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Maria Papas

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University of Western Australia

Maria Papas

Incoherence/coherence in narratives of illness or trauma: On the necessity of challenging conventional narrative structures

Abstract:

Informed by my own experience of bearing witness to and being made vulnerable by a life-threatening event in a loved one, this essay draws on philosophical, psychological and narratological underpinnings to investigate the gap that exists between conventional narrative structures and the narratives employed by those with lived experience of trauma or critical illness. Overall, I argue that writers and other creative artists have a responsibility to represent trauma or illness in ways that resist the temporal unification, neat closures and trajectories that often present such events as disruptions to be overcome. Following this line of thinking I argue that narrative coherence is not dependent on the cohesion of a whole. Instead it relies on the shared understandings and the process of recognition that forms between the teller and recipient of a story. In other words, coherence is dependent on the recipient's ability to read structural characteristics such as fragmentation, discontinuity, irresolution and uncertainty not as aberrations to narrative stability, but as potential signifiers of the trauma itself. As such I suggest creative professionals can do more to experiment with the language of trauma. I conclude with a personal reflection that illustrates how knowledge of this language allows for coherence even in the most fraught narratives.

Biographical note:

Maria Papas is a writer and educator living in WA. She has published essays and stories in various journals including *Griffith Review*, *Axon* and *The Letters Page*. Most recently she has completed a PhD on the study of narratives of illness and trauma at the University of Western Australia.

Keywords: narrative coherence, narratives of illness and trauma, carer narratives

Some memories have no narrator and no time except the present.
(Hustvedt 2012: 191)

Preface

In her 1980 essay 'Why I Write' Joan Didion argues that the act of writing 'I' belongs to both the writer who spends hours 'arranging words on pieces of paper' (1980: 20) and to the narrative voice that forms on the page (23-24). With regard to her own creative process Didion explains that she often begins with several disparate pictures in mind (20), and that she writes to find the 'shimmer' (20) that makes all the images 'coalesce' (23). Didion likens the writer to a photographer; just as the photographer changes a picture with shifts in the position of the camera, so too a writer changes a narrative with shifts in perspective, syntax and grammar (21). Such a shift, she argues, is often the result of having found, within the many 'pictures' (22) of her mind, the narrative voice that tells *her* 'how to arrange the words' (21) of the story. In this way Didion recognises her 'shimmer' (20) both as an object observed and a subject capable of observing and narrating. This implies a constant state of flux between self and other, subject and object, teller and recipient. It also implies a communicative connection between those who command and those who respond to the temporal and linguistic capacities that organise such otherwise disparate 'pictures' (22) into meaning. Given these observations, it is unsettling to see Didion return to the same pixelated metaphor in her much later work, *The Year of Magical Thinking* (2012). Of the weeks and months following her daughter's intensive care admission and her husband's thereabouts simultaneous fatal coronary heart attack, Didion writes:

The way I write is who I am ... yet this is a case in which I wish I had instead of words and their rhythms a cutting room, equipped with ... a digital editing system on which I could touch a key and collapse the sequence of time, show you simultaneously all the frames of memory that come to me now, let you pick the takes... This is a case in which I need more than words to find the meaning. (Didion 2012: 7-8)

What Didion echoes here are the difficulties that those in trauma can have with narrating their experience. In this case Didion's narrator – her nonfiction 'I' – has a story to tell and make sense of, but she no longer has her taken-for-granted modes of structuring meaning. She is out of time and out of language, a stranger to herself, as well as a stranger in relation to all that is unknown before her. She is at once an observer and a participant. How then can she tell her story when conventional temporal and linguistic narrative structures no longer seem coherent to her? How to arrange the words? To find the meaning? How to bring the unknown

close and make it known? This combined personal and theoretical essay draws on narratology to address the question: how can we represent the familiar made strange, the unrecognisable self or the unknown in narratives of illness and trauma, particularly when our sense of the structures of time and language is impaired?

