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Liminality and Ritual in Biographical Work: A Theoretical Framework for Cancer Survivorship

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This article offers a theoretical framework for understanding the biographical work of cancer survivorship using two concepts from social anthropology: liminality and ritual. The framework is intended to foster greater understanding of survivorship and facilitate innovative psychosocial treatment approaches. First, the concept of biographical work will be defined. The notion of prolonged liminality will then be introduced in relation to the biographical work of cancer survivorship. Finally, the performance of ritual will be suggested as one possible approach to ending prolonged liminality and completing successful biographical work. Ultimately, it is proposed that marking a life transition through ritual may help the cancer survivor to concretize his or her own biographical work. In doing so, he or she may be able to exit the liminal state and integrate the illness experience into a new life narrative, thereby experiencing optimal well-being during the survivorship phase.

Keywords: *Cancer, biographical work, liminality, ritual*

For most healthy individuals, life follows a predictable trajectory on an established life path. However, individuals with chronic illness often find their life narratives disjointed. Sociologist Michael Bury (1982) uses the term biographical disruption to describe the process that many individuals undergo when experiencing a chronic illness. The concept of *biographical disruption* assumes the presence of a reflexive self with a need to maintain a coherent life narrative. Illness produces a change in self and therefore represents a potential threat to maintenance of this coherent narrative.

In the United States, cancer has become a prominent and particularly visible chronic illness. There are currently 14.5 million cancer survivors in the United States, and the number of survivors is expected to increase to almost 19 million by 2024 (American Cancer Society, 2014). At the same time, due to more effective diagnostic and treatment methodologies, cancer death rates have declined significantly over the past decade (Centers for Disease Control and Prevention, 2011; Jemal et al., 2009). In fact, in the absence of other causes of death, 62% of adults diagnosed with cancer can now expect to be alive in five years (Aziz & Rowland, 2003). With the growing presence of cancer survivors, the health sciences have begun to pursue a more comprehensive understanding

of survivorship, including the ways in which survivors recover a sense of meaning and stability after treatment.

Cancer diagnosis and treatment often precipitate complex physical, emotional, and existential issues (Ott, Norris, & Bauer-Wu, 2006). Furthermore, survivorship is often gradual and outwardly unremarkable as compared to the illness phase, requiring a great deal of mental, emotional, and spiritual “working through” (Dow, 1990). Bury (1991) suggests that an active coping response may enable individuals to approach the necessary work of survivorship and to combat biographical disruption. This active coping response involves reconnecting the past and present life narratives and often requires what sociologist Anselm Strauss (1993) has called *biographical work*. Strauss defined biographical work as that which is carried out in the service of an individual’s biography, including its review, maintenance, and modification.

This article offers a theoretical framework for understanding the biographical work of cancer survivorship using two concepts from social anthropology: *liminality* and *ritual*. Ultimately, it is posited that the physical act of marking a life transition through ritual may help the cancer survivor to concretize his or her own biographical work. In doing so, he or she may be able to exit the liminal

state and integrate the illness experience into a new life narrative, thereby experiencing increased quality of life.

Biographical Work in Cancer Survivorship

Cancer is sometimes called the “wisdom disease” due to its ability to act as a catalyst for personal growth, and it is common for cancer survivors to view the illness experience as a turning point necessitating a reprioritization of roles and lifestyles (Bolen, 2007; Halvorsen-Boyd & Hunter, 1995). In the words of one cancer survivor, “With cancer, people confront death. With survival, they feel an urgency to re-examine how they live the rest of their lives” (Halvorsen-Boyd & Hunter, 1995, p. 4). Thus, among all survivors of chronic illnesses, cancer survivors may have a particular need for biographical work. Furthermore, as Corbin and Strauss (1991) state in their trajectory model of chronic illness, individuals with chronic illnesses such as cancer may face a number of repeated health crises, periods of stability, and “comeback” phases during the course of a lengthy disease process. Since cancer often involves a journey through numerous relapses, survivors may find themselves revisiting the process of biographical work over and over again as they repeat the processes of remission, relapse, and recovery.

