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Citation: Willig, C. (2009). 'Unlike a Rock, a Tree, a Horse or an Angel ...' Reflections on the Struggle for Meaning through Writing during the Process of Cancer Diagnosis. *Journal of Health Psychology*, 14(2), pp. 181-189. doi: 10.1177/1359105308100202

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'Unlike a Rock, a Tree, a Horse or an Angel ...'¹

Reflections on the Struggle for Meaning through Writing during the Process of Cancer Diagnosis

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COMPETING INTERESTS: None declared.

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Journal of Health Psychology
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Los Angeles, London, New Delhi,
Singapore and Washington DC
www.sagepublications.com
Vol 14(2) 181-189
DOI: 10.1177/1359105308100202

Abstract

In this article I present some reflections on my experience of the process of wresting meaning from meaninglessness. My reflections are both personal and scholarly in that I trace my own experience of struggling with meaning-making and attempt to illuminate them with reference to published work, drawing on concepts from existentialist philosophy in particular. Much of what is contained in this article is based upon reflections recorded in my personal diary written during the process of being diagnosed with cancer. As such, the article itself constitutes an example of the kind of writing that this special section is concerned with. I quote verbatim from my diary throughout this article in order to demonstrate the process of meaning-making through writing.

Keywords

- *cancer diagnosis*
- *existential perspective*
- *facing mortality*
- *meaning-making*
- *narrative*

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MY CATS are very dear to me. Leaving them behind when going on holiday has never been easy. I have always felt a little guilty about 'abandoning' them (usually to the loving care of a friend or cat sitter ...). I always used to think that the worst thing about the situation, for them, would be the fact that they did not understand why we were leaving them, and that they did not know when (or, indeed, whether) we would return. I felt sorry for them because they were subjected to an unpleasant experience apparently without rhyme or reason, without warning or preparation, without explanation and without any choice in the matter. Their experience in this situation seemed quite unlike anything that had ever happened to me. Until now. Having experienced cancer, I realize that we, too, can suddenly find ourselves in a situation which seems to make no sense at all, which doesn't seem to fit in with the rest of our lives and over which we have little or no control. The fact that we can name the situation, does not mean that it has been given meaning. Making sense out of the apparently senseless requires a lot of work; it is both an intellectual and an emotional effort. Just how much effort it takes to construct and maintain a serviceable narrative in the midst of emotional turmoil and uncertainty became clear to me last year when I was diagnosed with malignant melanoma. Much has been written about 'man's search for meaning' (Frankl, 1962) and this is, after all, what this special section on 'Health Psychology and Writing' is about. Here, we are interested in how creative writing may be used in order to make (and un-make) meaning in the face of the existential challenge of illness. My own experience of coming to terms with having been diagnosed with cancer involved a lot of writing. I realized that not all available ways of making sense of my experience were helpful to me. I also realized that, in this situation of uncertainty, when feeling anxious and vulnerable, other people's comments and observations (and the discourses of health and illness which they invoked) had a great impact on me. At times, it felt as though I had to actively 'defend myself' against proffered meanings, which, to me, seemed unhelpful or even destructive. Reflecting on my experience through writing turned out to be my way of constructing, and holding on to, what was 'my own truth'.

Being 'thrown' and having to live with it

Although I had read Heidegger's *Being and time* and was, therefore, already familiar with the existential notion of our being 'thrown' into the world, it was

only when I was confronted with my own mortality during the process of a cancer diagnosis that the full conceptual and emotional meaning of this notion really hit home. According to Heidegger, as humans we are thrown, without choice, into the conditions of human existence. These include being mortal, being in the world, being with others and being embodied (see Cohn, 2002, p. 95). At the same time, we are also 'thrown' into particular circumstances that constitute our individual life situations (e.g. culture, gender, social and historical contexts). But because, as humans, and 'unlike a rock, a tree, a horse or an angel' (Heidegger, 1976, p. 374), we are not only thrown into the world but are also aware of that fact (and of where we have landed!), and we find ourselves in a position of having to act, make choices and take responsibility in a situation not of our choosing. As Cohn (2002, p. 96) puts it, 'Our thrownness is the unchosen basis on which our freedom to make choices rests.' However, most of the time, in everyday life, we do not consciously engage with our 'thrownness'. We are able to avoid a direct confrontation with our existential predicament by losing ourselves in the world, by being absorbed in and preoccupied with our daily business and by talking about the world and how things are in general (rather than focusing on our own actual, unique and immediate experience of Being). Heidegger calls this 'falling into the world' (see Mulhall, 1996, pp. 105–109). While 'falling' is our default option in that it constitutes our everyday relation to the world, there are times when we recover ourselves from the world and are suddenly struck by the 'mineness of existence' and the realization 'that it is and has to be' (Heidegger, 1996, p. 134). Being forced to confront one's mortality often brings this about since death is 'that possibility which is one's ownmost, which is non-relational and which is not to be outstripped' (Heidegger, 1962, p. 294); in other words, my death is both certain and uniquely mine, no-one else can stand in for me and it is not an option that might be rejected or refused (see Mulhall, 1996, p. 117). At such times we experience the fact that 'I do exist in the world and have to go on living and choosing, even if I go on by trying to end my life' (Schmidt, 2006, p. 69) with full force and we realize that there is no escape from Being. The mood that accompanies this disclosure of 'thrownness' is anxiety. Such a direct and intense awareness of 'that it is and has to be' descended upon me during the period of time that I was diagnosed and treated for malignant melanoma.²

