

## **Małgorzata Rębiałkowska-Stankiewicz\***

Kazimierz Wielki University  
ORCID: 0000-0003-2739-1008

## **Jacek Mianowski\*\***

University of Gdańsk  
ORCID: 0000-0003-4635-6822

## **Magdalena Gajewska\*\*\***

University of Gdańsk  
ORCID: 0000-0002-6806-9771

# SEARCHING FOR MEANING IN LIFE BY TAKING PART IN DRAMA. THE PERSPECTIVE OF MENTEES OF THE FIGHT CANCER ACADEMY IN TORUŃ

The situation of an illness is often interpreted as an adverse change in a person's situation, which is connected to various kinds of burdens like pain, reliance on the healthcare system, hospitalisation, and psychological stress. When analysing the situation of a patient, scrutiny of their spiritual situation through which human intentionality and hence the striving for meaning, value and purpose is manifest, seems called for. This presentation will introduce the empirical and axiological framework of the experience of cancer and the search for its meaning expressed through the performing arts, where people with cancer become playwrights and actors. The studies were conducted among the mentees of the Fight Cancer Academy in Toruń. The research methodology entailed textual analysis and a panel interview. Based on the results obtained, we compare the patients' image of the disease, along with the meanings they attribute to it, with the image of the disease within a wider, cultural discourse.

Keywords: cancer, noetic dimension, dramatherapy, experiencing an illness, sense of an illness

---

\* Corresponding author: Małgorzata Rębiałkowska-Stankiewicz, Uniwersytet Kazimierza Wielkiego, Wydział Pedagogiki i Psychologii, ul. J.K. Chodkiewicza 30, 85-064 Bydgoszcz; e-mail: malstan@wp.pl.

\*\* Corresponding author: Jacek Mianowski, Uniwersytet Gdański, Wydział Nauk Społecznych, ul. Jana Bażyńskiego 4, 80-309 Gdańsk; e-mail: jacek.mianowski@ug.edu.pl.

\*\*\* Corresponding author: Magdalena Gajewska, Uniwersytet Gdański, Wydział Nauk Społecznych, ul. Jana Bażyńskiego 4, 80-309 Gdańsk; e-mail: gajagajewska@wp.pl.

## THE IMAGE OF DISEASE SET IN A CULTURAL CONTEXT

The image of disease present in culture – in literature (e.g., novels, plays) and in the mass media (e.g., television), approximates the different meanings of illness, and the roles of healthcare professionals (mainly physicians) and patients. It is presented by authors with their own experience of suffering and/or illness (autobiographical messages) and those who lack these kind of experiences (fictional messages). Playwrights are sometimes physicians (e.g., Rabelais and Chekhov) or sons of doctors (e.g., Proust and Hemingway) (Lupton 2012: 52). In their stories disease is a great mystery but also a tool for the psychological development of the main characters and for the structuring of events (Mayers 1985: 2; Lupton 2012: 52–53).

Literary and media accounts of the experience of disease constitute an excellent base for those writing accounts of illnesses in metaphoric contexts or treating disease as a metaphor, that is, a tool to gain an understanding of the world. From a metaphorical point of view, cancer eludes control, invades the body and comprises a peculiar “demonic pregnancy” (Sontag 1978: 14). Thus, here, cancer is a metaphor for evil. According to Sontag, cancer as a metaphor is derived from people’s fear of the illness and its early treatment. In Western societies, cancer is considered as the illness of our time (Lupton 2012: 66). Even its very name is a metaphor in itself. *Carcinus* (Greek *karkinos*, Latin *cancer*, both meaning ‘crab’) refers to a growth or lump like a tumour’s swollen veins bearing semblance to the legs of a crab (Sontag, 1978: 10). In the Middle Ages, cancer was depicted as a hungry animal biting into the body (Pouchelle 1990: 169; Lupton 2012: 66). These days, cancer is portrayed as an animal that bites into and destroys the body (Herzlich and Pierret 1987: 56; Lupton 2012: 66).

## THE FRAMEWORK OF DISEASE. WHERE THE DISEASE IS OCCURRING

The general image of disease reconstructed above can be viewed objectively (biological factors of pain, suffering, death, and socio-cultural factors in illness) and subjectively (knowledge of the disease, healthcare professionals, and patients). The objective and subjective components of the image of the disease set the natural (biological), psychosocial, and spiritual framework of the disease. The natural framework (biological sphere of the disease) covers unintentional disease factors (e.g., body temperature, blood pressure, and changes in physical appearance such as tumours). These are “purely physical” events. The patient may not have any influence over them. They are not connected with any negative or positive sanctions, failure or success. The psychosocial (a sick person’s needs and intentions, daily routine, social relationships) disease framework concerns the will, causativity, and an intellectual understanding of events (Goffman 2010: 21–22).

The spiritual framework is the realm of searching for meaning, that is, what is currently meaningful in the life of a specific individual (Frankl 2009: 163). If a person in general (and in the case of our research subject a person with cancer) searches for meaning and realizes it (Taylor 2001: 36), as the subject of such action they enter the realm of questions concerning the worth or value of life goods (Taylor 2001: 60) to which they have to relate (Joas

2009: 204). Since one “cannot be the subject completely independently” (Taylor 2001: 70), a person with cancer can react to questions concerning what is important in the disease, what is the meaning of life when living with cancer in relation to other people and within one’s own webs of interlocution, which determine one’s subjectivity, the location of interlocution, and one’s interlocutors, and allow one to answer the question of: who am I? (Taylor 2001: 70–71). We can, therefore, assume that the disease is happening within an interpretive schema for cancer and a schema for interaction (Czyżewski 2010: XVI) with partners of conversation networks (Joas 2009: 207).