Introduction and background

In 2012 my then four-year-old daughter was diagnosed with leukaemia. Even now, several years later and with my daughter healthy and playing nearby, what strikes me is how incoherent supposedly coherent narratives seemed at that time. Reading, an activity that had long brought me comfort, was difficult. I read the same paragraphs again and again. I could not concentrate, could not hold in my memory what I had read the day before. Popular narratives especially failed me. There was something too prescriptive, too enclosed, too expected about them that no longer made sense. When I did find the coherence that I needed, it was in Don DeLillo's *The Body Artist* (1992), a novel which did not have an easily identifiable temporal order, nor a straightforward narrative structure. It dispensed altogether with any comfort that all would be restored, but nonetheless comforted me with its central character's slow process of acknowledging her response to her husband's violent and self-inflicted death. What I recognised perhaps was the language of trauma: the temporal disorder, the inexplicable shifting from one thought or event to another, and the way the central character mediates her grief not through words – for 'all the words are wrong' (DeLillo 1992: 55) – but through her body, her reshaping memory and her barely spoken interactions. During the hardest parts of my daughter's treatment, although I picked up many books, I finished few. The ones that resonated and stayed – *The Body Artist*, Eimear McBride's *A Girl Is a Half-Formed Thing* (2013), Joan Didion's *The Year of Magical Thinking* (2012) and its companion *Blue Nights* (2011), Jon McGregor's *If Nobody Speaks of Remarkable Things* (2003), among a small handful of others – I now realise, were known for their difficult prose, difficult content, experimental narration, distorted temporalities or fragmented sentence structures. Coherence in writing is commonly defined as the ability to hold a narrative or argument together, to head in one direction, be orderly, logical or to make sense (Literary terms 2015; Australian Curriculum, Assessment and Reporting Authority [ACARA] 2016: 31), yet the supposed narrative incoherence of these abovementioned texts – some of which were written in trauma, as witness to trauma or in exploration of unresolved trauma – were coherent to me.

What I share now is a reconfigured version of a chapter I submitted as part of the requirements of a creative and exegetical PhD. I had begun this study in the year before my daughter's illness. Originally, I had conceived that I would explore empathic interactions between strangers or thereabouts-strangers in times of change. In other words, I wanted to study language connections between those who call and those who respond to another's need. The initial seed for this work arose out of my readings of Zygmunt Bauman's work on the

mystery of self-identification with strangers (2011: 31) and Virginia Woolf's celebration of the individual in the crowd (1993: 70-81). I also drew on Marc Augé's argument that a sense of place is completed through the 'exchange of a few passwords between speakers' (2006: 66); Emmanuel Levinas's 'epiphany of the face' which presents, by way of non-verbal language, a call for one's responsibility (1969: 213); and Hannah Arendt's ideas that compassion 'comes from the process of recognition' and from a 're-suffering' which is experienced in memory (1983: 6, 20). I wanted to understand the stranger in fiction, but I also wanted to explore human connection and intimacy in moments of crisis.

At first, and prior to the experience of witnessing my child's cancer treatment, I understood narrative as a structure that could help render recognisable all that was otherwise unknown or unapprehended; as a way to make sense of the world; and as one of the main forms through which people perceive, experience, create and give meaning to their social reality (see Hydén 1997: 49-50). I saw a strength in narrative. Even before I came to experience a genuine crisis of my own, I understood that there was something empowering to the telling of a story; some kind of connection implicit in the interaction between the subject expressing and the subject receiving, and that such a connection would never be more present than in those times when one individual recognised or responded to another's sometimes wordless need. In my early drafting and research, I explored this connection through geographical movements, life changes and displacements. I focused on language and identity, as well as language and *shifting* identities. These themes were both relevant to me as an Australian-born person of Greek heritage and they supported my belief that language makes meaning and that loss of language refracts it. Later, however, after experiencing the demands of watching my child walk through a set of oncology doors, I began to explore these same themes within the realm of the trauma/illness experience.

Returning to Didion, I now see her pixelated metaphor as a necessary representation of her trauma, yet this was not how I initially approached my creative project. In my early drafts I stayed faithful to the belief that narrative could cohere what was difficult to comprehend into something comprehensible. I wanted to bring order where there was otherwise disorder and, as a result, I progressed with a chronological piece that saw both the traumatic experience and the fragmented manner I persistently represented it in as narrative disruptions to be overcome. Early drafts of my fictional explorations followed the cultural narratives of my own heritage. I drew on tropes of loss, descent and recovery, as had often been written in Greek mythologies and adopted in many representations of the 'hero' type. In addition, I figured narrative time as a string or as a series of before and afters that orientated not just around the disruption of trauma but also the resolution of trauma. Throughout my writing practice – and perhaps in part as a reaction to my personal experience – I found it difficult to 'coalesce', as Didion (2012: 23) describes, the various images that occupied my mind. I also found it difficult to draw my narrative threads to a close.