Research has suggested that individuals who do manage to undertake biographical work and find positive meaning in their illness experience during the survivorship phase may experience less depression, better quality of life, and increased emotional well-being, along with reduced mortality and enhanced physical functioning (Romanoff & Thompson, 2006). As psychologist Victor Frankl (1984, p. 3) wrote, “Man is not destroyed by suffering; he is destroyed by suffering without meaning.” In other words, cancer can be a trial rife with physical, emotional, and existential difficulties. Nonetheless, if the survivor can undergo the biographical work necessary to produce meaning within these difficulties, he or she may achieve improved physical and psychosocial outcomes over time.

For some, however, biographical work stalls during the survivorship phase. In fact, many survivors report feeling as though they are in a perpetual “limbo state” (Sibbett, 2004), neither who they were pre-cancer nor who they will become post-cancer. This feeling of stagnation has not yet been thoroughly

examined in the oncology literature. In order to shed light on this so-called “limbo state,” the concept of *liminality*, borrowed from social anthropology, is offered as a conceptual tool for providing nuance and depth to an understanding of biographical work for this population.

Liminality in Cancer Survivorship

The word “liminal” was first used in a social anthropological context by Van Gennep (1960) in his study of rites of passage. Rites of passages, according to Van Gennep, comprise three stages: 1) Separation, or the departure from life as it was; 2) Margin, or *limen* (signifying threshold in Latin), the transition period during which one is neither what one was nor what one will become; and, 3) Aggregation or incorporation, literally meaning “taking into the body,” during which time one integrates the transitional experience into a new life narrative (Van Gennep, 1960). In accordance with the rites of passage framework, models of cancer survivorship often depict a trajectory of a set number of chapters, transition points, or phases. For example, the Lance Armstrong Foundation has described cancer survivorship as consisting of “living with,” “living through,” and “living beyond” cancer (Blows, Bird, Seymour, & Cox, 2012). Living with cancer continues until the acute illness phase is over. Living through continues from the end of the disease process until the end of the high-risk phase for recurrence. Living beyond continues indefinitely during the long-term survivorship phase (Blows et al., 2012). It is the “living through” phase of cancer survivorship that resonates most strongly with the concept of liminality. Turner (1969, p. 95) aptly described the liminal stage: “Liminal entities are neither here nor there; they are betwixt and between.” For the cancer survivor, the liminal state is the ambiguous place between sickness and health, the uneasy pause between life pre-cancer and life after cancer. It is the glaring gap in the life narrative, the nebulous chapter in the survivor’s biography that still eludes definition.

The concept of liminality has been previously used to study experiences of disability and illness (e.g., Clark, 1993; Treloar & Rhodes, 2009), and the oncology literature includes a small but growing body of work surrounding of the concept of liminality. To illustrate this fact, a literature review by Blows et al. (2012) found ten cancer studies that have drawn on liminality as a concept, nine of which were published

after the year 2000. Ultimately, although there has been a rising interest in liminality in the health sciences, there remains virtually no exploration thus far of the experience of those survivors who become stuck in a prolonged liminal state.

The Prolonged Liminal State

The following vignette illustrates how prolonged liminality might appear in the life of a cancer survivor: A woman finds herself in an ambiguous and uncertain state after she finishes chemotherapy. She is no longer the woman she was prior to her diagnosis, and the roles and routines she enjoyed are now vastly different. The side effects of chemotherapy have required her to take time off from work, and now she is unsure about whether she wants to return to her previous position. Coming face to face with her own mortality has caused her to reassess her life priorities. Her relationships with friends and family have shifted. Memories of her diagnosis and treatment occupy her mind. She has trouble envisioning her future or understanding how cancer fits into her life story. Who is she now? Will the cancer return? What if it doesn't? What will she make of the rest of her life?

Like this woman, some survivors may find that they enter what Little et al. (1998, p. 485) have called a phase of "suspended" or "prolonged" liminality. While the state of incorporation would be characterized by a sense of narrative coherence, prolonged liminality is characterized by a nagging sense that the illness experience somehow does not fit into one's own biography. Some survivors in this state might find that they would rather not even think about their illness experience; they may even prefer to avoid using the word "cancer." This state of prolonged liminality may occur in some individuals because the biographical work necessary to incorporate the illness into the life narrative is somewhat nebulous or existential in nature (Turner, 1969). This type of intangible work is not necessarily intuitive or easily accessible.