The span of possibilities in relation to valued goods is contained in the range of what is actually *desired* and what they deem as *desirable* after a critical reflection on one’s position (Dewey 1929: 247–248; Joas 2009: 168). The qualitative differentiations in this scope are organised by frameworks according to which patients can “perceive themselves and others, the situations of their actions and their actions themselves” (Joas 2009: 202). The conceptual and interactive frameworks are problematic because there are no frameworks that would be adequate for all people. Therefore, a patient has to develop conceptual and action frameworks individually or in collaboration with other persons (e.g., close friends and relatives, other patients, and experts), which will enable him/her to specify the requirements on the basis of which they will evaluate their life in emptiness or fullness categories (Taylor 2001: 34–35).

In this paper, we will reconstruct a particular phase of the common, creative search for meaning in the lives of nine women with cancer who played roles in a play called “Jaka Pani piękna” [How beautiful you are] – all mentees of the Fight Cancer Academy in Toruń. These persons all cooperated in writing the script for the play and performed it in the theatre with the hope of expressing the search for meaning in the life of a person with cancer. We put forward the thesis that the participation of women with cancer in the drama is a manifestation of the cancer patient’s search for meaning in life (Frankl 2010; Pitruzella 2004; Emunah 2013). We are interested in how women with cancer interpret their participation in the theatre performance and what meaning they give to their illness after having taken part in the drama. We are treating the socially arranged participation of cancer patients in the drama as a kind of model organisation of experience (Goffman 2010; Landy and Montgomery 2012: 167–221) with chronic diseases. It shows the possibilities of creatively managing individual and collective experiences of cancer. A panel interview and the literary texts on which the play was based underpinned the qualitative analysis of the search for meaning in life of the actors in the play, who are battling cancer.

## CANCER DIAGNOSIS. FROM PERSONAL SHOCK AND DISBELIEF TO INTERSUBJECTIVITY JOLT

A person can look for meaning in life through everyday situations like work by creating works, fulfilling actions and deeds, and through love – by experiencing something or meeting somebody (Frankl 2012: 177), thus, in acts of affirmation of ordinary life (Taylor 2001: 28). Looking for purpose in life is more difficult in the face of a fate that a person cannot change (Frankl 2009: 211), e.g., having incurable cancer. Life is then a challenge

and a task and the person has to respond to the challenge and solve the task. This changes the perspective of the relationship between the enquiring subject and life, because the question of the sense of human existence changes the addressee here. From this perspective, it is not the person who is asking about meaning, but life itself is directing the question and the person is the one who has to answer it (Frankl 1978: 12; 2009: 164). Such a change in perspective makes the patient face the need to verify the foundations of his/her existential being, and they may or may not take responsibility for themselves (Frankl 1978: 16–17). A cancer diagnosis usually comes as a complete shock to the person finding out that they are ill because it means serious and adverse changes in the sick person's situation, thus also leading to stress. The disease:

- involves a series of complaints and entails invasive diagnostic and therapeutic procedures,
- is an obstacle to the fulfilment of various aspirations and requires resignation from or modification of certain life goals,
- leads to significant constraints in the dimensions of both life (preventing the satisfaction of biological and psychological needs), and activities (thwarts the objectives towards which the patient was working before they fell ill, as well as the capacity to realise them) (Heszen-Niejodek 2000).

The stress linked to cancer can be schematised in the following categories:

- threat (to life or health);
- helplessness (awareness of limited capacity to act against the disease);
- uncertainty (connected with the prognosis and possible relapses);
- hindrance to the achievement of life goals;
- negative changes in the person (changes in appearance, worsening of mood, irritability, anxiety, and depression) (Łosiak 1999).

According to Arthur Frank, people with serious illnesses want to give meaning to their predicament and can create three types of narratives:

- telling the story of their illness and favouring the situation before the illness (the restitution story);
- paying attention to the difficulties in the illness: unsuccessful outcomes of treatment, social and financial problems (the chaos story);
- posing questions and looking for answers to them (*the quest story*) (Frank 1998).

Depending on the attitude of a given person and the situational specificities, the types of narratives about serious illness can permeate and overlap. In general, asking questions and searching for answers to them constitutes the *differentia specifica* of persons. The same applies to a person with cancer. The narrative nature of constructing the image of a neoplastic disease and searching for the meaning of life take place in a specific situation, which directs the question to the person. They require a response and an adequate reaction as well as a solution to the specific problem (Frankl 2009: 164; 2012: 175). Thus, “life” questions have a practical dimension. The responses to them can be found on a continuum of nothing makes sense – everything makes sense (Frankl 2012: 182).

Adopting a perspective where **nothing makes sense** may result in a loss of the horizon, incline towards affirmation of the temporary and, *a fortiori*, imply searching for meaning in life (Taylor 2001: 36). It is a force that propels the *perpetuum mobile* of “constantly searching” (MacIntyre 1996: 390), which is accompanied by attempts at building idiosyncratic combinations of life concepts during which, nonetheless, the question about what sense there is in life appears (Taylor 2001: 36). Searching for sense in life and asking whether it exists is a unique capacity of humans, because other creatures do not ask such questions of themselves (Frankl 2012: 174). Therefore, searching in itself presupposes searching for life’s meaning (Taylor 2001: 36).

In the quest for the meaning of life one may adopt the perspective of **everything makes sense** and may go beyond oneself when striving for something or somebody else. Going out towards something or someone (in the process of self-transcendence) means opening up to the world and discovering the meanings awaiting fulfilment, in other words, *ex definitione*, to suddenly become aware of possibilities against a backdrop of reality (Frankl 2012: 172, 175) and articulate them using adequate means of expression (Taylor 2001: 37). This also means being ready for self-realisation with others and thanks to them become ready to experience an intersubjectivity jolt (Joas 2009: 183). The time between the initial personal shock and the intersubjectivity jolt can be managed in various ways. Ultimately, however, the point is to reach a balance between everyday actions and extraordinary experiences (Joas 2009: 252) which, particularly at the beginning, cancer exemplifies.

