer cells enter a healthy person's body. This section will analyze the concept and the need for beginnings in illness narratives and how the author attempts to narrate her story by selecting an event as the origin of her story. The second part of the essay will discuss the interplay and overlapping of diagnostic and narrative identity and the dilemmas associated with identity in Moorjani's story. The third part of the essay will delineate various coping mechanisms and patients' perceptions on cancer. It will discuss the influence of perceptions and emotional responses on the illness narrative and how the narrative gives meaning to these perceptions and serves as a way out of the negative stereotypes associated with cancer.

### **Through the Lens of Beginnings**

The literary understanding of narrative perspective highlights the challenge of explaining a beginning from an epistemological standpoint. Beginnings are frequently cited as being arbitrary in narratives by literary theorists who have studied them. According to J. Hillis Miller, who draws inspiration from the writings of Said and Derrida, "the paradox of beginnings is that one must have something

solidly present and pre-existent, some generative source or authority, on which the development of a new story may be based. That antecedent foundation needs in turn some prior foundation, in an infinite regress” (57). Finding a precise answer to the question of when the story begins is challenging. Is it the dramatized scene, incident, act, or significant occurrence that occurs first in time? Is the opening sentence of a story its true beginning? However, any story, whether fictitious or nonfictional, public, or personal, must have a beginning.

Stories about cancer usually begin after diagnosis. In autopathographies<sup>1</sup>, the narrative usually starts with a significant event or moment in the series of occasions connected to the narrator's condition. In cancer memoirs, authors look back on their experiences and attempt to convey to the reader the “oncogenesis<sup>2</sup>” moment, or the exact point when they stopped being healthy people, and their sensations began to resemble cancer symptoms. In Susan Sontag’s words, they transitioned from the “kingdom of the well to the kingdom of the sick” (3). Moorjani’s memoir *Dying to be Me* begins with the prologue, “The day I died.” The author recounts with mathematical precision her experience of the day when she was rushed to the hospital. She writes,

My organs were beginning to shut down as I succumbed to the cancer that had ravaged—no, devoured—my body for the past four years. It was February 2, 2006, a day that will be etched in my memory forever as the day I “died.” (3)

Not with Moorjani's birth, the early symptoms of Cancer, or the doctor's diagnosis, does her story begin. The story starts with an experience etched in her memory as a compelling and vital event that enables her to develop her story. The patient-narrator, finds the moment where she recognizes herself as an individual on the hospital bed and believes that she can narrate her own tale without surrendering to the hegemonic declarations on the medical charts that portray her as a diseased body. She tries to identify a fixed point, a particular day, that can act as the foundation for the series of events that would form her narrative.

A chronic condition like cancer presents a challenge to narration since it compromises and distorts the coherence in the patient’s life. Narratologist

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1 Autopathography is a combination of the term “autobiography” and “pathography.” Autopathographies are autobiographical narratives of experiences with illness written by the patient.

2 Oncogenesis is the process by which healthy cells develop malignant characteristics and spread throughout the body. It is the development or growth of tumors in a body.

Shlomith Rimmon-Kenan in her essay “What Can Narrative Theory Learn from Illness Narratives?” puts illness narratives into the ‘extreme test case’ category in narrative studies. She argues, illness “collapses the sufferer’s sense of order” and the “disintegrating body may threaten the very possibility of narration” (245). As a result, illness both influences and disperses the story. Anita’s lymphoma is not only the subject of her story; it is the condition of her body through which she narrates her experience. In her illness memoir, continuity and disruption interact, and the story constantly tries to deal with the latter. Moorjani searches for a crucial point when her cancer begins in this interplay of disorder and order. The narrator is no longer the healthy person she once was at this particular juncture in the story, which signifies a turning point. Niels Buch Leander contends that “there can be no beginning independent of the particular narrative we bring to it” (19). He argues that the fact that the beginning identifies the event as such is significant since, epistemologically speaking, we never describe an event in its entirety; we only tell it under a specific description. “A beginning needs a supporting narrative, which can characterize the beginning as an event... So instead of starting at “the beginning,” we must start with the description we want to use to position the event” (Leander 19). Moorjani must select a temporal point as the genesis moment to narrate her story of lymphoma and subsequent healing. Her memoir starts with the day she was rushed to the hospital. This moment is not the exact moment when cancer cells invade her body. It is not her biological beginning either. The day she was rushed to the hospital is the beginning of her narrative because it is apprehended as such by her narrating self.