Unable to find my closure, I turned to medical humanities research, studies in grief, illness and trauma, and postmodern philosophical critiques of narrative itself. Particularly eye-

opening was Judith Butler's 2001 essay, 'Giving an Account of Oneself'. In this essay Butler insists that the narratives we tell and the organisational structures we employ are formed out of socially accepted guidelines, and this means that the ways we seek to make ourselves recognisable are never fully our own (2001: 26). When I paired these ideas with research occurring in psychology and narrative therapy, I came to understand something important; the wider ideological and institutional assumptions which position unity, temporal alignment and closure as necessary elements of narrative coherence are problematic for those seeking to represent trauma or illness (Kokanović & Flore 2017: 332; McKechnie 2014: 123; Murray 2003: 97). Not only do these assumptions privilege a specific kind of coherence as 'a virtue and as a hallmark of strong narrative identity' (Kenny et al 2017: 374), they also alienate narratives marked with uncertainty, temporal distortion and fragmentation (Murray 2003: 99-100). Specifically, extensive research revealed to me that common orientations of storytelling around notions of meaning, purpose and closure do not make adequate sense of either illness or trauma (Frank 2013: 59, 107; Hydén 1997: 61; Langer 1991: 67). Accordingly, my exegetical research both influenced and was informed by my creative practice. Both aspects of my study showed me that the breaks in time, the repetitions, the uncertainties and the difficulties I experienced with closure were not the aberrations or disruptions I thought they were; they were specific cues of a language that *is* difficult to comprehend.

As with any language, it is arguable that coherence in narratives of illness or trauma arises out of the shared understandings that exist between those attempting to express themselves and those who find themselves recipients of such expressions. This implies a gap between one's social repertoire of narrative conventions and one's lived experiences and, within this gap, it is possible that what might otherwise be assumed to be an incoherent deviation from stability or equilibrium is also an element of the language of trauma. The purpose of this essay is to illuminate the problems that arise when one attempts to contain a narrative of illness or trauma within conventional structures, and to show, by the expression of personal experience, that coherence in such narratives is by no means reliant on a teller's ability to unify story events into a purposeful whole or even to *tell* a story. Coherence is to be found in a recipient's ability to recognise and respond to the language cues of the story being told.

Challenges presented by teleological orientations

One of the most enduring narrative conventions is the privileging of a teleological sequence, whereby the ending gives 'orientation to the story being told' (Hydén 1997: 61). Within such structures a story is considered a narrative, and a narrative is considered coherent if events within that story are recounted and temporally sequenced in a way that gives purpose and meaning to a unified, concluded whole (Forster 2000: 45; Cohan & Shires 1993: 1; Ricoeur 2000: 256; Carr 1986: 96). In line with this way of thinking, conventional narratives adopted in the Western literary tradition (by which I mean literature contextually associated with Europe and written in one of the European languages) often follow Tzvetan Todorov's

familiar observation that narrative entails a stable situation that is disrupted and then restored (Todorov 1973: 163-164). Similarly, this literature also often reflects Joseph Campbell's observations that narrative presupposes particular character archetypes, including that of the 'hero' protagonist who embarks on a journey, overcomes many trials, and emerges transformed (Campbell 1993: ix-x). Despite the prescriptiveness and some fifty to seventy years having passed since Todorov and Campbell each theorised their observations, such structures continue to persist – particularly in Hollywood and on bestseller literary lists – not least because they align well with ideologies of individualism (Murray 2003: 104; O'Shaughnessy & Stadler 2008: 348), but also because they confirm an enduring modernist impulse for 'self-overcoming' (Frank 2013: 92). Writing on narrative time, philosopher Paul Ricoeur recognises that those following such structures are pushed ahead not by chronological events, but by 'expectations concerning [an] outcome' (2000: 259), and that although one can look back from the conclusion and 'say that this ending required these sorts of events and this chain of actions' (2000: 259), one also cannot deny that such a backward look is made possible only because one desires, from a linear reading, the reason or purpose for the events at hand (2000: 259). Following this line of inquiry, it is arguable that narrative structures such as the Todorov/Campbell models are not timeless, natural or universally given, but socially constructed (Vindrola-Padros & Brage 2017: 16), and that their popularity in Western tradition indicates meaning is present not in a linear string of events but in one's socio-cultural preoccupations, desires and concerns for resolution. In other words, there is a form for these narratives – pre-prepared and socially accepted – key to which is the importance placed on closure.

