

Narrating Identity through Illness: Linguistic Patterns of Continuity and Transformation in Cancer Narratives

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ABSTRACT

This study investigates how individuals diagnosed with cancer reconstruct their identities through language, drawing on Paul Ricoeur's theory of narrative identity. Using a qualitative narrative inquiry design, thirty personal narratives from the CancerCare "Stories of Help and Hope" database were purposively selected for analysis. The research examines the linguistic strategies, such as temporal structuring, emplotments, metaphor use, and relational positioning, that patients employ to negotiate continuity (idem) and transformation (ipse) in their self-narratives. Findings reveal that temporal markers ("before diagnosis," "now I am learning") help reestablish disrupted life timelines, while contrastive connectors ("but," "then") facilitate the transformation of chaotic events into coherent plots. Metaphors, both conventional and self-generated, reframe physical and emotional suffering, enabling individuals to make meaning and exercise agency. Shifts from individual to collective pronouns reflect the intersubjective dimension of identity, embedding the self within a network of relationships. The results demonstrate that identity reconstruction in illness narratives is a dynamic interplay between maintaining core values and embracing adaptive change. This study highlights the therapeutic and ethical importance of narrative in healthcare, recommending narrative-based interventions and training to promote empathetic care and support holistic healing.

Keywords: Narrating Identity, Linguistic Patterns of Continuity, Transformation in Cancer Narratives

INTRODUCTION:

Narrative is the collection of events that a person experiences. People use narratives as an effective means of reflecting their identity that is shaped by altering events like suffering from long term diseases. "Narrative identity is a person's internalized and evolving life story, integrating the reconstructed past and imagined future to provide life with some degree of unity and purpose" (McAdams & McLean, 2013, p. 233). Narratives constructed by cancer patients serve as testimonies and identity building tools which emphasize how cancer has brought a change in identity while maintaining a sense of self. According to Ricoeur's (1992) narrative identity theory, an individual's identity is divided into "two categories *idem* and *ipse*. *Idem* refers to a notion of identity based on Sameness whereas *ipse*, described as Selfhood, can incorporate change within a recognizable entity" (Crowley, 2003, p. 2). With reference to cancer patients, storytelling is a medium to show the transition of self as he goes through the phases of diagnosis, treatments, recovery or severity, which eventually shifts the perception of their own identity.

Disease like cancer is an event of one's life that can be cataclysmic to self-narrative. By telling stories to ourselves and others—in dreams, in diaries, in friendships, in marriages, in therapy sessions—we grow

slowly not only to know who we are but also to become who we are Zaman, Buriro, & Chandio, 2025). Cancer patients often re-evaluate themselves and redefine their identity. “Maintaining the continuity of the “self” is crucial for finding meaning and ensuring psychological well-being. However, the traumatic encounter with cancer disrupts the normal flow of life stories, challenging coherence” (Ramya, S., & Sheelam, P. K., 2024, p. 1003).

Cancer patients use storytelling as a method of finding hope as they create connection with other people and allow them to find strength to tackle the hurdles of life. These healing stories provide courage and a sense of affiliation to those who are affected by cancer. “To tell one’s own story is to engage in a relationship with those who will listen; narrative is a form of companionship” (Frank, 1995, p. 12). Therefore, the digital narratives taken from CancerCare Webpage acts as testimonies for identity construction. “Digital narrative is transmitted through digital media such as web pages and blogs, social media channels, and mobile applications” (De La Peña Frade, 2024, n.p). By applying Ricoeur’s (1992) narrative identity theory, this research aims to analyze the selected cancer narratives on the basis of four central themes i.e. Transformation and Emplotment, Continuity and Change, Agency and Self-Advocacy, and Collective Identity. The linguistic features related to the central themes are Metaphorical Language, Temporal Shifts, Use of Active Voice, Collective Pronouns and Phrasing. These linguistic choices help in understanding sense of continuation and the reconstruction of identity of cancer patients.

Statement of the Problem

Cancer is a chronic illness; it profoundly disrupts an individual sense of self. It creates a split between past identity and present reality. The patients navigate the uncertainties of illness by engaging in a process of meaning making and it allows them to integrate their experiences into a coherent self-narrative. Moreover, language plays a central role in this integration phase; it shapes how individuals frame their illness, interpret change and maintain a sense of continuity. There is a stable core identity which remains the same but some changes do occur during the diagnosis, treatment and recovery phase. This study explores how patients navigate through these different phases and reconstruct their identity through storytelling.

