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Narrative Modulation in the Storytelling of

Breast Cancer Survivors' Transitional Experiences

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Abstract:

This chapter aims to investigate breast cancer survivors' diverse experiences and complex needs during the critical transitional periods between diagnosis, treatment and survivorship. The chapter proposes and develops an original concept of "narrative modulation" in storytelling, which is employed to analyse breast cancer survivors' written narratives. The study finds that narrative modulators that function by image schemas, metaphors, frames, as well as psychosocial coping and adjustment strategies are instrumental in configuring and navigating breast cancer survivors' journeys from health crisis to survivorship. The model of narrative modulation offers an original and useful analytical approach for researchers and healthcare practitioners to gain a nuanced and contextualised understanding of patients' continual adaptations during cancer survivorship within their own socio-cultural and personal environments.

Keywords:

1. Introduction

Recent studies of people's lived experiences of breast cancer have drawn attention to the critical periods when individuals transition from health to illness and to survivorship (Rowland 2019, Fallowfield and Jenkins 2015, Allen, Savadatti, and Levy 2009). Such transition brings profound and far-reaching challenges and changes upon a person's life. Research has shown that people living through cancer can develop diverse and complex needs, many of which require better understanding and further exploration (Hack, Degner, and Parker 2005, Pauwels et al. 2013). Although it has been widely reported in existing research that breast cancer is perceived by many patients as a health crisis (Schmid-Büchia et al. 2011, Brennan 2001), little is known about the detailed accounts of how individuals configure and incorporate such crises into their life stories during the transitional periods. Individuals' focuses on different attributes of the health crises, alongside different situations and social contexts where breast cancer takes place can give rise to diverse experiences. By understanding how and why individuals experience transitions in the ways they do, researchers, clinicians and policy makers can better support patients' individual needs when they journey through the breast cancer crisis.

This chapter aims to provide research evidence that reveals how individuals with breast cancer adopt specific approaches in order to embrace the critical period between diagnosis, treatment and survivorship. Using an exploratory study that consists of six narratives written by breast cancer survivors, this chapter discusses how the participants' transitional experiences are represented in the telling of their life stories through narrative and experiential devices that span across discursive, cognitive, affective and sociocultural domains. The interpretation and analysis of the narrative data are guided by an innovative notion of "narrative modulation", which is an integral process in storytelling that configures and constructs relevant storylines and themes in relation to people's lived experiences. The

discussion of narrative modulation works alongside theories of metaphors, frames and social cognition in order to present a holistic, situated and culturally-sensitive account of breast cancer survivors' transitional experiences during health crises.

2. Using narrative analysis to understand cancer survivors' transitional experiences

In medical social sciences, "transition" is understood as a passage from one life phase, condition or status to another. It includes both the process and the outcome of person-environment interactions (Chick and Meleis 1986, Thorne and Stajduhar 2012). In the context of cancer and other chronic illness, transition refers to the process an individual experiences while moving through disruptive or difficult events caused by and related to the illness. It also refers to the process of learning new ways to manage and live with the condition (Kralik, Visentin, and van Loon 2006). During the course of breast cancer, there is a timeframe of between 6 months and a year between diagnosis, treatment and the completion of treatment. This is a critical period when an individual transitions from health to illness and then to survivorship. Some individuals experience positive transitions from being cancer "patients" to cancer "survivors" with positive personal growth (Allen, Savadatti, and Levy 2009, McCann, Illingworth, and Wengström 2010). Some individuals, on the other hand, may suffer ongoing psychological and emotional distress throughout the process, and in more serious cases develop depression and post-traumatic stress disorder (Brennan 2001, Knobf 2011). For the purposes of this study, the discussion of individuals' transitional experiences of breast cancer refers to the participants' lived experiences in the first 12 months following diagnosis.

In order to address the relevant physical, psychological and social conditions relevant to people with breast cancer, a rich body of approaches and methods have been developed

within different research disciplines. One well-established and reliable research method for understanding people's experiences with breast cancer is narrative analysis. Originated within the qualitative research paradigm, narrative analysis has its strengths in capturing, interpreting and communicating people's lived experiences in personalised, situated and authentic environments (Riessman 2003, Langellier 2001, Bury 2001, Knapton, in this volume). Narrative data from verbal and written narratives have provided insightful evidence for individuals' experiences in living with breast cancer, going through transitions and cultivating senses of survivorship and post-traumatic growth (Thomas-Maclean 2004, Reeve et al. 2010, Ford and Christmon 2005, Morris et al. 2011).

In the analysis of narrative data, the majority of the studies on breast cancer survivors' experiences adopt the approach of thematic analysis. This approach focuses on the content of the stories, i.e., the "what" of the narratives. Thematic analysis of breast cancer stories have revealed important patterns and aspects in people's life stories, some of which include journeys of biographical disruption (McCann, Illingworth, and Wengström 2010), growth of identity (Deimling, Bowman, and Wagner 2007, Denford et al. 2011), and coping and adjustment strategies (Towsley, Beck, and Watkins 2007). Despite its strengths in identifying and theorising thematic elements across narrators and events (i.e. "what a story is about"), thematic analysis alone does not offer sufficient insight in how those themes and meanings emerge, unfold and are mediated in the process of storytelling (i.e. "how a story is being told"; see Riessman 2003). Despite the extensive use of thematic analysis in the literature of breast cancer stories and transitional experiences, little is known as how these stories are constructed conceptually, linguistically and situationally by the storytellers. It is the purpose of this chapter to explore both the "what" and "how" of the narrative data, with an emphasis on the meaning configuration process guided by narrative modulation (which is discussed in

the next section). In addition, by examining narrative data by breast cancer survivors based in China, this chapter provides a culturally-enriched account of the

participants' experiences from the perspective of their personal and communal contexts.

