The Criterion: An International Journal in English
Bi-Monthly Peer-Reviewed Open Access e-Journal
(ISSN: 0976-8165) Vol. 17, Issue-IV, August 2026
www.the-criterion.com

Articulating Survivorship: Illness, Meaning, and Identity in Srutimala Duara's *My Journey Through Cancer*

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https://doi.org/10.66376/criterion.v17.n4.49

Abstract:

Cancer is increasingly understood within medical humanities not merely as a biomedical condition but as a lived and interpretive experience. This paper examines Srutimala Duara's My Journey Through Cancer (2022) to explore how Survivorship is articulated beyond clinical recovery. Drawing on Arthur Frank's concept of the "Wounded Storyteller" and Broom and Kenny's Theory of Survivorship, the study argues that survivorship emerges as a multidimensional process shaped by narrative reconstruction, coping practices, and socio-cultural conditions. Through close textual analysis, the paper highlights how Duara constructs meaning through writing, spirituality, and personal belief, while also negotiating the limits of positivity within medical discourse. It further demonstrates how survivorship is shaped by embodied experience, doctor–patient interaction, and financial realities. By focusing on a regional, non-celebrity narrative, the study expands Indian illness narratives and positions survivorship as an ongoing negotiation between body, mind, and society.

Keywords: Cancer, Memoir, Survivorship, Medical Humanities, Illness Narratives, Survivorship Theory.

Article History: Submitted-30/07/2026, Revised-14/08/2026, Accepted-18/08/2026, Published-31/08/2026.

Introduction

Cancer is a major global health challenge of the twenty-first century, affecting millions irrespective of gender. In India, incidence rates are steadily rising, according to International Agency for Research on Cancer (IARC) Global Cancer Observatory, the estimated number of new cancer cases in India is projected to increase from approximately 1.56 million in 2024 to 2.83 million by 2050, representing an increase of about 81.4%. Among women, the estimated incidence is projected to rise from approximately 780,000 cases in 2024 to 1.38 million cases by 2025, an increase of nearly 77%. Ageing demographics are expected to intensify the burden, with higher female incidence, mortality rates, and faster growth in cancer-related deaths. The rising incidence of cancer, both globally and in India, makes it necessary to move beyond disease statistics and mortality figures and to examine, through a social lens, the lived experience of those affected. Beyond its medical implications, cancer reestablishes the emotional, social and cultural dimensions of human life. In recent years the concept of survivorship has gained increasing prominence within medical humanities, shifting attention from the disease to the lived experience. Medical humanities term illness narratives as pathography in the contemporary literary milieu. Pathographies are a specific form of biographies that talk about illness as lived experience. Anne Hunsaker Hawkins defines pathography as a "form of biography or autobiography that describes personal experiences of illness, treatment and sometimes death" (Hawkins 1)

Illness narratives and memoirs have become important cultural texts that illuminate how individuals interpret bodily suffering, negotiate identity and reconstruct meaning in the face of life-threatening illness. Illness stories are said to create the true meaning of illness and the narrator's experience by naming it. In the book *The Wounded Storyteller* (1997), Arthur W. Frank argues that telling or writing illness narratives helps individuals transform chaos into meaningful

stories. Through writing, patients regain a sense of voice and control over their experiences, rather than being defined only by medical diagnoses. Thus, illness narratives become a way of healing, self-understanding, and sharing the lived reality of illness with others.

Literature review

Cancer has increasingly become an important subject in literary studies through medical testimonies, memoirs, and representations of doctors' and patients' experiences. From the 1970s onward, a distinct literary form known as cancer narratives began to emerge, particularly with Susan Sontag's *Illness as a Metaphor* (1978) and Audre Lorde's *The Cancer Journals* (1980). These works introduced illness not merely as a biological condition but as a cultural and symbolic experience, often associated with fear, mortality, and social stigma. Over time, the literary representation of cancer has expanded from autobiographical memoirs to graphic narratives, comics, and personal testimonies, reflecting changing social attitudes toward illness, treatment, and survivorship. Susan Sontag introduces this perspective by observing: "Illness is the night-side of life, a more onerous citizenship. All born hold dual citizenship in the kingdom of the well and the kingdom of the sick" (Sontag 3).