According to Catherine Belling, “Pathographies begin not with the emergence of disease but with the emergence of the narrator-author as a diseased person” (Belling 232). Belling contends that the narrator in cancer memoirs establishes a precise temporal starting point for her narrative, the moment the tumor created the first sensation that could have been a symptom. Interpreting a sensation as a symptom is an act of emplotment<sup>1</sup> since it necessitates creating a cause and a narrative trajectory to situate the experience. Although Moorjani’s story starts with the day when she was rushed to the hospital, it is not the beginning of her story. The opening sentence of her memoir, which as Stephen Kellman says, “thrust us immediately into the text” (146), is also not the beginning of the story. As readers, we don’t know what happened before or what happens next. They can be considered significant events but not the absolute beginning. It can also be argued that 26 April

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1 Emplotment, interpreted literally, is the process of weaving together a number of historical events into a story with a clear plot.

2002 can be viewed as the beginning of her story when “the lump on her right shoulder just above the collarbone” became much “more than a cyst or large boil.” Anita writes,

April 26, 2002, is a day neither Danny nor I will forget easily...It was late Friday afternoon, the last day of work before sharing a weekend together.... I’d had a biopsy, and I was getting the results that day. The doctor was very gentle and kind as he broke the news: “You have lymphoma, which is a form of cancer of the lymphatic system.” (44)

Moorjani’s diagnosis and the lump on her shoulder can be regarded as the genesis of cancer in her story. Cancer was anthropomorphized by the swelling and sensations she experienced. It is impossible for her to pinpoint the precise moment of rupture—the split second when, in Susan Sontag’s words, she “emigrates to the kingdom of the ill” (3), when the cancer cells first invade her body. As a result, her story cannot begin when cancer cells infiltrate her body. The discovery that she has lymphoma is a significant event in her illness memoir. It can be considered as the inception of her medical story, or the origin of cancer in her story. But her narrative starts when she becomes the patient-narrator, fully conscious of her medical condition, rather than when she first felt the lump on her shoulder or was taken to the hospital.

“Is a beginning the same as an origin? Is the beginning of a given work its real beginning, or is there some other, secret point that more authentically starts the work off?” enquires Edward Said in *Beginnings* (3). Said postulates, “between the word beginning and the word origin lies a constantly changing system of meanings” (5). He adds,

[beginning is] an activity which ultimately implies return and repetition rather than simple linear accomplishment ... beginnings are historical whereas origins are divine...the designation of a beginning generally involves also the designation of a consequent intention ... when we point to the beginning of a novel, for example, we mean that from that beginning in principle follows this novel ... The beginning, then, is the first step in the intentional production of meaning. (xiii- 5)

The lump on her shoulder provides Anita with the inception moment to start her story of illness. The opening sentence in her prologue where she was rushed to the hospital is a significant event on which she could rest her narrative of illness and

subsequent healing. But it is not the beginning of her story. Her biological beginning is also not the beginning of her story because it depends on other narrations. The origin of cancer in her body cannot be the beginning of her story because she cannot know the exact oncogenesis moment. The origin lies somewhere away from the beginning; it is not in the moment of diagnosis nor her sensations of the lump in her body. The origin of her story, the oncogenesis moment, lies in her awareness when she starts “researching everything she could about cancer and its possible causes” (Moorjani 43). When she feels the lump near her collarbone, Anita writes, “In that moment, I refused—rather, I demanded that it be nothing more than a cyst or large boil. Yet the ugly little voice in the back of my mind, a predictor of doom, harped at me relentlessly, convincing me it was more than that” (43).

Anita’s memoir begins when she is rushed to the hospital. She decides on that day as the starting point of her narrative. Her identity as a cancer patient is constructed after her diagnosis. But the beginning of her story, the genesis of cancer in her memoir- lies somewhere between her diagnosis and recovery- in Horatian terms- *in medias res*<sup>1</sup>. Moorjani being taken to the hospital or her early life being portrayed in the first chapter or the opening of the text, almost definitely have no bearing on the series of events that later unfold: it does not crystallize the events surrounding her illness, which molds her narrative. The story “originates without purpose or meaning in a space” she “contained but did not inhabit” (Belling 245). It begins *in medias res*- deep inside her awareness, not when she received a diagnosis or was transported to the hospital—at a time that neither human beings nor medical science can describe. However, this beginning is never static, and it shifts continuously with the shifting identities of the patient- narrator. According to Brian Richardson, no clear method exists to determine a story’s precise beginning; instead, we must choose a guiding concept that will point us in the right way. Richardson asserts, “beginnings are provisional concepts, inherently unstable, typically elusive, and always capable of being rewritten” (125). Since beginnings are tricky and frequently subjective and ambiguous, our most realistic definition of where Anita’s story actually begins will be one that is considered to be in flux. Anita’s memoir challenges us to reconsider the conventional notions of ‘beginnings’ and to acknowledge the dynamic and subjective nature of the narrative inception, emphasizing that the genesis of a story lies not in a single definitive moment but in