## ATTITUDES TOWARDS CANCER AND LEVELS OF EXPERIENCING THE TRAGEDY OF CANCER

Human experience is multifarious, inconsistent and paradoxical in nature (Grathoff 1970). The shock following a cancer diagnosis can heighten this because cancer is not a part of everyday life reality, although it certainly becomes so after hearing the diagnosis. Therefore, the experience of a cancer patient is determined by dailiness (a construct of a historically constituted social world) and everyday life, which results from his/her actions and experiences in the realities of the new-to-them world based on new information about the illness and information from the historically earlier dailiness (Grathoff 1989: 429; Czyżewski 2010: XXII). In the new world of everyday life, a cancer patient has to adjust to the requirements of cancer therapy, which determines their medical experience of themselves, for instance, in chemotherapy cycles or following amputation. As a consequence, the person with cancer assumes a specific attitude towards the disease which may be expressed in a reorientation of their life in the form of:

- passive accommodation, where the patient takes the prevailing conditions into account but assumes that they cannot be altered (which may mean fatalistic resignation or succumbing to the circumstances);
- active adaptation, consisting of modifying the conditions of the illness and adjusting them to the person’s life goals;

- comprehensive adjustment, which concerns a change in the will, understood as an organic fullness of being (Dewey [1934] 2013: 13–15; Joas 2009: 173–175), of which the crystallisation of the will of meaning, that is, striving to find and fulfil its goal and purpose in life, is a derivative (Frankl 2010: 52).

Passive accommodation, active adaptation, and partial and complete adjustment show how the cancer patient can adapt to the conditions of the disease. They also form the scale of standardisation of the drama of going through a serious illness.

Based on autobiographical accounts of the illness, four spheres in which a patient can experience their illness as a tragedy can be identified, namely, the origins of the disease; emotional endeavours; anxiety and a sense of loss; and meanings and the self. These areas create a framework which can be the source of meaning and value. The drama of the origins of the disease concerns a conflict of strengths, which are an expression of resentment and doubt in relation to the world of everyday life of the patient. On the other hand, doubt and resentment may generate tasks to fulfil. The drama of emotional endeavours is connected with the anxiety or self-presentation of a patient that is consistent with the expectations of others: will others accept the self-presentation or reject it? The disease also triggers a cascade of losses (e.g., limited body capacity, partial/complete loss of work, friends, and a reliable future), accompanied by medication (e.g., on account of the diagnosis, bodily changes, treatment procedures, side-effects of treatment, and relapses of the disease) and, most of all, meta-anxiety arising from the questions of how bad the illness can get, and where the very bottom could be. The essence of the drama is the question of whether the person can make use of their disease history in relation to other problems (Frank 2007: 379–389). In a metaphorical context, meaning can also be understood more as a path than an inn to which the path leads (Bruner 2002: 20). The drama of the self comes down to whether the patient can become the “next person capable of living” (Price 1994: 183). In the notable areas of experiencing illness as a drama, what is important is that things are not always what they seem (Frank 2007: 392).

The concept of dramatizing cancer helps reinterpret the traditional ways of coping with the disease. This is because dramatic categories offer sick people and their carers an opportunity to go beyond the ordinary and mundane ways of coping with cancer (Frank 2007: 381; Chapman 2014: 137–144) with the use of means of expression (Taylor 2001: 37; Walsh 2013: 37–51) and forms of cooperation that allow both healthy and sick people to see cancer from broader and more diverse perspectives. The Fight Cancer Academy (FCA), in its very objectives and proposed forms, encourages undertaking this search for such forms of expression of narratives about one’s own illness, which also allow us to create cultural meanings (Bruner 2002: 35; Emunah 2013; Jones 2007; Pendz 2008) of cancer.

## ASSUMPTIONS AND FORMS OF WORK OF THE FIGHT CANCER ACADEMY

The Academy was founded in 2005 in Toruń on the initiative of the “Światło” (Light) Foundation and in response to the needs of cancer patients and their families. It currently has branches in Poznań, Częstochowa, Gdańsk, Gdynia, Wrocław, Warsaw, Szczecin, and

Lodz. The FCA was established to provide support (e.g., through education on cancer and psycho-oncological support, in a nutshell, services which were in very short supply on the healthcare market) to families with a member diagnosed with cancer.

The situation of a family radically changes upon hearing that a family member has been diagnosed with cancer, seeing as it is the family of the person with cancer that has to ensure that the relevant support and care is provided. A family member diagnosed with cancer also becomes a patient of a given hospital<sup>1</sup> (Słowska 1988: 20). As long as the patient is being given intensive medical care (surgical procedures, chemotherapy, radiotherapy), the patient feels that things are being done towards combating the disease. Sometimes, however, when oncological patients are discharged from hospital into their home environment where their family have limited knowledge about cancer and are afraid of further prognoses, the family may find it difficult to look after their seriously ill family member. The Fight Cancer Academy supports cancer patients and provides a common ground for shared experiences of the participants in the group, along with mutual support and assistance; it applies a supportive principle (where the helper also benefits from the assistance extended by them); it harnesses the differentiating relationship (making it easier to reinforce a sense of “being normal” in a group, accelerating the abandonment of former inefficient behaviours), reinforces group willpower and faith, and enables efficient exchange of information.

The FCA programme covers a series of 30, two-hour meetings broken down into three stages. Recruitment to the counselling group (max. 8 persons) precedes individual meetings with the group facilitator. The meeting comprises two parts: In the first part, the participants share what has happened over the past week and evaluate their energy levels and well-being, etc., while the second part is reserved for education. The members of the sick person’s family or other support givers can also take active part in the meetings. Upon the completion of one series of meetings, the patient can take part in support group meetings within the “FCA Club”.

The education process includes:

- a systemic health concept;
- the causes, course, and prognosis of a cancer;
- the relationship between stress and the disease;
- the psychosomatic model of cancer development;
- rational behaviour therapy;
- relaxation and visualisation;
- the significance of diet and physical activity in cancer;
- coping with stress;
- interpersonal communication.

A dietician and beautician are continually at the patient’s disposal at the Fight Cancer Academy. Skincare and beauty tips help improve the appearance and self-esteem of women with cancer who are experiencing problems with choosing the right wig or applying make-up to conceal the side-effects of chemotherapy. Individual meetings with chaplains or spiritual

---

<sup>1</sup> The roles of a sick person and a patient are treated as separate categories (Mechanic 1962) or interchangeably (Parsons 1972). In this paper, we are using them interchangeably.

advisors are also organised upon the patient's request. The framework branch of the FCA also organises outings to the cinema, theatre, arts exhibitions, and outdoor activities such as picnics and bike trips.