For the narrator experiencing trauma or for narratives of trauma, however, this reorientation around an ending poses significant challenges. In 'Time, Narrative, and History' philosopher David Carr argues that narrative coherence is the standard that we 'effect in much of our experience and action, and to the extent that we do not, we aim for it, try to produce it, and try to restore it when it goes missing' (Carr 1986: 90). Trauma – whether it arises out of illness, war, abuse or otherwise – is often considered an interruption to this coherence, and therefore the act of narrating or representing trauma likely occurs within a framework that aims to repair the meaning that the self now seems to have lost (Bury 2001: 264; Frank 2013: 53). Where such restoration is not wholly possible, narrative representations tend to be reorientated around liberation, regeneration or reinvention after suffering (Langer 1991: 67; Frank 2013: 126-127; Hydén 1997: 60), but even so, these structures still imply a closing return to a new stability that validates the disruption as purposeful. Lived experience of trauma or illness, however, calls into question such easy closure. In his analysis of the oral histories of those who survived the Holocaust, Lawrence Langer recognises the discord between socially preferred narrative closures and the *lack of closure* felt by those who survived the concentration camps (Langer 1991: 67-68). Likewise, regarding life-threatening illness, Arthur Frank recognises that all too often there is no clear purpose or meaning to the ill-health at hand (Frank 2013: 59, 107). In addition, illness might 'not have a clear and foreseeable end' (Hydén 1997: 60), or if it does, the outcome, whether it be death,

deterioration or recovery, is largely unknown (Good cited in Hydén 1997: 61). Such uncertainty is incompatible with conventions regarding the temporality of a narrative's coherent end (Kenny et al 2017: 375), and yet, as Carr recognises, 'coherence seems to be a need imposed on us whether we seek it or not' (Carr 1986: 97). This implies discord between the wish to recount contingency and the corresponding desires for narrative resolution. Such discord does not constitute a choice between two points. Rather, it highlights an imposition or a requirement: one that the subject attempting to narrate trauma or illness often struggles to meet.

Challenges presented by the desire to unify events into a purposeful whole

Such teleological reorientation is further complicated by the assumption that narrative coherence requires a temporal unification of past, present and future. Of autobiographical narrative norms, for example, coherence is 'achieved through the integration of different aspects of one's experience and selfhood into a thematic and temporally unified whole' (Kenny et al 2017: 375). In many respects this echoes contemporary narrative theories, including Gerald Prince's argument that 'narrative constitutes and interprets [events] as meaningful parts of meaningful wholes' (2000: 129); Ricoeur's observation that 'temporality springs forth in the plural unity of future, past, and present' (2000: 256, 258); and Carr's idea that the narrative coherence of a life story is affected by a temporal whole that impacts not just the 'making sense' (1986: 96) of one's surroundings, but also 'the unity and integrity of [one's] personal identity' (96). Of central importance to this unification is a narrating, remembering, anticipating, present self whose coherence lies in the ability to comprehend and discern several time frames all at once.

Researchers, however, have long recognised the difficulties that those with lived experience of trauma or illness often have with temporal unification. Significant conceptualisations of trauma maintain that traumatic events take 'place too soon, too suddenly, too unexpectedly, to be fully grasped by the consciousness' (Caruth 1996: 101) at the time of the occurrence, and as a result the experience of such an event is often recollected or told belatedly, almost always in unusual, delayed or intrusive ways (4, 7, 11). In relation to accounts of illness, this has several implications. Frank, for example, observes that 'the illness story is wrecked because its present is not what the past was supposed to lead up to, and the future is scarcely thinkable' (2013: 55). Didion's earlier-mentioned plea that her readers be the ones to select and organise all her simultaneous frames of memory (2012: 7-8) likewise echoes this same inability to make temporal sense. In addition, it also highlights a disconnect or even a relinquishment of her self-identity as a writer. Research conducted on the verbal accounts of mothers whose children were treated for cancer reinforces this same temporal and personal disconnect. Here mothers commonly reconstructed narratives that returned to the beginnings of their child's illness, or else they refashioned their own self-identities so that they became carers of the present as well as 'biography guardians' of their children's future selves (Young

et al 2002: 1843). Some mothers placed themselves in what Vindrola-Padros and Brage, drawing on the theories of Gerald Prince, refer to as a disnarrated temporality, imagining what could have been if ... or what might be when... (Vindrola-Padros & Brage 2017: 19-22; see also Prince 1992: 30). Others still, particularly those who had prior unresolved trauma, struggled with temporal coherence altogether (Bishop et al 2015: 619). Taken as a whole this research reinforces the difficulties those experiencing trauma have with the temporal unification of past, present and future.