The need to take a stance and tell a story

As Heidegger made clear, 'thrownness' is the beginning, not the end. Finding oneself in a situation not of one's own choosing, we need to find a way of positioning ourselves within it. Having realized, and accepted 'that it is and has to be', we need to take a stance towards what presents itself, including the anxiety generated by the realization of one's 'thrownness'. Viktor Frankl (1962), drawing on his experience of surviving Auschwitz, concluded that meaning is essential for life. One of his three fundamental categories of meaning is one's stand towards suffering and towards a fate that one cannot change (see Yalom, 1980, p. 445). In what follows I shall identify different ways of making sense of the experience of cancer; some of these were my own and some were other people's offerings. As I indicated earlier, I want to focus on the process of constructing meaning within the context of uncertainty and the struggle for meanings that fit, that is to say, the struggle for meaning that can serve as one's own truth.

The role of writing

For me, writing became an essential part of this process. Writing (in my case, a personal diary) provided the opportunity to create (and maintain) a reflective space that allowed me to develop a stance towards the situation I found myself in. Writing about one's experience serves as a reminder that while we cannot change the circumstances we find ourselves in, we can engage with them in different ways, and that there needs to be 'no freezing and no paralysis', as Grossman (2007, p. 21) puts it, even in tragedy.

There is a rich literature on the benefits of autobiographical writing including its therapeutic effects in general (e.g. Bolton, Howlett, Lago, & Wright, 2004; Esterling, L'Abate, Murray, & Pennebaker, 1999; Hunt, 2000; Hunt & Sampson, 2002; Philips, Penman, & Linnington, 1999) and its use in relation to the experience of ill health in particular (Bolton, 2007; Duncan, 1998; du Plock, 2008; Stacey, 1997). Stacey (1997) identifies a range of functions associated with the process of writing about the experience of life-threatening illness including the attempt to place the experience in the past, to externalize it and/or to gain some control over events. She also acknowledges that, paradoxically, writing (and therefore remembering) can be a form of forgetting. Writing has variously been

described 'as therapy, as healing, as salvation, as redemption, as mourning, as deferral, as reparation' (Stacey, 1997, p. 241).

The struggle for meaning

How much of a struggle meaning-making can be was revealed to me through the physical exhaustion that I experienced while I was waiting for the results of the biopsy. Reflecting on my situation the day before I was due to receive the result, I realized that if I was to receive 'good news' (and in my case, this meant for the melanoma to be small enough to be curable), all I would want to do is to sleep for a month. It felt as though, for a period of three weeks, I had had to spend every waking hour labouring to construct and maintain meaning. This is how I described the experience in my diary:

It feels as though I have to carry a big, heavy, wooden frame around with me all the time. The only times I get a chance to rest, to put down the frame, is when I am focusing entirely upon the present moment so that the future simply does not exist. But these are rare moments. One thought I find very disturbing is the realization that if the result was the worst possible outcome (i.e. untreatable terminal illness) I would have to continue to carry the frame for the rest of my life.

For once, meaning-making—something which had always seemed more or less effortless, even playful at times—felt like hard physical labour involving my whole body in the struggle against the black hole of meaninglessness. Even though I succeeded in constructing a narrative which I felt worked for me in this situation, I was constantly aware of, and affected by, alternative discourses, some of which positioned me in ways which quickly removed my hard earned serenity, my fragile sense of being 'at peace'. I shall start by describing what I came to think of as the 'serviceable narrative', that is, the way of making my experience meaningful that worked for me. This will be followed by an account of alternative meanings and their effects on me.