3. **Narrative modulation in the storytelling of breast cancer survivors' transitional experiences**

3.1 Narrative modulation in storytelling

After a critical review of the narrative analytical approaches to people's transitional experiences of breast cancer, this section outlines a working concept of "modulation" in narrative practice, drawing theoretical support from narrative inquiry, cognitive linguistics and social cognition. In narrative inquiry, storytelling is understood as an ongoing process of composition, where meanings are artfully crafted, structured and communicated between the teller and the audience (Sparkes 2005, Riessman 2003). In this light, storytelling is a performative and constructive practice that involves both a substantive side (e.g. the meanings, structures and linkages that comprise a story), and an active side (e.g. activities that assemble the substantive components of a story) (Gubrium and Holstein 1998: 166). Narrative composition encompasses multifaceted aspects and functions, and analytical models have been proposed to address specific aspects of storytelling in health and illness narratives (for examples, see "coherence" by Gubrium and Holstein 1998, and "therapeutic emplotment" by DelVecchio Good et al. 1994). Taking the same theoretical stance of addressing both the substantive and the active sides of narrative composition, this chapter proposes an original concept of "narrative modulation" that plays an instrumental role in constructing both form and meaning in patients' storytelling.

The concept of "narrative modulation" can be defined as a dynamic and continuing process in storytelling that recruits and configures relevant narrative elements and processes for the purpose of navigating and developing a storyline and its associated themes within a narrative. This chapter mainly discusses modulations in written narratives, although the same process can be observed and examined in other forms of narrative and communication (see Huang In preparation, where the narrative modulation frameworks is employed to examine healthcare clients' verbal narratives in focus group discussions.). Elements and processes that serve to modulate the development of a storyline or a theme are regarded as "modulators" in storytelling. In an illness narrative, for example, the conceptual metaphor ILLNESS IS A JOURNEY can act as a modulator if it serves to navigate the trajectory of the storyline that indicates a social actor's transition from health to illness. In another example, the employment of positive attitudes as a coping strategy can be a modulator in a patient's story if the coping strategy contributes to sustain and strengthen the storyline of "recovery" and its associated themes in the narrative. Thus, due to its fluid and dynamic nature in narrative practice, narrative modulation can be performed by an array of processes and elements that serve to unfold and advance storylines and themes, constructing the form and meaning of a narrative. A full survey of the types of modulators in varying genres of narratives is beyond the scope of this chapter. Based on the narrative data to be presented in this study, the discussion of narrative modulation mainly focuses on cognitive, affective and social processes. It is discussed in the next section how research in cognitive linguistics and social cognition can inform the examination of the modulation process in narrative practice.

3.2 A cognitive-linguistic and socio-cognitive understanding of narrative modulation

Studying the relationship between language and the mind, cognitive linguistics provides powerful interpretations of how fundamental cognitive mechanisms – for example

embodiment, image schemas, conceptual metaphors and frames – underlie the way we think, feel, speak, and act in our environments (Brdar, Gries, and Žic-Fuchs 2011, Geeraerts and Cuyckens 2007). Also emphasizing on cognitive functions, social cognition studies the mental processes that we rely upon to navigate, strategize and negotiate our intrapersonal, interpersonal and social situations and relationships (Moskowitz 2005, Armitage and Conner 2000). The concept of narrative modulation bears a cognitive-linguistic and socio-cognitive understanding that stories and storytelling provide an embodied, usage-based and socially situated representations of individuals' lived experiences. The modulation process in storytelling is a dynamic, moment-by-moment negotiation between processes and elements that are actively involved in the shaping of a story. This chapter focuses on narrative modulations fulfilled by cognitive-linguistic and socio-cognitive processes and elements including image schemas, conceptual metaphors, frames, as well as psychosocial coping and adjustment strategies.

In cognitive linguistics, an "image schema" is understood as a recurring and embodied structure that arises from an individual's perceptual interactions and motor programmes that gives coherence and understanding to our experience (Johnson 1987). In this chapter, the image schema groups of FORCE and SPACE are of particular relevance. The schemas of FORCE represent our bodily encounter and experience with physical forces. This embodied logic of force enables our inferences about the scale, direction and manner that a force is applied to an object, causing it to move on a certain course with a certain speed (Johnson 2005, Talmy 1983). The SPACE image schema group encompasses our conceptualisations of different spatial topologies and relations between entities, for example in terms of PATH, CENTRE-PERIPHERY and CONTAINMENT (Johnson 1987). Closely relating to image schemas, we are able to use our experience within one conceptual domain to make sense of situations in another conceptual domain. This cognitive process of cross-domain mapping is what Lakoff

and Johnson call a "conceptual metaphor" (2003). A well-discussed example of conceptual metaphor is LIFE IS A JOURNEY. Built upon the image schema of PATH, aspects of a journey, such as the participants, events and situations, are systematically mapped onto our lived experiences. Also connected with image schemas and conceptual metaphors, the notion of "frames", and associated concepts of "scenarios" and "schemas", have been developed in cognitive linguistics and social cognition to capture more specific conceptual structures that underlie our representations of specific situations and our assumptions of these situations (Sullivan 2013, Semino, Demjén, and Demmen 2016, Brennan 2001). In this chapter, the term "frames" is used to refer to schematic or associative representations of the causal structure of the world, which provide us with a "mental model of the world" that we use to predict the storylines, participants, relationships, potential outcomes as well as emotional and moral evaluations of typical situations (Semino, Demjén, and Demmen 2016, Brennan 2001). Our frame of a JOURNEY activated in the conceptual metaphor LIFE IS A JOURNEY, can provide us with a knowledge structure that construe life as a journey with a start, a path with different landscapes and landmarks that lead toward different destinations and goals. This cognitive-linguistic view of life's trajectory works complementarily with the psychosocial model of Social-Cognitive Transition (SCT) that is designed to account for cancer survivors' positive and negative transitional experiences (Brennan 2001). A key aspect of the SCT model is that a cancer survivor's assumptive world based on conceptual frames needs dynamic modifications in order for the individual to adapt new challenges and new situations in the transitional period. This aspect is further explored in Section 5.