The participants of the meeting at the academy also have a say on the course of the meetings and appropriately modify the education process, exerting a real influence on everything in the group, negotiating its content and forms of learning by voicing their own needs concerning the knowledge and skills they desire. The group facilitator organises the experience process and plans the group's activities together with the group, coordinating the performance of a common action plan.

The methods of work with oncological patients at the academy (psychoeducation, crisis intervention, therapy, and the Simonton method) put more emphasis on the learning process than teaching, and they take into account the emotional aspects of learning, giving the patient space to think and act independently. The drama project was implemented in line with these principles.

## DRAMA AS AN ELEMENT OF QUALITATIVE RESEARCH OF PERSONS WITH CANCER

Drama is a type of cultural performance that triggers the social process of an intuitional and reflective search for meanings (Alexander 2010: 399; Armstrong, Rozenberg, Bronstein et al. 2016: 27–33).

An analysis of participation in drama allows the meanings to be identified and the experiences of the participants and viewers of the performance to be interpreted. Based on these assumptions, the Fight Cancer Academy began its research project in 2016 in Toruń, Poland. One step in the research involved staging a performance called “How beautiful you are” in the Toruń Theatre. The performance in the form of a drama was a part of the art therapy workshop. The cast of the drama were nine women with cancer (mentees of the Academy), who also co-authored the script for the show (Table 1).

**Table 1.** Characteristics of persons with cancer who co-created the play “How beautiful you are”

<b>Cancer patient</b>	<b>Age</b>	<b>Cancer type</b>	<b>Stage/grade of cancer/treatment</b>
Marta	22	brain tumour, glioma	terminal stage
Ania	32	two years after completed breast cancer treatment	relapse – brain tumour
Edyta	43	endometrial cancer	in the course of hormone therapy
Beata	48	breast cancer	in the course of hormone therapy
Elżbieta	52	ovarian cancer with metastases	terminal stage
Dorota	55	breast cancer	in the course of hormone therapy
Ewa	56	endometrial cancer	one year after treatment
Teresa	68	breast cancer	relapse
Basia	74	breast cancer	relapse

Source: own elaboration based on own research at the Fight Cancer Academy in Toruń



At the start of the wider qualitative research, the patients were asked: **What is important for them in the situation of their disease and what meanings and values has the illness given them/revealed in their life?** Based on the responses of the nine women in the study, literary texts were presented to them which depicted the meanings and values that they mentioned. Table 2 contains the meanings stated by the women in the study and the corresponding literary texts.

**Table 2.** Table showing the values/meanings and the literary texts.  
Condition before their involvement in the drama

<b>Cancer patient</b>	<b>Values/Meanings (Sense)</b>	<b>Selected Text</b> (everyone: C. Bukowski, excerpt from the book "Pulp")
Marta	"I'd like to live and for things to go back to normal"	(W. Szymborska, <i>A note</i> )
Ania	"One has to learn in life to be oneself and not be afraid of being oneself"	(W. Szymborska, <i>In abundance</i> )
Edyta	"I look for support in God in every difficult situation"	(Fr. J. Twardowski, <i>On a pin</i> )
Beata	"It's important to appreciate yourself"	(T. Śliwiak, <i>A contract with God</i> )
Elżbieta	"Life would be insipid without love, sex, the ability to flirt with one's partner"	(H. Poświatowska <i>What a beautiful skeleton</i> )
Dorota	"What's important in life is who we go through life with"	J. Tuwim, <i>My life</i>
Ewa	"People should learn to listen to another person"	N. Kazantzakis (excerpt from the book <i>Zorba the Greek</i> )
Teresa	"Our children are everything we have"	(K. Hadley, <i>When you decide to have a child</i> )
Basia	"Let's listen carefully to others because they may have many important things to tell us"	(J. Tuwim, <i>My life</i> ; W. Szymborska, <i>A word on statistics</i> )

Source: own elaboration based on own research at the Fight Cancer Academy in Toruń

The patients assessed the adequacy of the test and proceeded to develop the concept and write the script for the play. This was how the spectacle "How Beautiful You Are" was developed and staged. The last stage of the study was a panel interview concerning the message and meanings of the work and its relevance.

The characters in the play were from the counselling group at the Fight Cancer Academy, allowing them to define their roles and select the literary texts that became the base for the drama. When preparing for the play, they harnessed their personal experiences which, with the help of a theatre director, they intended to appropriately express (Taylor 2001: 36). Stepping out on the stage served as a confrontation with this experience, its manifestation, which allowed the redefinition or supplementation of certain aspects of the sense of living with cancer. Each participant was able to express her individual self. After playing their parts in the play, the cast was invited to interpret their experience of stage acting in relation to their disease and the meaning of life with cancer.

## EVALUATION OF THE PREPARATION AND STAGING OF “HOW BEAUTIFUL YOU ARE”: WHAT’S GOING ON HERE?

On the basis of a reconstruction of the actors’ statements after the play was performed, we find out that the preparations for the performance were time-consuming: *These rehearsals consumed time* (Dorota, 55 years old); the rehearsals were intense and costly: *These trips to the rehearsals cost me a lot* (Elżbieta, 52 years old), ... *this cost a lot...* (Ania, 32 years old), and the motives for taking part in the rehearsals and the drama were varied. The youngest participant, Marta (22 years old), wanted to fulfil her dream from before she was diagnosed with cancer (glioma, a type of brain cancer) by taking part in the drama: *When I was a volunteer there were these theatre activities for patients and I always wanted to take part. It was a dream of mine.* When she fell ill with cancer, the rehearsals were a chance for her to get away from home, where she spent most of her time lying down. Marta had trouble memorising her part because of the complications arising out of the disease. The director of the drama suggested that she play her part alongside the psycho-oncologist. Marta’s participation in the play was shaped on the level of a life-long dream. It also resulted from the practical need to change her setting. Indirectly, through her participation in the rehearsals Marta showed that a person with glioma and progressing complications can take an active part in a social life. This was directly articulated by Elżbieta, who justified her involvement in the drama with the following words: *“I wanted to say that the fact that we are ill doesn’t mean that our life has ended. I opted for men-women’s issues to show that an ailing woman is still a woman.”* Elżbieta also wanted to show her close friends and relatives on stage that *“I’m happy that my close friends and relatives could see me up there on the stage...”*. For Dorota, her role in the play was less important than integration with her friends from the counselling group, with other women with cancer.

