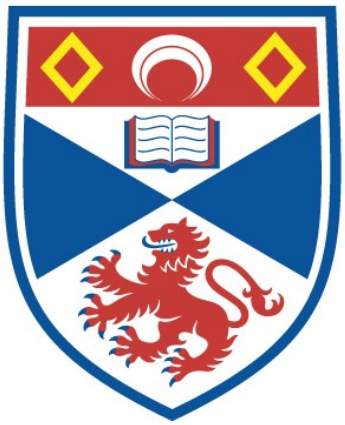
FROM BEAUNE TO *BREAKING BAD*: USING THE ARTS TO MEET CANCER PATIENTS' NEED AND DESIRE FOR SPIRITUAL CARE

Ewan Bowlby

A Thesis Submitted for the Degree of PhD
at the
University of St Andrews



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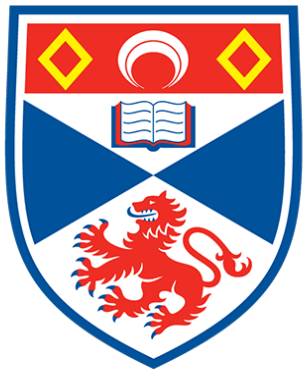

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December 2022

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Abstract

This thesis sets out an innovative, arts-based approach to the spiritual care of cancer patients, and provides empirical evidence of the value and viability of this approach in practice. In Chapter 1, I show how my pragmatic, arts-based method responds to the recognised need for spiritual care amongst cancer patients, while responding also to the increasing subjectivity and variety of spirituality in the contemporary patient body. I also describe the qualitative research methods I used to gather evidence for the effectiveness or otherwise of these interventions. In Chapters 2-5, I analyse how different kinds of art (including 'high' and 'popular') can help cancer patients with four central areas of spiritual concern without (as in art therapy) the patients having to produce art themselves: the capacity for fictional narratives to reflect and reframe cancer patients' experiences of time (Chapter 2); how longform television can support a cancer patient's search for meaning in suffering and death (Chapter 3); the value of entertaining popular films in introducing the therapeutic or transformative impacts of levity and laughter (Chapter 4); and the affordance of 'sentimental' art, often criticised, in meeting cancer patients' spiritual needs (Chapter 5). The illustrative case studies show how a range of different genres and media, such as 'tearjerker' novels, comedy films, and television dramas, can present affirming portrayals of life with cancer, as well as offering alternative perspectives that reframe a patient's experiences. Drawing on empirical evidence gathered from my collaborations with cancer support charities, these case studies reveal how this open, inviting, arts-based approach can help modern medicine to overcome barriers to the provision of effective spiritual care in contemporary Western healthcare.

General acknowledgements

I would like to thank Maggie's Cancer Care centres (Maggie's), and the Northumberland Cancer Support Group (NCSG) for their generosity in supporting my research. I would also like to thank the patients that use these charities for the courage and kindness they showed in participating in my research projects and sharing stories that were moving, enlightening and inspiring.

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Contents

Sources

The sources of data collected from qualitative research are listed below. "Data" was collected from focus groups and through the trial of a 'Fiction Library' resource for cancer patients. These trials were conducted with participants recruited through the *Maggie Jencks Cancer Care Charitable Trust* (Maggie's), the *Maggie's Online Community*, and through the *Northumberland Cancer Support Group* (NCSG). For more details on how the focus groups and Fiction Library trial were designed and conducted, and for details of participants, recruitment, data collection, storage and analysis, as well as the ethical approval secured from the University of St Andrews Research Ethics Committee (UTREC) and participating organisations, see Chapter 1, pp. 32-41.

Transcripts of Focus Groups

Transcript 1: "Audio-visual portrayals of cancer diagnosis in popular culture". November 4, 2019. Held in-person with participants from Maggie's Dundee. [Referenced in the main text as TR 1: page no.]

"Texts" Discussed:

- Reiner, Rob, dir. *The Bucket List*. 2007; Burbank, California: Warner Brothers. Amazon Prime, https://www.amazon.co.uk/Bucket-List-Jack-Nicholson/dp/B00EU76F5S.
- Gilligan, Vince, dir. *Breaking Bad*. Aired January 20, 2008, AMC. Netflix. https://www.netflix.com/title/70143836
- Taylor, Ben, dir. *Catastrophe*. Season 1, episode 1. Written by Sharon Horgan and Rob Delaney. Aired January 19, 2015, Channel 4. https://www.channel4.com/programmes/catastrophe/on-demand/58083-001

Transcript 2: November 9, 2019. "Cancer comedy in popular films." Held in-person with participants from Maggie's Dundee. [Referenced in the main text as TR 2: page no.]

"Texts" Discussed:

- Reiner, Rob, dir. *The Bucket List*. 2007; Burbank, California: Warner Brothers. Amazon Prime, https://www.amazon.co.uk/Bucket-List-Jack-Nicholson/dp/B00EU76F5S

Transcript 3: November 24, 2020. December 8, 2020. "Cancer comedy in popular films." Held virtually via Microsoft Teams, participants recruited through Maggie's. [Referenced in the main text as TR 3: page no.]

"Texts" Discussed:

- Reiner, Rob, dir. *The Bucket List*. 2007; Burbank, California: Warner Brothers. Amazon Prime, https://www.amazon.co.uk/Bucket-List-Jack-Nicholson/dp/B00EU76F5S.

Transcript 4: November 24, 2020. "Cancer comedy in popular films." Held virtually via Microsoft Teams, participants recruited through Maggie's. [Referenced in the main text as TR 4: page no.]

"Texts" Discussed:

- Reiner, Rob. *The Bucket List*. 2007; Burbank, California: Warner Brothers. Amazon Prime, https://www.amazon.co.uk/Bucket-List-Jack-Nicholson/dp/B00EU76F5S

Transcript 5: January 22, 2021. "Cancer and emotions in 'sentimental' literature and television drama". Held virtually via Microsoft Teams, participants recruited through NCSG. [Referenced in the main text as TR 5: page no.]

"Texts" Discussed:

- Berg, Elizabeth. *Talk Before Sleep*. London: Arrow Books, 2004.
- Gilligan, Vince, creator. *Breaking Bad*. Aired January 20, 2008, AMC. Netflix. https://www.netflix.com/title/70143836

Transcript 6. November 10, 2020. "Cancer, Time and Mortality in television drama and YA literature". Held virtually via Microsoft Teams, participants recruited through NCSG. [Referenced in the main text as TR 6: page no.]

"Texts" Discussed:

- Green, John. *The Fault in Our Stars*. London: Penguin, 2012.
- Gilligan, Vince, creator. *Breaking Bad*. Aired January 20, 2008, AMC. Netflix. https://www.netflix.com/title/70143836

Transcript 7. March 9, 2021. "Cancer and emotions in 'sentimental' literature". Held virtually via Microsoft Teams, participants recruited through Maggie's. [Referenced in the main text as TR 7: page no.]

"Texts" Discussed:

- Berg, Elizabeth. *Talk Before Sleep*. London: Arrow Books, 2004.

Fiction Library

The Fiction Library transcript document was produced by collating the anonymised responses of ten participants providing written feedback on their experience of using the Fiction Library resource. For full details of participants, and the design and conduct of the trial, see Chapter 1, pp. 32-39. [References to the Fiction Library transcript document in the main text are given as (FL: page number).]

Introduction
Rethinking Spiritual Care

Delivering spiritual care used to be more straightforward. In pre-Enlightenment Europe, spirituality was a relatively fixed concept, and linked to a predominantly Christian worldview. Healthcare institutions were familiar with this shared spirituality and knew how to cater for it, so those fortunate enough to receive care typically found that their spiritual needs were addressed, as well as their physical symptoms. In the famous *Hospices de Beaune*, founded in 1443, spirituality was integral to the care offered to the sick and dying. Staffed by a religious order, the hospice was intended to meet the medical and spiritual needs of patients, providing a paradigmatic example of the 'spiritual heritage' of nursing.[1] This dedication to the preservation and elevation of souls was symbolised in vibrant visual imagery by the Beaune Altarpiece. An ornate polyptych created by Rogier van der Weyden, the altarpiece consisted of a series of panels showing scenes from Christian hagiography. Saint Sebastian and Saint Anthony, both associated with healing, were included in a range of images intended to reassure patients and direct their hearts and minds away from failing bodies toward higher things.[2]

By contrast, in modern, secular healthcare institutions like the NHS, such an approach to spiritual care is no longer viable. In part, this is because the vocabulary and practices of contemporary Western medicine are not well suited to dealing with spiritual concerns. The scientific revolution which began in the nineteenth century led medicine toward a 'new, unequivocal language of science' which 'spoke uniformly with neither time nor patience for narrative, poetry or paradox'.[3] What has become apparent, however, is that a language stripped of these qualities can describe a disease but cannot address a person. Carers have begun to realise that experiences and feelings related to spirituality, such as despair or hope, are not easy to engage with in the 'language of science'.[4] In an increasingly diverse and secular patient body, moreover, scenes of Christian salvation have simply lost their relevance and power: 'spirituality' is now a complex, contested idea that means different things to different people. Before we can even begin trying to 'do' spiritual care today, therefore, we must work out what spirituality might mean within this contemporary context. But is it even possible to establish a fixed definition of spirituality that accommodates atheists, agnostics, a plurality of religious traditions, and all the personal spiritualities that fall between these categories?

Considering this, it might be tempting to abandon the enterprise of spiritual care altogether. This is not, however, a reasonable option. A growing body of evidence informs us

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[1] Wilfred McSherry, 'Enhancing and Advancing Spiritual Care in Nursing and Midwifery Practice,' *Nursing Standard* 35, no. 10 (2020): 65-68.

[2] For more on the 'spiritual heritage' of nursing, see Tony Walter, 'Developments in Spiritual Care of the Dying,' *Religion* 26 (1996): 353-63; Dorothy C. H. Lee and Inge B. Corliss, 'Spirituality and Hospice Care,' *Death Studies* 12, no. 2 (1988): 101-10.

[3] Daniel E. Hall, Harold G. König, and Keith G. Meador, 'Conceptualizing 'Religion': How Language Shapes and Constrains Knowledge in the Study of Religion and Health,' *Perspectives in Biology and Medicine* 47, no. 3 (2004): 386-401 (387).

[4] John Swinton, 'Spirituality in Healthcare,' *Journal for the Study of Spirituality* 4, no. 2 (2014): 162-73.

that patients both want and need spiritual care.[5] Patients still feel that spiritual issues are relevant to them, even if one person's idea of what these issues are may differ from another's. Although attempts have been made to design ways of addressing spiritual needs and delivering spiritual care, these have been hampered by uncertainty caused by the vagueness and subjectivity of spirituality today. As a result, spiritual care tends to be limited to a single question on a hospital admission form.[6] Important questions remain unanswered. What should spiritual care look like in the context of contemporary Western healthcare? How should spiritual care be delivered? And, can the arts continue to play a role in the provision of spiritual care?

In this thesis, I show how accessible, popular artforms can play a vital role in spiritual care, filling the lacunae left by the widespread move away from religious beliefs and practices in contemporary western society. I present a new methodology for an arts-based approach to spiritual care, as well as illustrative case studies and empirical evidence revealing the value and viability of this new approach. Where once the intricate panels of the Beaune Altarpiece helped suffering souls to find consolation, I describe how modern, mass-media artforms can enrich a cancer patient's search for meaning. Accessible fictional narratives found in novels, films, or television series often deal directly with the 'Big Questions' cancer raises, addressing themes like mortality, hope, and despair. These cultural products also tend to engage with the diverse, democratised form of spirituality prevalent in the arts today – the collective search for meaning amidst the chaos of life, sickness, and death.[7]

As such, these artforms can fulfil an analogous role to religious symbolism and mythology, providing inspiration, stories, and imagery that can be integrated into spiritual care. The right novel, film or television series can be used to start the empathetic and imaginative conversations which should form the foundations of good spiritual care. The 'growing importance of media for contemporary religion and spirituality' indicates that these artforms can be a valuable 'resource' in supporting and stimulating spiritual searching amongst patients.[8] Art therapy techniques involving patients creating visual art – such as paintings or sketches – to express their spiritual concerns are already a tried and tested form of holistic care,

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[5] See, for instance, Richard Egan, Anna Graham-DeMello, Sande Ramage and Barry Keane, 'Spiritual Care: What Do Cancer Patients and their Family Members Want? A Co-design Project,' *Journal for the Study of Spirituality*, 8:2 (2018), 142-159; Anja Visser, Bert Garssen, and Ad Vingerhoets, 'Spirituality and Well-being in Cancer Patients: A Review,' *Psychooncology*, 19 (2009): 565-72; Alan B. Astrow, Ann Wexler, Kenneth Texeira, M. Kai He, and Daniel P. Sulmasy, 'Is Failure to Meet Spiritual Needs Associated with Cancer Patients' Perceptions of Quality of Care?,' *Journal of Clinical Oncology*, 25 (2007): 5753-57.

[6] Nessa Coyle and Betty R. Ferrell, *The Nature of Suffering and the Goals of Nursing* (Oxford: Oxford University Press, 2008), 3.

[7] See Rina Arya, 'Spirituality and Contemporary Art,' *Oxford Research Encyclopaedias: Religion* (Published online 31st August 2016), https://doi.org/10.1093/acrefore/9780199340378.013.209; Kutter Callaway and Barry Taylor, *The Aesthetics of Atheism: Theology and Imagination in Contemporary Culture* (Minneapolis: Fortress Press, 2019); Jeremy Begbie, *Redeeming Transcendence in the Arts*: *Bearing Witness to the Triune God* (London: SCM Press, 2018).

[8] Gordon Lynch, 'The Role of Popular Music in the Construction of Alternative Spiritual Identities and Ideologies,' *Journal for the Scientific Study of Religion* 45, no. 4: 481-84. Lynch also notes that popular music is often overlooked in research investigating how media can play a role in 'the formation of religious identity and meaning'. Whilst this clearly merits further study, the thematic methodology for spiritual care tested in this project, and my lack of knowledge or expertise in the field of popular music, mean this is not the place to undertake that research. However, I briefly allude to the capacity for a piece of popular music to initiate and enrich shared meaning-making in Chapter 5 (p.135).

but these alone are not enough.[9] Discussion of art and spiritual care needs to be expanded to include the forms of art people most frequently choose to engage with. For patients who are too ill, weary, or uncertain to create a piece of art capturing their thoughts and feelings, an accessible, engaging popular artwork can do this work for them: offering something to support spiritual exploration and reorientation.