Applying these theoretical perspectives to the context of breast cancer and transitional phases, the storytelling of individuals' experiences can be analysed through narrative modulations fulfilled by relevant cognitive-linguistic and socio-cognitive processes. The concept of "storyline" represents the image schema of PATH, and more specifically, the image

schema of SOURCE-PATH-GOAL. This image schema is evident in illness narratives and healthcare discourse with references of patients' "journeys" and "pathways" (Tighe Clark et al. 2011, Willett, Michell, and Lee 2010, Semino, Demjén, and Demmen 2016). On the basis of this image schema, the emergence and advancement of a storyline relies on the function of narrative modulators that construct the path of storytelling with a certain strength, scope and stance. The strength of a modulator can be underlaid with the image schema of FORCE that indicates the modulator's capacity in developing a storyline or a theme. Depending on their engagement with relevant narrative elements within a story, some modulators may exhibit a greater force than others. For example, the conceptual metaphor RECOVERING FROM BREAST CANCER IS A JOURNEY can be a modulator with a substantial force if it provides an effective framing power (Semino, Demjén, and Demmen 2016) that configures and coordinates relevant events, relationships and experiences as part of the "recovery" storyline. Conversely, if a metaphor has little interaction or engagement with other narrative elements, and as a result makes little contribution to the advancement of the storyline of "recovery", then its strength as a modulator will be minimal. Besides its strength, a modulator also has a scope of influence. The scope of a modulator refers to the range of aspects and themes that it contributes to, or has an effect on, in a story. For instance, in the storyline of "positive transition", if the narrator adopts "positive attitudes" as a psychosocial strategy for the purpose of managing the challenges in multiple aspects of her life, then this coping strategy serves as a narrative modulator with a broad scope in the story. Finally, a narrative modulator can endorse a certain stance, which involves certain motivations, values, emotions and beliefs. The stance of a modulator can correspond with or defy that of an existing storyline, and as a result strengthens or weakens such storyline. Take the metaphor RECOVERING FROM BREAST CANCER IS A JOURNEY for instance, if this metaphor supports the "recovery" storyline by promoting the motivation of regaining health and wellbeing, and in doing so weakens the

storyline "cancer is a crisis", then the modulator can be said to have a stance in line with the former storyline, and a stance against the latter storyline. The stance of a modulator bears some resemblance of what Dancygier and Sweetser call an "experiential viewpoint" (2014) where a frame evoked and selected for narrative composition reflects how the narrator / participant feels about the situation in question. A modulator's strength, scope and stance also depend on the personal, communal and cultural environment in which the story takes place.

In summary, narrative modulation is a dynamic and multi-modal process in storytelling that the storyteller relies upon for constructing the structure and content of the story and for maintaining an overall coherence in the act of storytelling. In doing so narrative modulation further attributes form and meaning to lived experiences. This chapter presents a case study that explores six breast cancer survivors' transitional experiences based on their self-reflective writing. The concept of narrative modulation discussed in this section is employed in the case study to examine the narrative data in order to reveal how relevant processes and strategies serve to modulate storytelling. Attention is placed to cognitive-linguistic approaches of image schemas, conceptual metaphors and frames, as well as socio-cognitive strategies of coping and adjustment.

4. Study design and data analysis

For the purpose of understanding the ways breast cancer survivors experience the transitional period as discussed in Sections 2 and 3, a qualitative case study was conducted in the oncology department of a major metropolitan hospital in China. The design of the study and the data collection procedure were reviewed and approved by the ethics committee in the researcher's institute and by the governing body of the hospital. A recruitment letter was prepared by the researcher and was distributed in the oncology department over a three-month period. Potential participants then contacted the researcher to indicate their willingness

to proceed further. In order to take part in the case study, participants would need to fulfil the criteria of being diagnosed with breast cancer within the previous 12 months at the time of recruitment. At the end of the recruitment period, eight potential participants got in touch with the researcher, and six of them fulfilled the selection criteria. All six participants submitted their written consent to take part in the study. All participants were female. The average age of the participants was 51, ranging from 34 to 63. The participants were each invited by the researcher to provide a written account of their personal experience with breast cancer. They were encouraged to write the story in their preferred style, order and length. The participants were also made aware that they could include any relevant individuals in their stories, as long as the persons mentioned were anonymised. All six participants completed their writings within eight calendar weeks, and the narrative data were then transcribed digitally for analysis. The average length of the narrative was 1258 words.

Employing the analytical methods reviewed in Section 3 that attend to both the substantive and the active sides of narrative composition, the data analysis consisted of two phases. In the first phase, the author conducted a content analysis that employed thematic analysis to identify the themes and storylines within the narrative data. The results were then scrutinized by an independent researcher who was familiar with the research method. A subsequent discussion of the results then took place between the independent researcher and the author, and the final lists of storylines and themes were confirmed at the end of the discussion. The results are presented in Tables 1 and 2 below. In the tables, the narratives are indexed with numbers 1 to 6 and are marked with identified storylines and themes. Following the content analysis phase, the author carried out a discourse analysis with the focus on narrative modulation in the second phase of data analysis. Informed by the theoretical frameworks in narrative inquiry, cognitive linguistics and social cognition outlined in Section 3, the analysis examined the modulation process in the narrative data with respect to the

identified storylines and themes. The results of the narrative data are discussed in Section 5 below.

No.	Storylines	N1	N2	N3	N4	N5	N6
1	The diagnosis of breast cancer was a crisis.	✓	✓	✓	✓	✓	✓
2	Health and wellbeing can be restored.	✓		✓			✓
3	My breast cancer experience has led to personal growth.				✓		
4	Living with breast cancer means continuous pain and suffering.		✓			✓	

Table 1: Storylines in the narrative data

No.	Themes	N1	N2	N3	N4	N5	N6
1	emotions (e.g. fear, sadness, anxiety)	✓	✓	✓	✓	✓	✓
2	social support	✓	✓	✓	✓	✓	✓
3	decision making for treatment plans	✓		✓	✓		✓
4	attitudes, beliefs and hopes	✓	✓	✓	✓	✓	✓
5	treatment, medication and follow-up care	✓	✓		✓	✓	✓
6	physical side-effects	✓	✓			✓	✓
7	financial concerns	✓	✓				
8	doctor-client relationships	✓		✓	✓		✓
9	employment				✓		✓
10	meaning of illness				✓	✓	

Table 2 Themes in the narrative data

5. Narrative modulation and meaning configuration in the narrative data

Following the previous discussions, this section examines the transitional stories narrated by six breast cancer survivors. In this study, a storyline refers to a narrative thread of a story in the way a participant experiences it (for example, the storyline of "having the cancer diagnosis"). A theme refers to a specific topic within a story. For instance, "emotions" and "social supports" are two distinct themes within the narrative data. There can be multiple storylines and themes throughout a story, as can be seen in Tables 1 and 2. The sub-sections below investigate how these storylines and themes are modulated and configured in the processes of storytelling. The analysis is supported by cognitive-linguistic theories of image schemas, conceptual metaphors and frames, as well as by socio-cognitive approaches to coping with breast cancer.