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1 In medias res, a Latin expression that means “in the midst of things,” It is a literary term used to describe situations where a character enters a scene or a story in the middle of the action. The opening of a narrative work that starts in the middle of the action is known as an *in medias res* beginning. The words “in medias res” were originally used in Horace’s *Ars Poetica*.

the ongoing process of meaning-making that evolves in the interplay between the narrator's shifting identities and the reader's interpretive engagement.

### **Renegotiating Identity**

The analysis of illness narratives has consistently indicated a view of such narratives as fundamentally a portrayal of events, such as the events preceding the illness, the events associated explicitly with the illness, and the interconnections between all of these events. Identity is frequently defined as the ability to present a cohesive, developing account of one's life that includes all significant events, including those connected to the illness. In many ways, illness highlights the connection between identity and narrative because trauma and disease put ordinary identities—which are often taken for granted—under pressure. “Acting like a sponge, illness soaks up personal and social significance from the world of the sick person” (Kleinman 31). Numerous studies have claimed that narratives present events in a logical manner and that doing so helps people form identities. Narratologist Shlomith Rimmon Kenan in her essay “The Story of “I”: Illness and Narrative Identity” contends, “we lead our lives as stories, and our identity is constructed both by stories we tell ourselves and others about ourselves and by the master narratives that consciously or unconsciously serve as models for ours” (Kenan 11). In illness narratives, the old self which the upheaval brought by the illness has disintegrated is recreated. Moorjani’s cancer memoir *Dying to be Me* sheds light on her lived encounters with cancer and her understanding of it. Her experience exemplifies the connection between her narrative identity, diagnostic identity, author/protagonist self, and attempts to establish a balance between her identities.

In her ground-breaking study *The Body in Pain*, Elaine Scarry asserts that pain is intrinsically uncommunicable because it actively subverts language rather than merely rejecting it. “As the content of one’s world disintegrates, so the content of one’s language disintegrates; as the self disintegrates, so that which would express and project the self is robbed of its source and its subject. World, self and voice are lost” (Scarry 35). Therefore, Anita’s attempts to portray her sufferings must have taken place during times of remission, when she was capable of recalling and eventually reconstructing the experience of suffering. Illness episodes are difficult to tell. In addition, most writers frequently limit their descriptions to the details they can recollect or that can be rationally justified. The majority of illness narratives, according to Shlomith Rimmon-Kenan are linear and cohesive despite the challenges that illness narrative authors face when attempting to describe what is sometimes an almost impossible experience to describe. Rimmon-Kenan, who



considers this narration style problematic, questions whether narrative fragmentation wouldn't be the most appropriate form for the experience of fragmented narrative identity (Rimmon-Kenan, *The Story of I* 19). The disruption of identity caused by illness makes the author's narrative identity challenging to comprehend.

In stories concerning a person's illness, this implied distinction between what is experienced and what is recounted is particularly common. Anita lives more in or through her illness than in her memoir. The narration of her illness is trying to make sense of cancer, and it is symbolic and representational, even if the account is disjointed or contradictory. It can be argued that her retelling becomes a narrative when it is entangled in the pursuit of personal identity. Numerous theorists have suggested that narrative is an important way to give our lives significance and that making up stories about oneself relates to developing one's sense of self. According to Lindemann Nelson, "Personal identities are made up of a network of narratives that we weave around the aspects of our lives and selves that are most important to us. Some of these narratives are constant, while others change over time" (72). The conversations that are important to Anita, the roles and connections she cares about most, and the significant illness-related events that she has lived through and can recall serve as the foundations on which the narrative that makes up her sense of herself is built. The stories help her understand who she is and are her contribution to her personal identity.