Importantly such difficulties are not limited to those *in* trauma but also extend to those narrating a *past* trauma. Recollections, testimonials and autobiographical accounts, for example, may bear ‘inaccuracies and distortions of memory’ (Whitehead 2003: 119), will mingle fact and fiction (Whitehead 2003: 119), and will present as fragmented, piecemeal and unsettled (Felman & Laub 1992: 5). Specifically, regarding Holocaust oral histories, Langer identifies that temporal disconnect and other such distortions occur because the person remembering struggles in their desire to ‘establish a retroactive continuity between [their] repertory of possibilities “now” and the repertory of impossibilities “at the time”’ (Langer 1991: 67). Significant but tumultuous events become unappeased memories (Langer 1991: 67) which continue to prompt questions such as, ‘Did I do my best, or didn’t I do something that I should have done?’ (Langer 1991: 67). Ever present, the teller relives such events both from the vantage point of what they might do from their cultural position ‘now’ and from the disbelief that it was not possible to act in that same way ‘then’. Regardless of distance, events occurring in trauma are not experienced as disruptions to a coherent whole but as temporal detachments that affect the narrator’s other narratives and other aspects of self.

Call to writers and other creative artists

It becomes apparent that a gap exists between one’s assumed expectations of narrative and one’s lived experiences (see Murray 2003: 99-100). Such a gap arises because ‘literary narratives have something definitive about them that life never has’ (Carr 1986: 89-90), and this means that when we focus on narrative coherence and all it implies in everyday life – order, conclusion, purpose, unity – we also inadvertently determine temporal disorder, fragmentation, apparent formlessness and chaos as the incoherent, deviated other (Carr 1986: 89-90; Kenny et al 2017: 376, 388). For Carr this is problematic because if, for whatever reason, our lived ‘whole’ (Carr 1986: 91) disintegrates, we risk falling to the assumption that our lives no longer have coherence, that our personal narratives have become ‘unintelligible ... as if there simply *were* such a narrative’ and that our ‘problem is merely a lack of comprehension’ (Carr 1986: 92). The implications are wide reaching. In philosophical inquiry, with particular emphasis on the social construction of the subject in autobiographical narrative accounts, Judith Butler warns of a ‘suspect coherence’ (2001: 34), one that perhaps results in a ‘falsification’ (34) of life and makes apparent a social preference for ‘the

seamlessness of the story' (34) over the nuanced 'truth of the person' (34). Likewise, from a psychological perspective, Murray emphasises that participants and interviewers of narrative therapy will often strive for narrative coherence, but this not only creates a false seamlessness inhibiting the construction of extended narrative accounts (Murray 2003: 104), it also leaves those narrating lived trauma 'adrift' (100). One can see this occurring in Bishop et al's study of mothers' narratives about their children having cancer: when prompted to provide a narrative of her daughter's treatment protocol, one mother ended her account prematurely and asked, 'What else can I say really? I don't know what else to say really. What else would you like to know?' (Bishop et al 2015: 619).