5.1 The storyline of crisis

Although the six narratives present diverse patterns in storylines and themes (as shown in Tables 1 and 2), they share one striking similarity – all narratives perceive the diagnosis of cancer as a crisis. This storyline emerges at the beginning of the narratives, accompanied by negative emotions including fear, sadness, despair and anxiety. This crisis storyline and the theme of negative emotions are strongly supported by narrative modulation that involves conceptual metaphors, frames and socio-cognitive processes.

In the crisis storyline, the target domain of CANCER is metaphorically configured by the source domains of THUNDERBOLT (i.e. a sudden change of weather), A FALLING SKY, DARKNESS and CONTAINER. As shown in Examples 1a – 1d below, the linguistic expressions that are associated to these conceptual metaphors (as underlined in the examples) are all conventional expressions in the Chinese language in description of adversary situations. This

can be understood as the framing power of metaphors (Semino, Demjén, and Demmen 2016) where a malignant entity (i.e. the diagnosis of breast cancer) creates an ominous situation that makes the individuals involved feel they suddenly lose their agency and are left powerless, helpless or incapacitated.

(1) a. 收到病理报告的那一天，对我而言是一个<u>晴天霹雳</u>的日子！(Excerpt from N1)

The day I received my pathology report was to me a day when a <u>sudden thunderbolt struck the sky</u>!

b. 知道消息的那一刻，我感觉<u>整个天快要塌下来</u>。(Excerpt from N3)

At that moment of knowing the news, I felt <u>the entire sky was about to fall down.</u>

c. 那一刻我眼前的所有人和物忽然全部<u>漆黑一片</u>。(Excerpt from N4)

At that moment, everything in front of me suddenly <u>went pitch black</u>.

d. 看着眼前的癌症诊断结果，我一下<u>陷入</u>恐惧和无助。(Excerpt from N6)

When staring at the cancer diagnosis, I suddenly <u>sunk into</u> fear and helplessness.

The crisis storyline is further strengthened by the activation of the conceptual frame of DEATH, where the participant is deeply worried by poor prognosis and the possibility of imminent death. Death anxiety is found to be experienced by many patients who are newly diagnosed with cancer (Sigrunn, Lindstrøm, and Underlid 2010). Linguistic expressions such as "death" ("死亡"), "life and death" ("生生死死") and "leave this world" ("离开人世") are used by the participants to convey their intense worries, fears and anxieties following the

diagnosis. Although all six participants experience a sudden and acute sense of being overwhelmed caused by the cancer diagnosis, their subsequent conceptualisations of the crisis storyline display qualitative differences. As can be observed from the narrative data, the crisis storyline is modulated by different image schemas, attitudes, beliefs and coping mechanisms in the participants' storytelling.

When narrating about their cancer diagnosis, four participants (in N1, N3, N4 and N6) explicitly mention the exact date or moment when they received the diagnosis, as expressed by the linguistic tokens "the day" ("那一天" in 1a), "at that moment" ("那一刻" in 1b and 1c), and "when (staring at)" ("看着" in 1d). Drawing the image schema of PATH and the "degree of extension" in schematic categories (Talmy 2000), it can be argued that the cancer diagnosis is perceived as a precise point on each participant's path of life. This "point-like" structure is used to signify the cancer diagnosis as the end of the participants' "familiar life" and the start of a transition from health to illness (Kralik and van Loon 2007). In these four narratives, the cancer diagnosis is a critical turning-point where the participants feel decisions and actions are needed in response to the life-threatening situation. As indicated in Table 2, the themes of "decision making" and "social support" are present in N1, N3, N4 and N6. Example (2) is selected from N1 for the discussion of these themes within the crisis storyline.

(2) 但事实终归是事实，无论如何，我都得面对。在家人和朋友的支持下，我选择了积极。我选择了权威的 S 医院乳腺科，并选择了临床经验丰富的 L 主任和 W 主任。(Excerpt from N1)

But facts were facts, and I had to face them no matter what. With the support of my family and friends, I chose to be positive. I chose the well-reputed oncology

department at S hospital, and I <u>chose</u> the clinically experienced Consultant L and Consultant W.

In line with the PATH image schema, the model of Social-Cognitive Transition (Brennan 2001) outlines a "life trajectory" that offers goals and plans for an individual's future actions. In the model of narrative modulation, the participant's life trajectory is mapped onto a storyline, and is modulated by relevant cognitive processes such as attitudes and beliefs, as well as by social and cultural processes such as support networks and access to resources in the participants' own sociocultural contexts. These modulating processes can be observed in Example (2). The example shows the participant adopts a problem-focused coping strategy that actively tackles and confronts the issue at hand (i.e. breast cancer). Research evidence supports that problem-focused coping strategies are likely to lead to positive outcomes in the transitional period (Stanton et al. 2000). The example also highlights the modulator played by the participants' support network (i.e. family and friends) who assist and encourage the participant's problem-focused strategy in the time of crisis. Consequently, the positive attitude and social support serve to mitigate the crisis storyline, and in the meantime facilitate the emergence of a new storyline that acts against the existing storyline of crisis. As it is discussed in the next section, this newly emerged storyline is to gain further strength and momentum as storytelling progresses to the treatment phase. Although the emergent storyline is not yet fully-fledged at this stage, it already exhibits a clear sense of agency. The verb "choose" ("选择") appears three times in the example, highlighting the participant's desire to regain control of her own life trajectory, and by doing so steering away from the crisis storyline evoked by the cancer diagnosis. The theme of decision-making is also explicitly mentioned in the other three participants (N3, N4 and N6), in which the participants and their family members actively seek medical treatments and care from

medical providers. When threatened by critical illness, patients tend to welcome a sense of authority from medical institutions and professionals (Brennan 2001). Patient's choices of medical providers, however, would depend on their abilities to access financial, logistical, informational and other resources. This is particularly evident in China's medical system where healthcare clients' choices of medical providers largely depend on their demographic characteristics (Yip, Wang, and Liu 1998, Brown and Theoharides 2009). In N1, the participant's ability to access medical resources and to make informed treatment choice directly contributes to her sense of regaining control amid the breast cancer crisis. However, individuals who do not have similar access to resources and information may experience very different scenarios when encountering critical illness.