The 'serviceable narrative'

On my way home from the hospital where the 'unusual mole' had been removed under local anaesthetic I was anxiously thinking about a variety of scenarios, possible outcomes and what these

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would mean for me. The consultant at the hospital had made it clear that my 'mole' looked very much like a melanoma and that, until the results of the biopsy had been received (in some three weeks time), it was impossible to tell how far the cancer had spread. In the worst case scenario, it was already too late and there was no treatment. If I was lucky, however, the melanoma was thin enough and its removal was all that was required. As I pondered these possibilities and asked myself how best to deal with the uncertainty of the situation, I suddenly realized (and it was a sudden insight, something which 'came to me', effortlessly and unexpected at this point) that there was only one way in which I could cope with what was happening to me, and that was to confront my mortality head-on. Later that day, I wrote the following diary entry:

I realize that the only way I can deal with this is by engaging with the experience and by confronting my mortality—and not to pretend that it isn't happening or to try to escape from it in some way. Attempts to avoid or escape from the experience only increase my anxiety and the sense of lurking horror. By contrast, the thought of embracing and fully entering this experience does not. If this is going to happen to me, I want to 'be there', and not try to be somewhere else.

I was struck by just how powerful an effect these thoughts had on my mood. The realization that I could choose to accept, to stay with, this situation rather than having to find ways of escaping from it, relieved my anxiety greatly. I felt calm, even relaxed. My thoughts stopped racing ahead to what may or may not happen to me in the future, as I accepted that there was nothing to be done other than to simply be, in the here-and-now and engage with whatever was going to happen.

Unfortunately, the sense of peace born from accepting where I had been 'thrown', and from staying with the fragility and uncertainty of (my) existence—my attempt at 'making peace with death' (van Deurzen, 1998, p. 18)—was not maintained as effortlessly as it had been found. Throughout the time that I was waiting for the results of the biopsy, I experienced spells of intense anxiety. At such times, I did not inhabit the reflective space that had provided meaning and value for my experience, and instead I leapt into a future characterized by senseless suffering and pain. I wrote:

The last few days have continued in a similar vein, with me experiencing relatively short periods of

intense anxiety during which I cannot help but hurl myself mentally into a projected future of horror and suffering. At such times I am not in the present but I leap into the future. It feels like in order to return to 'the other place', I need to laboriously swim against the stream, slowly pulling various parts of myself back to the stable (and only 'real') point in the present. Once I have done that and dragged all the parts of me back into the present moment, I can feel myself relax and settle there (for the time being).

Alternative narratives

It was hard enough to maintain contact with my 'serviceable narrative' and not to lose myself in fearful projections and fantasies. In addition, as time went on and I talked to friends and relatives about my situation, I noticed that they had their own ways of making sense of cancer and that these were often quite different from, or even opposed to, mine. I realized that, as I was so immediately and existentially affected by the situation and as I was myself still in the process of trying to make sense of it, other people's constructions of meaning could unsettle my fragile narrative and throw me back into a state of anxiety and confusion. They also had the power to hurt me through the ways in which they positioned me as the person affected by cancer. In what follows I identify three alternative discourses which I encountered and which I experienced as a challenge to my own way of giving meaning to my situation (see also Frank, 1995, and Stacey, 1997, for discussions of similar narratives and their cultural meanings and functions).

'This is not and does not have to be'

While I elected to experience my encounter with cancer as an opportunity to (attempt to) embrace the 'thrownness' of (my) Being and to engage with the fact 'that it is and has to be' (see Heidegger, 1996, p. 134), some of my friends expressed concern at what they perceived as my fatalism and morbidity, and proceeded to suggest ways in which to take protective action and to ensure a (more) favourable outcome. One suggestion was to seek private medicine in order to speed up the process of diagnosis and treatment, another was to research the effects of diet on cancer and to adopt an appropriate dietary regimen as soon as possible. Although I did not doubt the good intentions