Research Questions:

1. What linguistic strategies do cancer patients employ to narrate their illness experiences?
2. How do these linguistic elements contribute to the reconstruction of identity and balancing continuity (idem) and transformation (ipse) in cancer narratives?

Significance:

This research will serve the purpose of exploring how cancer patients reflect the aspects of narrative identity theory in their narrations as cancer patients tend to show continuity and change in identity. It increases our understanding of their psychological coping mechanism and enable the health caretakers and family members to provide more empathetic care. Moreover, this research will also contribute to Ricoeur’s narrative identity theory specifically applied on cancer narratives.

LITERATURE REVIEW:

Human beings use narrative as a method of catharsis as they find peace and hope while letting their emotions out in the form of story. They narrate the stories about their living and “these lived and told stories and the talk about the stories are one of the ways that we fill our world with meaning and enlist one another’s assistance in building lives and communities” (Clandinin & Huber, 2010, p. 436). Narrative identity reveals

that a person is not only narrating his life story but also being affected and molded by the narration itself. Hence, the narrator "appears both as a reader and the writer of its own life" (Ricoeur, 1987, p. 246).

Ricoeur's devotion to study language was motivated by his desire to comprehend the language we actually use and how this language conveys various meanings that are often complex. "Ricoeur does not deny the benefit of structural analysis, but maintains that we should attend to both structure and the use of language. Language must be understood within its context and its intentionality" (Dohnalová, 2021, p. 20). Language is made of various linguistic forms and metaphor is the one which "are a source of new meaning in language and they are not translatable into a single truth-valued logical proposition without a significant loss of meaning" (Dohnalová, 2021, p. 21).

Ricoeur (1992) argues that narrative identity navigates between the two facets of self-identification or "ipse identity" (p. 3) and acts as a bridge between two forms of permanence over time. Ricoeur (1992) defines the first element as "selfhood without support from sameness" or the "pure ipse" (p. 113). Using the phenomena of character, Ricoeur (1992) displays the second component, "selfhood as supported by sameness" or the "ipse as supported by idem" (p.115).

Ricoeur's idea of narrative identity has been applied to health and illness in a significant amount of study. In dealing with chronic disease, for example, Frank (1995) investigates how individuals create their identities through narrative. He distinguishes three categories of narratives—quest, chaos, and restitution—that show how people deal with their health situations. In line with Ricoeur's theory of identity creation through narrative, Frank contends that patients can recover their identities and derive meaning from their suffering by using storytelling.

By investigating the narratives of people with chronic illnesses, Mattingly (1998) expands on Ricoeur's thesis. In order to develop a cohesive identity that supports both continuity (idem) and change (ipse), she highlights the significance of narrative. According to Mattingly's perspective, patients can express their experiences, difficulties, and continuous identity negotiation as they deal with their illnesses through narratives. This viewpoint emphasizes how narratives can have a transforming effect while dealing with chronic diseases.

According to Charon's (2006) research, patients who have cancer use storytelling as a therapeutic strategy to reframe their experiences and build resilience. Patients can change the way they define themselves from being defined by their illness to becoming empowered survivors by using narrative to frame their experiences with cancer. By demonstrating how narrative identity can strengthen patient-provider interactions, Charon contends that listening to patients' stories improves comprehension and empathy in the healthcare industry.

Ricoeur's framework is also being used in the study of trauma narratives. The importance of storytelling in processing traumatic events is emphasized by Herman (1997), who contends that creating a narrative aid in identity reclamation for survivors. People can rehabilitate and reintegrate into society more easily by presenting their story in a way that gives them structure and purpose. This use of Ricoeur's theory emphasizes how story and identity interact dynamically, especially when there is significant upheaval.

Paul Ricoeur's narrative identity theory has been applied in a variety of fields, most notably psychology and health, which emphasizes the importance of storytelling in forming human identity. According to research, stories help people make sense of who they are by guiding them through their experiences, helping them to make peace with their pasts, and helping them to imagine their futures. Scholars examine how idem and ipse interact to show how story identities can empower people, promote healing, and build resilience.