Sontag's *Illness as a Metaphor* (1978) remains one of the most influential theoretical texts on illness narratives, analysing how diseases such as cancer are surrounded by cultural metaphors and myths. Later scholarship further expanded the literary and therapeutic dimensions of illness narratives. Rita Charon's *Narrative Medicine: Honoring the Stories of Illness* (2008) emphasizes the role of storytelling in medical practice and patient care. Charon defines narrative medicine as "medicine practiced with these narrative skills of recognising, absorbing, interpreting, and being

moved by the stories of illness" (Charon 4). Such approaches highlight how narratives contribute to empathy, healing, and a deeper understanding of patient experiences. Several memoirs and autobiographical works illustrate the personal dimensions of cancer narratives. Susan Gubar's *Memoir of a Debulked Woman* (2012) looks into the mental and physical challenges of living with ovarian cancer while seeking meaning through literature and familial relationships.

Memoirs of illness and disability in India are weighed more towards the "somebody" than the "nobody" memoir, a differentiation articulated in 2002 by Lorraine Adams and used with critical acumen by Thomas Couser in his 2013 book *Signifying Bodies*. The author of the illness memoir is already of some renown before the publication of the book in a somebody memoir, and hence already has a reading audience. In contrast, the nobody memoir's author comes to be known only after the publication of the book. (Couser 6)

In the Indian context, illness memoirs, particularly cancer narratives have been disproportionately shaped by the former category, with celebrity authors occupying a dominant position in the public imagination of survivorship. A number of widely circulated celebrity pathographies illustrate this tendency which includes works such as Russi M. Lala's *Celebration of the Cells* (1999), Lata Mani's *Interleaves* (2001), Yuvraj Singh's *The Test of My Life* (2013), Manisha Koirala's *Healed* (2018), and Lisa Ray's *Close to the Bone* (2019) foreground illness within already visible professional lives. Alongside these visible narratives exists a smaller body of "nobody memoirs," written by non-celebrity authors. Texts such as Anup Kumar's *The Joy of Cancer* (2002), Anita Jayadevan's *Malicious Medicine* (2009), Ananya Mukherjee's *Tales from the Tail End* (2019) and Niyati Tamskar's *Unafraid* (2019) document personal encounters with illness outside the sphere of celebrity culture.

Despite growing scholarly interest, the field remains shaped largely by celebrity memoirs and restitution-oriented accounts of recovery, which leaves the more complex, non-linear dimensions of survivorship comparatively unexamined. It is this gap between a scholarship weighted toward visible, resolved narratives and the quieter, more ambivalent accounts of lesser-known writers that the present study addresses through Srutimala Duara's *My Journey Through Cancer* (2022). This paper turns to Duara's memoir in order to examine how survivorship is articulated through intellectual labour, relational care, cultural belonging, and spiritual resilience. By situating illness within everyday cultural practices and local contexts, Duara's memoir offers a valuable perspective on survivorship in contemporary India. Her narrative engages with academic work, regional identity, supportive social networks, and complementary healing practices, revealing how survival is negotiated through multiple forms of engagement with the self and the world. Focusing on a regional, non-celebrity narrative allows this study to move beyond dominant models of illness storytelling and to foreground experiences that remain relatively marginal within existing scholarship.

Methodology

A close reading of the cancer narrative by the author is initiated for qualitative research in order to examine the several levels of survival techniques applied by the survivor. The primary text used for this study is Srutimala Duara's *My Journey Through Cancer* (2022), the work will be analytically reviewed for the study. The objectives of the study are to identify the various strategies of struggle and survival experienced by women cancer survivors on a social perspective, to understand the medical experiences of the survivors as presented in the narrative, to identify the therapeutic value of narration and to explore the possibilities of writing as a tool for recovery.