To explain the interaction between a patient's spiritual concerns and a particular artwork, I use analytical concepts from Theological Aesthetics. Theology and religious studies clearly have 'a very important contribution to make' in the field of Medical Humanities.[10] Yet these disciplines have remained 'absent friends' in research investigating the role the arts could play in healthcare.[11] In this thesis, I explain how those studying the intersections of art and theology can indeed make a vital contribution to the development of new forms of spiritual care. Introducing scholarship from a discipline shaped by Christian faith must be done with care and sensitivity. The theories and language incorporated from Theological Aesthetics should be consonant with a pragmatic approach to spiritual care open to patients of all spiritual perspectives. I show nonetheless that an interdisciplinary, 'hospitable' dialogue between Theological Aesthetics and those researching spiritual care can be mutually instructive and enriching.[12] Specifically, I adopt the concept of spiritual affordances as an analytical tool, showing how this can be reapplied in an arts-based approach to spiritual care. This use of affordance theory is informed by the reconceptualised theological approach to the arts outlined by David Brown and Gavin Hopps, intended to draw attention to the role of the 'beholder' in determining the meaning an artwork holds.[13] Affordances highlight the 'constructive engagement' by which a patient can explore their personal experiences of cancer through an artwork. It describes how meaning emerges through this interaction and is 'shaped by the particular and various experiences of the 'beholder''.[14] Thus, the meaning of an artwork is not treated as fixed, but as open to the unique spiritual perspective of each patient.

There are three central elements to this thesis, that combine to form a proposal, with supporting evidence, for a new way of understanding and doing spiritual care. The first element is the methodology for a new arts-based approach to spiritual care. The second element is a series of case studies in which I describe how this approach to spiritual care can work in

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[9] There is still 'much debate' concerning forms of art therapy involving patients in 'visual art-making'. For more on this, see Chapter 1, p. 25, and also Kristina Geue, Heide Goetze, Marianne Buttstaedt, Evelyn Kleinert, Diana Richter, and Susanne Singer, 'An Overview of Art Therapy Interventions for Cancer Patients and the Results of Research,' *Complementary Therapies in Medicine* 18 (2010): 160-70, and Xiao-Han Jiang, Xi-Jie Chen, Qin-Qin Xie, Yong-Shen Feng, Shi Chen, Jun-Sheng Peng, 'Effects of Art Therapy in Cancer Care: A Systematic Review and Meta-Analysis,' *European Journal of Cancer Care* 29, no. 5 (Published Online June 15, 2020), https://doi.org/10.1111/ecc.13277.

[10] Christopher C. H. Cook, Adam Powell, Ben Alderson-Day and Angela Woods, 'Hearing Spiritually Significant Voices: A Phenomenological Survey and Taxonomy,' *Medical Humanities* (Published Online December 7, 2020). doi:10.1136/medhum-2020-012021.

[11] Stephen Pattison, 'Absent Friends in Medical Humanities,' *Medical Humanities* 33, no. 2 (December 2007): 85-86.

[12] For more on the viability and importance of a hospitable interdisciplinary dialogue concerning spiritual care, see John Swinton, 'BASS Ten Years On: A Personal Reflection,' *Journal for the Study of Spirituality* 10, no. 1 (2020): 6-7.

[13] See Gavin Hopps, 'Spilt Religion,' in *The Extravagance of Music*, ed. David Brown and Gavin Hopps (London: Palgrave MacMillan, 2019), 229-95.

[14] *Ibid*., 241-42.

practice. In these case studies, I use one or two popular novels, films or television series as illustrative examples of artworks that address a salient area of cancer patients' experiences. Each case study is focussed on one of the four key areas of experience that I have chosen to investigate: time, mortality, humour, and sentimentality. These studies show how a range of different genres and media, such as 'tearjerker' novels, comedy films, and television dramas can present affirming, revealing portrayals of life with cancer. Moreover, the case studies describe in detail how the unique qualities of these different media afford specific things to cancer patients concerned with a particular theme. It is not only that the narratives and characters may reflect a real patient's experiences in illuminating ways. The scope of a longform television drama, the metaphorical language in a novel, or the audio-visual imagery in a film, for instance, can each invite a beholder to inhabit new perspectives on cancer, testing out alternative ways of understanding the disease and its impact. This can be thought-provoking, inspiring and liberating for patients searching for meaning. The artworks chosen for these case studies are representative of the depth of imaginative resources available 'out there'. In each case study, I refer to several other accessible, engaging artworks that address the theme in question, offering examples of what these might afford to someone affected by cancer. These examples are indicative of wider possibilities, showing how a single artwork might draw someone into a search for meaning supported and enriched by an array of creative, fictional responses to cancer in contemporary culture.

The third and final element to this thesis is the qualitative research that I incorporate. Rather than merely suggesting at a theoretical level that popular artworks *could* enrich the spiritual care of cancer patients, I provide evidence of how this *can* happen in practice. Despite the growing interest in spiritual care, there is a sense that research in this area has been held back by theoretical questions and conceptual confusion.[15] To move beyond this, I used qualitative research projects to gather empirical evidence of the viability of the methodology for spiritual care that I have designed. Involving real people inevitably adds a layer of complexity, yet it also allows me to present concrete examples of this new approach to spiritual care in practice. Responding to novels, films and television series in light of their personal experiences of cancer, the participants in my trials gave vivid, rich, intimate illustrations of the 'constructive engagement' between a beholder and an artwork that affordance theory describes. This 'data' includes several instances of participants who were moved to re-evaluate their own life with cancer by an apposite artwork, revealing the profoundly positive results this form of spiritual care can effect. Participants also found affirmation in stories and imagery that captured their thoughts and feelings, discovering the 'language' for conveying their spiritual state that contemporary healthcare does not provide. Their voices show the tangible impact that arts-based spiritual care can have on patients' lives.

In chapter one, I set out the thematic, arts-based methodological approach to spiritual care that I adopt in this thesis. First, I describe the problems in contemporary healthcare that have created a need for new forms of spiritual care. The emphases within modern medicine on objectivity, clinical science and empirical data have left little room for patients' personal, subjective spiritual concerns to be addressed. I also explain how the difficulties in defining spirituality hamper the provision of spiritual care, which is intended to address neglected areas

[15] Egan et al., 'Spiritual Care,' 143.

of patients' experiences. However, I argue that a pragmatic understanding of spiritual care, intended to accommodate each patient's unique spiritual perspective, offers a viable solution to these difficulties. Treating spirituality as a usefully vague, imprecise concept facilitates a form of care that can meet each patient's particular spiritual needs. I show how this can be put into practice using a thematic approach to spiritual care, that maps out crucial areas of experience for cancer patients yet leaves patients free to respond to those themes according to their unique circumstances. Finally, I describe how popular, accessible artworks can be used to frame a specific area of experience for cancer patients, providing material for reflection and discussion, whilst offering language, imagery and ideas for patients to draw on. Noting that the field of Theological Aesthetics is ideally placed to offer analytical tools for examining the interaction between an artwork and a patient's spiritual needs, I describe how the theory of spiritual affordances completes this methodological approach to spiritual care. Affordances can be used to draw attention to the 'constructive engagement' between a beholder and an artwork through which a patient can find consolation, affirmation or inspiration as they explore fictional reflections of their experiences of cancer.

Chapter two addresses the theme of time, and the capacity for fictional narratives to reflect and reframe cancer patients' experiences of time. The chapter draws out three specific aspects of patients' experiences of time: 1) a sense of 'lost time'; 2) the unfamiliar and restrictive routines of cancer treatment; and 3) the feeling of being trapped in an interminable cycle of suffering that many patients describe. Whilst outlining these areas of experience from a patients' perspective, I also show how these specific experiences are reflected in two fictional accounts of life with cancer: John Green's *The Fault in Our Stars*, and Alexander Solzhenitsyn's *Cancer Ward*. These novels reveal how cancer can disrupt and transform a patient's relationship to temporality. Evidence from my qualitative research provides examples of these fictional narratives resonating with real patients' experiences of 'days of absolutely nothing', or delays that 'seemed like forever'. Yet this chapter also employs scholarship from Theological Aesthetics to explain how literary fiction can introduce patients to new perspectives on time: constructive concepts of temporality that allow them to reinterpret their experiences. Both novels afford language and metaphors that capture the rich, nourishing moments that can emerge amidst a life altered or shortened by cancer. And as the participants' responses in my qualitative research demonstrate, these imaginative resources can help a cancer patient to express a more personal sense of temporality, determining what time means to them. The frequent areas of overlap and similarity between these two novels also lends support to my claim that preconceived categories of 'high' and 'low' are not appropriate criteria for assessing the value of a given artwork in the context of an arts-based approach to spiritual care.

In chapter three, I use the television series *Breaking Bad* to illustrate how longform television drama can support a cancer patient's search for meaning in suffering and death. *Breaking Bad* is a paradigmatic example of the many influential, accessible modern artworks that address the unsettling presence of death within a society often unwilling to confront human transience. This chapter describes how the expansive scope of the series affords viewers an opportunity for detailed reflection on the 'denial of death', showing how this wider societal problem can be manifested and exposed through the experiences of an individual cancer patient. I explain why the unique qualities of the 'cinematic' aesthetics and longform serialised medium make *Breaking Bad* an appropriate and valuable resource for spiritual care, describing

how the series engages with key areas of cancer patients' experiences of mortality. Through my qualitative research, I illustrate how the series' aesthetics, narrative, and characterisation capture and convey the isolation, anxiety or frustration that many cancer patients feel when suddenly made aware of their transience. I also show how *Breaking Bad* affords a range of alternative perspectives on cancer and mortality, focussing on notions of dependence, 'creative resignation', and paradox. I also use evidence from my qualitative research to show how the series can be used to invite patients to explore and discuss crucial, neglected issues, such as the balance between quality and quantity of life.

Chapter four highlights the potential value of amusing, entertaining films about cancer in a spiritual care context. I explain how popular, accessible comedy films can be used to introduce cancer patients to the therapeutic or transformative impact of levity and laughter. Addressing questions surrounding the spiritual significance of comedy and entertainment, I argue that critical or academic analysis that conflates humour and superficiality is insufficient. I then outline how theories within Theological Aesthetics that take seriously the spiritual importance of comedy can provide the different value judgement required to assess what comic artworks can afford those requiring spiritual care. I set out an expanded taxonomy of comedy focussing on five types of humour particularly relevant for cancer patients, applying this taxonomy to a popular comedy film about cancer, *The Bucket List*, to reveal how accessible comic artworks can reframe cancer patients' experiences. *The Bucket List* features fictional illustrations of the capacity for humour to afford relief, hope, and truth for those affected by cancer. Drawing on qualitative research, I give examples of cancer patients whose perspectives on cancer and humour were changed through watching and discussing these comedy films. Participants involved in the focus group discussions were moved to re-evaluate their views on cancer and humour, or to intensify their efforts to find fun and relief whilst living with cancer. Yet as well as encouraging patients to embrace the many benefits of humour, I also describe how these films afforded a means of examining the potential risks of combining cancer and humour, at a safe distance from real lives and relationships. The chapter thus sets out a template for integrating comedy films into 'humorous interventions' for cancer patients.

In chapter five, I present a new approach to the 'problem of sentimentality' in cancer care and contemporary culture. Highlighting the lack of any consensus, in scholarship or wider society, concerning what precisely 'sentimentality' is, I draw attention to the dangers of absolutist positions against sentimentality. Illustrating these dangers through an analysis of three common philosophical criticisms of sentimentality, and of Jeremy Begbie's theological 'countersentimentality', I argue that a new theological approach to sentimentality and sentimental art is required. Cancer patients' testimonies reveal that there are circumstances in which emotional experiences that might be deemed 'sentimental' can be valuable for those in need of respite or release. I explain how the 'reconceptualised theological approach' to the arts set out by Brown and Hopps, and specifically Hopps' use of affordance theory, can inform an alternative means of evaluating sentimentality that can accommodate the complexities of lived experience. Then, I apply this alternative approach to two popular artworks about cancer deemed 'sentimental' by critics: Elizabeth Berg's novel *Talk Before Sleep*, and series eight of the long-running television dramedy *Cold Feet*. With reference to audience responses and evidence from my qualitative research, I describe several sentimental affordances within these artworks, showing how they invite 'constructive engagement' from people affected by cancer.

This analysis reveals the contextual, subjective nature of sentimental value, that cannot be understood in isolation from the specific circumstances of the beholder. Moreover, the analysis demonstrates that – in the right moment – an accessible, sentimental artwork can meet a cancer patient's spiritual needs.

Chapter 1
A Methodology for Spiritual Care and the Arts

I. Spirituality and contemporary healthcare

'I don't need any bullshit about percentages, millimetres or stages… talk to me like I was a person you loved'. These are the words of Rosa Cisneros, a character in the *Netflix* comic-drama *Orange is the New Black*.[16] She is dying of cancer, but rather than telling her the truth about her condition, addressing her directly as a fellow human being, her oncologist is hiding behind medical jargon. For Rosa, a fierce, passionate, retired bank robber, such evasiveness is intolerable. Whilst this is a somewhat extreme caricature of a contemporary clinician,[17] Rosa's indelicately expressed desire for honesty captures a common concern amongst those experiencing cancer. Her wish to be spoken to in the language of truth, compassion and commonality, rather than talked at in terms of 'stages or percentages', will resonate with many cancer patients. Rosa's defiant voice is a powerful illustration of what a fictional character from popular artforms can offer to someone affected by cancer. In this chapter, I describe how mass-media artworks can be used within a thematic, arts-based methodological approach to spiritual care. Then, I explain how I used qualitative research to gather empirical evidence of the value and viability of this approach in practice. Accessible artworks can be used to engage with areas of cancer patients' experience that healthcare practices typically overlook, offering support to patients who feel their spiritual needs are not being met.