Research Gap

Although Ricoeur's (1992) narrative identity theory has been widely applied to sickness narratives, little study has been done explicitly looking at how cancer patients create their identities on websites such as the Cancer Care webpage. The majority of current research ignores the special dynamics of online communities where peer support and shared experiences influence tale formation in favor of concentrating on in-person storytelling or therapeutic settings. Furthermore, little focus has been placed on how cancer patients balance these identity motifs in digital environments, or which theme is more prevalent in their narratives, despite the fact that Ricoeur's concepts of *idem* (continuity) and *ipse* (transformation) have been examined in broad sickness contexts.

RESEARCH METHODOLOGY

Research Design:

This study uses a qualitative narrative inquiry approach, which is ideal for investigating how people use storytelling to make sense of their own experiences (Clandinin & Connelly, 2000). Narrative inquiry, in contrast to organized surveys or interviews, emphasizes the story as the analytical unit and provides insights into the form and substance of experience.

Data:

For the purpose of this research, 30 personal narratives that have been posted on the CancerCare website (<https://www.cancercare.org>) were selected as data for this research. First-person testimonies from cancer patients, survivors, and caregivers who freely share their experiences are included in the "Stories of Help and Hope" section. These stories provide an insightful location for narrative identity analysis since they are deep, introspective, and emotionally complex.

Data Collection Method:

The selection of documentary analysis of publicly accessible narratives was based on the availability of genuine, reflective testimonies from cancer patients. These naturally occurring tales provide abundant information that is perfect for analyzing narrative identity. Availability to the public guarantees moral usage free from interference. The approach fits well with the study's emphasis on lived experiences and how people construct themselves through narrative.

Data Sampling:

Purposive sampling was used to choose the thirty stories, with an emphasis on first-person accounts that were detailed and representative of a range of cancer experiences. A wide range of stories pertinent to narrative identity analysis were selected from the CancerCare website's "Stories of Help and Hope" area, making sure that there was variance in age, gender, cancer kind, and emotional resonance.

Theoretical Framework

Paul Ricoeur's (1992) theory of narrative identity, which provides a philosophical framework for comprehending how people use stories to create their sense of self, serves as the foundation for this investigation. According to Ricoeur, identity is a dynamic construct that develops throughout time as a result of recounting life experiences rather than a fixed object. He highlights the conflict between continuity

and change by making a distinction between "idem-identity (sameness over time) and ipse-identity (selfhood)" (Ricoeur, 1992, p. 116).

Based on Oneself as Another and the interpretations of scholars like Wood (1991), Polkinghorne (1988), and Atkins (2004), this study synthesized six fundamental thematic elements of narrative identity. These elements are drawn from Ricoeur's studies of time, action, and selfhood as well as his triple mimesis model (Mimesis I, II, and III) rather than appearing in his work as a direct list.

Disruption and Search for Continuity

Ricoeur (1992) asserts that identity is a dynamic narrative creation that has evolved over time rather than a permanent essence. A serious biographical disruption is brought about by illness, particularly cancer, endangering the continuity of the self. In order to find coherence through narrative reconstruction, patients frequently employ storytelling to heal the rupture. This process, according to Ricoeur, involves a negotiation between ipse (selfhood) and idem (sameness), where "the narrative function... contributes to the temporal unity of life" (Ricoeur, 1992, p. 162). Illness-induced disruption serves as the catalyst for the pursuit of a reconstructed identity via introspective self-narrative.

Emplotment as Meaning-Making

The process of organizing events into a meaningful whole, or emplotment, is a key idea in Ricoeur's philosophy. "Time becomes human time to the extent that it is organized after the manner of a narrative" (Ricoeur, 1984, p. 3). Patients use diagnosis, treatment, and remission as pivotal moments in disease narratives to organize their experiences, transforming disparate incidents into a cohesive narrative arc. By allowing people to reframe their suffering as a part of a purposeful or transformative plot rather than just chaos, emplotment promotes psychological integration and resilience (McAdams & McLean, 2013).

Continuity vs. Transformation

Stories about illness vacillate between accepting change and maintaining constancy. The self is shaped by both fixed features (idem) and changing self-understanding (ipse), according to Ricoeur's narrative identity model. This dichotomy is seen in the narratives of cancer patients, as some narrators talk about "becoming" someone new while others cling to their previous identities or positions. This dialectic is crucial to personal identity, according to Ricoeur (1992), as "it self interprets itself through the stories it tells about itself" (p. 114), revealing both continuity and change.