Theoretical framework

The analysis is informed by the Survivorship theory, *Survivorship: A Sociology of Cancer in Everyday Life* (2021) by Alex Broom and Katherine Kenny and Arthur Frank's *A Wounded Storyteller* (1997). Arthur Frank's typology of restitution, chaos, and quest narratives, developed in *The Wounded Storyteller* (1997), supplies a vocabulary for the form survivorship takes at the level of the individual story, how Duara sequences chaos and recovery, and where her narrative resists a clean restitution arc. Arthur W. Frank's narrative theory classifies illness narratives into restitution, chaos, and quest forms. Frank explains that categorising these narratives "is to encourage closer attention to the stories ill persons tell; ultimately, to aid listening to the ill." (Frank 76) and that illness narratives often contain the restitution plot: "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (Frank 77). Frank's framework, however, is primarily attentive to narrative structure and is less equipped to account for the social and material conditions under which such stories are told. Alex Broom and Katherine Kenny's *Survivorship: A Sociology of Cancer in Everyday Life* (2021) fills this gap by situating survivorship within socio-economic relations, healthcare access, financial burden, and the biomedical separation of disease from person that shape what a survivor can plausibly narrate about her own recovery. Read together, Frank's narrative categories and Broom and Kenny's sociological framework allow the analysis to move between two registers: the internal, meaning-making work Duara performs through writing, and the external structures medical, economic, familial within which that meaning-making occurs.

Discussion

Srutimala Duara was an associate professor at the Department of English of Handique Girls College, Guwahati, Assam. She has been widely famous for writing English novels, short stories, poems, children story books, rhymes, children's novels in both Assamese and English. Duara was

diagnosed with ovarian cancer in February 2021, she started chronicling her journey of cancer from the very day she was diagnosed with the deadly disease on the suggestion of one of her friends. Chapter one of Duara's memoir begins with her diagnosis of cancer, which appeared in her life out of the blue and she was told "there's a tumor in your ovary" (Duara 4). Since that diagnosis, the struggle of her survival begins and she gradually transforms from a passive patient to an active storyteller in order to "help people" (Duara Foreword), which reiterates Frank's idea, "People tell stories not just to work out their own changing identities, but also to guide others who will follow them" (Frank 17). Duara mentions in the very beginning of her memoir about how "healing" the process of writing was and that she felt she had a "purpose" (Duara 16). She clearly states this purpose at the very outset: to share her experience with people. She frames her illness as a journey through which she reflects on the vulnerability of the human body and the unsettling experience of living in a body that no longer feels familiar. By presenting illness in this way, she draws upon what Arthur Frank describes as the "quest narrative" in *The Wounded Storyteller*, where the sufferer attempts to regain agency by seeking new ways of understanding and living with illness (Frank 117).

Writing about her journey not only gives Duara a door to narrate her story and reclaim agency but it also becomes a way to spend the waiting. She keeps noting down and capturing incidents while waiting for the doctor, waiting for diagnostic tests, waiting for the reports etc. Alongside prose, she turns to poetry during this period, her long-standing identity as a literary writer shaping even the register in which she records pain. Duara expresses that writing for her is like "catharsis" and that it helps her keep her mind off "the feel of aches" (Duara 49) and gives her "satisfaction" (Duara 113).

What Duara writes in these moments, is not only relief from pain but a future she wants to survive into. Waiting for diagnosis, treatment decisions, and recovery becomes a central experience of survivorship. Survivorship in cancer narratives is often understood not simply as the medical elimination of disease but as an ongoing struggle to sustain life in the face of mortality. Dragojlovic and Broom argue that survivorship is deeply embedded within social and emotional relations, observing that "survivorship emerges from our social fabric, articulating our modern sense of mastery over affliction, medical successes in delaying death and slowing ageing, and our dread of our inevitable demise. Survivorship practice produces and is produced by relations of wilfulness, hope, dread, obligation, reciprocity and somatic necessity" (Dragojlovic and Broom 131). This theoretical understanding resonates strongly in Srutimala Duara's memoir, where survivorship is articulated through the desire to extend life not for abstract notions of immortality but for relational commitments. Reflecting on her illness, Duara writes, "I am thinking of life. The moment we are born, we are stamped with death… But for us this 'matter of time' matters. I want to be at my son's PhD graduation in Leicester. I want to see my daughter settling down in England… I don't ask for eternity. For me, ten years more is eternity" (Duara 31). Here survivorship emerges as a relational aspiration shaped by familial bonds and future-oriented hope. The desire to witness significant moments in the lives of loved ones demonstrates how survival is embedded within social relationships rather than merely individual biological persistence.