Anita constructs her identity and self-concept through narrative configuration, and she tries to make her life a whole by viewing it as an embodiment of a single unfolding and developing tale. However, we can never know how our stories will end while we are still living because the plot is constantly altering as new events take place in our lives. Identity, then, is not stable or an entity but rather the ordering of events into a narrative whole that includes both one's past and future. Like many cancer patients, Anita experiences the early markers of identity threat—body indicators, strained relationships, and interactions with medical institutions—making her feel that she is a separate individual.

I wouldn't even answer the phone because I didn't want to talk about my illness, I didn't want anybody's advice on how to handle what was going on inside me, and I didn't want to repeatedly answer the endless questions that people who care tend to ask. I stopped going out and stayed in the safety of my own home. (Moorjani 52)

In autobiographical literature, we find the aspects of the shared space of experiences

where identity is located. In Moorjani’s memoir, cancer redefines this social environment, shatters close friendships, and rearranges the geography of social interactions. Anita’s social environment as a patient is one of illness rather than health. With this alteration, she must renegotiate the meaning of her connections with her family and friends from a new vantage point. Anita’s story reflects an ongoing series of efforts to analyze the significance of her personal experience. The idea of identification describes this process because it places the unwell person in the existing framework of continuous organized social relationships within which their experience will be defined.

The self-trajectory narrative takes a sharp turn at this point, where Anita realizes that her identity as a patient is different from what she was. So, to say, the narrative that was present before Anita’s diagnosis is no longer consistent with what happens after. Due to this broken fit, a new narrative driven by a renegotiation of identity is desired. How the ill self relates to her identity after the diagnosis serves as the framework for the narrative. In the words of Roy Schafer, the self turns into “a telling” (31). This “telling” reconstructs the self. The appropriate definition of illness narratives is that they “heighten one’s awareness of one’s mortality, threatening one’s sense of identity, and disrupting the apparent plot of one’s life” (Couser 5). However, the telling restores the ill self’s lost voice, identity, and agency. Anita’s narration becomes a step in the direction of her new identity. “I believe that my cancer was related to my self-identity, and it feels as though it was my body’s way of telling me that my soul was grieving for the loss of its own worth—of its identity” (Moorjani 180).

In Moorjani’s memoir, the configuration of her subjective experience to plot a story that can be told to the self and the world progresses from an ill self-story to a recovery story. However, her diagnostic identity often overlaps with her narrative identity. The narrative gives her back her identity, which was fragmented due to cancer. Her diagnosis gives her a new identity in the world of medicine—the identity of a “patient.” The diagnostic identity is inextricably linked with her narrative identity because it is her ill body which is simultaneously the “cause, topic and instrument of whatever stories are being told” (Frank, *The wounded Storyteller* 2). The body is diagnosed with cancer, and the body narrates the story. “I still had cancer and couldn’t run from the knowledge. How was I to get away from my own body?” (Moorjani 45) The medical narrative which gives Anita her identity as a patient is woven together with her identity as the narrator who narrates her own story.

While narrating her story, Anita, the narrator of the memoir, introduces a “double” a fictional version of herself as a character in the illness story. This

character is the protagonist of the story, and it is through this character we, as readers, see what happens in the story. She enhances her understanding of the present reality and herself by narrating her tale in the roles of the patient and the storyteller. She can identify with them, reject them, or assert that a change or development has occurred by introducing new versions of the self. Through the narrative extension of identities, Moorjani is able to highlight a new aspect of herself that she wants to draw attention to at a certain point in the conversation. By offering contrasts and alternatives and exposing continuity and discontinuity in her character, Anita negotiates her identity.

Different identities come into play in the act of narration. But while telling her story, the narrative identity dominates her diagnostic identity. She makes her diagnosis a significant event in her story through her narration. Her diagnosis shapes her character as a “patient.” The narration shapes her “identity as an individual.” “The narrative constructs the identity of the character, what can be called his or her narrative identity, in constructing that of the story told. It is the identity of the story that makes the identity of the character” (Ricoeur 147-8). To recognize ourselves again and move past the idea of the diseased self that stigmatizes and distorts our identity, we need to say who we have become and do so in public. Anita's cancer narrative illustrates her transformation and asserts a public claim on her new self. She has always had a strong sense of narrative identity, and in her diagnosis of cancer, she gains a new, corporeal dimension to it. A greater and more profound understanding of self and identity emerges from her illness.