Relational Identity and Shared Narratives

According to Ricoeur, relationality is fundamental to narrative identity. He highlights that "the self is constituted in part by its relationship to others" (p. 3 of Ricoeur, 1992). Collective language ("we," "us") and shared experiences with family, caregivers, or support groups are frequently invoked in illness narratives. According to Crowley (2003), this communal aspect fortifies identity by integrating the self into a larger network of connections and mutual meaning-making. As a result, storytelling becomes a dialogical act that strengthens and validates relationship identity in addition to being a means of self-expression.

Language and Metaphor as Rebuilding Tools

According to Ricoeur (1995), language—especially metaphor—is essential to narrative imagination and recovery. Through the use of metaphors like *battle*, *journey*, or *rebirth*, patients are able to reinterpret and

symbolically recreate traumatic memories. By offering a fresh emotional and cognitive perspective on pain, he claims that metaphor *redescribes reality* (Ricoeur, 1978, as stated in Ricoeur, 1995). The cancer narratives use metaphorical constructions and expressive language as means of reassembling identity, overcoming trauma, and expressing a fresh sense of purpose.

These five aspects function as thematic lenses through which each story is understood, illustrating how language and structure construct identity in the face of disease.

Analytical Framework

A hybrid method that combines discourse and linguistic analysis with thematic narrative analysis was used to examine the collected narratives. Examining the content (thematic content) and the manner (linguistic choices) of speech was the aim.

In order to uncover key events, emotional tones, and narrative trajectories, the study started with an open reading of each story. The coding technique was influenced by these initial findings. Each story was then coded using the six components of Ricoeur's theory of narrative identity, with consideration given to the ways in which these thematic elements appeared in both language and content.

Narrative disruptions were found by using diagnosis as a turning point, abrupt life changes, and emotions of shock or uncertainty to indicate a break in the narrator's previous sense of continuity. Emplotment and meaning making occurred as a result of organizing experiences into story arcs, which were characterized by milestones such as "the moment I knew," treatment phases, and personal insights, suggesting attempts to impose coherence and draw importance from disparate events.

The conflict between continuity and transformation was apparent in meditations on permanent values or personal development, as well as language contrasts between past and present selves. Repeated use of collective language, references to family, caregivers, and spiritual communities, and interdependent storytelling were all used to capture relational identities and shared narratives. Finally, the symbolic significance of language in the healing process was highlighted by the use of expressive, metaphorical terminology and metaphoric language, such as comparing cancer to a storm, battle, or route, as instruments for identity reconstruction and understanding suffering.

Emergent insights were made possible by this iterative coding procedure, which remained rooted in Ricoeurian theory. In the last step of the research, patterns from several instances were combined to find recurrent themes and variances that show how disease and storytelling influence narrative identity.

DATA ANALYSIS AND DISCUSSION

Disruption and the Narrative Need for Coherence

Ricoeur explains that human experiences are inherently temporal. Life is all about stable experiences and actions and he calls it *memisis I*. It caters to the life before the major event, a world of lived and pre-narrative understanding. The meaning is implicit in everyday life in the pre-narrative stage. However, when a person falls seriously ill, his life gets disrupted in unimaginable ways. This disruption in one's life breaks the continuity and dismantles the life course in unanticipated manner. After the diagnosis, the patients suddenly find themselves in a mayhem forced to bring order back in their life. They want to reclaim their sense of consistency and order in their lives. The researcher has analyzed the narratives which begin with the moment of disruption here. These narratives reveal the existential and emotional damage these patients endured and underscores the need for narrative coherence.