I.1 Modern medicine: the patient as a 'distraction'

The tendency to move from treating a person to curing a cancer in contemporary medical care, which Rosa is protesting, may have its origins in the emergence of the modern medical institution at the turn of the nineteenth century. In *The Birth of the Clinic*, Michel Foucault describes the creation of this modern clinic, a place 'praised for its empiricism'. In typically provocative style, he refers to the changes in medical practice which took place over the nineteenth century as a 'mutation', which saw the 'language of rationality' triumph over the 'feebly eroticized vocabulary of the 'doctor/patient relationship''.[18] It was established that 'in the rational space of disease' patients should only be 'tolerated as distractions that can hardly be avoided'.[19] This, Foucault contends, eliminated the need for the ways in which people used to find meaning amidst sickness and death. Ideas of the spiritual, religious doctrines, and ancient mythologies were now redundant, as at this point in history 'health replaces

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[16] *Orange is the New Black*, series 2, episode 13, 'We Have Manners. We're Polite,' directed by Constantine Makris, written by Jenji Kohan, aired June 6, 2014, Netflix, https://www.netflix.com/title/70242311.

[17] This qualification is extremely important. As a brain cancer patient, I have encountered several nurses, specialists and oncologists who are deeply humane, compassionate people who would not act in this manner. And, I have heard many other patients say similar things.

[18] Michel Foucault, *The Birth of the Clinic*, trans. A. M. Sheridan Smith (New York: Vintage Books, 1994), xiv-ix.

[19] *Ibid*., 9. This was not only portrayed as a victory over the 'distractions' of human relationships, it was also seen as the moment in medical history when death itself was 'exorcized'. French anatomist Xavier Bichat announced in 1801 that to 'open up a few corpses' was to 'dissipate at once the darkness' enshrouding human transience, in *Anatomie Générale* (Paris: Chez Brosson, 1801), quoted in Foucault, *Birth of the Clinic*, 146.

salvation'.[20] The foundations were laid for the 'assumptions about medicine' which have come to shape contemporary Western culture. The 'clinical, scientific' and 'objective' were set in a position of dominance over the 'private, subjective, personal' aspects of our lives.[21]

The problem is that, in the context of modern medicine, it often appears that sickness and death have been deleted from the record as if they no longer existed. Physician and philosopher Daniel Sulmasy goes as far as to say that today's healthcare professionals are responsible for a 'collective denial of death'.[22] As the new medicine has gained momentum, it has become apparent that scientific rationality alone is not enough to confront disease and death in their fulness. It is important to temper drastic statements about collective denials of death, and 'emotionally sterilized' hospitals, with recognition of the lifesaving, humane care often provided by these institutions. But it is nonetheless clear that the modern clinic has not triumphed over death, so much as learned how to 'postpone' or 'ignore' it.[23] It seems that 'the more we are achieving in advances in science', the more we 'fear and deny the reality of death'.[24]

The tendency to confine discussion about death and disease to those things which can be scientifically diagnosed and cured influences how cancer is perceived. Theologian Alan Lewis, speaking from personal experience, asserts that 'everyone with cancer' can testify to the 'embarrassment, euphemisms… even panic' mention of the disease elicits. He attributes this to the fact that cancer forces upon us a 'deep awareness of death's anarchy and terror', in 'a culture which trumpets to itself the defeat of death'.[25] Lacking effective strategies for accepting and reflecting on the way in which cancer exposes human frailty and transience, this culture often resorts to the language of war instead.[26] Life with cancer is framed as a fight against 'an unnatural intrusion';[27] if cancer ends someone's life, they have lost the 'battle' or 'passed away'. This can mean that a patient whose body displays the battle scars of cancer treatment can find themselves presented as 'a pain in our irrational war against death':[28] an unwelcome reminder of the ineradicable bond between mortality and humanity, which causes forms of suffering that cannot be addressed with a scalpel or laser.

In summary, the result is that a patient can be made to feel like a 'scientific specimen' rather than a human being.[29] When medicine was separated from religion, the new emphasis

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[20] Foucault, *Birth of the Clinic*, 198. Historian Roy Porter describes this 'Scientific Revolution' as an attempt to 'resurrect the body in a more secular guise' and move on from the 'vulgar errors' of past beliefs about sickness and healing, in *Flesh in the Age of Reason* (London: Penguin, 2004), xiii-xiv.

[21] Therese Lysaught and Joseph J. Kotva, and Stephen E. Lammers, introduction to *On Moral Medicine*, ed. Lysaught, Kotva, and Lammers (Michigan: Eerdmans, 2012), 3.

[22] Daniel Sulmasy, *The Rebirth of the Clinic* (Washington: Georgetown University Press, 2006), 221. Indeed, analytical psychologist Rosemary Gordon believes there is a sense of 'alienation' from the reality of death and disease in contemporary Western society, and the origins of this problem are 'the physically and emotionally sterilized atmosphere of a hospital or clinic'. See Gordon, *Dying and Creating: A Search for Meaning* (London: Karmac Books, 2000), 8-9.

[23] John Hinton, *Dying* (London: Penguin, 1972), 8.

[24] Elisabeth Kübler-Ross, *On Death and Dying* (London: Routledge, 1989), 6.

[25] Alan Lewis, *Between Cross and Resurrection: A Theology of Holy Saturday* (Michigan: Eerdmans, 2001), 417.

[26] Joshua Langbrake, 'Mint Condition,' in *Cancer and Theology*, ed. Jake Bouma and Erik Ullestad (Des Moines: Elbow Co., 2014), 56.

[27] Natalie K. Weaver, *The Theology of Suffering and Death: An Introduction for Caregivers* (London: Routledge, 2012), 92.

[28] Sandol Stoddard, *The Hospice Movement* (London: Jonathan Cape, 1974), 14.

[29] Sulmasy, *Rebirth*, xii.

on rationality, efficiency and practicality seems to have led away from 'a view of the sick person as a whole person'.[30] Clinicians and nurses have not become less compassionate, but the systems within which they operate have pulled their attention away from the patient, and toward their physical symptoms.

I.2 The need for spiritual care

For those in hospitals experiencing 'anxiety, disorientation and a loss of personal identity', a care system which can only classify them as 'part of a mechanical situation' is not enough.[31] However, there are signs of a new direction in twenty-first century healthcare: an attempt to refocus on the 'subjective needs of a sick person'.[32] Many people who have worked within the United Kingdom's National Health Service, such as theologian John Swinton, are calling for 'better and more person-centred caring approaches', which will 'draw attention to aspects of a patient's experiences that are currently overlooked'.[33] Despite the undeniable value of the ever-expanding arsenal of high-tech care at a clinician's disposal, death has not been defeated, and 'soul-sized questions' remain unanswered for those experiencing serious illness.[34]

To avoid trapping patients in this role of an unwanted 'intrusion', care strategies need to be found which help them discover the 'meaning' that can be found 'not only in spite of, but also because of… cancer'.[35] This necessitates a calm, reflective acceptance of suffering and death, rather than a frantic flight toward cure and correction. It is likely to be a process which embraces 'peacefulness, vulnerability, hopefulness' and even 'creative resignation'.[36] It will also be necessary to reconstruct the relationship between carer and patient which the modern clinic has neglected, in order to meet the cancer patient in their emotional isolation, and to address the 'crisis of meaning' which a cancer diagnosis often causes.[37] Once the threat of cancer is acknowledged, along with the feelings of anger, fear and frustration it can elicit, then the patient can start to explore what might be possible 'because of', as well as 'in spite of', their cancer.

This new focus on more holistic, personal forms of care has led to a 'resurgent interest' in what have been designated the 'spiritual aspects of healing':[38] the 'deeper questions of

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[30] Daniel J. Bakker, 'Spirituality and Meaning in Health Care Perception and Policy,' in *Spirituality and Meaning in Health Care: A Dutch Contribution to an Ongoing Discussion*, ed. Jake Bouwer (Leuven: Peeters, 2008), 41.
[31] Stoddard, *Hospice Movement*, 2-3.
[32] Sulmasy, *Rebirth*, 82-84.
[33] John Swinton, V. Bain, S. Ingram, and S. D. Heys, 'Moving Inwards, Moving Outwards, Moving Upwards: The Role of Spirituality During the Early Stages of Breast Cancer,' *European Journal of Cancer Care* 20 (2011): 640-43.
[34] Richard F. Groves and Henriette Klauser, *The American Book of Living and Dying* (New York: Celestial Arts, 2005), 3. This realisation came in dramatic form for neurosurgeon Paul Kalanithi, when he was diagnosed with inoperable lung cancer. Kalanithi found that 'questions intersecting life, death and meaning' started to present themselves as soon as he moved from practitioner to patient. This caused him to reconsider his own approach to care: '[b]efore operating on a patient's brain, I realised, I must first understand his mind'. See Kalanithi, *When Breath Becomes Air* (London: Vintage, 2017), 70-98.
[35] Victor Frankl, *Man's Search for Meaning* (London: Plenum Press, 1997), 131.
[36] Swinton, 'Spirituality in Healthcare', 169-70.
[37] Groves and Klauser, *American Book of Living and Dying*, 43.
[38] Daniel R. Nethercott, 'Spirituality and Clinical Care,' *British Medical Journal* 326, no.7394 (April 2003): 881.

meaning and identity that have come to be named as spiritual needs'.[39] During the past decade, interest in spiritual care has dramatically increased.[40] Worldwide, a growing number of studies investigating the linkages between spirituality and health outcomes have emphasised the importance of spiritual care,[41] whilst there have been 'significant developments' in understanding the significance of spiritual care within the NHS.[42]

Consequently, the need to provide cancer patients with spiritual care, addressing areas of patients' experiences that have been 'perceptually absent' from healthcare practices,[43] is now well documented.[44] Research has highlighted 'consistent associations' between spiritual well-being and improved health outcomes,[45] as well as revealing that when patients' spiritual needs are not met this has a 'profound impact' on their physical symptoms, social relationships, and quality of life.[46]. The available evidence indicates that, whilst 'provision of spiritual care remains poor', cancer patients both want and need spiritual care,[47] with patients expressing a desire for active 'engagement mechanisms' that offer opportunities for the discussion of spiritual concerns.[48]

Despite this evidence, spiritual care remains an 'essential but neglected' component of contemporary healthcare.[49] It is clear that new means of recording and enquiring about cancer patients' spirituality are required, but published literature addressing this subject is still 'fairly scant',[50] whilst significant practical and methodological problems pertaining to spiritual care remain unresolved.[51] Healthcare institutions often struggle to give spiritual care a place in policy,[52] and as a consequence spiritual care is 'often limited to a brief question on a hospital admission form'.[53] The available literature does not give coherent, consistent guidance on what caregivers should do in practice, or on 'how to do it for a patient, in regard with his/her spiritual

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[39] John Swinton, 'Moving Beyond Clarity: Toward a Thin, Vague and Useful Understanding of Spirituality in Nursing Care,' *Nursing Philosophy* 11, no.4 (2010): 226-37.
[40] Margaret Fitch and Ruth Bartlett, 'Patient Perspectives about Spirituality and Spiritual Care,' *Asia-Pacific Journal of Oncology Nursing* 6, no. 2 (2019): 111-21.
[41] Yi Hui-Lee, 'Spiritual Care for Cancer Patients,' *Asia-Pacific Journal of Oncology Nursing* 6, no. 2 (2019): 101-103.
[42] Chris Levinson, Foreword, *Spiritual Care Matters: An Introductory Resource for all Scotland NHS Members* (Edinburgh: NHS Education for Scotland, 2009), 4.
[43] Swinton, 'BASS Ten Years On,' 9.
[44] Egan et al., 'Spiritual Care: What do Cancer Patients and their Family Members Want?'
[45] Hui-Lee, 'Spiritual Care,' 101.
[46] Fitch and Bartlett, 'Patient Perspectives,' 112. The authors of a review of 27 papers exploring 'Spirituality and well-being in cancer patients' concluded that there was a positive correlation between the two in most cases. See Anja Visser, B. Garssen, and A. Vingerhoets, 'Spirituality and Well-being in Cancer Patients: A Review,' *Psychooncology* 19 (2009): 565-72.
[47] Astrow et al., 'Is Failure to Meet Spiritual Needs'; Carla Ripamonti, Frederico Giuntoli, Sliviac Gonella, Guidod Miccinesi, 'Spiritual Care in Cancer Patients: A Need or An Option,' *Current Opinion in Oncology* 30, no. 4 (July 2018): 212-18.
[48] Egan et al., 'Spiritual Care,' 142-50.
[49] Lucy Ellen Selman, Lisa Jane Brighton, Shane Sinclair, Ikali Karvinen, Richard Egan, Peter Speck, Richard A Powell, Ewa Deskur-Smielecka, Myra Glajchen, Shelly Adler, Christina Puchalski, Joy Hunter, Nancy Gikaara, Jonathon Hope, 'Patients' and Caregivers' Needs, Experiences, Preferences and Research Priorities in Spiritual Care: A Focus Group Study across Nine Countries,' *Palliative Medicine* 32, no. 1 (2018): 216-30.
[50] Egan et al., 153.
[51] Bakker, 'Spirituality,' 29-34.
[52] *Ibid*., 29.
[53] Coyle and Ferrell, *The Nature of Suffering*, 3.

needs'.[54] Whilst this highlights an understandable reticence within management structures already juggling overstretched resources, there are also difficulties on a smaller, more personal scale. For those individuals working within these structures, factors such as 'lack of knowledge' and 'fear of causing a negative reaction' can be 'barriers' to effective communication with patients concerning spiritual issues.[55]

This is indicative of the overall picture in the field of spiritual care, which is still a 'fledgling field' in which 'significant methodological and theoretical problems remain unresolved'.[56] What exactly spiritual care should entail, and how it should be delivered, is far from clear.

II. Reappraising spiritual care

Despite a growing consensus that spiritual care is needed in this context, there is certainly not agreement as to what 'spiritual care' is or, indeed, what 'spirituality' is, and how it should be defined. A thematic, arts-based approach presents a compelling response to the need for spiritual care in a patient context where the 'spiritual' itself is contentious, and extremely difficult to define or pin down.