In contrast to the four narratives examined above, the other two narratives in the case study (N2 and N5) construct the crisis storyline from a different perspective. Although also seeing the diagnosis as the end point to their familiar life, N2 and N5 perceive the crisis storyline as an unbounded, continuous process (Talmy 2000). The expressions of "after knowing…" ("在得知…后") in Example (3a) and "since…" ("自…以来") in (3b) indicate the health crisis starts after the diagnosis and continues into the present and possibly to the future of the participants' life trajectories.

(3) a. <u>在得知</u>自己患上乳腺癌<u>后</u>，我茫然，绝望，不知所措。(Excerpt from N2)

<u>After knowing</u> I had breast cancer, I was lost, despaired, and knew not what to do.

b. <u>自</u>得了乳腺癌<u>以来</u>，已经不记得有多少次夜不能眠，泪湿枕头。(Excerpt from N5)

<u>Since</u> having breast cancer, I cannot remember how many insomnia nights I have had when my tears soaked the pillow.

Opposite to the problem-focused approach in the previous four narratives, the participants in N2 and N5 adopt an emotion-focused approach that highlights negative emotions and associated behaviours (e.g. feeling "lost", "despaired", suffering from insomnia and crying). Although the theme of "social support" is also present in these two narratives with family members offering console and sympathy, no explicit actions or action plans are mentioned in the narratives. The beginning of N2 and N5 is therefore mainly dominated by the storyline of cancer crisis without the emergence of an alternative storyline.

Despite the different perceptions of breast cancer in the narrative data, the initial responses to the cancer diagnosis in all six narratives are experienced as overwhelming and intense, affecting virtually every aspect of the participants' lives. This degree of intensity is modulated by image schemas, frames, conceptual metaphors and affective processes with negative valence. These modulators are both strong in strength and wide in scope in the process of storytelling, resulting in a powerful storyline of breast cancer crisis at the beginning of the narratives. The sections below investigate how this crisis storyline is modulated in the subsequent parts of the narratives and whether it is counteracted by any emergent storylines.

5.2 The storyline of restitution

Following the breast cancer diagnosis, storytelling in the narrative data moves on to recount the participants' experiences in the treatment phase and the follow-up care phase. Three narratives (N1, N3, and N6) present a shared storyline of "health and wellbeing can be restored" (see Table 1). The storyline focuses on treatment, recovery and restoration of health. It resonates strongly with Frank's restitution type of narrative that emphasises an individual's journey of returning to their previous state of health (1995). In N1, N3 and N6, narrative

modulations are carried out by cognitive, affective and social processes with a clear stance that supports the restitution storyline and its associated themes, and by doing so mitigating the crisis storyline.

As discussed in Section 5.1, storytelling of N1, N3 and N6 begins with a breast cancer crisis. There is, however, an emergence of the restitution storyline just before the stories move on to the treatment stage. Following this, all three narratives continue to unfold the restitution storyline. Amongst the modulators, two conceptual metaphors are the most salient: the metaphor of "being ill with breast cancer is a journey" (hereafter referred to as the JOURNEY metaphor); and "to treat and to recover from breast cancer is to have a violent confrontation with the illness" (hereafter referred to as the VIOLENCE metaphor). These two metaphors are illustrated in examples (4) a – (4) d:

(4) a. 我表示一定积极配合医生做相应的治疗，憧憬着在 L 医生和 W 医生的帮助下，早日<u>战胜病魔</u>，<u>重返</u>美好生活。(Excerpt from N1)

I expressed that I would actively cooperate with the doctors to carry out relevant treatment. With the help of Dr. L and Dr. W, I look forward to soon <u>overcoming</u> the <u>demon of illness</u> and <u>returning</u> to the good life.

b. 我知道抗癌是<u>一条漫长的路</u>，但我坚信通过我的努力，再加上有一支这么专业和有责任感的医疗团队的支持，我很快就可以<u>重新回到</u>职场，恢复正常的生活。痛苦终将过去，前方依然还是会很美好的。 (Excerpt from N6)

I know the fight with cancer is <u>a long road</u>, but I firmly believe that with my effort as well as the support of a highly professional and responsible medical team, I will soon <u>make my way back</u> to the work place and resume a normal life. Pain will eventually be gone, and what lies ahead will still be beautiful.

c. T 医生鼓励我首先要有一个正面的心态，这样可以帮助提高自身的免疫力，把<u>病魔打倒</u>。这是<u>抗癌</u>的<u>第一步</u>。 (Excerpt from N3)

Dr. T encouraged me that I would first need to have a positive attitude. This would help boost my immune system and <u>defeat</u> <u>the demon of illness</u>. This was the <u>first step</u> in <u>fighting</u> cancer.

d. 有 T 医生和我<u>并肩作战</u>，我有了更加积极的心态<u>对抗病魔</u>，<u>打倒病魔</u>。 (Excerpt from N3)

With Dr. T <u>fighting by my side</u>, I developed an even more positive attitude to <u>fight</u> <u>the demon of illness</u> and to <u>defeat the demon of illness</u>. N3