Ashley recounts:

“I broke down, I cried... it was the most terrifying moment of my life” (for reference go to appendix A, para 1)

In this particular example, the patient Ashley had an emotional collapse after knowing about her diagnosis. She utters brief, direct clauses to tell others about her diagnosis journey. She is overwhelmed with emotions and the linguistic disintegration mirrors identity fragmentation. There is no proper narrative yet. She only expresses her feelings in raw form. This outpouring marks the loss of narrative agency. In other words, the language used by her is immediate, unstructured and disoriented. In Ricoeur's terms, mimesis I i.e. prefiguration stage is over. It accounts for stable and structured sequenced of actions in a person's life. It is a pre-narrative stage because events unfold naturally within the established order of a person's daily life (Ricoeur, 1992). The identity feels implicit and continuous; therefore, there is no imperative need to tell one's story. However, when a person experiences a major life disruption such as cancer diagnosis, the order collapses. The course of action is no longer aligned with present, past and future in a coherent way. So, we may say that the temporal structure of life is disturbed. The patients have not yet reflected or narrated on what they once lived. The self now faces a void of meaning though it once moved through time with a sense of purpose. This leads to a temporary loss of narrative coherence. The patients are no longer able to reflect on their placement in this scenario in real time. The questions like “who am I now? where am I going? And what just happened to me?” do not solve the existential crisis the patients feel. Ricoeur (1992) sees this as the moment when there is a need or storytelling. In this situation, configuration (mimesis II) provides the solution to restore coherence by reorganizing and reinterpreting what has happened.

Later in her narrative, however, Ashley's voice shifts. She says, “It taught me who I really am”. The retrospective reinterpretation is a narrative act of refiguration (mimesis III). Though she has not regained her old self, she still constructs meaning from her breakdown. She overcomes her fears and discovers her inner strength. The same incident is now framed as formative. This is refiguration which means the narrative reorganizes past events in light of present understanding and future anticipation.

“Everything changed with one phone call. I was not the same person anymore.” (for reference go to appendix A, para 2)

The statement given above is stated by Sherry. It highlights the suddenness of the rupture. The phrase “one phone call” serves as a powerful example of event-based deixis. Although the expression lacks an explicit time marker, it functions as a deictic navigator. It points to an emotionally significant moment that disrupted the continuity of her life. As a form of discourse deixis, this phrase divides her experience into a “before” and “after” and it makes it a subjective and pivotal reference point in her narrative. We may say that there is a transition from mimesis I to mimesis II and it marks the point in life where lived experiences are discontinued and eventually narrative reordering is essential. Furthermore, she claims that she is not the same person anymore. It indicates a break in idem identity. Her consistent or core personality traits no longer exist. She does not present a reconstituted identity but the way she recognizes her old and new self signifies the beginning of narrative processing. This hap between before and after will eventually be filled in by memesis II i.e. emplotment.

Furthermore, Donna's narrative shows this transition between before and after more clearly. She says, “my life has been completely changed...but thanks to CancerCare, I have hope”. The phrase “completely changed” reinforces the magnitude of the rupture. The conjunction “but” introduces a counter argument. It is a linguistic pivot that shows her hope in CancerCare. Ricoeur (1984) calls this discordant concordance which can be defined as acknowledgment of disruption before coherence in one's life story. He further theorizes that human time is not mere chronology (chronos), but lived time (kairos). It is significant to note

that in case illness disrupts this structure, narrative becomes a tool of survival (Wood, 1991). It helps these cancer patients to redirect their lives, mend the fractured timeline and restart their lives from a different point. They can never restart from the same old point as they can never go back to their original self; something in them changes permanently. These early moments of narrative are not polished. They represent existential urgency to make meaning, even as meaning is hard to find. Through these narratives, patients begin the long journey of identity reconstruction.

Emplotment as a Method of Meaning-Construction

Emplotment is central to Ricoeur's theory of narrative identity. It is the process by which individuals select, organize and connect events to form a meaningful plot (Ricoeur, 1984). We know that life is full of scattered incidents and emplotment helps in transforming these fragments into a "configured" whole based on direction, tension and resolution. In the context of illness, it also helps the patients to construct a narrative that is morally legible and emotionally bearable. Through this act of narration, patients reassert their agency and begin to reimagine their disrupted identity.

"I was really ashamed...but talking to other people helped me see that it's not something I should be ashamed of" (for reference go to appendix A, para 2).

The phrase "I was ashamed" places the narrator in an initial state of self-alienation. She goes through internal disruption. She begins her story at a low point as how she had low self-esteem because she was suffering from bladder cancer and she had to catheterize every few hours. We may say that she starts her story with a problematic situation. The coordinating conjunction "but" marks a turning point; it signals the beginning of emplotment to reconfigure the experience. The way she gets involved in a support group is framed not just as a therapeutic intervention but as a narrative device changes her thought process about her illness. She moves from self-shame to feeling secured. The emplotment mirrors mimesis II: the phase in which events are gathered into a story that makes sense morally and emotionally. Thus, it may be said that she reconstitutes her image in this process. She does not deny the shame, but she considers it within a trajectory of progress. Ricoeur (1984) describes this as narrative refiguration. Here, the support group is not just a plot element. It is a catalyst of identity reorientation.