The complex, subjective nature of the spiritual in contemporary society, and the significance of this for the spiritual care of cancer patients, is captured in a fictional scene by the author John Green. Augustus Waters and Hazel Grace, two young 'cancer survivors' living under the threat of death, are eating a passion fruit *crémaux* and talking about the afterlife. Gus is explaining to Hazel that he has faith in a 'forever': not 'a heaven where you ride unicorns', but 'Something with a capital S'.[57] They are star-crossed lovers in Green's worldwide bestseller *The Fault in Our Stars*, a bittersweet romance in the 'Cancer Kid' genre, and Gus's musings on life after death reveal something of why this novel has resonated with so many readers. This hopeful, confident appeal to 'Something' – a personal sense of a Beyond which does not fit with traditional theological concepts of 'heaven' – reflects the way in which many cancer patients approach their situation today. Despite the decline in traditional religious observance in Western society, there has been an upsurge of interest in spirituality in recent decades; this world may be becoming less religious, but it is not less spiritual as a result.[58] Instead, people

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[54] Mojtaba Ghorbani, Eesa Mohammadi, Reza Aghabozorgi, and Monir Ramezani, 'Spiritual Care Interventions in Nursing: An Integrative Literature Review,' *Supportive Care in Cancer* 29 (2021): 1165-81.

[55] Lorenzo Norris, Kathryn Walseman and Christina M. Puchalski, 'Communicating about Spiritual Issues with Cancer Patients,' in *New Challenges in Communication with Cancer Patients*, ed. Antonella Surbone, Matjaž Zwitter, Mirjana Rajer and Richard Stiefel (New York: Springer US, 2013), 91. Pressures introduced by new technologies, efficiency drives, and resultant reductions in nursing time, alongside complications caused by an increasingly multicultural patient body, all make the provision of spiritual care more difficult. Trying to raise and discuss personal matters with a stranger, whilst operating within increasingly restrictive schedules, is a daunting prospect. See Bakker, 'Spirituality,' 36-39.

[56] Daniel E. Hall, Harold George Koenig, and Keith G. Meador, 'Conceptualizing 'Religion': How Language Shapes and Constrains Knowledge in the Study of Religion and Health,' *Perspectives in Biology and Medicine* 47, no. 3 (Summer 2004): 387.

[57] John Green, *The Fault in Our Stars* (London: Penguin, 2012), 167-68. Green's insights into the nature of spiritual care in contemporary society are a consequence of his experiences as a hospital chaplain, and of his friendship with a teenage girl with terminal cancer. For more on *The Fault in Our Stars* and on Green's motives for writing the novel, see Chapter 2 in this thesis.

[58] Swinton et al., 'Moving Inwards,' 640–52.

are finding new ways to express their individual spiritual outlook, resulting in a proliferation of private, personal spiritualities.[59] Yet this diversity raises a key problem facing those trying to find ways of delivering spiritual care to cancer patients. When patients are reflecting on cancer from the perspectives of atheism, religion, or the plurality of personal S/somethings in-between, determining what exactly 'spiritual care' should involve becomes very complicated.

II.1 Defining spiritual care

One way of clarifying this spectrum is simply to tie spirituality to religion. For instance, Koenig, Larson, and McCullough argue for returning to a definition of spirituality 'very similar to religion', claiming that this would introduce a helpful 'conceptual clarity' by distinguishing spirituality from 'humanism, values, morals' and 'personal beliefs'.[60] Others have made similar arguments in favour of defining spiritual care in terms of 'the propensity to find meaning through an organised body of thought, experience and faith'.[61] The problem remains that many patients will be working with an idea of spirituality that has nothing to do with religious doctrine. 'Conceptual clarity' would come at a cost, as there would be nothing in the care plan for atheists, agnostics, or those whose faith is in a personal Something.

At the other extreme, there are definitions of spirituality in a medical context that refer to a 'universal human characteristic',[62] or a broad collection of 'core values'.[63] There is plenty of research indicating that patients who are 'ambivalent or even unconcerned about religion' still see themselves as 'spiritually engaged',[64] and the aim of creating definitions of spiritual care which emphasise that spirituality and religion are separate entities is to include these patients. However, the issue with definitions along these lines is that they can become too broad, inclusive, and open-ended for those whose sense of the spiritual is about something more specific than a 'universal human characteristic'. Not only religious patients, but also those who have a clear sense of a personal faith in Something, will feel their spiritualities do not match these descriptions.

Having reached this point, it is hard to resist the impression that the whole spiritual care project risks getting bogged down in a conceptual mire. There is 'no common definition or shared understanding of what spirituality is' in the literature on spiritual care.[65] Instead, this unresolved debate over definitions serves to draw attention to the fact that 'spirituality is heterogenous', and 'means different things to different people'.[66] In the field of cancer care, it

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[59] Green's experiences as chaplain at a children's hospital seem to have made him aware of the increasing importance of popular culture as a 'vehicle' for spiritual searching amongst younger generations, as he appears intentionally to offer his popular YA novel as an invitation to readers to engage in spiritual reflection. For more on this, see Ch. 2 pp. 51-52, and Gordon Lynch, *The New Spirituality* (London: I. B. Tauris, 2007), 1-2.
[60] Harold Koenig, David B. Larson and Michael McCullough, *The Handbook of Religion and Health* (New York: Oxford University Press, 2012), 45-47.
[61] Barbara D. Powe, 'Cancer Fatalism—Spiritual Perspectives,' *Journal of Religion and Health* 36 (June 1997): 136.
[62] Norris, Walseman and Puchalski, 'Communicating about Spiritual Issues,' 91-103.
[63] Egan et al., 'Spiritual Care,' 142.
[64] Weaver, *Theology of Suffering*, 7.
[65] Swinton et al., 'Moving Inwards,' 642.
[66] Patricia Casey, 'I'm Spiritual but Not Religious,' in *Spirituality, Theology and Mental Health*, ed. Christopher H. Cook (London: SCM, 2013), 25.

is notable that spirituality has been defined by the various governing bodies to mean 'everything from purpose in life, beliefs, faith, and hope, to transcendence with a higher being'.[67] Considering this, it appears that the most effective way of addressing cancer patients' spiritual needs will not be found through seeking to establish a single, controlling definition of what spirituality is. Greater progress might be achieved through simply accepting that the question 'what is spirituality?' may be impossible to answer, so is not the question that should be asked.

II.2 Spiritual assessment tools

An alternative strategy for meeting patients' spiritual needs is provided by the various 'spiritual assessment' models. These will usually be a checklist, used to assess a patient's perspective on various spiritual matters. For instance, one spiritual 'evaluation form' asks patients to respond to statements such as 'I experience sufficient understanding of my need to cling to life', with 'Yes, No or Not Applicable'.[68] The idea is to turn the patient's responses into data mapping out their 'spiritual profile', which can then be acted upon. An example of this method at work in a cancer care setting is a web-based questionnaire used to assess a patient's spirituality following treatment, which found that 18 months after diagnosis patients had a 'mean spiritual score' of 1.38.[69]

It is immediately apparent from the way these findings are expressed that the 'spiritual assessment' model of spiritual care has allowed itself to be sucked back into the world of scientific empiricism. Much of the discourse about spiritual care stresses the importance of escaping the medical numbers game and getting to grips with the 'messiness and weight of real human life'.[70] Yet turning spirituality into a checklist, or score of 1.38, simply takes this messiness and forces it into a statistic. It is hard to imagine that patients will be thinking about spirituality in terms of a number, or a yes/no checklist, so an approach to spiritual care reliant on these modes of expression will not suffice. If assessment tools cannot 'engage with the patient's spirituality in all its complexity and depth', they are not appropriate starting points for a spiritual care plan.[71] As with the attempts to establish an abstract definition of spirituality, these approaches are driven by a desire for neat, objective answers which must be resisted. Only when this need for 'manufactured objectivity', which is 'inapplicable to the existential, visceral nature of human life' is overcome, will a form of spiritual care emerge which is able to engage with the subjective, unpredictable reality of patients' experiences.[72]

This gap between the scientific rationality of medicine, and the vague, contested and subjective nature of human spirituality, has led some to argue that the two should be kept apart.

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[67] Patricia Richardson, 'Assessment and Implementation of Spirituality and Religion in Cancer Care,' *Clinical Journal of Oncology Nursing* 16, no. 4 (2012): 150.
[68] Henk Jochemsen, 'Questions of Life and Death in the Terminal Phase,' in in *Spirituality and Meaning in Health Care: A Dutch Contribution to an Ongoing Discussion*, ed. Jake Bouwer (Leuven: Peeters, 2008): 102-3.
[69] Karen A. Skalla and Betty Ferrell, 'Challenges in Assessing Spiritual Distress in Survivors of Cancer,' *Clinical Journal of Oncology Nursing* 19, no. 1 (2014): 99.
[70] Kalanithi, *When Breath Becomes Air*, 31.
[71] Neil F. Pembroke, 'Spiritual Care by Physicians: A Theological Response,' *Journal of Religion and Health* 47, no. 4 (June 2008): 556.
[72] Kalanithi, *When Breath Becomes Air*, 69-70.

For some working within the world of medicine, spirituality is a concept 'so diverse as to be meaningless', and spiritual care has no place within an 'evidence-based, cash-strapped healthcare service'.[73] Nursing care specialist John Paley argues that it is wrong to 'place critical topics outside the bounds of scientific enquiry', and that anything which is beyond the reach of 'argument or evidence' should be treated as 'artificial and unnecessary'.[74] It is certainly legitimate to question the value of spirituality, when used as an abstract concept that can become a 'giant conceptual sponge'.[75] This criticism raises important concerns about the role of spirituality in a secular NHS characterised by individualism, challenging the advocates of spiritual care to produce work which can be translated into viable care practices. However, it does not seem clear that dismissing something simply because it deals with 'personal preference', and does not easily submit to scientific enquiry, is justified.[76] Instead, what these criticisms highlight is the need for an approach to spiritual care that does not get caught up in conceptual wrangling, or numerical oversimplification, but focuses instead on the real needs of each individual patient.

II.3 The language of spiritual care and patient experiences

An important example of this kind of approach is found in the work of John Swinton, which stresses the value of spiritual care as a 'functional' and 'pragmatic' idea. Swinton argues that the importance of spiritual care is found by emphasising 'what the concept does'.[77] The key role of the language of spiritual care is its capacity to 'draw attention to aspects of patients' experiences that are currently overlooked',[78] and thus to 'uncover what is meaningful to the patient'.[79] In surveys, cancer patients express a desire for this 'patient-driven' model of spiritual care, in which spirituality is framed in sufficiently broad terms that every individual can 'identify themselves' within the spiritual domain.[80]

This approach helps to show that spirituality is a 'practically significant', and 'extremely important' concept in healthcare, even if it means 'whatever the person asked thinks it should mean'.[81] Trying to find an 'authentic' or 'original' meaning of spirituality, therefore, is neither a helpful nor a necessary part of this process.[82] When a patient is asked about the existential, emotional questions which tend to be bracketed under spiritual care, it seems unlikely that they would respond by asking for an exacting philosophical definition, or by estimating their own 'mean spiritual score'. It is safe to assume that in most cases a patient

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[73] Swinton, 'Moving Beyond Clarity,' 226.
[74] John Paley, 'Spirituality and Nursing: A Reductionist Approach,' *Nursing Philosophy* 9, no. 1 (January 2008): 8-14.
[75] *Ibid*., 5.
[76] *Ibid*., 5, 14.
[77] John Swinton, *Spirituality and Mental Health Care* (London: Jessica Kingsley Publishers, 2001), 163.
[78] Swinton et al., 'Moving Inward,' 643.
[79] Norris, Walseman and Puchalski, 'Communicating about Spiritual Issues,' 107.
[80] Egan et al., 'Spiritual Care,' 150-51. Creating this 'flexible care domain' will ensure that spiritual care becomes something done with patients, rather than to them. See Barbara B. Vincensi, 'Interconnections: Spirituality, Spiritual Care, and Patient-Centered Care,' *Asia-Pacific Journal of Oncology Nursing* 6, no. 2 (2019): 104-10.
[81] John Swinton and Stephen Pattison, 'Moving Beyond Clarity: Towards a Thin, Vague, and Useful Understanding of Spirituality in Nursing Care,' *Nursing Philosophy* 11, no. 4 (2010): 232.
[82] Swinton and Pattison, 'Moving Beyond Clarity', 230.

would start to talk about the kinds of meaning better understood by 'the man in the street' than 'the expert in the field'.[83]

Spiritual care should be about addressing this lived experience of illness often 'underplayed by highly mechanised models of healthcare'.[84] Swinton's focus on the 'actual experience of people' achieves this by addressing unique individuals whose spiritual desires are neglected due to the 'insensitivity and spiritual blindness' of contemporary care.[85] Religion is given a place within this model, but so are concepts of the spiritual which fall outside religious belief. Spiritual care becomes about 'the giving of meaning, transcendence, and/or religion'.[86] And by incorporating the malleability of an 'and/or' this approach remains sufficiently flexible to be open to all patients, whereas a model which maps out predetermined boundaries, expecting patients' spiritual concerns to fit neatly within them, will inevitably cause problems and limit applicability. In a similar fashion to words like 'person', 'art' and 'love', spirituality can open a 'semantic universe', or delineate an 'area of experience'.[87] If you wanted to learn somebody's feelings about love, you would not begin by telling them exactly what love is, then demanding that they stick to your definition. Instead, a question like 'What is love to you?' would invite them to share their thoughts, emotions, and experiences. Similarly, spiritual care should be about asking patients what spirituality means to them, then responding to their answer. Despite being a 'slippery' concept, spirituality does contain 'identifiable components and experiences that can be understood, nurtured and cared for'.[88] And if spiritual care is to help all patients, it should involve practical, compassionate, and universally applicable strategies for exploring these previously neglected areas of experience.

II.4 A thematic approach to cancer patients' experiences

In seeking a methodological approach to spiritual care which deals directly with the personal experiences of cancer patients, John Swinton's flexible, pragmatic understanding of the language of spiritual care seems particularly appropriate. In this next section, I describe how this pragmatic understanding of the language of spirituality can be implemented using a thematic approach to spiritual care. The intention behind this thematic approach is to give the patient something to work with: to map out some general areas they might want to consider, but also to leave these sufficiently open and flexible to accommodate a wide range of reactions. This will avoid getting bogged down in abstracted wrangling over definitions of spirituality, whilst still providing patients and practitioners with a framework for spiritual exploration.