*“Let’s just say that the role is just a role. But it has been a tremendous adventure meeting the girls. We are of different ages and every one of us is an individual but I think that we have become really close, there weren’t any conflicts or misunderstandings of any sort; I think that we’ve really done our very best.”* The scale of difficulties and work put into the rehearsals was also inspiring: *“I could go through it over and over again.”* Ania assessed things differently, however: *“I don’t know if I’d be ready for another show.”*

The preparations for the play and the performance itself allowed the actors in the play to rethink their concept of their own selves and their self-perceptions. In this context, the psychological identification with the role and selected literary texts was the starting point for self-evaluation and assessment of their relationships with close friends and relatives. Beata (48 years old) confronted her defects and shortcomings (social withdrawal, doubting her own strength). The public expression of the self and articulation of thoughts and emotions allowed her to look at her own capabilities anew and interpret them in a positive light.... *We talked about being a bit withdrawn, about having a problem with believing in my own strength, not that I can't kind of, fight for my rights [...] this was the first step towards this, to say what I'm thinking, what I'm feeling...* After her public appearance, Beata assessed her self-confidence in social settings as increasing: *"Now, once I've said it out loud, I feel different towards people. As though my self-confidence has begun to grow."* Taking part in the drama was an opportunity for her to come out of herself, a chance for a moderate self-transcendence of the situation of her illness in a psychosocial dimension.

Edyta (43 years old) perceives herself and her social relations similarly: *"I overcame myself because I'm withdrawn, shy, have problems with contacts with other people."* Nevertheless, the scope of her self-transcendence, stepping out of herself, is shocking for Edyta: *"I still can't believe to this day that I decided to perform."* The self-transcendence of Edyta is fulfilled in the vertical dimension – in a relationship with God: *"I said how important God is to me, but I was taken aback at first that I was meant to speak about it in this way. A bit too lightly, but I later accepted it and I think it came close to what I think. Because God is joy,"* and in relation to her deceased father *"I also spoke about my deceased father and not everyone knows this. This really helped me rethink my rebellion against his death."* She was also fulfilled in the horizontal dimension – in her social relations. Taking part in the drama helped Edyta specify and synchronise the order of searching for meaning in the horizontal and vertical aspects. It also helped her renew and confirm the priority of the meaning of her relationship with God and reinterpret anew the ambiguous sense of her father's passing. The ambiguous meaning of life is also noticed by Teresa (68 years old). She interprets her text as a clarification of the holistic view of motherhood: *"Children are very important in life but motherhood carries pain with it, but this has to be accepted..."* For Dorota, the meaning of her life is her relationship with her life partner and her family: *"For me, my life partner is the most important. Apart from that, the family. I wanted to say this out loud."*

For Ewa (56 years old), her psychological identification with the role and the selected literary text led to reinterpretation of the social communication process in construing social relations with friends and relatives: *"This role truly fit me, yes. It's true that there are many friends but only based on the principle that whenever any one of them had a problem or wanted to talk things out, whatever, then they'd call me. I, let's say, didn't have anyone like this. I wanted to call and talk things out, but once I started, I felt that she doesn't want to listen to me, so I simply automatically stopped talking. And I just remained on my own, with myself, as one says. And this role was 'spot on'."* Taking part in the play inclined Ewa to decide that she should improve how she construed social relations: *"It once was unthinkable for me to say 'no' to anything. This is what I'm learning just now. In the play, I had an edge to me, exactly. Which would never have happened before in my life, never! So, well, I've changed."* Ewa's

striving to change her approach to social relations is an aspect of emotional endeavours in building an adequate self-presentation in relation to her friends and symmetrising relationships with them. Ewa's role in the play became her starting point to modifying her self-concept.

Ania also interprets herself in the dimension of emotional endeavours: "Just like Ewa, I'm not always capable of saying that I don't like something and I don't »square up to it«, but later I'm fuming inside and I react in different ways, don't I?" Ania pointed out the cost of emotional endeavours when she compares her perception that she had about playing the role before the drama and after staging it: "I have to say that this role gave me a lot to think about. On the stage, it's not that I will go out and pretend something and generally things like that, but it's so incredible to go digging around in your emotions. And, to tell you the truth, I don't know if I'd be ready for another performance." The role in the drama inspired Ania to verify the self-presentations that she had been practicing. Hence, she asks herself which self-presentation is genuine because she is looking for an appropriate concept of herself. "Well, and in actual fact this role was like this too, for me anyway, because there I could think about exactly these various different, different faces that one shows on a daily basis, in actual fact, which one of them is genuine, which one is truly me." For Ania, autonomy in making decisions is also a significant value: "I really dislike it when something restricts me or when something, or someone tries to categorically impose something on me." Here, Ania discusses the problem of freedom in experiencing cancer. Understanding freedom in cancer probably depends on the type of cancer and the complications that it presents. It seems that the type of cancer and the degree of complications in the disease can condition the efficiency of searching for meaning in life in with cancer.

Overall, the participation of the patients in the drama was a significant factor because it was important in:

- **coping with the disease;**
- **constructing a new identity;**
- working out problems concerning relationships with others, emotions;
- being conducive to a **sense of agency;**
- working with the body, a sense of femininity;
- perceiving the **pros of cancer;**
- **integrating with other patients;**
- overcoming cultural stereotypes related to cancer.