Those remaining in a prolonged liminal state post-cancer may experience considerable negative consequences. They can find themselves grappling continually with the strangeness and uncertainty of a life that has few or none of the attributes of the past or projected future (Turner, 1969) and are at risk of suffering from "separation, dangerousness imputation, nullification of their former identity, and replacement of their sense of order and structure by indeterminacy,

ambiguities, and mirror inversions of normal life" (Navon & Morag, 2004, p. 3). As one cancer survivor reported, "I entered a limbo state on the threshold between life and death. Both became simultaneously sharply real and surreal. I was plunged into a betwixt and between space of risk, suspense, and timelessness" featuring "heightened fear and reduced control" (Sibbett, 2004, p. 2).

Research has confirmed that cancer survivors who engage in an ongoing, unresolved search for meaning after in the aftermath of cancer diagnosis and treatment demonstrate a significantly higher level of negative affect and distress (Kernan & Lepore, 2009), poorer physical and mental functioning, more cancer-related intrusive thoughts (Roberts, Lepore, & Helgeson, 2005), and an overall poorer quality of life (Tomich & Helgeson, 2002). In contrast, studies have indicated that cancer survivors who are able to create positive meaning after diagnosis and treatment are more likely to experience positive outcomes such as decreased distress (Vickberg, Duhamel, Smith, Manne, Winkel, Papadopoulos, & Redd, 2001), lower levels of stress (Bauer-Wu & Farran, 2005), and increased quality of life (Tomich & Helgeson, 2002). Additional psychosocial side effects of cancer and its treatment include hopelessness (Mystakidou, Tsilika, Parpa, Athanasouli, Galanos, Pagoropoulou, & Vlahos, 2009) and major depression (Akechi, Nakano, Akizuki, Okamura, Sakuma, Nakanishi, Yoshikawa, & Uchitomi, 2003). These negative outcomes may be indirectly related to the distress resulting from unresolved biographical work after cancer.

In order to achieve optimal psychosocial outcomes post-treatment, survivors must somehow approach the intangible biographical work needed to exit a perpetual liminal state. For many, it may be necessary to concretize or visibly mark the life transition. According to mythologist Joseph Campbell, "the function of ritual...is to give form to human life" (Campbell, 1966, p. 34). Thus, the performance of ritual may represent the key to making manifest the abstract biographical work necessary for healthy survivorship.

Ritual in Biographical Work

Human beings have a deep-seated desire for initiatory experiences during major life transitions, and rituals have historically been used to satisfy this need (Cole,

2003). Indeed, life is punctuated by numerous critical moments of transition, which most cultures ritualize and publicly mark (Turner, 1969). These moments include times of birth, puberty, marriage, and death, in addition to moments of entry into a new life stage. The shift from sickness and health is also a critical moment of transition. Throughout human history, ritual has been ubiquitous in religious or spiritual contexts. While the secularization of Western society has coincided with a decline in many age-old ritual practices, ritual continues to resonate with the human spirit (Campbell, 1966) and is beginning to re-emerge in some therapeutic settings.

Rando (1985) defined ritual in a contemporary context as a specific behavior or activity giving symbolic expression to feelings and thoughts. A ritual functions to mark a transition, to validate that an experience has occurred, to provide an occasion and location for confirming the reality of a new identity, and to stimulate the expression of memories and feelings associated with the transition. Ritual can be used in the service of biographical work through the use of a structured set of actions developed collaboratively by the therapist and client to mark a transition (Cole, 2003). When used therapeutically, ritual can facilitate the healthy transition from one life stage or psychosocial status to another (Turner, 1969; Romanoff & Terenzio, 1998). Moreover, ritual can provide a vehicle for the expression of strong or difficult emotions, ease feelings of anxiety, and provide structure during times of personal chaos (Romanoff & Terenzio, 1998). In addition, the performance of ritual may allow individuals to access deep psychic structures and tap into right-brain processing modes, thereby enabling healing and transformation on an unconscious level. The symbolic nature of ritual may then create lasting memories within the psyche (Cole, 2003; Rando, 1985).