William Breitbart's experimental Meaning-Centred Group Psychology sessions provide some precedent for a thematic approach to spiritual care, demonstrating how the division of spiritual care into topics such as 'Love, Beauty and Humour' or 'Life's Limitations'

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[83] Frankl, *Man's Search for Meaning*, 131.
[84] Swinton and Pattison, 'Moving Beyond Clarity,' 232.
[85] Swinton, *Spirituality and Mental Health Care*, 9.
[86] Swinton, 'Spirituality in Healthcare,' 229.
[87] *Ibid*., 229-31.
[88] Swinton, *Spirituality and Mental Health Care*, 13.

could form the basis of an effective intervention.[89] George Fitchett's work on a thematic framework for spiritual care has also demonstrated how the 'practical division of spirituality into themes' such as 'courage and growth', and 'experiences and emotions' can be implemented successfully.[90] A key advantage of this approach is that it reflects how most patients seem to process their spiritual needs. If you ask a cancer patient to list their spiritual needs, they will often look a little nonplussed. Yet if you ask how cancer has affected the way they think about themes such as hope, or time, for instance, patients usually have plenty to say. In fact, working with cancer support groups has informed the development of my thematic approach to spiritual care, picking out areas of experience that patients want to explore, yet which are overlooked in current care provision.[91]

It is important to set up these themes in a way that does not impose predetermined boundaries or definitions onto patients' experiences. To mitigate this, the descriptions of each of these themes will be drawn directly from sources which give specific details of individuals' experiences. Diverse sources including autobiographical accounts,[92] collections of patient testimonies,[93] and anecdotal evidence recorded by carers,[94] will be used to tie the project directly to the reality of life with cancer. Addressing those neglected areas of experience that emerge in these testimonies, I employ language that will feel familiar and relatable to most patients to name these overlooked aspects of their lives. This will help to ensure that the role of the patient in the project is that of a person, not a disease. The voices of unique individuals, and their responses to cancer, will take centre stage.

The first of these themes which I adopt is the way in which cancer shapes a patient's perception of time, and the frustration or anger this can cause. For someone who has found themselves launched abruptly into the ordeal of cancer treatment, time can 'begin to feel static'.[95] Familiar routines, and the patient's sense of progress through life, are suddenly

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[89] William Breitbart and Michael Masterson, 'Meaning-Centred Psychotherapy in the Oncology and Palliative Care Setting,' in *Clinical Perspectives on Meaning: Positive and Existential Psychotherapy*, ed. P. Russo-Neto, S. E. Schulenberg, and A. Batthyany (Zurich: Springer International Publishing, 2016), 245-61.

[90] This model was based on extensive work with patients and was designed to give a clear sense of how spiritual care might be put into practice as 'tangible care provision'. It was not assumed that all these themes would be relevant to every patient, but that it was likely that some of them would come up in each instance. Henk Jochemsen, M. Klaasse-Carpentier, B. S. Cusveller, A. van de Scheur, and J. Bouwer, 'Questions of Life and Death in the Terminal Phase – Towards Quality Criteria for Spiritual Care in the Terminal Palliative Care from the Patient's Perspective,' in *Spirituality and Meaning in Health Care: A Dutch Contribution to an Ongoing Discussion*, ed. Jake Bouwer (Leuven: Peeters, 2008), 89-92.

[91] For more on my work with cancer support groups, see pp. 31-32.

[92] These include neurosurgeon Paul Kalanithi's description of his life following a terminal cancer diagnosis in *When Breath Becomes Air* (London: Vintage, 2017), and literary scholar Janet Todd's description of a month of her life spent undergoing radiotherapy treatment for cancer in *Radiation Diaries: Cancer, Memory and Fragments of a Life in Words* (London: Fentum Press, 2018).

[93] Key sources of patient testimony referenced in this thesis include: *Strength From Our Lives*, ed. Liza Wolfe (Glasgow: Spectra Print, 2007), a collection of short essays written by cancer 'survivors' describing their experiences of diagnosis and treatment; *Help Me Live: 20 Things People with Cancer Want You to Know*, ed. Lori Hope (Berkeley: Celestial Arts, 2005), a compilation of advice and insights offered by cancer survivors; and the patient 'stories' collected and published by the Maggie's Cancer Care Trust (see 'Stories', Maggie's, accessed October 26, 2021, https://www.maggies.org/about-us/difference-we-make/stories/).

[94] These include Janie Brown's record of the patients she encountered during her career as a palliative care nurse in *Radical Acts of Love: How We Find Hope at the End of Life* (Edinburgh: Canongate, 2020), and Christie Watson's candid description of her 20 years as an NHS nurse in *The Language of Kindness: A Nurse's Story* (London: Chatto and Windus, 2019).

[95] Kalanithi, *When Breath Becomes Air*, 197-98.

replaced by the 'cruel rhythms of bodily disfunction'.[96] The passage of time comes to defined by waiting: waiting for nurses, waiting for medication, waiting to be treated, waiting to be sent home again. Being told 'you will have to wait' becomes a source of anger for many patients,[97] who will often talk about a sense of 'time being lost'.[98] Specific treatments such as radiotherapy or chemotherapy involve an 'anxious delay' before the course starts, followed by a punishing schedule of 'daily visits for several days or weeks',[99] further fuelling patients' frustration at the seeming interminability of these experiences. Add to this the way in which cancer can feel like 'a multitude of smaller deaths' marking the end of 'hopes, dreams, expectations and possibilities',[100] and it is easy to see why cancer patients can feel trapped in an uncertain, unforgiving present. Spiritual carers are tasked with becoming 'champions of a different understanding of time', which could help patients to 'tell the time differently',[101] and open new ways of exploring these experiences.

The second theme is the new awareness of mortality and paradox that a cancer diagnosis brings. Cancer creates a situation in which meaning must be 'sought or constructed in the midst of pain and tears and unanswered questions'; patients often have no choice but to look for 'Meaning in the Madness', and work with the tensions in their lives.[102] Therapist Patricia Connell notes that for patients diagnosed with cancer 'an awareness of mortality is bound to present itself'.[103] It can be extremely difficult to see this new feeling of frailty as something to be accepted and worked with, rather than acted against, particularly in a healthcare setting dedicated to the deferment of death. Elizabeth Kübler-Ross's work with seriously ill patients revealed that many people regard the 'humble acceptance of death' as a sign of 'weakness'.[104] Yet trying to find meaning amid the chaos cancer causes may be far harder if a patient is determined to fight, rather than accept, the reality of their condition. Effective spiritual care will draw attention to the 'shafts of pure joy' which sometimes appear absurdly and unexpectedly during a time of 'monstrous pain'.[105] It could also suggest to the patient that acknowledging their mortality and vulnerability may, counterintuitively, allow them to find renewed strength and optimism. Encouraging a focus on the paradoxes of 'life in relationship to death' can help a cancer patient to notice 'the hope that occasionally sneaks in', drawing attention away from the perceived 'worthlessness of life'.[106]

The third theme is humour, and its potential importance to cancer patients. Humour has been recognised as one of those neglected areas of patients' experiences that spiritual care is

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[96] Lewis, *Between Cross and Resurrection*, 404.
[97] Kübler-Ross, *Death and Dying*, 106-7.
[98] David Kelly and Jacqueline Edwards, 'Palliative Care for Adolescents and Young Adults,' in *The Handbook of Palliative Care*, ed. Christian Faull, 3rd edn. (Hoboken, N.J: Wiley-Blackwell, 2012), 322.
[99] Nicky Rudd and Jane Worlding, 'The Management of People with Advanced Head and Neck Cancers,' in *The Handbook of Palliative Care*, ed. Christian Faull, 3rd edn. (Hoboken, N.J: Wiley-Blackwell, 2012), 240.
[100] Swinton, 'Moving Inwards,', 647.
[101] Swinton, 'Beyond Clarity', 234.
[102] Brian Maclaren, 'Presence Means Everything,' in *Cancer and Theology*, eds. Jake Bouma and Erik Ullestad (Des Moines: Elbow Co., 2014), 20.
[103] Connell, *Something Understood*, 52.
[104] Kübler-Ross, *Death and Dying*, 48-49.
[105] Sheila Cassidy, *Sharing the Darkness* (London: DLT, 1998), 7.
[106] Kübler-Ross, *Death and Dying*, 88.

intended to engage with.[107] A study examining this topic found that 'nurses working with patients with cancer realise that humour is an important coping tool'.[108] Findings from other studies also indicate that cancer patients identified humour as 'a beneficial tool in improving mental health',[109] and 'an element of spiritual coping'.[110] However, a 'chasm' exists between what cancer patients need and desire regarding humour, and the reality of what their care provides.[111] Spiritual care attuned to the comic dimensions of life could highlight the cathartic, restorative potency of laughter and levity. It might help patients to enjoy the 'moments of wonder and humour' which punctuate suffering and sickness, and introduce 'a new sort of openness, trust and tenderness'.[112]

The fourth and final theme explored is the complicated topic of emotions and sentimentality. Theologians, psychologists and therapists sometimes make fiercely polemical arguments against the 'sentimentalization' of life with cancer.[113] Some even go as far as to say that '[s]entimentality is more life-destroying than honest hate', attacking the culture of 'sappy get-well cards and background music', which allows patients to indulge in 'unearned emotion'.[114] There is, of course, a legitimate concern behind this kind of criticism. However, these warnings against all sentimentality seem to lack balance. A common observation within the literature written by carers is that forms of 'temporary but needed denial',[115] such as the 'comfort of make believe' and 'pleasant memories',[116] can be vital coping mechanisms for cancer patients. Spiritual care must cultivate a balanced approach to these matters, which holds together truth and denial, realism and 'make believe'.

Once these themes have been outlined, the next question to answer will be how they could be translated into a practical strategy for spiritual care. How can these themes be presented to patients in a manner which provokes reflection, initiates conversation, and maps out different ways of exploring an area of experience, yet does not overdetermine the possible range of personal responses?

III. An alternative approach: using the arts in spiritual care

Earlier in this chapter, I used the words of neurosurgeon Paul Kalanithi to draw attention to the 'messiness and weight' of human life which conventional medical practice struggles to address.

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[107] Elizabeth Johnston Taylor and Iris Mamier, 'Spiritual Care Nursing: What Cancer Patients and Family Caregivers Want,' *Issues and Innovations in Nursing Practice* 49, no. 3 (January 2005): 260-67.
[108] Wanda Christie and Carole Moore, 'The Impact of Humour on Patients with Cancer', *Oncology Nursing Forum* 9, no. 2 (April 2005): 211.
[109] Mark Bennet and Cecile Lengacher, 'Use of Complementary Therapies in a Rural Cancer Population', *Oncology Nursing Forum* 26, no. 8 (September 1999): 1287-94.
[110] Paige Johnson, 'The use of Humour and its Influences on Spirituality and Coping in Breast Cancer Survivors', *Oncology Nursing Forum* 29, no. 4 (May 2002), 691-95. Kalanithi found that 'levity' brought 'comfort' and 'easy human connections' in cancer wards, see *When Breath Becomes Air*, 88-89, whilst Lewis cherished the 'banter' that penetrated the 'darkness' of his experiences of cancer treatment, see *Between Cross and Resurrection*, 405.
[111] May McCreaddie and Sheila Payne, 'Humour in Health-Care Interactions: A Risk Worth Taking,' *Health Expectations* 17, no. 3 (January 2012): 332-34.
[112] Stoddard, *Hospice Movement*, 213.
[113] Greg Syler, 'On Pain, Suffering and Cancer,' in *Cancer and Theology*, eds. Jake Bouma and Erik Ullestad (Des Moines: Elbow Co, 2014), 98-99.
[114] Stoddard, *Hospice Movement*, 3, 111.
[115] Kübler-Ross, *Death and Dying*, 123.
[116] Hinton, *Dying*, 101.

Following his cancer diagnosis, Kalanithi found that the 'manufactured objectivity' of scientific discourse was 'inapplicable to the existential, visceral nature of human life', which is 'unique and subjective and unpredictable'. His account of personal experiences helps to raise this problem, yet what is especially interesting is that he also suggests a possible solution. Desperately needing a way of coping with the 'monolithic uncertainty' cancer causes, and the threat of the 'shadow of death', Kalanithi found an alternative source of healing: 'it was literature that brought me back to life'.[117] His story shows how art could be a 'profound help' for a patient trying to escape 'thought patterns produced and reinforced by physical distress', or seeking to cultivate 'a deeper understanding of the direction his [or her] life is taking'.[118]

In the context of cancer patients' need for spiritual care, using popular, accessible artforms such as novels, films, and television series to stimulate and enrich discussion of themes around life with cancer can be hugely beneficial. Like the concept of spirituality, these artforms delineate an area of experience whilst remaining 'vague, multi-vocal and imprecise'.[119] Seeking objectivity in spiritual care will result in inadequate care, as provision should be 'tailored to each person'.[120] Artworks show how an area of experience can be opened up in a manner which preserves the freedom of an individual's response. They can be used to set up themes like mortality or temporality, probing particular areas of our spiritual lives, without impinging upon the particularity of each audience member.

III.1 Art and spiritual care

Trying to care for the 'spiritual self' involves vague, elusive concepts like love and art, which will mean different things to different patients. Yet this is exactly why the arts are an appropriate resource for spiritual care. A personal encounter with a work of art is an 'interaction of the presence of that work and of ourselves',[121] which can produce an experience that is both 'private' and 'normative'.[122] The aim of spiritual care is to manufacture exactly this kind of encounter, bringing together the 'universal need for healing' with 'the absolute particularity of being unwell', and in doing so 'making something new out of the subjective and the objective'.[123] For instance, it is possible to assert with some confidence that Fyodor Dostoevsky's novel *The Idiot* will prompt a reader to reflect on sickness, death, and existential tumult, rather than hamsters or popcorn, yet this 'normative' aspect is balanced by the fact that each person is free to respond to the presentation of these themes in their own way. The right piece of art adds depth and detail to a thematic approach to spiritual care, laying out each topic

[117] Kalanithi, *When Breath Becomes Air*, 70, 145-49, 169-70.
[118] Connell, *Something Understood*, 122.
[119] Swinton, 'Spirituality in Healthcare,' 163.
[120] Sidsel Ellingsen, A. L. Moi, E. Gjengedal, S. I. Flinterud, E. Natvik, M. Råheim, R. Sviland, and R. J. T. Sekse, ''Finding Oneself after Critical Illness': Voices from the Remission Society,' *Medicine, Healthcare and Philosophy* 24, no. 1 (March 2021): 36.
[121] Langdon Gilkey, 'Can Art Fill the Vacuum,' in *Art, Creativity and the Sacred: An Anthology in Religion and Art*, ed. Diane Apostolos-Cappadona (New York: Crossroad Press, 1988), 188.
[122] David Tracy, *The Analogical Imagination: Christian Theology and the Culture of Pluralism* (London: SCM, 1981), 262.
[123] Sulmasy, *Rebirth*, 70.

in a compelling, inviting manner whilst also ensuring that the care offered remains 'descriptive' rather than 'prescriptive'.[124]

As well as benefiting patients, using the arts to map out central themes in the experience of cancer can help carers with the problem of how best to 'initiate clear, meaning-centred conversations around the impact of diagnosis'.[125] Without training, support, or additional resources, it can be very difficult to know how best to broach such emotionally charged, sensitive subjects. A work of fiction offers a place for conversations to start, giving impetus, inspiration, and a framework for the exploration of a specific theme. Carers also report that, when trying to deliver spiritual care, it is often the case the 'approaching the topic directly' was not seen as helpful amongst patients,[126] and artworks afford a means of opening up an area of experience for discussion in a sensitive, indirect manner, leaving patients free to refer to their own condition if and when they chose.