## THEATRE AS CATHARSIS AND *COMING OUT*

Since the times of Aristotle, it has been said that the basic task of theatre is removing tensions and purging of the spiritual/psychological life of a person (Cruz and Shutzman 2002; Emunah 2013; Jones 2007; Landy and Montgomery 2012; Pitruzella 2004; Walsh 2013), releasing repressed or blocked life energy. Catharsis is the possibility of living, experiencing and moving the things which are deeply hidden in us. We did not manage to conduct interviews with the families of the patients within the research project. However, the performance made us aware that the close relatives and friends of the women playing their parts on stage will be witnesses of their

*coming out*, that they too will have to confront these intimate experiences of their wives, friends and mothers. As the audience, they took part in a transformation. The women who are important to them will now be “actors” with cancer for the audience. Matters which up until now had been private, have become public. A conversation between two actors who had been in the play shows the meaning that the epiphany of their private affairs into the public sphere had on them:

E: Well, and listen, suddenly on the front page of the newspaper. Well, I thought that.

B: You should demand some sort of compensation from this newspaper, really, you know.

Voices: Exactly. Yes.

E: At first, though, I wanted to bawl my eyes out. Honestly, I was all shaken up, I’m telling you, my word! And it was only my daughter and this one from Manhattan that told me, like, that I was a hero. If you were hiding it, not wanting anyone to know, and now it’s come out into the open – so, for me, you’re a hero. And, well, it kind of, a little... My spirits. She said, okay, so be it from now on.

B: But why the stress?

E: And later I say, ‘Something else is going to happen in the news tomorrow, so, maybe I’ll just be forgotten’. And I somehow, kind of, like, but in actual fact, that first moment when I saw it, I said: ‘No, now surely everyone knows’.

In the panel interview, the women paid attention to the reactions of their children, to the help that families extended when preparing for the performance. They also paid a lot of attention to instances of being moved, to the tears that they observed in their partners, husbands and fathers.

B: He was crying.

E: He was crying, yeah, he was crying. And he said that if there’s going to be another one, he’s also going. You know, but even when my son came. I’d never have thought that he’d go.

B: Listen, E, and did you ask? You didn’t ask when he cried, at what point, why?

E: Oh Jesus, asking a guy when he cried, at what moment!

Voice: Mine was crying all the time.

D: And mine (husband), my dad told me, that he was crying, he was crying for a long time. At one moment he got up, my dad says: ‘I have to go because I’ve parked the car wrong’, he says, you know? And my dad says: ‘So just leave it now’, he says, ‘If you get a parking ticket, I’ll pay for it’. ‘Who cares about parking tickets, sit down’. Nah... so, you know what, he says outright: ‘I think I haven’t paid for the right amount of time’, he says. It simply was about him not thinking that it was before 6 p.m. ‘So? I’ve got it covered, sit down!’

B: And? What about him? ‘Cos he was crying and that’s why he wanted to leave?

D: That’s what my dad said. Normally, genuinely weeping.

B: That’s another crier.

E: My daughter was also crying, the two friends of my daughter were also bawling because they were all smudged.

D: A lot of people were crying.

## COUNSELLING GROUP – THEATRE GROUP – THERAPEUTIC TEAM. GROUP SYNERGY

To speak about what cancer changed in life after the performance on stage would be to disclose an intimate world. Because of this, the actors playing themselves risk losing face to the outside world (even if this is done through text). A theatre role may, therefore, fail

to convince the audience, may not change the meanings that they give to a given person. However, in the play “How Beautiful You Are”, the point was to create an alternative image of women with cancer. This was the focus of the actions of the group. The synergy effect of individual narratives was meant to create “added value” as a result of combining the efforts of the women involved in the play, their knowledge, skills and experience. This required the women to cooperate in striving to fulfil this goal. This is how the workshop participants spoke about this during the interview:

M: So we showed people a fragment of the ‘party’ called life.

B: Yeah, that we’ve got ‘balls’, as you say, despite this illness. Perhaps some people will see it differently, that if somebody has cancer it doesn’t mean that they have to look different, with no hair, and weak and everything.

D: With no make-up, yeah, and kind of isolated from the rest of the world.

B: But I myself thought so before. I was afraid, perhaps afraid is putting it too strongly, of such people sick with cancer. I immediately associated that if someone is sick then they’re immediately crossed out, in a way, from life. They don’t laugh, they’re not happy, they do ‘nothing’. And I simply think that it’s once a person themselves falls ill that... This disease has changed a lot, hasn’t it? (p. 10)

B: Me too. The only things I’ve heard are superlatives. I was also afraid that nobody would understand it.

D: Me too.

B: I thought, God, so much effort, and this will probably fall on deaf ears. But! – They understood everything! And it’s as though they even deciphered me because somebody was saying how good it was that you got this role. Kind of like a mother. (And this is what Ania was saying, that it’s as though you’re their mother). God, how could she know this! It kind of came out really nice, didn’t it? And that there was beautiful music, and all. They praised everything, completely everything, understood everything, absolutely everything.

The given stages of performance of the project led to the counselling group forging into a team that set the common goal and objective, cooperation, a common system of values and standards and a joint responsibility and mutual support. The process of forging the team is depicted in the reconstruction of the phases of work put into preparing “How beautiful you are”.

- 1) The first phase – “forming the team” – the workshop participants identified their tasks and became familiar with the rules and methods of working in a theatre.
- 2) The second phase – encountering difficulties in setting a work schedule for the play because of the requirements and expectations of the director as well as the difficulties in combining personal, professional life and work with the play. Conflicts and tensions were successfully managed and avoided.
- 3) The third phase – normalisation. As the date of putting on the play was approaching, the team was motivated to work together, communicate effectively in the group, and support each other in resolving any difficulties.
- 4) The fourth phase – before the performance the participants gave each other support and were focusing on giving the best performance possible. The relaxed atmosphere in the group was conducive to this.
- 5) The fifth phase – the panel interview. The team got another proposal to prepare and take part in one more project.