Ritual may be particularly useful during cancer survivorship due to its ability to transform trauma into growth. For some individuals, the processes associated with diagnosis and treatment may be traumatizing enough to elicit avoidance, intrusive thoughts, and other posttraumatic stress symptoms. Life threatening illnesses are often stressful enough to potentially elicit post-traumatic stress disorder (PTSD; Breslau, Chase, & Anthony, 2002), and while full PTSD syndrome is uncommon in cancer survivors (Koopman, Butler, Classen, Gise-Davis, Morrow, Westendorf, Banerjee,

& Spiegel, 2002), studies indicate that clinically significant trauma symptoms are relatively common in this population (Kangas, Henry, & Bryant, 2005). In fact, up to 45% of cancer survivors may experience PTSD symptoms at some point during the course of treatment and survivorship (Gonçalves, Jayson, & TARRIER, 2011).

While symptoms of PTSD invariably generate stress, traumatic experiences can also provide a catalyst for the evolution of the human psyche and enhance the lives of survivors (Bernstein, 2005). In fact, the term “post-traumatic growth,” coined by Calhoun and Tedeschi (1989), suggests that positive change can result from personal efforts to cope with traumatic events, including cancer (Horgan, Holcombe, & Salmon, 2011; Morris & Shakespeare-Finch, 2011). Some studies have suggested that the greater the distress experienced by cancer survivors, the greater post-traumatic growth they develop (e.g., Bellizzi et al., 2010), and a recent study of post-traumatic growth in breast cancer survivors indicates that survivors who report higher levels of post-traumatic growth also report decreased levels of distress and increased levels of physical well-being (Ruini, Vescovelli, & Albiéri, 2012). By helping survivors mark the transition between the traumatic experience of illness and the beginning of post-cancer life, ritual expands the life narrative, facilitating post-traumatic growth and enabling the completion of biographical work.

Contemporary neuroscience research may provide an additional rationale for the use of ritual for cancer survivors. Damasio (2010) states that the human self is separated into three distinct tiers—the protoself, core self, and autobiographical self. The protoself exists at the most basic, unconscious foundation of all life forms and consists of neural patterns representative of the body’s internal state. The core self, which exists at a higher level of consciousness, allows the mind to consciously know the body’s physical feelings. Finally, the autobiographical self represents the highest level of consciousness and emerges as the brain organizes stimuli into a coherent narrative structure. Western medical interventions (surgery, chemotherapy, radiation), which often comprise the majority of cancer treatment, address the physiological processes of the protoself alone. Survivors thus receive very little substantive attention to the core self and autobiographical self. Activities involving mindful

attention to the body, such as yoga or meditation, may be used to access the core self (Sleight & Clark, 2015). In turn, ritual can be used to directly impact the autobiographical self by explicitly including both rational and emotional aspects of healing (Hewson, Rowold, Sichler, & Walter, 2014). Because ritual in a therapeutic context is self-generated, it also provides the self-empowerment needed for lasting transformation of self (Cole, 2003) and has the potential to facilitate meaningful and substantial biographical work.

At present, ritual is considered beneficial in various therapeutic modalities, and transpersonal psychology specifically counts ritual among its central themes and practices (Davis, 2010). Existential psychology interventions also operate on the assumption that meaning-making can be a key element of adjustment to life-changing events, especially for cancer survivors (Greenstein & Breitbart, 2000). In addition, ritual has been used therapeutically to help victims of trauma (Morrison, 2012) veterans suffering from PTSD (Obenchain, 1992; Johnson, 1995), and clients undergoing difficult life transitions such as divorce or bereavement (e.g. Bewley, 1995; Bennett et al., 1987).