As writers or creators of published, circulated fiction, do we not then have a responsibility to widen the repertoire of social narratives, so that we represent and normalise the temporal and teleological fragmentations and contingencies experienced in lived trauma? If, for example, there exists a branch of psychology that hopes, as Murray (2003: 100) explains, to help those who have experienced trauma or chaos challenge dominant plot lines and generate alternate narratives, then does this not indicate that creative fields engaged in the art of storytelling could do more to construct public, published narratives in ways that expand past the Todorov/Campbell models? One might argue that this has long been the task of postmodern narrative. Characterised by fragmented narration, temporal uncertainty, and a recognition of powerlessness, postmodern narrative – because it resists the modernist temptation to solve problems or to complete the self – ought to offer a repertoire that connects with the experiences of those in crisis. Certainly, it was in postmodern narrative – in the simultaneous temporal and spatial dislocation, as well as the stylistic sentence fragments and unrelenting chaos of novels such as *The Body Artist* (1992) and *A Girl is a Half-formed Thing* (2013) – that I found comfort during my daughter's illness. However, by and large, traditional narrative patterns do continue to form the basis of popular assumptions regarding what it is to make sense, and these are the assumptions that writers and other creative artists must address. What I am suggesting is not neat closure, nor the absence of closure, not coherence, nor a pendulum shift to perceived incoherence. Indeed, Butler argues that the point 'is not to celebrate a certain notion of incoherence, but only to consider that our incoherence is ineradicable but nontotalising' (Butler 2001: 35). Given such a framework, it would be a mistake to offer a substitute narrative structure, one which privileges opposites such as discontinuity and incompleteness over conventional narrative trajectories and endings – for this still operates within a binary framework. What might be more fruitful is to begin with small shifts that at least recognise the limitations of conventional structures and begin to acknowledge and experiment with the structures and stylistic characteristics present in the language of lived trauma.

Our challenge is to look for, learn from and write narratives whose organising principle is not resolution, but a more sombre 'process of recognition' (Arendt 1983: 20) in which one becomes aware that the fragmented, uncertain and irresolute are potential signifiers that can represent the experience of illness or trauma in themselves. Such a shift opens a new but crucial question, one which does not ask, 'Is this narrative/narration/narrator coherent?' but

rather, 'For whom is this coherent?'. Important here is the implication of an address between the teller and recipient of narrative. In the same way as anthropologist Marc Augé argues that 'place is completed through ... the allusive exchange of a few passwords between speakers' (2006: 63), coherence in narratives of trauma or illness is better formed not in normative rules or expected trajectories, but in the shared language or the 'passwords' that indicate experiential or empathic understanding. For Frank it is this understanding that forms the responsibility of such narratives (2013: 17). In relation to illness, he writes that people tell stories not just to reconcile their own shifting identities, but also to reach out or 'to be *for* the other' (Frank 2013: 17, 127). In philosophical thought this is reminiscent of Emmanuel Levinas's 'epiphany of the face ... "calling in return for my responsibility"' (qtd in de Saint Cheron 2010: 105), and also of Hannah Arendt's ideas that compassion 'comes from ... a suffering which has made us more conscious of our existence' (1983: 6) and from a 're-suffering' (20) which is experienced in memory. To quote Arendt, this implies 'a process of recognition' in which the 'tragic hero becomes knowledgeable by recognising, re-experiencing ... and re-suffering the past' (20). Such a process cannot be underestimated. No longer is it important whether the hero protagonist will overcome the disruption caused by illness or trauma, nor whether they will recover the unity of their personal narrative. What is important is that the hero now recognises what their suffering entailed.

Conclusion: A personal account

To apprehend narratives of chaos, one must read the gaps, the silences between words, the sentences not said. One must also learn to read the language that is written on the body. Much can be discerned in the hollow of one's eyes, in a stance, or in the way one walks. Three days after my daughter's diagnosis I went to church. I can't remember who it was I asked to stay in the hospital with my daughter, or even how long it had been since I had last attended a Sunday liturgy. What I do remember, however, was my son beside me and the words the priest said – all about suffering and pain, and the purpose of pain, which he argued was to provide us with the language that could help another – because somewhere in the midst of those words, I felt the weight of that purpose, and then I started to cry. When church finished, a woman – a stranger to me, in an unfamiliar place that did not form part of my regular routine – brushed her hand along my upper arm. 'Whatever you're going through,' she said, 'It *will* work out.'

Up until that moment, aside from immediate family, I had not told anyone what we were going through. I hadn't even told my children's teachers; this I had left up to my mum and my sister, because I couldn't fathom the words. Yet there she was, this woman with her hand touching my arm, and all of a sudden I blurted out that my daughter was four and that she was in hospital, newly diagnosed with leukaemia.

The woman's eyes welled up. There was a long pause. I thought maybe she might tell me she had a parent fighting cancer, an aunt, an uncle, or someone similar. Instead, she told me that when she was eight years old, she too had cancer – Acute Lymphoblastic Leukaemia to be precise.