Anita's memoir depicts her numerous, inconsistent, and disjointed experiences as well as the multiple identities created from and made up of those experiences. Her identities are never static; they are always in motion. Even though the narrator's “I” could be interpreted as a constant, Anita's identity as a character alters as a result of the experiences and occurrences of cancer. In Moorjani's memoir, the diagnostic and narrative identities intersect and diverge. Her illness narrative can be regarded as an identity narrative which, like narratives about ongoing lives, is the subject of revisions and retellings, ensuring that it is never complete but is always in progress. Moorjani makes the case that rewriting one's life is a crucial step in recovering from illness. Although a person with lymphoma may experience fragmented life experiences, with time, a strong sense of self and identity can continually be reclaimed and renegotiated.

### **Coping with Cancer: Patient Perceptions**

Emotional and physical difficulties are hallmarks of cancer. Multiple clinicians,

harsh therapies, and unknown results all contribute to the complexity of treatments. Unfortunately, communication with cancer patients is sometimes not at its best. A patient’s quality of care is more likely to be damaged because they often leave consultations feeling overwhelmed, with unmet expectations, apprehension about treatment plans, and uncertainty about who to contact with questions. The idea of “illness perceptions” was developed by contemporary empirical research in behavioral medicine to analyze, comprehend, and address patients’ perceptions of their disease. Illness perceptions are defined as “the cognitive (i.e., beliefs, ideas, thoughts) and emotional (i.e., feelings) representations of symptoms and illnesses” (Kaptein and Broadbent 268-273). In chronic illness, perceptions of the condition play a significant role in predicting the prognosis and adjustments.

Anita's memoir provides insight into the existential predicament of dealing with cancer. The memoir presents cancer at first as a terrifying illness connected to observable growths, pain, and suffering. Anita begins to think that cancer was caused by everything. She starts fearing “pesticides, microwaves, preservatives, genetically modified foods, sunshine, air pollution, plastic food containers, mobile phones, and so on. this progressed until eventually, I started to fear life itself” (Moorjani 43). Her perceptions shift as the story continues, and she begins to think that psychological and emotional triggers were a factor in her developing cancer.

Creating new identities is a common component of cancer survival and may significantly impact relationships and general well-being. Integrating one’s experience with cancer into one’s self-concept often entails creating new identities. The new identities lead to new perceptions. Anita contends that her cancer impacted her sense of self-identity and believed it to be her body’s way of conveying that her soul was lamenting the loss of its sense of self-worth. People with Cancer generally adopt the identity of a victim, patient and survivor. However, the identity which Anita never endorses in her journey with Cancer is that of a victim. She writes,

Why did something so big— like this terminal cancer thing—happen to me just for not realizing my own magnificence? Simultaneously, I had this understanding: Ooh, I see—it didn’t happen to me, because in truth, I’m never a victim. The cancer is just my own unexpressed power and energy! It turned inward against my body, rather than outward. (165)

Anita plays the part of a patient before transitioning into a survivor. She also serves as the story’s narrator. But she never views herself as a victim because the word “victim” connotes helplessness in the face of one's illness, a lack of agency,

and perhaps a persistent vulnerability. Victim implies that one should perceive their disease as the consequence of external factors, which evokes feelings of wrongdoing, injustice, and helplessness. Anita sees her disease as a manifestation of her own unexpressed power and energy. She never uses the metaphor of punishment to justify her cancer. “I knew it wasn’t a punishment or anything like that. It was just my own life force expressing itself as cancer” (165). She is constantly conscious of her cancer diagnosis throughout the memoir. To cope with it, she empowers her energies, makes an effort to manage her body and her attitude, and relies on both conventional medicine and alternative treatments. She never imposes the blame for her condition on herself or others.

Despite the increasing ability to treat and cure cancer, people still dread it and regard it as a death sentence. The treatment of cancer scares people more than the disease itself. In her memoir, Anita elaborates and confirms a range of emotional reactions to her illness. Fear is the one that gets the most discussion. Fear rules her life much before her diagnosis. She writes, “Prior to my diagnosis, one of my biggest fears in life had been getting cancer—it seemed to be occurring with more frequency to people I knew” (47). Her diagnosis confirms her fear which she had much before cancer invaded her body. She further writes, “The fear of cancer now gripped me in its vice; it seemed to shove my stomach into my throat with a clenched fist. The effects of chemotherapy frightened me even more. Every muscle tightened in a protective clamp and held onto life” (47). This fear shadows her decisions, and she denies undergoing chemotherapy and radiation.