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and genuine care for me as a friend which motivated these proposals, I also saw in them an attempt to negate and, therefore, to deny me my awareness of and attunement to the fact that 'I am and have to be' (in this situation). Heidegger (1996, p. 136) acknowledged that, for the most part, we engage with our 'thrownness' through an 'evasive turning away' as we try to find ways in which to pretend that 'this is not and does not have to be'. While I accept that private medicine and a good diet may well improve one's chances of recovery from cancer somewhat, in my situation (as someone waiting for a test result which may or may not turn out to signify life-threatening illness) a focus on what to do to evade the 'worst case scenario' also implied that this 'worst case scenario' (i.e. mortality) must not be, cannot be countenanced. It implies that 'making peace with death' (van Deurzen, 1998, p. 18) is not an option; that it is somehow unhealthy and illegitimate (or impossible), at least while death is a mere possibility rather than a certainty. There is something like an 'imperative of positive thinking' within our culture which values (and, indeed, prescribes) a refusal to accept that we are mortal and finite. Silverman (1989) draws attention to the way in which 'positive thinking' in patients protects carers from the anger and grief that can accompany a patient's confrontation with their own mortality. Often, a 'positive' attitude is expressed through military metaphors (see Lupton, 1994) which instruct patients to 'fight their illness' and not to 'give up', positioning the body as the battlefield upon which the struggle between life and death is fought, and in which there will be 'winners' and 'losers'.³ This, of course, covers up the fact that all of our deaths are certain, are a part of life and will have to be faced sooner or later. Despite, or rather because of this, most of us, most of the time, do our best to repress death anxiety and to exclude the reality of our own mortality from everyday experience (see Yalom, 1980). While this is understandable, and probably also necessary,⁴ encountering discourses which construct death as an unacceptable outcome did not, in my case, help me prepare for the result of the biopsy. I wrote:

I've also had a few more thoughts about 'living towards death' and how I would want to do this. I realize how easily other people can impose their own constructions, their sets of meaning about death, with very painful consequences. For example, I don't want to think of my life as a tragic abortion, just because there is an end in sight ... I feel that thinking of death as something like an

awful accident that could have been avoided (if the right protective actions had been taken), somehow devalues the life that still is and will be and which will finally come to an end in death.

It seemed that, for me, integrating the possibility of death into life as it was lived in the here-and-now seemed to remove some of the horror surrounding the idea of terminal illness.

Moral discourse

Closely related to the denial of death as an ever-present and unavoidable part of living was what may be described as a moral construction of cancer. I was familiar with this discourse as it has become one of the dominant narratives (alongside the biomedical one) around health and illness in the media (see Lupton, 1995). It has also been deconstructed and critiqued within critical health psychology and related disciplines as overly individualistic and victim-blaming (e.g. Crossley, 2000). My own encounter with a moral construction of cancer took the form of questions. It seemed that, once identified as a cancer patient, my lifestyle became a subject of interest and concern. I was asked questions which I had not been asked before (certainly not by friends and acquaintances, and not since I was a child). Did I eat a balanced diet? Was I still smoking? Had I been sun-bathing too much? In other words, what may I have done to invite cancer into my life (and, by implication, what could others do to avoid my fate)?⁵ I was aware that these questions were motivated by anxiety and the desire to obtain information which would reassure the questioner that they themselves were not at risk of contracting cancer. I noticed that lifestyle questions tended to focus on potentially damaging behaviours which the questioners did not themselves engage in (e.g. smokers did not ask about smoking, etc.) and potentially health-enhancing behaviours which they had already adopted (e.g. healthy eaters asked about diet, etc.), which indicated that it was re-assurance (rather than information) that was being sought. My own reaction to such questions was not so much a feeling of being blamed for my cancer but rather a feeling of being used in someone else's struggle with the anxiety provoked by encountering (someone with) cancer. I was reminded that, just like me, other people needed to construct a serviceable narrative in the face of anxiety and uncertainty, and I realized that for their narratives to 'work' (i.e. to

alleviate anxiety) they may need to position me as 'other', as different from themselves who are cancer-free so that they can continue to feel 'safe'. Understanding this, however, did not stop me from feeling isolated and excluded from the comfort-zones that my questioners constructed for themselves. And again, I found regular written reflection helpful in re-establishing my own sense of what my cancer meant and did not mean to me (see next section for a diary extract to illustrate this).