After the performance, the participants in the drama talked about how they resolved difficult situations connected with acting; how they helped each other to perform their roles, to overcome stage fright, or to find their place or an object on the stage. These micro-actions integrated them, which is why they very often used “we” when talking about themselves during the panel interview. The team of the mentees of the Academy developed at different phases of the project – for instance, at the phase of role selection when the women had to express the meanings that the disease imparted to their life (at which time the therapist and director still performed the dominant roles) – but failed to fully flourish. Thus, the therapy team is not a permanent team but is more like an executive team required to fulfil a task. And the objective is for the team to become a permanent element in the lives of those under the ward of the Fight Cancer Academy because it is through its efforts that the therapeutic goals will be realised and the negative image of persons with cancer can be transformed.

## TRANSFORMATION OF ROLES: WOMAN WITH CANCER – PERSON WITH CANCER

Drama in therapy provokes reflection on the meaning of the social role and its fulfilment in the individual dimension and relating to social expectations. “How Beautiful You Are” was an opportunity to discuss the issue of femininity at different ages, afflicted by different diseases, and with different value systems, as well as the question about the straightjacket standards that society imposes on people with cancer. Social roles (their significance and modification) can be analysed from functional, interactionist, structural, organisational, and cognitive perspectives (Gębka 2008: 2). From the interactionist perspective, it is important how individual roles are taken up, performed, and modified in the social interaction process.

The forms of work at the Fight Cancer Academy foster the persons under their ward to gain a broader understanding of the role of a person with cancer, to interpret that role, and to change their approaches to the roles fulfilled by other persons. According to G.H. Mead, the self has the ability of self-perception and reflective normalisation of its own actions and attitudes, and the ability to change its views under the influence of alternative models. In the drama project, the women performed roles that had a common universe of values, ones that helped them go beyond everyday experiences. The stage was filled with joy and laughter; the heroines in the play harnessed irony and sincerity, demonstrated an uncompromising attitude, and spoke boldly, directly and openly about their life with cancer. “How Beautiful You Are” was, in a sense, a grand rehearsal for the imagination of the heroines and of the audience, a trying on of a new version of the role of oneself.

In personalistic terms, the social role is a dynamic process shaped by a conscious individual who holds an image of their role and can modify it appropriately. The model role is forged on the reactions of the audience and of the partners in the interaction who, for the actor, are a source of information on the meaning of the role. This is part of a creative process. The actors in this approach have the ability to express their attitudes towards the roles that they are playing (e.g., by showing their distance from the part). It seems that effective negotiation of the new meaning of a socially stigmatised role (e.g., a person with cancer) may

be successfully achieved by harnessing “coming out”, moving out of the private sphere into the public sphere. This is because any modification of the role played requires creativity and negotiation skills. Modification of the role of a woman with cancer takes place in the self, but the audience has to be persuaded of this vision. The concurrent modification of roles in the dimension of the self and its persuasion to the audience may determine a transformation of a woman with cancer into a person with cancer. Such actions require the negotiation of meanings between the actors. The outcome of such negotiations may be negative (rejection, conflict) or positive (acceptance).

## SUMMARY

The performance developed at the Fight Cancer Academy illustrates the cancer patient’s search for meaning in life and the “redefinition” of the role of a woman with cancer which took place within their family relationships. At first, husbands speak of the therapist as the one who “spoils their wives”, but once they experience the performance, they come to accept the “new role” of their wives. The performance created an opportunity to negotiate the meanings in the scope of the role of a woman with cancer. Thanks to this, society-held notions of the role of a woman with cancer were modified and enriched with new meanings of this role in the version of a person with cancer.

Through the performance, the women were able to publicly speak about their experiences with cancer (e.g., changes in their corporality and psyche). They also negotiated their right to speak about their desires and goals and the right for the viewers to first of all see them as “normal” persons, and only later to see them as “people with cancer”. The actions of the Fight Cancer Academy demonstrate that the image of the disease and of the sick person can change. What is necessary is the permanent humanisation of medicine and of concepts of disease.

## REFERENCES

- Alexander, Jeffrey. 2010. *Znaczenia społeczne. Studia z socjologii kulturowej*, trans. Stanisław Burdziej and Jacek Gądecki, Kraków: Zakład Wydawniczy “Nomos”.
- Armstrong, Calli R., Mira Rozenberg, Leslie Bronstein, Margaret A. Powell, Jade Honce, Gabrielle Gingras and Evie Han. 2016. *A step toward empirical evidence: Operationalizing and uncovering drama therapy change processes*, “The Arts in Psychotherapy”, 49 (July): 37–44.
- Bruner, Jerome. 2002. *Making stories: Law, literature, life*, New York: Farrar, Straus and Giroux.
- Chapman, Emma, J. 2014. *Using dramatic reality to reduce depressive symptoms: A qualitative study*, “The Art of Psychotherapy”, 41, 2: 137–144.
- Cruz, Jan and Mady Shutzman (ed.). 2002. *Playing Boal, Theatre, Therapy, Activism*, London: Routledge.