Hope, however, is written from inside a body that does not always cooperate with the future it imagines and it is to this bodily expression of survivorship that the narrative repeatedly returns. Cancer recognition often begins through bodily awareness and the observation of symptoms, underscoring the role of embodied knowledge in early detection, as Broom and Kenny suggest when they describe cancer as "a cellular event and a historical, cultural and economic production"

(Broom and Kenny 1). The tension between external medical diagnosis and personal bodily experience shapes how individuals understand illness. Survivorship therefore involves attentiveness to bodily changes, as patients interpret physical reactions to both disease and treatment as signs of vulnerability, knowledge, and possible recovery.

Cancer patients try to disembody cancer and distance themselves from their bodies. They try to create an embodied sense of self for the pathological impacts created on their bodies. The embodiment of malignancy is seen as an ongoing process. The survivors try to create a distance from the disease to feel that they are not in the dying process and suffice from the understanding that cancer is death. Broom and Kenny's observation that "the assessment of disease or illness as separate to the person dominates medical practice" (11) captures one side of this separation: the clinical habit of treating disease apart from the person who carries it. But Duara's memoir shows the reverse impulse at work too, it is often the patient, not only the clinician, who reaches for distance from her own diagnosis. Blackman's point that understanding illness requires recognising "both the bodily basis of thought and the cognitive component of bodily processes" (Blackman 5) is instructive here, since Duara's distancing is itself, a cognitive strategy performed on and through the body: a decision about how much of the body's evidence to let into consciousness at all.

This surfaces concretely during Duara's hospitalisation at Fortis Hospital, when a scan of her left breast revealed "a noodle that appeared on the monitor as a black mass," raising the possibility of cancer elsewhere in her body. Faced with this uncertainty, Duara does not confront the finding directly; she turns instead to her phone, calling it her "major source of distraction" (Duara 42). A comparable moment occurs when Dr. Joshi explains, in clinical detail, how her intestines will be cut and joined during surgery overwhelmed, Duara concludes that "ignorance is bliss," admitting that hearing the detail pushed her into "complete numbness" (Duara 43).

These two moments do more than illustrate bodily awareness. They expose a tension in what that awareness actually does for the survivor. In the first, distraction functions as avoidance of an unresolved diagnostic threat; in the second, numbness follows from too much clinical precision, not too little. Awareness is not uniformly therapeutic: the same clinical detail Broom and Kenny say medicine separates from the person is, when it does reach Duara directly, something she cannot metabolise either. This complicates any straightforward claim that closing the gap between diagnosis and lived experience simply serves survivors better; Duara's coping suggests that some distance from clinical detail is not a failure of engagement but a deliberate, self-protective negotiation. Survivorship, here, is less a matter of achieving embodied awareness than of managing how much of that awareness she can bear to hold at any one time.

Thus, attitude in Duara's narrative functions as a psychological resource that sustains endurance rather than determining recovery. At the same time, it exposes the pressures placed on patients to regulate their emotions in socially acceptable ways, demonstrating that survivorship involves not only managing illness but also negotiating the cultural norms surrounding it. Duara's experience foregrounds the limitations of biomedical discourse, particularly its tendency to detach disease from the person. These moments reveal a real tension rather than a simple oscillation, distraction shields Duara from a diagnostic threat that is not yet confirmed, while numbness follows only once clinical detail arrives in full suggesting that greater bodily and clinical awareness does not straightforwardly benefit the survivor, and that some distance from that awareness may instead be a deliberate, self-protective negotiation.

This oscillation between confrontation and distance was never something Duara navigated alone; it was shaped, at every turn, by the people who delivered her care. Her reflection "I know doctor speaks the truth, but wished it was not in such a blunt way" (Duara 107) echoes Broom and Kenny's

observation that “the assessment of disease as separate to the person dominates medical practice” (Broom and Kenny 11). The clinical emphasis on objectivity produces an affective gap: doctors communicate facts but often neglect the emotional weight those facts carry.