The JOURNEY metaphor is represented in Examples (4) a, b, and c, selected from N1, N6 and N3 respectively. Expressions of "returning" ("重返" in 4a), "make my way back to" ("重新回到" in 4a), "a long road" ("漫长的路" in 4b), and "first step" ("第一步" in 4c) employ the source domain of JOURNEY and the image schema of PATH, which are mapped onto the domain of cancer treatment and recovery. The VIOLENCE metaphor is employed in all three narratives, and is particularly foregrounded in N3. All three narratives refer to breast cancer as the demon of illness ("病魔" in 4a, c and d), which is a conventional phrase in Chinese for critical illness. Breast cancer is thus framed as an ominous and dangerous opponent that the participants must "fight" ("对抗" in 4c and 4d), "overcome" ("战胜" in 4a) and "defeat" ("打倒" in 4c and 4d). Subsequently, clinicians who work with the participants during the treatment process are framed as allies "fighting by their sides" ("并肩作战" in 4d) against cancer. Recent research has revealed that the VIOLENCE metaphor and the JOURNEY metaphor

are instrumental in the conceptualisation of people's experiences with cancer (Semino et al. 2017). Although the VIOLENCE metaphor has received some criticism of being negative and clinicians have been warned to use this metaphor with caution, Semino and her colleagues point out that a blanket rejection of the VIOLENCE metaphor would deprive patients of the metaphor's positive functions (2017). In the above examples, the VIOLENCE metaphor serve to promote the participants' positive attitudes, which is a crucial factor in the positive transition from a cancer sufferer to a cancer survivor. Importantly, as illustrated in (4) c, the VIOLENCE metaphor is first used by the clinician for the purpose of encouraging the participant to adopt a positive attitude in order to "defeat" cancer. This metaphor is then embraced by the participant in (4) d in her active response and behaviours. This supports the view that the VIOLENCE metaphor can function as an effective modulator in strengthening the restitution storyline when an individual is willing to embrace such conceptual mapping, and to share it with the medical staff, with whom the participant has a mutually trusting and collaborative relationship.

Aside from conceptual metaphors and their associated image schemas and frames, socio-cognitive processes (e.g. positive thinking and cooperative mentalities) and coping strategies (e.g. problem focused and emotion-focused approaches) also serve as effective narrative modulators in storytelling to support the restitution storyline and its associated themes. When talking about treatments, medication and follow-up care, the participants mention physical side effects and emotional ups and downs. These challenges are resolved by the participants' combined approach of problem-focused and emotion-focused strategies. Adopting the problem-focused strategy, the participants foster collaborative working relationships with their medical team through different stages of treatment and follow-up care. In N1 and N3, the consultants become part of the participants' support network. All three participants feel their biomedical as well as emotional needs are met by their medical teams.

This in turn promotes a narrative stance that holds the belief of getting well through regaining self-control and agency (Stanton et al. 2000). With the support of the narrative modulators, storytelling in N1, N3 and N6 gradually moves away from the crisis storyline and instead focuses on the emergent storyline of restitution. With the narrative stance that is in line with the restitutions storyline, the modulation process in N1, N3 and N6 largely mitigates the once powerful crisis storyline, and as a result promotes positive transition experiences.

5.3 The storyline of inner growth

Similar to the three narratives discussed above, the storyline of breast cancer crisis is effectively mitigated in N6 in subsequent storytelling. Instead of highlighting the pursuit of a full recovery, N6 focuses on the storyline of "my breast cancer experience has led to personal growth" (see Table 1). The emergence of this storyline is initiated by the participant's emphasis on her acceptance of the illness after diagnosis. The cognitive process of acceptance, alongside other narrative modulators played by metaphors, image schemas, frames and interpersonal relationships, is employed by the participant to compose an introspective reflection of her personal growth out of her illness experience. These aspects are illustrated in Examples (5) a and b below:

(5)   a.   我慢慢接受了这个事实 – 我患了乳腺癌，我是一个癌症病人了。接下来，我做的所有事情都是为了配合医生开始治疗。(Excerpt from N6)

I gradually accepted this fact – that I had breast cancer, and I was a cancer patient. Following that, everything I did was to work with the doctors to carry out treatment.

b. 这段经历既是治疗和康复的过程，也是一段内心自我强大的过程 – 从<u>惶恐</u>到

<u>接受</u>再到<u>平静</u>。只有在撕开那外表恐怖的包装后，我才发现上帝送来的礼物

的真正价值。(Excerpt from N6)

This experience was both a process of treatment and recovery, and a process of

inner personal growth – from fear to acceptance and to peace. Only after ripping

off its terrifying packaging, I found out the real value of this godsent gift.

Throughout N6, the image schema of PROCESS is used to underline the participant's transitional phases – "fear" ("惶恐"), "acceptance" ("接受") and "finding peace" ("平静"). The participant's acceptance of the illness marks the start of a "healthy personal development" and "posttraumatic growth" (Tedeschi, Park, and Calhoun 1998) that rise above the cancer crisis storyline as discussed in Section 5.1. Different from N1, N3 and N6 where the narrative modulators persistently steer the stories toward the domain of HEALTH and away from the domain of ILLNESS, N6 employs the cognitive process of categorisation that positions the participant as a "cancer patient" at the treatment stage. This evokes a situated frame that prioritises treatment and recovery. This medical frame provides a situational context for a number of themes to be constructed in N6, including "treatment, medication and follow-up care", "doctor-client relationship", "decision making for treatment plans" and "the meaning of illness" (see Table 2). These themes, alongside the storyline of personal growth, are further modulated by socio-cognitive processes with which the participant critically evaluate her intrapersonal, interpersonal and social relationships during the transition. By adjusting life's priority and adopting an active coping strategy, the participant gains a greater sense of personal strength and agency (Watson et al. 1984, Brennan 2001, Calhoun and Tedeschi 2006). This is further supported by the metaphor with the source domain of GIFT and the

image schema of CONTAINER that conceptualise going through breast cancer as a traumatic but meaningful experience with hidden values and opportunities of personal growth.