There have already been some small-scale attempts to test the impact of using the arts in Oncology Care. For instance, a one-off event for breast cancer survivors combining exhibitions, classes and leaflets aimed to demonstrate how '[a]rt can capture the most intimate and personal aspects of the cancer experience', and 'elicit significant emotional responses'.[127] A few of those writing about spiritual care mention anecdotal evidence indicating that using poetry or music to initiate discussion of spiritual concerns can have 'exceptionally positive' results, although they also acknowledge a lack of detailed research in this area.[128] Others point to progress made in art therapy techniques, suggesting this can 'enliven conversation', or 'bring illustrative examples' into play.[129] There is some evidence indicating that art therapy can be a useful tool for 'allowing cancer patients to express hidden emotions'.[130] However, this places significant demands on both carer and patient, requiring the therapist to provide materials and guidance, whilst also asking the patient to find ways of producing artworks which capture their innermost feelings, in spite of whatever mental or physical suffering they might be enduring.[131] There is still 'much debate' concerning forms of art therapy involving the patient in 'visual art-making'.[132] Therapy in which carers must be instructed to 'remind the patients to enjoy the process',[133] and which relies upon the creation of profound, expressive artworks by severely ill patients, can cause 'anxiety',[134] and will have a limited application despite its clear value in

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[124] Bakker, 'Spirituality,' 33-34.
[125] Swinton et al., 'Moving Inward,' 645.
[126] Fitch and Bartlett, 'Patient Perspectives,' 117.
[127] Julie A. Ponto et al., 'Stories of Breast Cancer through Art,' *Oncology Nursing Forum* 30, no. 6 (2003): 1007-13. Research into cancer patients' responses to photographic art in wards also showed that patients 'valued' the art and found that certain works conveyed 'optimism and safety', or an important 'symbolic meaning'. See Hazel Hanson et al., 'Preferences for Photographic Art for Hospitalised Patients with Cancer, '*Oncology Nursing Society* 40, no. 4 (July 2013), 338-42.
[128] Kevin E. Bras, 'Meditation as Spiritual Intervention', in *Spirituality and Meaning in Health Care: A Dutch Contribution to an Ongoing Discussion*, ed. Jake Bouwer (Leuven: Peeters, 2008), 112-13, 140.
[129] Weaver, *Theology of Suffering*, 105-111.
[130] Michael Baum, preface to *Something Understood: Art Therapy in Cancer Care*, ed. Camilla Connell (London: Wrexham Publications, 1998), 8.
[131] Reasons for cancer patients rejecting, or ending prematurely, art-therapy interventions include: 'a lack of interest in art, a sense of incompetence (''I cannot paint'') or illness-related complications'. See Geue et al., 'An Overview of Art Therapy Interventions'.
[132] Jiang et al., 'Effects of Art Therapy in Cancer Care'.
[133] Groves and Klauser, *American Book of Living and Dying*, 205
[134] Connell, *Something Understood*, 14.

some instances. Using existing, popular artworks to raise specific themes, opening a relevant area of experience for conversation, can provide an alternative option which avoids these problems.

Clinicians treating an illness do not simply declare that 'medicine could help'; they prescribe an appropriate remedy to be administered in a precise way, mindful of the context of the patient and their condition. If artworks are to be used in a targeted way to open up spiritual areas of experience, encourage conversation, and introduce illustrative examples, this must be done in a careful, considered manner. The relationship between art and spirituality will need to be examined in detail, including questions about how this interaction should be understood, and which works will be suitable for setting up specific spiritual themes. However, rather than treating the arts as equivalent to a prescribed clinical treatment, a methodology that recognises the depth and complexity of an artwork must be followed. Moreover, the particularity of an individual's spiritual perspective must be accounted for. Matters of personal taste, cultural preference and interpretation will also need to be considered. Without this kind of detailed analysis and critical engagement, it will not be possible to move from a general sense that art could help cancer patients, to a comprehensive, effective care strategy which uses selected artworks to address central themes in these patients' lives.

III.2 Theological Aesthetics, art and spirituality

As a key part of the discipline of theological aesthetics is interrogating the relationship between art and spirituality, it is singularly well-placed to supply detailed analysis of this interaction. Discussion of the way in which artworks can engage with themes like time or paradox is familiar territory for academics working in this field. Those studying theological aesthetics have shown that art can 'parallel' theology because it also addresses 'whence we came', 'whither we are going' and 'who we are'.[135] They have revealed that art can be comparable to religion, insofar as both offer 'a set of symbols of our own being': a mirror which reflects and frames our spiritual concerns.[136] Used judiciously, scholarship from theological aesthetics can provide detail on how this existentially illuminating 'set of symbols' could be used to help cancer patients.

Clearly, the role religious dogma plays in theological aesthetics is a complicating factor in this process. The aim of pursuing a thematic approach to spiritual care, focussed on functionality and subjectivity, is to avoid adopting a definition of spirituality which would exclude certain patients. Bringing scholarship from theological aesthetics into the conversation involves working with literature which assumes a theological understanding of the spiritual – a perspective that would alienate many patients. This means that it is important to pick out relevant, helpful insights without imposing the doctrinal position from which they were made. Only those theories and concepts that elucidate the role the arts can play in a cancer patients' search for meaning will be included.

The ways in which theological aesthetics brings together art, religion and spirituality are also a vital asset, however, as well as a potential complication. Describing the parallels

[135] Hans Küng, *Art and the Question of Meaning* (London: SCM, 1981), 37-39.
[136] Gilkey, 'Can Art,' 188-92.

between the two can bring to light ways of using art to recover some of what was lost in the Enlightenment turn toward a secularised 'new medicine'. Foucault portrays this historical moment as the point at which '[d]isease breaks away from the metaphysics of evil' and 'health replaces salvation'.[137] Christian metaphysics, and everything associated, was unceremoniously cast out of the clinic. Yet what was lost in the process was a 'ready-made language with which to describe spiritual struggles and joys'.[138] Theological aesthetics draws attention to instances of art speaking this language. It can be used to pick out elements of this vocabulary which do not depend on adherence to religious doctrine to make sense, yet which would still help patients to open up about spiritual 'struggles and joys'. This constitutes a means of reconnecting medicine to a more holistic and spiritually literate approach to care, that would nonetheless be appropriate in a pluralistic, secular environment. Indeed, John Swinton argues that a 'hospitable dialogue' between theological and medical disciplines, in which the integrity of each field is respected, can be pursued without forcing any specific definition of spirituality on those involved.[139]

III.3 The 'beholder's share' and spiritual care

The use of theological aesthetics to explore the relationship between art and a personal, contextually determined concept of the spiritual, is not uncontroversial. Although there is an awareness in the discipline of the 'variety of ways' in which 'increasing numbers of Westerners are discovering and articulating spiritual meaning in their lives',[140] several theologians have expressed misgivings about this 'ubiquitous talk of transcendence in culture at large'.[141] Jeremy Begbie, an influential voice in theological aesthetics, notes that it is becoming increasingly common to 'find the arts allied to the 'spiritual'' in contemporary culture, but expresses his frustration at the 'cloudiness and irresolution' of such language.[142]

Notably, Begbie's distrust of the vague nature of this language of spirituality has many similarities with the arguments of those who want to base spiritual care on a predetermined definition of the spiritual. This desire to tie ideas of spirituality and transcendence to an 'axiomatic' and 'stubbornly particular' religious concept,[143] would be shared by those working on spiritual care who believe 'spirituality' should be defined by a specific understanding of religious transcendence.[144] John Paley's criticism of spirituality as an 'invention of the late twentieth century', which is merely theology 'turned inside out, universalised, and applied

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[137] Foucault, *Birth of the Clinic*, 23.
[138] Sulmasy, *Rebirth*, 22.
[139] Swinton, 'BASS Ten Years On,'. Swinton suggests that academic research into spirituality should 'encourage, respect and develop the study of *all* forms of spirituality, including religious and secular', whilst cultivating the 'genuine hospitality' that requires 'that we remain open to rigorous, critical dialogue that is carried out with honest curiosity and in a non-judgemental and peaceful way, wherein all parties can be respected, listened to, and taken seriously'. This, I would suggest, provides a model for an interdisciplinary methodology integrating scholarship from theological aesthetics into a pragmatic, 'hospitable', model for spiritual care (6-7).
[140] Christopher Partridge, *The Re-Enchantment of the West Volume One: Alternative Spiritualities, Sacralization, Popular Culture and Occulture* (London: T & T Clark, 2004), 1.
[141] Jeremy Begbie, *Redeeming Transcendence* (Michigan: Eerdmans, 2018), 124.
[142] *Ibid*., 2-5.
[143] *Ibid*., 122.
[144] See, for instance, Koenig, Larsson and McCullough, *Handbook of Religion and Health*, 45-47.

indiscriminately',[145] is directed against the provision of spiritual care in a nursing context, yet perfectly captures Begbie's objections to the way spirituality is being used to talk about the arts. In both instances, there is strong resistance to working with personal, contextual spiritualities beyond the boundaries of abstract dogma.

It is also significant that the arguments against Begbie's approach to theological aesthetics have much in common with those warning against 'the distorting tendencies of specificity' in spiritual care.[146] Evaluating spiritual experiences based on predetermined criteria leaves no room for the complexities of subjective, affective responses to the arts to play a role. Theologian Robert K. Johnston summarises this problem by suggesting that '[r]ather than reflecting on our own personal experience with T/transcendence, we have too often settled for intellectual conviction based on detached philosophical argument'. His arguments for reconnecting theological aesthetics with a culture in which 'first order testimony' is 'increasingly important' parallel those which stress the need for spiritual care to put aside 'detached philosophical argument' in favour of a focus on patients' actual experiences.[147]

An alternative to 'detached philosophical argument' is the 'reconceptualised' approach to art, spirituality and popular culture developed by David Brown and Gavin Hopps.[148] This is governed by the principle that the arts must be heard 'in their own right' first, and individual responses considered before any form of 'critical assessment' is introduced. The aim is to explore spiritual experiences elicited by artworks in our wider culture without imposing criteria taken from the exercising of 'instrumental rationality'.[149] This avoids modes of evaluation that 'disown the original experience of art and replace it with some other kind of experience'.[150] Informed by this reconceptualised approach, Hopps emphasises the significance of the 'Beholder's Share': the 'psychological and emotional involvement' of the individual viewer. Instead of treating the meaning of a given artwork as predetermined, this approach recognises the ways in which meaning is 'inflected by the particular and various experiences of the 'beholder''.[151] Crucially, this means that the potential 'psychological, emotional, and social benefits' of the artwork are brought to light, including benefits accrued from 'popular' or 'low' artforms.[152]

Central to this alternative approach to art and spirituality is the concept of spiritual 'affordances'. This is because the idea of an affordance serves as a conceptual tool that 'goes beyond the objective/subjective dichotomy', focussing instead on functional significance.[153]

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[145] Paley, 'Spirituality and Nursing,' 9.
[146] Swinton, 'Beyond Clarity', 233.
[147] Robert K. Johnston, *God's Wider Presence: Reconsidering General Revelation* (Michigan: Baker Academic, 2014), 2. Another theologian, George Pattison, also denounces the tendency within theological aesthetics to judge art 'in terms of its relation to a (verbally determined) dogmatic meaning'. He asserts that our response to art is 'always particular, always personal' and 'irreducibly subjective', so scholars cannot assume that there is a 'theoretical high ground above the cut and thrust of opinion'. See Pattison, *Art, Modernity and Faith: Restoring the Image* (London: S.C.M., 1998), 177-79.
[148] See Hopps, 'Spilt Religion,' 229-95.
[149] David Brown, *God and Enchantment of Place* (Oxford: Oxford University Press, 2004), 22-23.
[150] Tracy, *Analogical Imagination*, 113.
[151] Hopps, 'Spilt Religion,' 241-42.
[152] David Brown and Gavin Hopps, introduction to *The Extravagance of Music* (London: Palgrave MacMillan, 2018), 4.
[153] Mark Reybrouck, 'Musical Sense-Making and the Concept of Affordance: An Ecosemiotic and Experiential Approach,' *Biosemiotics* 5, no. 3 (2012): 394.

Originating in James J. Gibson's ecological theory of perception, affordances are 'properties taken with reference to the observer', used to describe what an object 'offers' a perceiver: what it 'provides or furnishes' to meet their needs.[154] Affordances are not 'dependent on any intention of the object or its designer', so 'meaning does not reside 'immanently' within the work' but is 'more widely distributed across a relational field of subject and object'.[155] Hopps identifies this as an analytical concept that can 'encompass a more experiential perspective'.[156] When reapplied to the arts, affordances emphasise a perceiver's 'constructive engagement' with a work, as opposed to their 'passive reception' of an already extant meaning.[157]

My research shows, then, how Hopps's reapplication of affordance theory to questions of art and spirituality can be adapted for an arts-based approach to spiritual care. This conceptual tool allows for a precise examination of artworks informed by the therapeutic needs of cancer patients. Affordances can be used to evaluate the 'constructive' use of materials from artworks, casting the ill person as an active participant who brings new resonances and meanings into the artwork. This conceptualisation of our spiritual experiences of the arts is ideally suited to a pragmatic, patient-centred form of spiritual care focussed on what is meaningful to each individual patient.