Regardless of the client's circumstances, therapeutic rituals retain certain core characteristics. Most importantly, all contemporary rituals reflect the five processes that make up human transition: 1) Letting go: The conscious decision to relinquish old ways of being; 2) Wandering: The period of limbo characterized by confusion and a lack of direction; 3) Polarities: The experience of opposing urges or emotions; 4) New beginnings: The emergence of a vision of a new way of relating to the world; and, 5) Rooting: The process of integrating the vision of a new beginning into a new lived reality. In addition to this five-part framework, rituals also require exclusive time and exclusive space, meaning that a special setting and time period must be set aside for immersion in the ritual experience (Wall & Ferguson, 1998). While there is no standardized methodology for conducting ritual per se, certain elements should be present in ritual designed for the cancer survivor in order to maximize the benefits of the practice.

Ritual for the Cancer Survivor

Therapeutic ritual can be crafted to facilitate biographical work and a state of incorporation in the cancer survivor. The task of the therapist who wishes

to create a healing ritual begins with the identification of the extant pathologizing mythology within the client. In other words, the therapist works with the client to identify a limiting story involving the cancer experience. For example, the narrative of a survivor might involve a desire for personally meaningful work after the conclusion of cancer treatment. Perhaps this individual feels a renewed sense of purpose and a strong urge to change careers. The old habits and patterns from the pre-diagnosis era simply do not feel right anymore. However, he or she may feel "stuck," unsure of what this new career path will entail, and distressed about whether it is even possible to make such a drastic life change. This person has been in a prolonged state of liminality, experiencing anxiety and hopelessness, since the conclusion of chemotherapy and radiation almost a year ago. This story clearly indicates that the individual feels ready to exit the liminal phase, embrace a new post-cancer identity, and step into a new life stage.

Once the story has been identified, appropriate symbols must then be chosen in order to represent and embody the life transition (Morrison, 2012). These symbolic representations provide an opportunity for change on an unconscious level that may not be otherwise available (Cole, 2003). Indeed, the distinguishing power of ritual is contained in its use of symbols within a performance framework (Romanoff & Terenzio, 1998). The symbols used often reflect condensed versions of emotionally charged material (Romanoff & Terenzio, 1998), and may also represent specific issues, stages of mental or spiritual growth, or desired life changes.

The symbols used in a ritual are generated by the survivor through self-reflection, meditation, journaling, prayer, or discussion. For example, the survivor desiring to embody the transition into a new career path might choose a set of railroad tracks to symbolize the dividing line between his or her old and new identity (Cole, 2003). After the relevant symbol(s) have been identified, the subsequent ritual act revolves around those symbols. The individual who has designated railroad tracks as a symbol will set aside an exclusive time and place to deliberately cross the railroad tracks. In doing so, he or she will "act out" or embody the transition to a new stage of life.

A cancer survivor might also wish to write words on pieces of paper to symbolize trials experienced during the illness process, and his or her personal ritual act may

involve burning the paper to symbolize overcoming trauma and generating personal growth. Alternately, a survivor might use flower seeds to represent new positive self-identity, and the ritual act may involve planting each seed to symbolize a readiness to grow (Cole, 2003). Many rituals use symbolism to express the relationship of the survivor to mortality itself. Ritualistic symbols of death may be particularly powerful for survivors of cancer, a disease that so often brings individuals face to face with the transience of life. As Campbell (1966) said, mortality “cannot be denied if life is to be affirmed” (p. 42). Accordingly, a survivor might wish to enter and exit a circle symbolizing a “death lodge” and hold communion with friends, family members, or even death itself, as an act of marking a new relationship with mortality (School of Lost Borders, 2014).

Infinite permutations of symbols and actions are possible in the ritual realm, and any combination that feels meaningful to the survivor will effect lasting change in the psyche. Ultimately, there is no wrong way to conduct a therapeutic ritual, so long as exclusive time and space are reserved, the basic framework is followed, and the symbols chosen are personally evocative. Whatever the symbols used, the transformation afforded by a ritual enables the participant to recast his or her biography and to leave prolonged liminality for a new, incorporated state of survivorship.