In the process of configuring the storyline of personal growth, the narrative modulators in N6 enable a "performative" stance of storytelling where the story involves, persuades and even moves an audience through language (Riessman 2003). This performative stance can be found in the following excerpt:

(6) 回忆这段经历，有几点我特别想提到：第一，我们对自己的健康马虎不得…第二，找对医生很重要，要找技术好，而且关心病人的医生… 最后，医生和病人要互相体谅，互相包容… (Excerpt from N6)

When recollecting this experience, I would especially like to mention a few points: first, we should not be negligent of our health… Second, it is important to find the right doctor who is both competent and caring about the patient… And finally, doctors and patients should be more considerate and tolerant of each other...

In Example (6), three pieces of advice are given to potential readers, concerning personal, interpersonal and sociocultural domains in the time of critical illness. The advice reflects a strong sense of agency, i.e. what "we" (patients; cancer survivors) should and can do in order to maintain good health, and in times of illness, to achieve personal growth. It also highlights the intricate interpersonal relationships and expectations between doctors and patients. Whilst considering herself to be a "fortunate healthcare client" who has met and worked with a competent and caring consultant, the participant acknowledges the same can not be said for many patients. She also suggests achieving a trusting doctor-patient relationship would require efforts from both parties. The last two points raised by the participant touch upon a sensitive issue in China's medical system – a growing tension

between medical professionals and patients. As reported in recent research, there has been widespread public concern in China about low levels of trust and poor communication between patients and doctors, which in extreme cases have even led to patients exhibiting violent behaviours towards medical staff (Zhang and Sleeboom-Faulkner 2011, Hesketh et al. 2012). Although the participant in N6 fosters a trusting relationship with her doctors, she is aware of the conflicts and tensions prevalent in China's patient care. Her advice for the improvement of doctor-patient relationships reflects a cultural-specific perspective where a "compassionate mentality" is encouraged not only for medical professionals and organisations, but also for patients and their family members during clinical encounters.

The use of conceptual metaphors, image schemas, frames, as well as socio-cognitive processes and strategies facilitate the storytelling in N6 to construct a storyline of positive personal growth out of the breast cancer crisis. The narrative modulators further support a performative stance through which the participant shares her personal story and advice on health and wellbeing with potential audiences.

With social support and effective communication with the medical team, as well as access to financial and informational resources, the participants in N1, N3, N4 and N6 exhibit the psychosocial pattern of successful transitions of breast cancer survivors (Brennan 2001, Knobf 2011). Narrative modulations performed by cognitive, affective, and social processes and strategies in these narratives exhibit strong modulating strengths, wide narrative scopes as well as positive stances in mitigating the breast cancer crisis and fostering the storylines of restitution and personal growth. As observed in Section 5.1, N2 and N5 adopt a different approach to the conceptualisation of the breast cancer crisis, which indicate a less positive transitional process. The next section examines how a different type of storyline and associated themes are modulated and composed in these two narratives.

5.4. The storyline of continuous pain and suffer

As discussed in Section 5.1, the breast cancer crisis in N2 and N5 is perceived as a continuous process. Following the diagnosis stage, the storyline of pain and suffering is sustained with associated themes of treatment and medication that lead to physical side-effects, as well as emotions and attitudes with negative valence, and (the lack of) doctor-patient relationships (See Table 2). Similar to the four narratives in previous discussions, N2 and N5 employ cognitive, affective and social processes as narrative modulators in the composition of storylines and themes. However, because the stance of the modulators is still largely in line with the crisis storyline, the narratives in N2 and N5 more or less follows this existing storyline. Overtime, although the crisis storyline becomes less acute, a counter-crisis storyline does not fully emerge in these two narratives.

(7) a. 虽然身体上的疾病可以通过手术和药物得以治疗，但是心理上，情感上的伤痛并不是那么容易恢复的。(Excerpt from N2)

Although physical illness can be treated with surgeries and medication, psychological and emotional pains and wounds are not that easy to heal.

b. 在这痛苦的治病过程中，最痛苦的是无尽的等待: 等待宣判 (手术前的检查)，等待受刑 (化疗，放疗)，等待定期审查 (检查)…(Excerpt from N5)

During this painful process of treatment and recovery, the most painful was the endless waiting: waiting to be sentenced (e.g. the preoperational assessment), waiting to be punished (e.g. chemotherapies, radiotherapies), waiting for the periodic reviews (e.g. follow-up check-ups) …

c. 我希望未来的患者在患病过程中能够少一点痛，多一点快乐。 (Excerpt from N5)

I wish future patients will be able to have a little less pain and a little more happiness in the time of illness.

d. 希望医生和患者应该彼此多体谅一下吧，政府应该更有效地进行医改吧。 (Excerpt from N2)

[I] hope doctors and patients can be more considerate of each other, and the government should carry out a more effective healthcare reform.

In both narratives, the storyline of continuous pain and suffering is consistently modulated by the conceptual metaphor of PAIN. This metaphor is supported by the conceptual frame of PAIN AND HEALING in N2, and the frame of CRIME AND PUNISHMENT in N5. Both metaphors are constructed on an embodied basis where the physical pain is extended to the emotional and psychological domain. In N2, the crisis and trauma of breast cancer remain after the physical symptoms are gone, and the recovery of the emotional pain is experienced by the participant as a long and difficult process. In N5, the participant's experience is construed within the conceptual frame of CRIME AND PUNISHMENT, which positions the participant as a helpless, powerless prisoner being punished by her illness. With these metaphors being narrative modulators with disempowering functions, the storyline of breast cancer crisis is sustained and alternative storylines are suppressed in both narratives. This supports the findings in a recent study (Semino et al. 2017) that metaphors can have both empowering and disempowering functions in narrative construction depending on their framing and contextual perspectives. It is important, therefore, for medical professionals to be

vigilant when understanding and evaluating patients' experiences in the context of cancer care.

The storyline of continuous pain and suffering in N2 and N5 is also modulated by social-cognitive processes that account for the participants' access to their support networks. Although both participants mention social support from friends and family (see Table 2), they also experience difficulties in accessing relevant resources (e.g. interpreting medical information, navigating through the medical insurance system). The interpersonal relationships between the participants and their doctors are also described as "hard to reach the doctors" ("很难找到医生") and "hard to talk to" ("不容易沟通"). This resonates with the observation made by the participant in N4 as previously discussed, where inconsistencies in the standards of patient care exist and persist across China's healthcare system, leaving many patients, especially those from disadvantaged socioeconomic backgrounds, in dire and vulnerable situations. Consequent to these difficulties and struggles, the narrative theme of "decision making for treatment plans" (see Table 2) that is sustained in the other four narratives is absent in both N2 and N5, which further worsens the participants' sense of pain and suffering.