The relevance of affordance theory to those searching for meaning in illness can be highlighted using the concept of 'borrowed stories' developed by medical sociologist Arthur Frank. When people come to tell their unique cancer story, they are inevitably 'indebted' to other stories they have heard and are influenced by cultural templates and expectations, taking from a range of sources to construct a synthesis that accurately captures their experiences.[158] This process is what Frank calls the 'indigenization of borrowed stories': a means of 'co-constructed storytelling' in which people adopt elements from other stories. This encourages us to see several types of narrative as resources available for 'perpetual reinvention through co-construction'.[159] And in a contemporary society in which 'most people's poets' – their sources of inspiration and ideas – are 'the creators of mass media stories', the popular artworks that I focus on in this thesis are crucial to this process of 'co-construction'.[160] The concept of borrowed stories balances the 'intensely personal' nature of patients' experiences against an awareness that our capacity to tell these stories depends on shared cultural resources that provide language and structure,[161] suggesting the need for analytical methods that also respect this balance. And this is what the concept of spiritual affordances outlined by Hopps provides by transcending the 'objective/subjective dichotomy'.

However, affordances are a more powerful, apposite analytical tool, in this context, than the concept of borrowed stories. A focus on narrative alone precludes analysis which is attentive to the peculiar qualities of distinct media. Not all patients will understand their lives

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[154] James J. Gibson, *The Ecological Approach to Visual Perception* (London: Laurence Erlbaum Associates, 1986), 127-43.
[155] Hopps, 'Spilt Religion,' 232, 240.
[156] *Ibid*., 231.
[157] *Ibid*., 231-32.
[158] Richard Freadman, 'Spanning Cancer: Cancer as an Episode in an Individual Life Story,' *Society* 52 (August 2015): 490.
[159] Frank, *Wounded Storyteller*, 199.
[160] *Ibid*., 201.
[161] *Ibid*., xxiii-iv.

and illness in terms of a conventional, linear narrative,[162] yet popular artworks such as television and film present a range of audio-visual experiences offering something more than just a story to borrow. Rather than studying films, television series and novels as simply sources of stories, applying affordance theory to the arts encourages us to consider how the distinctive features of these media might affect a patient. The psychological and emotional involvement of the beholder can be shaped by aesthetic qualities, as well as narrative. Thus, by encompassing this 'experiential' dimension of our encounters with artworks, affordance theory can be used to highlight the significance of immediate, emotional responses to the arts. As such, it is an apposite analytical method for identifying a range of popular artworks that can each offer specific, important things to a cancer patient in need of spiritual nourishment.

III.4 Using popular art in spiritual care

By recognising the benefits that may be accrued from 'popular' or 'low' artforms, Brown and Hopps present a new approach that can highlight the spiritual significance of mass-media artforms for those searching for meaning.[163] Academics working in theological aesthetics often 'spend too much time reading what other theologians write', and not enough 'examining what the vast majority of people… actually do'.[164] There has been a tendency for research to gravitate toward the more familiar, exclusive territory of 'high art', and neglect all else besides. Theologians who try to highlight the 'enormous promise in television, film and other new media' are in a small minority,[165] As a result, the popular, mass-appeal artworks that influence what many people think, feel and talk about are often overlooked.

The problem with neglecting popular culture is that it could leave theological aesthetics detached from a crucial area of spiritual expression and growth, especially when it comes to matters of sickness and death. It is easy to find theologians who believe that 'just because spiritual reflection is entwined with popular culture and urban myth it is therefore superficial'. Yet academics convinced that 'the world 'out there'' is 'sliding into spiritual superficiality' often seem to have devoted little time to discovering what is actually in this world.[166] Alan Lewis dismisses 'today's dominant culture' as one defined by 'loss of meaning, hope, and creativity', incapable of confronting the 'fact of death'. He refuses to see value in 'that 'spirituality' so fashionable now' and recommends that academic theology 'sharply distinguish itself' from modern culture.[167] Theologian Paul Keller takes a similar line, arguing

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[162] For more on the limitations of the use of narrative in person-centred care, see Angela Woods, 'The Limits of Narrative: Provocations for the Medical Humanities,' *Medical Humanities* 37 (2011): 73-78; and Claire Charlotte McKechnie, 'Anxieties of Communication: The Limits of Narrative in the Medical Humanities,' *Medical Humanities* 40 (2014): 119-24.

[163] David Brown and Gavin Hopps, introduction to *The Extravagance of Music* (London: Palgrave MacMillan, 2018), 4.

[164] Harvey Cox, *The Seduction of the Spirit* (New York: Simon and Schutz, 1973), 275-79.

[165] *Ibid.,* 255. Other scholars within this 'small minority' include Kutter Callaway and Dean Batali, who have done extensive work on the religious significance of television in contemporary culture in *Watching TV Religiously: Television and Theology in Dialogue* (Michigan: Baker Academic, 2016). For more on Callaway and Batali's contribution, see Chapter 3 of this thesis, pp. 66-67.

[166] Partridge, *Re-Enchantment*, 8.

[167] Lewis, *Cross and Resurrection*, 341-48, 417.

'contemporary Western society gives its members no explanation for suffering and very little guidance on how to deal with it'.[168]

There is certainly an element of truth in these claims, as the difficulties secularised healthcare institutions have in helping patients search for meaning show. However, it would be wrong to assume that the situation within the clinic is an exact reflection of all other aspects of contemporary culture. It appears that most evaluations of modern spirituality undertaken in both spiritual care and theological aesthetics have been limited by a failure to look in new and unexpected places. Pattison claims that in modernity '[a]rt itself became a vehicle for the passions faith once inspired', but we must 'step outside the lines of demarcation of traditional intellectual disciplines' in order to see this.[169] This is a possibility worth exploring. It may be that elements of the spiritual resources used to care for patients before the Enlightenment turn to scientific rationality have been preserved and reimagined elsewhere. The persistent linkage of the arts and spirituality in contemporary culture could be a sign of the increasing importance of art as a source of spiritual consolation and support for those facing difficult experiences. The reluctance within academia to engage properly with this 'ubiquitous talk of transcendence in culture at large' might have led to the creation of a disproportionately drastic narrative about a cultural loss of meaning, and spiritual deficiency, that features in much of the scholarship in fields like theological aesthetics and spiritual care.

Increasingly, mass-media artforms have become a site of spiritual exploration, in which matters of meaning and mortality are frequently examined through fictional narratives.[170] Connecting spiritual care practices to this collective, cultural form of spiritual reflection can create new resources for people searching for meaning in their experiences of cancer. Since the turn of the century, millions of people have read John Green's novel *The Fault in Our Stars* (2012), about love, cancer, art, and spirituality. Tens of millions have watched several series of *Breaking Bad* on Netflix (2008-2013), a direct, uncompromising exploration of the existential turmoil cancer can cause. Many more of the most successful films, television series and novels of recent times, such as *Fargo* (2014-), *Cold Feet* (2016-), *A Monster Calls* (2011), *The Bucket List* (2008), *Catastrophe* (2015-2019), *Orange is the New Black* (2013-2019), *Mad Men* (2007-2015), *After Life* (2019-), *Talk Before Sleep* (1994), *The Fault in our Stars* (2012), *The Kominsky Method* (2018-), and *Deadpool* (2016) have dealt in detail with the impact of cancer upon peoples' lives.[171] These artworks are bringing the 'big questions' cancer raises to the foreground, so studying how they achieve this, and how people respond, will give vital information about the interrelation of cancer, art and spirituality. Cancer patients frequently express a desire for their spiritual care to be connected to aspects of wider culture, and to elements of community or social structures, that might support spiritual growth,[172] and integrating popular artforms into their care is a constructive, proactive approach that meets this desire.

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[168] Timothy Keller, *Walking with God through Pain and Suffering* (London: Hodder and Stoughton, 2013), 15.
[169] Pattison, *Art, Modernity and Faith*, 3.
[170] See, for instance, Arya, 'Spirituality and Contemporary Art,' Kutter Callaway and Barry Taylor, *The Aesthetics of Atheism: Theology and Imagination in Contemporary Culture* (Minneapolis: Fortress Press, 2019).
[171] Many of the artworks listed here were included in the 'Maggie's Fiction Library' resource that I produced for Maggie's Cancer Care Centres. For more information see pages 32-40 of this chapter, and to view a PDF of the *Maggie' Fiction Library Guide*, see Maggie's Fiction Library – TheoArtistry.
[172] Egan et al., 'Spiritual Care,' 156-59.

Another advantage of bringing a wide range of artworks into consideration is that it enables those offering spiritual care to introduce patients to new, unfamiliar genres and artists, and the different perspectives they bring. An intriguing 'real life' example of this is found in the 'cancer diary' of highly regarded literary scholar Janet Todd, who records her frustration when Henry Longfellow's *Hiawatha* comes to her mind during radiotherapy: '[a] whole adult life reading good writing, by Joyce, Yeats and Eliot… and *in extremis* what pops into my mind is this doggerel'. Rather than embrace this chance to reconnect with the poetry of childhood memories, Todd is determined to 'repress' this 'gauche baggage'.[173] Spiritual care which made use of artworks, yet resisted privileging 'high' art, would arguably help patients avoid these internalised struggles. It could expose people to forms of art they had previously avoided or tried to forget and increase the breadth and variety of their spiritual lives in the process. A devotee of 'doggerel' might suddenly find themselves with the time and motivation to try 'good writing', whilst an 'intellectual' uninitiated in all things 'low' could discover the joys of 'gauche baggage'. In each instance, this would bring to light new ways of perceiving and responding to the spiritual challenges cancer creates.

The following section describes the qualitative research projects that I designed to test out this thematic, arts-based approach to spiritual care in practice. To gather empirical evidence of the value and viability of this methodology for spiritual care, and show how it can inform the development of new care resources, I used qualitative research to investigate patients' responses to this approach.

IV. A thematic, arts-based approach to spiritual care in practice

I used two qualitative research projects to test out my arts-based methodological approach to spiritual care in practice. The intention was to show how the methodology outlined in this chapter can inform the design of effective, practical spiritual care resources for cancer patients. I trialled two new care resources informed by my thematic, arts-based approach: a 'Fiction Library' resource and a series of guided group discussions. These trials formed part of research collaborations with Maggie's Cancer Care Centres and the Northumberland Cancer Support Group (NCSG).[174] My work with the patients, friends and family, staff, psychologists, and

[173] Todd, *Radiation Diaries*, 15-17.

[174] These collaborations also involved a four-month internship with the Northumberland Cancer Support Group, in which I explored how artworks could be used to facilitate and generate discussion of spiritual concerns and foster a sense of community for shielding patients during the first Covid-19 lockdown. Having been forced to adapt the plans for the internship in response to Covid restrictions, I designed – in collaboration with the support group committee and specialist therapists – new ways of providing spiritual support to members when meeting in-person was impossible. This included running an online 'NCSG Reading Group', in which members of the support group were encouraged to read novels or watch television series that would form the basis of group discussions. The popular novels and television series selected were intended to be an accessible, engaging means of opening up themes such as time, uncertainty and community that were especially relevant for members of a cancer support group during the pandemic. Unfortunately, there was not time to secure the necessary ethical approval to gather data from the online Reading Group. This was particularly frustrating because evidence from the group revealed that structuring virtual communities around reflection on, and discussion of, popular artworks can sustain and enrich interactions between members of cancer support groups. Commenting on the Reading Group, the NCSG chairperson said: 'this was very successful. Many members responded positively, sharing their reactions to the novels or series, and connecting these to their own experiences of cancer, as well as relating the novels or series to their experiences of NCSG and the reasons they value the group'. See Frances Davies, 'Internship/Artist-in-Residence Programme Host Organisation Feedback Form,' *SGSAH*, July 27, 2020.

cancer support specialists involved with these charities shaped the development of my research project. My new methodological approach to spiritual care was influenced by interactions with people affected by cancer who used the services and resources available through these two cancer support charities. Areas of experience which cancer patients want to address, yet feel their care neglects, emerged in these interactions, influencing the focus of my research.

In this section, I set out the theoretical approach that I adopted for the qualitative dimension of my research. Then, I describe the two trials that I used to gather evidence of the value and viability of my arts-based methodology for spiritual care, and comment on the representativeness of this evidence. Finally, I discuss these qualitative research trials in relation to concepts of the 'beholder's share' and affordance theory, describing the steps that I took to preserve the distinctiveness of individual voices.

IV.1 Methods

I adopted a constructivist grounded theory method for the qualitative research projects presented in this thesis. This method uses an inductive approach, in which a research question is posed before data is collected. Concepts and themes emerge whilst the data is gathered, gradually leading to the development of a new theory.[175] Constructivist grounded theory is an 'emergent method' that is 'indeterminate, and open-ended'; it 'begins with the empirical world and builds an inductive understanding of it as events unfold and knowledge accrues'.[176] This leaves room for new insights to shape the research as it is being conducted, making it an appropriate methodology for examining an area in which there is little existing data or scholarship. By moving between the collection and analysis of data, the researcher can use data to inform the development of the project. And through this dynamic process, the concepts and theories the researcher comes to employ are 'grounded' in the data collected.[177] This allowed the responses of participants with experience of cancer to influence the design and conduct of the research, leading to a project that was shaped by data revealing cancer patients' spiritual needs and perspectives. As I discovered more about what popular artworks can afford cancer patients, finding specific examples of 'constructive engagement', this informed the ongoing process of collecting and analysing data.

Adopting this approach also allowed for a 'sustained involvement with research participants'.[178] Working with Maggie's and the Northumberland Cancer Support Group over

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[175] 'Constructivist Grounded Theory Explained,' Definitions and Examples of Theory, Health Research Funding, accessed October 10, 2021, https://healthresearchfunding.org/constructivist-grounded-theory-explained/. The definitive guide to constructivist grounded theory in qualitative research is, arguably, Kathy Charmaz's *Constructing Grounded Theory*, 2nd edition (London: Sage, 2014). Developed by Charmaz, constructivist grounded theory is informed by the grounded theory developed by sociologists Barney Glaser and Anselm Strauss. The approach to qualitative research outlined by Charmaz in *Constructing Grounded Theory* formed the methodological framework for the design of the two trial projects presented in this thesis, and for the coding and analysis of the data collected in the trials.

[176] Kathy Charmaz, 'The legacy of Anselm Strauss for Constructivist Grounded Theory,' in *Studies in Symbolic Interaction*, ed. Norman Denzin (Bingley: Emerald Group, 2008), 155.

[177] Anthony Bryant, 'The Grounded Theory Method,' in *The Oxford Handbook of Qualitative Research*, 2nd edition, ed. Patricia Leavy (New York: Oxford University Press, 2020), 167.