Body-as-object (or 'the cracked egg')

Being so acutely aware of my own death, as possibility (maybe now) and as reality (eventually) coloured my perception of the world, and altered my relationship with it including my relationship with my own body. I began to experience my body as fragile and vulnerable. I felt thin and weak. My body, normally a source of vitality, pleasure and pride, started to feel like a potential enemy. I was not feeling physically unwell and yet, the presence of death and disease at the level of the imagination had changed my relationship with my body entirely. I did not feel good about it, I did not want to look at it or feel it, to be reminded of its presence. I felt defensively dualistic, separating my body from my 'self', which began to feel like a hostage, at the mercy of a damaged container that may self-destruct and destroy my 'self' along with it. I felt the need to keep my (healthy) self separate from my (diseased) body so as to prevent the former from becoming (psychologically) contaminated by the latter. My efforts to maintain such a separation were curtailed when one of my close relatives advised me to arrange regular screenings for other types of cancer in the future, as I was now '*angeschlagen*'—a German expression signifying a state of having been knocked about and partially damaged as a result. Following this conversation, I felt as though I had become the human equivalent of a cracked egg, and that the rest of my life would have to be dedicated to preventing further knocks so as to delay the moment when my fragile shell would finally disintegrate altogether. I reflected on my efforts to process this positioning as follows:

I felt old and unattractive, vulnerable to disease and fragile. (Name of relative) captured this feeling when she used the term '*angeschlagen*' on the phone. I felt like a cracked egg ... Now I don't

feel like that any more which is good. It could have something to do with me becoming conscious of how this 'damaged feeling' is a manifestation of the notion of being '*angeschlagen*' so widely used in my family. Somehow that awareness actually helped me to distance myself from its meaning—as though I recognized that it wasn't (doesn't have to be?) 'mine'.

My attempt to hold on to a sense of self that was whole and undamaged meant that I did not want to talk much about my body and what was happening to/within it. I felt uncomfortable when people showed a lively interest in the biomedical aspects of my experience and wanted to talk about bodies as objects to be scrutinized. I remember a telephone conversation with another relative who discoursed about dividing cells, bodily defences and the process of metastasis, which left me feeling physically sick. By contrast, I was deeply grateful and felt truly understood and supported by a friend who did not ask me any questions about the nature and location of my cancer until after we had talked about my thoughts and feelings about my situation for most of the evening—at which point he simply said 'Oh, and by the way, where is it?'

The importance of being heard

I am aware that reading through my reflections so far creates the impression that other people featured largely as challenges or even obstacles in my struggle for meaning, and that the solitary process of writing a personal diary was my sole refuge. With one exception, all my references to other people's discursive offerings are critical in one way or another. While this does reflect an important dimension of my experience, it is not the whole story. Weekly sessions with an existential psychotherapist contributed greatly to the construction of meanings which were to become 'my truth' and which sustained me throughout this period of uncertainty and anxiety. I was well aware that thinking and writing alone were not enough to keep me going, and that understanding and validation from a (trusted and supportive) other were also needed. A diary entry made the day before I received the results of the biopsy demonstrates the importance of the therapeutic relationship in meaning-making:

I have just returned from therapy and am struck by my change in mood as a result. Before I went, I was feeling very low and very aware of this great heavy

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burden that I have been dragging around with me over the last three weeks. I felt physically drained by it, (almost) utterly lacking in motivation or enthusiasm, wishing only to lie down and switch off. Even going to therapy seemed like an unwelcome effort (very unusual for me). As I described these feelings to (name of therapist), I somehow got back into a more reflective mood, and, as has happened before, it seemed that once experience is shared and made meaningful, it becomes enlivened and energizing rather than draining. Somehow I felt freed up and as though the heavy lid had been lifted. It was as though I had been reminded that whatever happens, there will be something (as opposed to nothing), that life will be lived in some way (until it is at its end). Something will be done, something will continue, there will be a present (for the time being), a present that can be shared, experienced and thought about.

This suggests that sometimes the presence of an empathic other is necessary in order to emerge from the darkness, from hopelessness and despair, and to reclaim the reflective space that brings back a sense of freedom and of movement. Here, talking within the therapeutic context fulfilled a function very similar to that of the act of writing which Grossman (2007, p. 21) praises as a way of claiming freedom in the face of arbitrariness:

the mere act of writing about arbitrariness allows me to feel a freedom of movement in relation to it. That by merely facing up to arbitrariness I am granted freedom—maybe the only freedom a man may have against any arbitrariness—the freedom to put one's tragedy into one's own words.

Finally, and probably most importantly, the presence of a courageous and supportive partner who did not prioritize the alleviation of his own death anxiety, and who was able to hear me and to respect my desire to confront my mortality rather than turn away from it, was immensely helpful. While my commitment to 'be there' and 'do death', if necessary, provided me with a sense of peace and acceptance, knowing that my partner wanted to 'be there', too, with me, and that my encounter with mortality would be one more thing that we would do together, gave me much needed courage and strength.