Efficacy of Ritual in Biographical Work

Despite the promising therapeutic value of ritual during cancer survivorship, there remains very little research about the efficacy of ritual in biographical work, especially for the oncology population. However, in line with a growing interest in integrated and complementary healthcare treatment models, a nascent body of psychotherapy literature has begun to demonstrate the potential of religious and spiritual practices in promoting well-being in cancer survivors. For example, a recent study of Psycho-Spiritual Integrative Therapy (PSIT), a psychotherapeutic approach addressing physical, psychological, existential, and spiritual factors, has been significantly associated with improvement in mood and emotional well-being and is thought to stimulate post-traumatic growth in breast cancer survivors (Garlick, Wall, Corwin, & Koopman, 2011). A more recent study demonstrated that the use of spiritual and religious frameworks in PSIT for cancer survivors appears to influence well-being and quality of life (Rettger et al., 2015).

Cancer, Liminality, and Biographical Work

In another randomized controlled trial of 68 breast cancer survivors, researchers found that when compared to routine management and educational programming, a spiritual therapy intervention resulted in a statistically significant difference in overall quality of life (Jafari, et al., 2012). Other studies have demonstrated that religious and spiritual coping have been associated with lower levels of distress, decreased anger, decreased anxiety, and less social isolation in cancer patients (e.g. Boehmke & Dickerson, 2006; Zwingmann, Wirtz, Müller, Kördler, & Murken, 2006). An additional study demonstrated that a healing ceremony incorporating the life stories of participants into prayer and meditation resulted in increased mental, physical, emotional, and spiritual quality of life (Hewon, Rowold, Sichler, & Walter, 2014), suggesting that ritual and ceremony might serve to boost quality of life across many different client diagnoses. Research on spiritually oriented therapeutic practices such as ritual will likely continue to grow in coming years, especially since a call has emerged for greater integration of culturally tailored spiritual practices into psychotherapy, particularly for ethnically diverse populations (Cervantes, 2010).

The dearth of research about the efficacy of ritual in biographical work may stem in part from ritual’s association with religion or spirituality, which may carry a stigma in some therapeutic settings. The lack of studies might also arise from the fact that outcomes of therapeutic ritual performance are deeply personal, abstract, and difficult to measure. To this point, Kaptchuck (2002) asks a thought-provoking question about the legitimacy of healing: “Can an alternative ritual with only nonspecific psychosocial effects have more positive health outcomes than a proven, specific conventional treatment? What makes therapy legitimate, positive clinical outcomes or culturally acceptable methods of attainment? Who decides?” (p. 817). This question may be seen as a point of departure in the health sciences for further research on the underutilized healing modality of ritual.

Conclusion

Prolonged liminality can ultimately be seen as a gestation process, rife with possibilities (Turner & Bruner, 1986). If survivors are able to concretize cancer-related life transitions through ritual, then they may be able to integrate cancer into the life narrative, achieving a state of seamless biographical flow. In this state, the pre-cancer identity is relinquished in order to embrace a

post-liminal identity that holds space for the experience of illness. The trauma of cancer diagnosis and treatment can be reframed within this new identity and seen not only as an ordeal, but as a portal to a unique life story, personal growth, and previously undiscovered gifts. All aspects of life can be revised and re-integrated in the post-liminal state, including identity, moral values, self-image, social standing, occupation, relationships, and spiritual beliefs (Morrison, 2012).

The framework of biographical work carries some limitations. For example, it may not allow adequate space for emotional experiences, which often exist outside of the narrative realm (Reeve et al., 2010). In addition, a framework suggesting a psychosocial-based therapeutic modality such as ritual may not be able to accommodate the embodied, physical experience of recovery. Finally, ritual may not be appropriate for every survivor, especially since many will find themselves able to complete biographical work using a different modality or may maintain a coherent life narrative regardless of the illness experience.

Ultimately, not enough is known about the difficult biographical work necessary to cope with cancer diagnosis, treatment, and survivorship. The health sciences would benefit from further qualitative research about the lived experiences of cancer survivors, as well as studies investigating the efficacy of ritual in increasing well-being and quality of life in the oncology population. The topic of biographical work should be of particular concern for health science research because it has the potential to shed light on what cancer patients seek from the system to which they turn for help (Little et al., 1998). Thus, uncovering the lived experiences of cancer survivors, especially vis-à-vis liminality and ritual, will be vital not only to those who provide healthcare, but also to those who educate healthcare workers, those who make policy and administrative decisions, and those within the social sciences who are interested in developing a richer theoretical base for understanding the nuanced journey of survivorship.

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