Despite a continuous illness storyline in N2 and N5, both participants express hopes and wishes for improvements in future events. Similar to N4, a performative stance with a positive affective valance is adopted in these two narratives to address a broad readership of patients, healthcare providers and the government. Example (7) c hopes for better emotional wellbeing of fellow patients. This is the first and only time when an emotion with positive valence (i.e. "happy", "快乐") appears in the narrative. As a narrative modulator, this positive affect lacks sufficient strength or scope to counteract the dominant illness and crisis storylines, but it does present a stance toward a more positive attitude, providing possibilities for a positive transition in subsequent and future actions. Example (7) d shares some

similarities with Example (6) in that both participants feel a trusting doctor-patient relationship would be beneficial but is difficult to pursue in their experience. Example (7) d takes this one step further by urging the Chinese Government for "more effective healthcare reform". Drawing on the available narrative content and the relevant sociocultural context in China's ongoing medical reform, it can be inferred that the "medical reform" mentioned in N2 refers to China's ongoing development of the "New Rural Cooperative Medical System" (NRCMS) (Ministry of Health 2003). Healthcare clients who are newly introduced to the scheme with limited information and support (such as the participant in N2) can find NRCMS complicated and difficult to navigate. This can intensify the patient's stress and anxiety during an already overwhelming health crisis. Adopting a performative approach, the participant in N2 advocates a better and fairer access to NRCMS for fellow patients as well as herself. Although this single statement does not alter the overall storyline of crisis and illness in N2, it serves to mitigate the existing storyline by conveying the participant's positive belief that patient care can and should be improved by joint-actions from all social agents involved.

The narrative modulators in N2 and N5 bear a strong performative stance, which pinpoints the limitations and constraints that are detrimental to the participants' successful transitions from a health crisis to survivorship. These limitations and constraints are deep rooted in the participants' socioeconomic and cultural contexts, ranging from patient-clinician relationships on individual bases to the broader healthcare issues that affect patient care and patient outcomes on a nation-wide scale. This finding further illustrates that narrative modulation is a useful concept for not only academic researchers, but also healthcare practitioners and policy makers in understanding patient experience. With the ability to fully comprehend how a cancer patient's transitional experience is shaped and configured by narrative modulators with their distinct scopes, strengths and stances,

healthcare providers can better target and tackle the difficulties and barriers that hinder the patient's recovery process.

6. Conclusion

This chapter presents an exploratory study that introduces and examines an original concept of "narrative modulation" that focuses on the compositional and configurational processes in narrative storytelling. The concept is employed to analyse the self-reflective narratives written by six breast cancer survivors, and the findings illustrate the participants' diverse transitional experiences from diagnosis to survivorship. Four storylines in the narrative data – that of "crisis", "restitution", "personal growth" and "continuous suffering" – are found to be constructed and modulated by a series of cognitive, affective and social processes. These processes, including conceptual metaphors, image schemas, frames and coping strategies, exhibit distinct strengths, scopes and stances in the modulation process. Although all six narratives perceive the breast cancer diagnosis as an acute and intense crisis, this storyline is modulated alongside different subsequent storylines. Three narratives in this case study establish a storyline of "restitution" that is modulated with the conceptual metaphors of JOURNEY and VIOLENCE, along with positive coping strategies and problem-focused approaches. This emergent storyline counteracts the crisis storyline and presents a psychosocial pattern of positive transition in these narratives. Another narrative in the case study reveals a storyline of "personal growth", which focuses on the meaning of illness and the philosophy of life. Modulators played by cognitive process of acceptance, conceptual metaphors, image schemas and frames enable the participant to re-prioritise and re-evaluate her intrapersonal, interpersonal and social situations. In doing so, the modulation process mitigates the breast cancer crisis in storytelling, and in the meantime strengthens the participant's life trajectory toward a positive transition. In comparison to these four narratives,

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the last two narratives in the case study adopt a storyline of "continuous pain and suffering". This storyline is modulated by affective processes with negative valence and conceptual metaphors and frames with disempowering functions. As a result, the breast cancer crisis storyline is largely sustained and left unchallenged in these two narratives, thereby indicating a potentially negative transition. Despite this, the end of the two narratives are both modulated by affective and cognitive processes with positive valence, providing potential for an emergent storyline with a stance of positive transition.

Amongst the six narratives, the participants' transitional experiences are modulated within the context of China's healthcare services. It is illustrated in the narrative data that while some participants have adequate access to relevant resources and support, other participants experience difficulties and barriers in accessing healthcare resources and navigating through the medical care and insurance system. These diverse patterns of patient experience are communicated to the readers through a performative stance constructed in the narrative modulation and storytelling processes. The performative stance is especially intensified in the participants' hopes and desires for the improvement of doctor-patient relationships and the effectiveness of the reform of China's current medical insurance system.

Overall, the concept of narrative modulation developed in this study provides an interdisciplinary perspective on how cognitive, affective and social processes can work together in configuring and constructing storylines and themes within a narrative. Based on the result of a small case study, the results presented in this chapter cannot be generalised. However, the model of narrative modulation developed in this chapter offers scholars, clinicians and policy makers a helpful analytical approach to interpreting and understanding healthcare clients' experiences. Finally, the diversity of patient behaviours and doctor-patient relationships revealed in the narrative data indicate a series of deep-rooted, underlying socioeconomic and cultural factors that are determinants to a holistic understanding of patient

experience. By having the capacity to observe, understand and evaluate how narrative modulation can function and impact on patients' storytelling, clinicians and healthcare organizations can better act upon the narrative evidence to develop targeted, patient-centred care plans, encouraging positive transitions in cancer survivorship. The theoretical aspects as well as the practical implications of narrative modulation presented in this chapter shall serve to inform and support future studies of patient experience and storytelling in healthcare communication and beyond.

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