This gap narrows in Duara's relationships with the nurses who attend to her day-to-day. Her growing comfort with caregivers suggests that care is felt as much through ordinary presence as through clinical competence. The same chapter of care, however, has a harder edge: Duara's shock at the cost of Olaparib, a cancer drug priced at fifteen lakh rupees per year demonstrates that illness is also structured by financial vulnerability, reinforcing Broom and Kenny's characterisation of cancer as an “economic production.” Care, in other words, is never purely relational in Duara's account; it is also something her family must be able to afford.

Duara's narrative demonstrates that illness is not passively endured but actively interpreted and reconstructed through subjective and cultural frameworks. Her assertion “My cancer cells are being destroyed. I am healing” (Duara 76) functions not as a biomedical claim but as a performative articulation of belief, an attempt to impose coherence and control over an otherwise uncertain condition. Ronald L. Grimes offers a useful distinction, “Cured, your illness goes away. Healed, your illness may or may not lift, but you have a different attitude toward it. Cured, you are fixed; healed, you are reconnected. Rites heal more effectively than they cure” (Grimes 343). Read against this distinction, Duara's own language is telling the vocabulary of cure, not healing, even as she names the process “healing” suggesting that her narrative reaches for Grimes's sense of reconnection while still measuring its success in the biomedical terms of elimination. The clinical, emotional, and spiritual registers in Duara's account are integrated into a single lived experience: her engagement with a “Buddhist mantra for healing from suffering” (Duara 77) and her

declaration “I just put my trust on Sirdhi Sai to relieve pain” (Duara 56) situate healing beyond biomedical limits alone.

Yet this spiritual and narrative coherence is not without its own contradictions. Duara's turn to mantra and faith coexists, in the same memoir, with the “complete numbness” she reports after her surgeon's clinical explanation and with her preference for distraction over confrontation when faced with the scan result. The narrative voice that declares “I am healing” is not straightforwardly continuous with the voice that admits distress needs to be managed by looking away from it. Spiritual coping in this memoir functions less as a resolution of fear than as one strategy among several alongside distraction, humour, and selective attention for living alongside a fear that is never fully dispelled. The memoir does not interrogate this tension itself; it is narrated, rather, as continuous strength. It suggests that the ideal of the resilient, spiritually grounded survivor carries its own normative weight.

This same normative weight attaches to Duara's emphasis on determination and her repeated assertion that she will complete treatment and recover, which reflects a strong belief in the power of a positive mindset. At one level, this appears to support the idea, discussed by Broom and Kenny, that attitude plays a crucial role in cancer survivorship. However, Broom and Kenny complicate this assumption, arguing that attitude, while emotionally significant, does not have a direct causal impact on disease progression; feelings, whether positive or negative, do not determine how cancer behaves biologically. Within this framework, Duara's optimism can be understood less as a curative force than as a strategy for managing fear, uncertainty, and physical suffering. Her acknowledgment of trauma, reveals how patients often internalise social expectations of strength and positivity. This internalisation is also, in a fuller sense, ideological: the demand that a cancer patient remain positive locates the labour of coping almost entirely within

the individual, at the expense of naming the structural conditions cost of treatment, unevenness of clinical communication, the burden placed on caregivers that make illness harder to bear in the first place. Cancer, in Duara's telling, is lived through writing, the body, care, appetite, and belief all at once survivorship, accordingly, is not confined to clinical spaces but unfolds across emotional, economic, and everyday contexts.

Conclusion

This paper has shown that Srutimala Duara's *My Journey Through Cancer* redefines survivorship as a lived and ongoing process rather than a fixed medical outcome, while also showing the limits of the coherence the memoir claims for itself. Drawing on Arthur Frank and Broom and Kenny, the analysis demonstrates that cancer is experienced not only biologically but also through emotional, cultural, and socio-economic dimensions. Duara's narrative reveals how illness is actively reconstructed through writing, spirituality, and personal belief, enabling the patient to sustain meaning and agency in the face of uncertainty. At the same time, the limits of positivity discourse expose the gap between cultural expectations and medical realities. the narrative's positivity coexists with unresolved numbness and dread, and its spiritual coping operates alongside fear that the text itself does not fully resolve. The study also highlights the relational and material conditions shaping survivorship, including healthcare systems and financial burden. By foregrounding a regional, non-celebrity voice, the paper expands Indian illness narratives and establishes survivorship as a dynamic negotiation between body, mind, and society.

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