Conclusion

In this article I have reflected on the way in which writing (and being heard) helped me to create meaning and to hold on to my own truth during the

process of diagnosis and treatment for skin cancer. I have emphasized the importance of engaging with and, if necessary, resisting alternative meanings offered by (often well-meaning) others. I have also suggested that the meanings we create around cancer may be functional in that they help us cope with death anxiety in one way or another, and that one person's reassurance may constitute, perhaps even require, another person's alienation. Also, as Heidegger (1962, p. 220) stresses, 'falling' should not be negatively evaluated; the sense of struggle and exhaustion that I experienced as a result of my confrontation with my 'that it is and has to be' made me appreciate the comfort that we derive from 'falling into the world' and made me realize that in order to live from day to day a certain level of oblivion as to the true nature of our existential predicament is desirable and necessary.

Finally, I have not, so far, problematized meaning-making itself. The idea that the act of meaning-making may not always be helpful, that it may constitute an attempt to avoid confrontation with the inevitable uncertainty of life, occurred to me only after I had been reassured that my melanoma had most probably been cured and that I was going to survive this particular encounter with cancer. In other words, it was not until I began to attempt to make sense of what it meant to be 'a survivor' that I began to question the value of meaning-making itself. I soon realized that, while it had been relatively easy for me to identify 'my own truth' about confronting mortality (although, as I have indicated, far less easy to hold on to it), I was less clear about how to attribute meaning to being a survivor of cancer. I could not decide whether to think of myself as 'basically okay' (because healthy again now) or as 'not (really) okay' (because susceptible to melanoma in the future). I felt that I could not simply return to living in the same way as before (because I felt, and was, more vulnerable, for example, to the effects of the sun) and yet, I knew that I did not actually suffer from any particular illness or condition that required treatment or major lifestyle changes. I was inhabiting what Lupton (1994) calls a 'half-way house' between health and illness, and I was finding it difficult to make sense of this. I also found myself constructing various different narratives, mostly related to significant events in my life that preceded the development of the melanoma as I was trying to locate a cause or explanation for why this had happened to me. However, none of them felt particularly helpful or convincing, and I began

to wonder why it was that I felt the need to explain what had happened at all. Perhaps the meaning of an experience such as this lay precisely in its meaninglessness—perhaps it was a demonstration of the fact that life just ‘is’, things happen without meaning or purpose—until we give them meaning and purpose. Meaning-making seems to be necessary in order to cope with life’s challenges (see Frank, 1995; Frankl, 1962; Janoff-Bulman & Frantz, 1997), but sometimes, attempts to find meaning (especially backward-looking meanings such as the search for a cause) can interfere with accepting that life is, and always will be, uncertain, unpredictable and (to a large extent) uncontrollable. Trying to ‘make sense of the senseless’ should not prevent us from living with and in spite of it.

In a sense, my adoption of an existential perspective as a way of finding meaning in meaninglessness was a paradoxical move as its acknowledged function was to manage the anxiety generated by my confrontation with mortality. However, anxiety, according to Heidegger, is precisely the state-of-mind required for a (rare) encounter with authentic Being. The adoption of a narrative (even one inspired by existentialist philosophy) in order to make sense of this experience (even if that sense consists of embracing the arbitrariness of life and death) can be understood as another escape, as a way of ‘falling away from authentic self-concern and self-relation’ (Mulhall, 1996, p. 108). After all, according to Heidegger (1962, p. 294) death is ‘that possibility which is one’s ownmost, which is non-relational, and which is not to be outstripped’ (in Mulhall, 1996, p. 117), which suggests that any attempt to move away from the dread invoked by the inevitability of my death (as opposed to death in general) by thinking about it in general categories and familiar terms (in this case, drawn from existential philosophy and critical health psychology) already constitutes a (most probably necessary) flight into an inauthentic mode of Being.

Notes

1. Heidegger (1976, p. 374).
2. In the case of melanoma, diagnosis and treatment coincide in time since the removal of the unusual mole serves both diagnostic (via the biopsy) and treatment (via its removal from the body) purposes.
3. It is interesting, within this context that one of my friends advised me to ‘bombard my body with vitamins’.
4. Yalom (1980, p. 19) cites Zilboorg (1943) on the necessity of repressing the fear of death: ‘If this

fear were constantly conscious, we should be unable to function normally. It must be properly repressed to keep us living with any modicum of comfort.’

5. Part of this discourse were references to cancer as a ‘wake-up call’, implying that perhaps I had needed to be woken up from a state of complacent disregard for my health and well-being.

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