"If you go into a negative headspace during treatment, you're giving yourself an emotional cancer" (for reference go to appendix A, para 3).

Nolan, the male patient, provides a more abstract but profound form of emplotment. This metaphor serves as a bridge between physical and psychological experiences. He calls his emotional distress "emotional cancer" to bring the focus to his inner conflict. The cause of this distress is negative headspace, the condition takes an emotional toll on him and the suggested resolution for this dilemma is recovery or treatment. Metaphor here is not only illustrative in function; it plays role as a plot logic. It identifies relationships between states of beings, assigns causality and creates a framework for moral reflection. By constructing his narrative this way, Nolan engages in emplotment for the sake of self-understanding. He renders the incoherent story fragments into a legible storyline. In this configuration, he shifts from passive experiencer of illness to interpretive agent. This is how he is able to assign meaning and manage his inner world.

Another example from Ashley's story offers a particularly powerful illustration of the movement from chaos to coherence. She says, "it taught me who I really am. I had to find strength I never knew I had".

This moment of reflection refigures earlier suffering as formative because it has shape her into a strong lady. What she had been scared and confused about is now understood as an occasion for discovering internal resources. The illness is emploted as an opportunity for a positive change. The narrative arc here

follows a classic structure. The patient starts with diagnosis and breakdown. It brings a disruption in her calm life, then leads to conflict which can be both emotional and psychological and lastly the resolution that is discovery of inner strength and identity. Her ability to reinterpret suffering through this arc exemplifies mimesis III. She lives her story differently and for this reason she tells her story uniquely. The act of emplotment thus leads to refiguration which accounts for filtering of experiences through narrative to reshape the self. For Ricoeur, emplotment is an ontological act. It allows individuals to re-see their past and reconfigure their future. Importantly, it gives their lives form and makes it narratively thinkable.

Continuity and Transformation (Idem and Ipse)

Ricoeur argues that personal identity is not a single, fixed reality but rather a dynamic interplay between two poles. Idem refers to that which remains the same over time such as habits, traits, routines and bodily familiarity. Ipse, on the other hand, represents selfhood. It accounts for one's capacity to act ethically, make commitments and respond to change even when everything else changes. In illness, especially cancer, the idem self is often destabilized. The body changes, routine collapse and prior roles are disrupted. However, patients may still sustain or reconstruct ipse identity by reaffirming their moral and emotional responses.

"I have fallen many times, but I always got back up" (for reference go to appendix A, para 4).

This line captures Ricoeur's Idea in the truest form. Kris does not assert sameness of body or circumstances that is idem. She rather affirms constancy in moral posture. The phrase "always got back up" reflect ethical resilience. It is not about physical stability rather it is about ethical resilience. Notably, she uses the perfect aspect like "I have fallen" and "I have got backup" which suggest repeating pattern of moral recovery. Despite hardships, she configures her life and becomes a stronger version of herself. Ricoeur sees ipseity as a person's ability to keep their words. It is meant to remain faithful to themselves even when their situation changes.

"I am able to be the person I always was".

This statement is uttered by Ekta. She offers a different perspective. Her narrative centers on the preservation of identity. Despite illness, she affirms that her values, her sense of self and relationships remain stable. This is a classic statement of idem identity. However, it is more than a denial of change. The patient's assertion suggests that the changes brought by illness do not define her entirely. Though her body, emotions or routines have shifted, she maintains continuity through internal coherence. Ricoeur acknowledges that idem has a place in identity construction, especially when it functions not as resistance to growth but as a foundation for resilience. In other words, Ekta's sameness is not static. It is, rather, chosen and affirmed which makes it in the act of agency. Ricoeur uniquely explains that self is not something we are; rather, it is something we become through storytelling. During the process, we negotiate the sameness and difference (idem and ipse) and memory and imagination.