- Czyżewski, Marek. 2010. *Analiza ramowa, czyli „co tu się dzieje?”*, in: *Analiza ramowa. Esej z organizacji doświadczenia*, trans. Stanisław Burdziej, Krakow: Zakład Wydawniczy “Nomos”, pp. VII–XLVII.
- Dewey, John, 1929. *The Quest for Certainty. A Study of the Relation of Knowledge and Action*, London: George Allen & Unwin LTD.
- Dewey, John. [1934] 2013. *A Common Faith*, New Haven – London: Yale University Press.
- Emunah, Renée. 2013. *Acting for Real, Drama, Therapy, Process, Technique and Performance*, New York–London: Routledge.
- Frank, Arthur. 1998. *Just Listening: Narrative and Deep Illness*, “Families, Systems & Health”, 16, 3: 197–212.
- Frank, Arthur. 2007. *Five Dramas of Illness*, “Perspectives in Biology and Medicine”, 50, 3: 379–394.
- Frankl, Viktor, 1978. *Nieuświadomiony Bóg [The Unconscious God]*, trans. Bohdan Chwedeńczuk, Warszawa: Instytut Wydawniczy PAX.
- Frankl, Viktor. 2010. *Wola sensu [The Will to Meaning]*, trans. Aleksandra Wolnicka, Warszawa: Wydawnictwo “Czarna Owca”.
- Frankl, Viktor. 2009. *Człowiek w poszukiwaniu sensu [Man’s Search for Meaning]*, trans. Aleksandra Wolnicka, Warszawa: Wydawnictwo “Czarna Owca”.
- Gębka, Mikołaj. 2008. *Ojciec jako organizator czasu wolnego*, “Roczniki Socjologii Rodziny” [Annals of Family Sociology], 19: 109–131.
- Goffman, Erving. 2010. *Analiza ramowa. Esej z organizacji doświadczenia [Frame Analysis. An Essay on the Organisation of Experience]*, trans. Stanisław Burdziej, Kraków: Zakład Wydawniczy “Nomos”.
- Grathoff, Richard. 1970. *The Structure of Social Inconsistencies. A Contribution to a Unified Theory of Play, Game and Social Action*, The Hague: Martinus Nijhoff.
- Grathoff, Richard. 1989. *Codziennosc i świat przeżywany jako przedmiot fenomenologicznej teorii społecznej*, trans. Andrzej Kopacki, in: Zdzisław Krasnodębski (ed.), *Fenomenologia i socjologia*, Warszawa: Państwowe Wydawnictwo Naukowe.
- Herzlich, Claudine and Janine Pierret. 1987. *Illness and Self in Society*, Baltimore: MD Johns Hopkins University Press.
- Heszen-Niejedek, Irena. 2000. *Jak żyć z chorobą, a jak ją pokonać*, Katowice: Wydawnictwo Uniwersytetu Śląskiego.
- Joas, Hans. 2009. *Powstawanie wartości*, trans. Michał Kaczmarczyk, Warszawa: Oficyna Naukowa.
- Jones, Philip. 2007. *Drama as Therapy, Theory, Practice and Research*, London: Routledge.
- Krasnodębski, Zdzisław. 1989. *Fenomenologia i socjologia [Phenomenology and Sociology]*, Warszawa: Państwowe Wydawnictwo Naukowe.
- Landy, Robert J. and David T. Montgomery. 2012. *Theatre for Change, Social Action and Therapy*, London: Palgrave Macmillan.
- Lupton, Deborah. 2012. *Medicine as Culture. Illness. Disease and the Body*, London: SAGE Publishing.

- Łosiak, Władysław. 1999. *Subiektywny obraz choroby u pacjentów*, in: Dorota Kubacka-Jasiecka and Władysław Łosiak (ed.), *Zmagając się z chorobą nowotworową*, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.
- MacIntyre, Alasdair. 1996. *Dziedzictwo cnoty. Studium z teorii moralności* [After Virtue: A Study in Moral Theory], trans. Adam Chmielewski, Wydawnictwo Naukowe PWN.
- Mechanic, David. 1962. *The Concept of Illness Behaviour*, "Journal of Chronic Disease", 15: 189–194.
- Meyers, Jeffrey. 1985. *Disease and the Novel 1880–1960*, London: Macmillan.
- Parsons, Talcott. 1972. *Definitions of Health and Illness in the Light of American Values and Social Structure*, in: Gartly Jaco (ed.) *Patients, Physicians and Illness*, New York: The Free Press.
- Pendzik, Susana. 2008. *Dramatic Resonances: A technique of intervention in drama therapy, supervision, and training*, "The Art of Psychotherapy", 35(3): 217–223.
- Pitruzella, Salvo. 2004. *Introduction to dramatherapy: Person and threshold*, Hove: Routledge.
- Pouchelle, Marie C. 1990. *The Body and Surgery in the Middle Age*, trans. Rosemary Morris, Cambridge: Polity Press.
- Price, Reynolds. 1994. *A Whole New Life: An Illness and a Healing*, New York: Atheneum.
- Słońska, Zofia. 1988. *Życie codzienne chorych na cukrzycę. Sytuacyjne uwarunkowania poglądów i zachowań chorych na cukrzycę. Socjologiczne studium choroby przewlekłej*, Warszawa: Instytut Socjologii i Filozofii PAN.
- Sontag, Susan. 1989. *Illness as Metaphor*, New York: Farrar, Straus and Giroux.
- Taylor, Charles. 2001. *Źródła podmiotowości. Narodziny tożsamości nowoczesnej*, trans. Marcin Gruszczyński et al., Warszawa: Wydawnictwo Naukowe PWN.
- Walsh, Fintan. 2013. *Theatre & Therapy*, New York: Palgrave.

#### POSZUKIWANIE SENSU ŻYCIA POPRZEZ UDZIAŁ W TERAPII DRAMĄ. PERSPEKTYWA PODOPIECZNYCH AKADEMII WALKI Z RAKIEM W TORUNIU

Wystąpienie choroby nowotworowej jest najczęściej interpretowane jako niekorzystna zmiana w sytuacji danej osoby i wiąże się z takimi obciążeniami jak ból, zależność od systemu opieki zdrowotnej, hospitalizacja i stres psychiczny. Analizując sytuację pacjenta onkologicznego wydaje się, że konieczne jest badanie ich duchowości, przez którą przejawia się intencjonalność człowieka, a tym samym dążenie do poszukiwania znaczeń, wartości i celu. Artykuł przedstawia empiryczne i aksjologiczne ramy doświadczania raka oraz poszukiwania jego znaczeń wyrażanego przez sztukę teatralną, w której chorzy onkologicznie stają się zarówno dramatopisarzami, jak i aktorami. Prezentowane badania przeprowadzono wśród podopiecznych Akademii Walki z Rakiem w Toruniu. Metodologia badań obejmowała analizę tekstów i wywiad panelowy. Na podstawie uzyskanych wyników porównujemy subiektywny obraz choroby osób zmagających się z nowotworem, z obrazem choroby w szerszym, kulturowym dyskursie.

Słowa kluczowe: rak, wymiar noetyczny, terapia dramą, doświadczanie choroby, sens życia