Arthur Frank characterizes first-person narratives of illness as “dramatic.” In his essay “Five Dramas of Illness,” he gives us a five-drama framework, which is mainly found in autobiographical accounts of illness: the drama of genesis (what instigated the illness); the drama of emotion work (what emotional displays are required or prohibited); the drama of fear and loss; the drama of meaning; and finally, the drama of self” (Frank 379). The frameworks that have the greatest influence on Moorjani's account of her experience with cancer and her perceptions are ‘drama of emotional work’ and ‘drama of fear and loss.’ The drama of emotional work drives Anita's behavior to prevent her condition from affecting others.

As my health declined, I didn’t like the way others felt sorry for me and made allowances for me, as though I were different or not normal... But through all this, I put up a front. I laughed and smiled and made small talk, even when I didn’t want to, because it was important to me not to cause concern or worry anyone else with my condition. I didn’t want others to feel upset or

uncomfortable because of my situation, so I continued to put the feelings and needs of everyone else before my own. (51-52)

In Anita’s story, the drama of emotional work and the drama of fear and loss are folded imperturbably into the experience of illness. The drama of emotional work keeps the reader expecting a moment when the drama cannot go on any further. Frank postulates, “The dramatic tension is how long that discrepancy between feeling and enactment can be sustained—how long the person doing the emotion work can live with the self-estrangement caused by that work” (Frank, *Five Dramas* 387). Moorjani, in her memoir, experiences and reflects on her emotional responses to her malignancy. She goes through a roller coaster ride of emotions—grief, anger, fear, denial, impatience, a feeling of loss and hope in her battle with cancer. But the expression of fear and loss surpasses all her other perceptions as a patient. Her fear of chemotherapy, fear of the unknown, anxiety of not carrying out her roles in the future, and fear of losing her loved ones supersedes her other emotions. Drama of emotional work is followed by drama of fear and loss. She writes,

I felt sorry that my presence made others feel so uncomfortable, so at this point I stopped going out in public altogether. Soon, I found myself locked in my own cage of fear and desperation, where my experience of life was getting smaller and smaller. Time slid by in a slippery descent. (53)

Her fear and desperation make her disillusioned with everything around her. She starts questioning her existence, her treatment, and the world around her. Every morning she wakes up with a “glimmer of hope” but every night brought with it a “greater sense of defeat” than the previous day (53). “Unshared loss and fear can destroy but when these emotions are articulated within narratives, the stories can take care of those who tell them” (Frank, *Five Dramas* 389). In sharing her overwhelming fears with her husband Danny and in writing her memoir, Anita saves herself from getting consumed by the ocean of apprehensions. Through articulating her fears and speaking about them, Anita makes her fear and sense of loss mere players in her story and not the entire story.

Cancer and predominantly the sense of loss and pain associated with it puts the patient in a liminal state, which is shown particularly well in Moorjani’s memoir. There is fear and despair. But hope and strength also exist. The memoir narrates the experiences of illness and personhood as well as patient hood. It enables the readers and the author to comprehend the patient- narrator’s perceptions about various

dimensions of her illness, body, self and emotional life. Moorjani's perceptions of her illness make her narrative more holistic than the reductionist medical narratives. These distinctions emphasize the crevices between the bio-medical reports on cancer and the patient's bodily experience of cancer as established by studies and research in anthropology, health humanities, and social sciences. Anita's perspectives and experiences are crucial for understanding how to improve patient-centered treatment and how care delivery can result in improved results in healthcare.

### Conclusion

This essay concludes by stating that by narrating her subjective experience of illness in her memoir *Dying to be Me*, Anita Moorjani is locating herself in the narrative and reconfiguring her selfhood, which is disrupted by the malignant cells in her body. In her efforts to narrate the unnarratable, she tries to lend coherence to chaos and plot a logical, ordered narrative by organizing the disordered events and experiences associated with her illness. Moorjani's narrative originates in medias res—somewhere between the start of her story and the genesis of cancer in her body and the beginning constantly evolves. However, she attempts a temporal ordering of events to give her story—a beginning, a middle and an end, like all other narratives. It is her story which identifies her as a human subject rather than a bodily pathology. The narrative works as a repair work on the disruption caused by cancer. It reconciles her past with her present and enables her to envision a better future full of hope and well-being. The narrative illuminates the fundamental rupture in her selfhood and the alteration in her life caused by cancer. It also helps her to make sense of the cancer cells in her body, restore her identity and associations, have clear perceptions about her condition, and retrieve her story from the medical metanarrative.

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