After analyzing these narratives, we know that identity after illness is not a matter of retaining one's old self, the core (idem) or becoming an entirely new person (pure ipse), but rather it integrates elements of both into a living story. The tension between Kris's persistence, Juliet's adaptive growth, and Ekta's rootedness demonstrates that identity work is complex, layered and continuous. The patients do not return to a past self, nor do they become strangers to themselves (Wood, 1991). They narrate a self that makes space for loss and renewal, for sameness and redefinition.

The Relational Self

Paul Ricoeur emphasizes that identity is intersubjective. We become who we are through our relationships with others. It is usually done through mutual recognition. In illness, this aspect becomes even more central. When our body's role, or independence is destabilized, relational factors often serve as stabilizing forces in reconstructing the self. Narratives from patients in the study repeatedly emphasize support networks, family involvement and shared vulnerability. Through these narratives, the narrators reaffirm their value and coherence. They do not retreat into isolation and place themselves within a moral community. Ricoeur calls it the ethical dimension of selfhood. Actually, our identity takes place in how we are seen supported and remembered by others.

“You are not alone. Someone has gone through this before”.

This statement is deeply relational. While it might be interpreted as an offer of empathy, it also reveals Ric's own identity as someone who has lived through illness. He now positions himself as part of a collective. He presents his story by linking it with others experiences. He uses his own experience as a narrative resource for others. This reflects Ricoeur's notion of narrative hospitality. It focuses on the idea that sharing stories invite others into a community of meaning. Ric's voice shifts from the singular “I” to collective or inclusive “you”. It shows that positioning identity is a shared and witnessed phenomenon. His narrative becomes a bridge, a way of saying “I became who I am not just too my experience, but by recognizing myself in others, and allowing others to recognize themselves in me”. In this way, relational identity is also an ethical offering.

“My family became miniature physical therapist”.

Kris uses this humorous metaphor and it reflects more than affection. It narratively positions her family as central to her healing identity. She does not present herself as a sole agent of recovery. Her statement acknowledges her interdependence and shared effort. Even humour in this context is relationally oriented. It redefines weakness or dependency not as a failure but as connection. By naming her family in this way, Kris frames illness not as seclusion but as a communal project. She sees it as an act of care and mutual transformation. This affirms that selfhood is never self-contained. It is always mediated through others such as how we are helped, how we are held and how we are remembered. Identity is incomplete with being acknowledged and upheld by others. This is not dependency. It is ethical reciprocity. The patients narrate their roles (mother, guide, survivor) in the context of other's responses.

Language, Metaphor and the Refiguration of Self

For Ricoeur, metaphor is a cognitive and existential tool that allows new ways of understanding. In illness narratives, metaphors play a crucial role in expressing what literal language cannot. The patients like to speak across the gap. In doing so, metaphor enables refiguration. It helps us reimagine our life, time and selfhood through language. In the narratives analyzed in this paper, the researcher found that metaphor and linguistic creativity were used to construct coherence and reclaim agency. In simple words, it focused on how patients used language to reach identity during their illness. For instance, Jessica says, “I hate the term fighting cancer. I am not a soldier. I am a human being”. It shows that battle metaphors are dominantly used in cancer discourse but Jessica rejects it. Her refusal is not merely semantic; it is psychological and ethical. She does not want to be seen as a warrior because it implies that those who die lost the fight which can be morally troubling. Also, the illness can be reduced to a conflict. It erases its emotional and existential complexity. So, Jessica prefers metaphors of healing, translation and growth. It alliance more closely with her lived experiences and emotional reality. In other words, it is termed as an assertion of narrative authority because she shapes the framework in which it can be understood. This is refiguration in the strongest sense.

It is a deliberate remaking of meaning through language. She tells her own story in her own voice. Metaphors actually enables us to see something as to reinterpret what we already know in new sense. In the context of illness, this might mean transformation. It might mean reading dependency as a connection (Wood, 1991). So, we may say to create new narrative possibilities, the focus shall be on lived experiences. It shall be understood as a new thing and identity imagined. Each of these narratives helps us see how do language performs moral and emotional function. It enables us experience dignity and transformation. The metaphors are not borrowed from different context; rather, they are created by the narrators themselves which proves it to be robust to create one's identity.

Now another example is, "cancer turned my life upside down... now I am learning, adapting, taking it day by day".