There was another pause then. Perhaps it was a moment of recognition between us, or perhaps a simpler gratefulness on my part that out of all the people at the church that morning, it had been *this* woman who reached out. Maybe it was wonder: wonder that she noticed me, wonder that she had experienced what my daughter had in store, wonder that for her age and for the treatment protocols at the time, she survived. She was looking at me, and she had just said that she too once had the cancer my daughter now had, and it felt as if here was someone who could answer all my questions no matter how illogical they seemed. I don't remember what I asked, but I can imagine the things I might have wanted to know: Were you alright? Did you go to university? Do you have children? What is your life like now? *Is my daughter going to be okay?*

That morning I learned this woman's name was Eva [1]. I learned that yes, she did attend university and that she did have children, all of whom were studying at university. I learned that her mother was almost always by her side, that treatment was different then, that it was newer and experimental, and that medicine had since come a long way. 'I'm not going to lie to you,' she said. 'You have tough times coming.' Like so many people who understood the ramifications of a cancer diagnosis, she resisted the urge to say that everything would be okay. Instead, she reminded me that she was standing before me just the same as anyone who had not experienced all that she had.

How to explain that encounter?

On a Sunday morning, standing in the middle aisle between two rows of church pews with parishioners moving either side of us like currents in the sea, one might be tempted to say that this was God or the hand of God or something divine. In philosophy, Levinas might concede some sense of divinity, 'small repercussions that ... imply the presence of human collectivity' (de Saint Cheron 2010: 34) in the empathic relations between self and other. It's possible he would categorise this as an example of what he calls the 'the epiphany of the face ... the naked face of my neighbour, a defenceless face ... calling in return for my responsibility' (de Saint Cheron 2010: 105). In a similar manner, Arendt perhaps would describe it as compassion which 'comes from a process of recognition' (1983: 20) or from a 're-suffering' (20) that is experienced in memory. From a phenomenological perspective Ricoeur (2000: 256) and Carr (1986: 96) might respectively call it the 'plural unity' or the 'whole' of present, past and future coming together all at once. One might say that whatever it was that Eva recognised in me folded her back in time and brought old memories forth such that she now suffered twice – first as an eight-year-old, and then again, there, at the church, when the memory of her suffering appeared on my face. In sociology Frank (2013: 17) might recognise our encounter as a narrative that is formed out of the inevitable responsibility between self

and other, but the question remains, who was the teller of this narrative and who was the recipient? Like Didion's 'I' who writes, and the 'I' who is the chaos that forms as the voice on the page, both Eva and I were at times equally of one and the other. Eva read my body, my face. We shared what Marc Augé might describe as a language, a password (2006: 63). Even without words she understood the narrative I was struggling to voice. Likewise, Eva told her story. Whereas for me, in that moment, illness fragmented my temporal (and linguistic) unity; for Eva, it recollected. Time folded back for her, and then when she returned, she was, as Frank might say, not so much 'newly discovered' as 'newly connected' (Frank 2013: 129). She was of her past and then of her present. She was the future that I, as the recipient of her narrative, would hope for.

In *Men in Dark Times*, Arendt argues that 'pleasure and pain, like everything instinctual, tend to muteness, and while they may produce a sound, they do not produce speech and certainly not dialogue' (1983: 15-16). She writes also that 'we humanise what is going on in the world and in ourselves only by speaking of it, and in the course of speaking we learn to be human' (25). Although at first this seems to contradict my earlier statement that we must learn to read the gaps, it also perhaps means that we should learn to write in the gaps, to explore and question such gaps. In those very early days what I desired most was *our* narrative – the one that belonged to me and my children – years in the future, looking back, knowing with certainty that everything turned out okay. I wanted the narrative that could quell my anxiety. I wanted to look forward in order to read what would soon become the past. I wanted to jump to the very end of our metaphoric book and apprehend the safe and finite question, 'What happened?' To this desire, however, Butler reminds me that we must resist the urge for certainty or for summary, understand that life itself 'exceeds any account we may try to give it' (2001: 28), and continue to ask our questions without expecting an answer that will ever satisfy (28, 30). Eva's narrative, though without the promise of resolution or certainty, provided both recognition *and* a sense of possibility. This, for me, is the whole of this essay: a re-suffering experienced in memory, a way to stretch my temporal reach, to connect as Eva connected, to recognise but not to resolve. This between the barest of friends. I *for* the other, as Levinas might say (Bauman 1992: 167), so as also to be, in a metaphoric, fictional way, I for me.

Notes

[1] Name changed.

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