This statement is uttered by Juliet. Her statement marks a clear before and after. The phrase "turned my life upside down" signals the collapse of idem identity. It means going back to old self is no longer possible but she does not change the space of disorientation. The use of present tense words like "learning", "adapting" by her shows that she wants to actively reconstructs her life. Ricoeur would describe this as a narrative reconstitution of selfhood. Juliet moves toward a new configuration of ipse not by returning to who she was but by becoming who she needs to be. This openness to transformation is central to ipse identity (Wood, 1991). It involves a moral and imaginative flexibility that is responsive to lived realities. The phrase "taking it day by day" also implies a reworking of temporality. She is no longer living by long-term scripts but by moment-to-moment interpretation. This is a sustained orientation to an unknown future.

FINDINGS

The analysis reveals that cancer patients employ a range of different linguistic strategies to make sense of their illness experiences. Temporal structuring is one of the key techniques. The narrators organized their stories around time marker such as "before the diagnosis" or "now I am learning" which helps reestablish a ruptured personal timeline. Another prominent strategy was emplotment which was done through contrastive phrasing, often introduced by linguistic cues "but" or "then". This helped the narrators to transform their chaotic or painful events into a coherence story. Metaphors play the crucial role in rendering invisible suffering comprehensible. For instance, Nolan's use of emotional cancer reframed mental struggle as something equally valid and threatening as the physical disease. Several narrators demonstrated narrative agency by rejecting imposed metaphors like fighting cancer and selected alternative linguistic frames that better aligned with their personal truths. Additionally, subtle shifts in pronoun use like "I" to "we" reflected and expanded our sense of identity. It focused on identity in terms of relational idea. Together, these strategies showed how patient employs language not only to describe illness but to reclaim coherence, construct meaning and narrate their way through destruction.

The linguistic strategies identified in the narratives were deeply tied to the process of identity reconstruction. This is done through the negotiation between idem and ipse. The patients used language to affirm a core sense of self, values, resilience. The relationships that persisted during illness even as their routines, rules or body changed. For instance, Kris's declaration that "I always got back up" exemplified ipse identity as a moral consistency despite repeated setbacks. At the same time many narratives reflected openness to transformation. The statements such as "now I am learning, adapting" positioned the narrator as responsive and evolving. The emplotment enabled narrators to reinterpret moments of despair as catalysts for growth, while metaphor allowed them to refigure the self in new empowering ways. Additionally, the rejection of the war metaphors in favour of terms like healing or transition reflects a deliberate revolution of narrative identity on her own terms. These strategies revealed that identity is actively shaped through storytelling, ethical interpretation and language that allow both continuity and change to coexist.

CONCLUSION

To summarize, the narratives of cancer patients reveal that language serves as constructive tool to bring together the fragments and create a coherent identity. Through temporal structuring, emplotment, metaphor and relational voice, individuals not only narrate their illness experiences but actively reconstruct their sense of self. These linguistic strategies enable a dynamic negotiation between continuity and transformation. It becomes the space in which patients restore coherence, reclaim agency and articulate who they are becoming through and beyond illness.

RECOMMENDATION

Healthcare professionals should acknowledge story as a therapeutic and ethical tool that is crucial for comprehending patients' lived experiences and promoting comprehensive treatment. In order to improve emotional expression, agency, and meaning-making, narrative-based therapies should actively integrate patients' own metaphors, temporal frameworks, and storytelling patterns. The symbolic and temporal aspects of sickness narratives could be better interpreted by medical personnel through narrative competency training. Furthermore, it would be beneficial to expand community storytelling platforms such as CancerCare in order to promote shared identity and group healing. Future studies should examine how language, culture, and social context impact narrative identity by incorporating multilingual cancer tales and cross-cultural comparisons. This will help us better understand sickness narratives in a variety of communities.

LIMITATION

This research is limited to self-selected, written narratives that were posted online. It represented the opinions of those who are more at ease with self-expression and have access to digital platforms, which is one of its limitations. The data collection is limited in its ability to explore cultural and linguistic diversity in narrative identity building because it only includes stories written in English. As a result, the findings might not apply to all cancer experiences, especially those influenced by various linguistic, social, or medical circumstances. Furthermore, the research is limited to the interpretive and experiential aspects of sickness since it concentrates on identity-making and narrative form rather than clinical or medical outcomes.

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