[178] Kathy Charmaz, 'The Power of Constructivist Grounded Theory for Critical Inquiry,' *Qualitative Inquiry* 23, no. 1 (2017): 39.

a period of several years ensured that I was consistently hearing patients' perspectives on spiritual concerns, letting these influence my methods and analysis. Working in this way 'lessens the likelihood that constructivist grounded theorists will reify conventional definitions of empirical problems'.[179] And this is crucial in a field in which the language and practices of Evidence-Based Medicine have tended to distort or overlook a patient's spirituality. The 'open-ended' nature of constructivist grounded theory left room for new ideas surrounding the provision of spiritual care to emerge – ideas that originated in direct engagement with people affected by cancer.

Constructivist grounded theory also recognises the role of the researcher's experiences, intentions, and perspectives in interpreting the data.[180] This was important because I am a terminal cancer patient with personal experience of issues pertaining to spirituality and cancer. Clearly, my previous experiences and situation will influence the study in these circumstances, introducing an element of reflexivity. However, a constructivist grounded theory method recognises that findings emerge through the complex interaction between a researcher and the data. This method encourages the researcher to develop 'methodological self-consciousness' by 'dissecting our worldviews, language, and meanings and revealing how they enter our research in ways we had previously not realized'.[181] Methodological self-consciousness means 'examining ourselves in the research process, the meanings we make and the actions we take each step along the way'.[182] In a situation in which my personal experiences would inevitably 'enter' my research, practising this form of self-consciousness ensured this was not a concealed element but an acknowledged and, perhaps, valuable aspect of the project.

IV.2 Focus Groups

One source of the empirical evidence presented in this thesis was a series of focus groups, facilitated by Maggie's and NCSG. These were designed to examine whether popular novels, films, and television series could facilitate and enhance a dynamic, communal exploration of salient spiritual themes. Results suggested this can be an effective way of generating empathetic communication, giving people a valuable opportunity to disclose their cancer story. In the groups, extracts from a novel, film, or television series were used to initiate reflection and conversation, addressing a specific area of experience. This provided a 'way into' subjects that might otherwise be too sensitive or distressing to address, offering participants a means of speaking indirectly about personal experiences, whilst hearing others' perspectives. Evidence from the groups demonstrated that this can be a revealing and uplifting process for patients, affording affirmation and insight to those involved. Moreover, holding several virtual focus groups provided evidence of the capacity for popular artworks to facilitate discussion, foster community and enhance mutual understanding amongst members of support groups when meeting in-person is impossible.

Where very little information is available on a topic – as is the case concerning cancer patients' responses to popular artworks – exploratory focus group interviews are a good way

[179] *Ibid*., 39.
[180] *Ibid*., 36.
[181] Charmaz, 'Power of Constructivist Grounded Theory,' 36.
[182] *Ibid*., 36.

to begin to gather data.[183] In these circumstances, participants taken from pre-existing groups are preferable, especially when the interview addresses sensitive and personal issues,[184] so participants in the focus group were recruited by Maggie's staff and NCSG committee members from existing facilitated support groups for cancer patients. Participants also included cancer support staff, psychologists and therapists recruited from amongst the staff members at Maggie's and NCSG. Focus groups are well-suited to exploring emotional experiences and potentially sensitive topics, because they are affirmative processes in which participants support one another and encourage self-disclosure, so are appropriate for examining difficult subjects pertaining to health and spirituality.[185] They are also an effective method of gathering data on the inherently contextual, relational subject of spirituality, as a focus group allows for group dynamics to be recorded and analysed, so data generated through interactions will be richer.[186]

The focus group study was approved by the University of Saint Andrews Research Ethics Committee (UTREC), and by the Maggie's UK Lead Psychologist (with portfolio responsibility for research) and NCSG Chairperson (on behalf of the NCSG committee). After restrictions imposed in response to the Covid-19 pandemic rendered holding groups in-person impossible, at a point when two focus groups had been conducted, permission was granted for an amendment to the ethical approval allowing for a further five virtual focus groups to be held via Microsoft *Teams*. Thus, seven groups were held in total, four with participants recruited through Maggie's (n=13) and three with members recruited from the NCSG (n=7). Participants were recruited from support groups for people affected by cancer, including both patients and healthcare professionals.[187] The groups each involved between six and eight participants. This was the optimal number of participants, as a group large enough to provide a variety of perspectives and small enough to be manageable.[188]

During a 60-minute focus group, participants were shown, or read, five extracts from a novel, film or television series, each lasting 2-5 minutes. Each group was structured around one of the central themes in cancer patients' experiences addressed in this thesis: time, mortality, humour or sentimentality. I moderated the groups using a semi-structured interview format, designed to ensure conversation focussed on participants' immediate responses to each clip, whilst also allowing discussion to flow organically.[189] The participants were given a brief plot synopsis and a contextualisation of each extract before it was shown or read. They were

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[183] Fatemeh Rabiee, 'Focus-group Interview and Data Analysis,' *Proceedings of the Nutrition Society* 63 (2004): 656.
[184] *Ibid*., 656.
[185] Tracy, *Qualitative Research Methods*, 190.
[186] L. Thomas, J. MacMillan, E. McColl, C. Hale, and S. Bond, 'Comparison of Focus Group and Individual Interview Methodology in Examining Patient Satisfaction with Nursing Care,' *Social Sciences in Health* 1 (1995): 206–19. In focus groups, the presence of others also enhances intensity of interaction and allows for dynamic give-and-take (see Robin L. Jarrett, 'Focus Group Interviewing with Low-income, Minority Populations,' in *Conducting Successful Focus Groups*, ed. David Morgan (London: Sage Publications, 1993), 184-201).
[187] Following the provision of the relevant information about the study to obtain full informed consent, and the expression of willingness to take part, written consent was taken from participants. For the virtual groups, forms were distributed via email and returned to staff in Maggie's centres or via email. No formalised incentive was offered to participants.
[188] Richard Krueger and Mary Anne Casey, *Focus Groups: A Practical Guide for Applied Research* (Thousand Oaks: Sage Publications, 2014), 19-39.
[189] *Ibid*., 103-37.

asked to comment on how the extract engaged with specific areas of experience surrounding cancer. I used a literature review of the relevant material from Oncology Nursing and of cancer patients' testimony pertaining to the theme discussed, as well as detailed analysis of the artwork, to inform the development of interview questions and the selection of extracts.[190]

When analysing the focus groups, I followed the process for coding and analysing data for a thematic analysis outlined by Pranne Liamputtong.[191] I used annotations in the margins of the transcript to develop code words, using 'in-vivo' coding – terms or names used by participants – where possible, to 'preserve the participants' meanings of their views and acts in the coding itself'.[192] The use of in-vivo coding and a grounded theory method ensured the analysis was 'grounded' in the data at each stage, with emergent codes cross referenced against the data throughout.[193] My discussions with research supervisors provided assurances of the trustworthiness and credibility of the analysis undertaken by a lone researcher.[194] I used the finalised key codes to inform a thematic analysis, following the six phases for thematic coding suggested by Braun and Clarke.[195] Initially, I collated codes into tentative groups, gathering related data into potential themes. These proposed themes were tested against the original codes extracted and the entire data set, then collated to form a thematic map. Then, I analysed participants' responses to the presentation of these themes in the extracts in terms of spiritual affordances. This drew attention to what the artwork could offer to a patient or health professional seeking to explore a specific theme associated with humour and cancer. Analysing the affordances in the artwork discussed also reveals how participants' personal experiences of cancer determined the resonances they found in the artwork, providing examples of 'constructive engagement' that enriched their search for meaning.

IV.3 The Fiction Library trial

As part of this dynamic research method, I also designed a new spiritual care resource in collaboration with Maggie's cancer care charity. This 'Fiction Library' resource was trialled in four Maggie's centres across Scotland and was also accessible online through the Maggie's Online Community.[196] The Fiction Library is a collection of popular novels, films, and

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[190] I recorded the two focus groups held in-person via a digital recording device and uploaded these onto a password protected, encrypted computer drive for processing. I recorded the five virtual groups using the recording function on Microsoft Teams. I deleted the visual recording immediately, and the audio recording was downloaded onto a password protected, encrypted computer drive for processing. The audio files from each group were transcribed verbatim and fully anonymised before analysis began. I used field notes recording tone, volume, non-verbal interactions, and group dynamics to limit the loss of non-verbal nuances and to supplement the final text (see Jenny Kitzinger, 'Qualitative Research: Introducing Focus Groups,' *British Medical Journal* 311 (July 1995): 299-302).

[191] Pranne Liamputtong, *Qualitative Research Methods*, 4th edn. (Victoria: Oxford University Press, 2013).

[192] Charmaz, *Constructing Grounded Theory*, 55.

[193] Bryant, 'Grounded Theory,' 186.

[194] *Ibid*., 186.

[195] Virginia Braun, and Victoria Clarke, 'Using Thematic Analysis in Psychology,' *Qualitative Research in Psychology* 3, no. 2 (2006): 77-101.

[196] For more details on the Fiction Library trial, see the Institute for Theology, Imagination and the Arts TheoArtistry project website: Maggie's Fiction Library – TheoArtistry. The Fiction Library trial was approved by the University of St Andrews Research Ethics Committee (UTREC) and by the Maggie's UK Lead Psychologist (with portfolio responsibility for research) and NCSG Chairperson (on behalf of the NCSG committee).

television series, with an accompanying guidebook. The library invites its users to explore spiritual themes relevant to their personal experiences of cancer, using fictional narratives, characters, and imagery. The guide and artworks in conjunction are intended to meet each of the three levels of enquiry about a patient's spirituality outlined by George Fitchett.[197] The brief 'initial contact' occurs when the guide asks a user to select themes or questions directly relevant to their experiences of cancer, such as 'How can I share my experiences of cancer with others?', and 'Can dying ever be a creative, meaningful experience?'.[198] Spiritual 'history taking' follows, when storylines, feelings or ideas in the artworks resonate with elements of the user's lived experiences. Finally, the guide provides a 'conceptual framework' for interpretation and reassessment of a user's evolving spiritual needs, highlighting a range of artworks covering different stages in a cancer journey, and linking these to relevant care resources. People affected by cancer express a desire for follow up care connecting them to support groups and new 'opportunities for discussion',[199] and the Fiction Library can facilitate this ongoing care. It allows for a private process of spiritual self-assessment to lead into new perspectives and different sources of guidance and care, enhancing user's spiritual self-awareness and drawing them into spiritual support networks.

I gathered feedback on the Fiction Library resource using a questionnaire survey. Initially, the intention had been to recruit participants and collect feedback in-person at the four Maggie's centres involved in the trial.[200] However, restrictions imposed during the first and second Covid-19 lockdowns meant that this was no longer possible. I secured ethical approval from Maggie's, and from the University of St Andrews Research Ethics Committee, to transfer the trial online.[201] Participants were recruited by Maggie's staff in centres, through email and via the Maggie's Online Community.[202] Whilst these conditions for the trial made recruiting participants very difficult, ten participants recruited were able to return completed questionnaires.[203] At the end of the trial period, the completed questionnaires were collected, then transcribed immediately and pseudonymised with any fully identifiable data permanently

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[197] George Fitchett, 'Next Steps for Spiritual Assessment in Healthcare,' in *The Oxford Textbook of Spirituality in Healthcare*, ed. Mark Cobb, Christina Puchalski, and Bruce Rumbold (Oxford: Oxford University Press, 2012), 299-309.

[198] See Ewan Bowlby, *Maggie's Fiction Library: Guide*, PDF, accessed July 28, 2021, Maggies-Fiction-Library-Guide.pdf (theoartistry.org).

[199] Richard Egan, Anna Graham-DeMello, Sande Ramage, and Barry Keane. 'Spiritual Care: What do Cancer Patients and their Family Members Want? A Co-design Project.' *Journal for the Study of Spirituality* 8, no. 2 (2018): 153.

[200] These were Maggie's Dundee, Edinburgh, Lanarkshire and Kirkcaldy.

[201] This amendment to the project was approved by the University of St Andrews Research Ethics Committee (UTREC) and by the Maggie's UK Lead Psychologist (with portfolio responsibility for research).

[202] Following the provision of the relevant information about the study to obtain full informed consent, and the expression of willingness to take part, written consent was taken from participants. Forms were distributed via email and returned to staff in Maggie's centres or via email. No formalised incentive was offered to participants.

[203] Unfortunately, several participants recruited in the Maggie's centres were unable to complete and return their feedback due to the Covid-19 restrictions. These prospective participants explained that a lack of time, becoming distracted by other matters, or simply being unable to remember how they reacted to the Guide and artworks meant that, understandably, they did not feel able to participate as planned. Furthermore, as the Fiction Library was designed to be a physical resource available to use in centres, it was more difficult to generate interest in the trial and recruit participants online. These factors mean that the data sample is more restricted than it may have been in different circumstances.

deleted. This produced a pseudonymized transcript containing evidence of participants' responses to the Fiction Library Guide and to the artworks included in the resource.

The use of questionnaires is not a common, 'prominent' method within qualitative research, as producing clear questionnaires that do not leave room for misinterpretation is challenging.[204] The requirement to produce a longer, written response can also be off-putting for prospective participants,[205] as can the length of time required to complete a qualitative questionnaire.[206] However, the use of qualitative questionnaires to complement focus groups is an established method for collecting data.[207] I drew on evidence from the first two focus groups to design a questionnaire that was relevant and clear to the 'target population' of people affected by cancer, informed by the language and forms of expression participants in the focus groups employed.[208] For designing and writing the questionnaire, I used a combination of Likert-type and open-ended questions, to elicit two complementary forms of data.[209] The Likert-type questions provided empirical data on how effective participants found different aspects of the Fiction Library resource to be, whilst the open-ended questions allowed for greater freedom when participants were discussing artworks in light of their personal experiences. Whilst some participants did not appear to be comfortable with the open-ended questions, others revealed that this method of qualitative research can yield detailed, intimate and rich data.[210]

Qualitative questionnaires are appropriate for asking questions concerning topics that are 'little understood and sensitive', such as the intersections of cancer, spirituality and popular artworks.[211] They are also an effective means of preserving a high degree of anonymity, which was a concern in this trial, as participants often disclosed sensitive information.[212] It was also important to use a method for collecting data that allowed those unable to participate in interviews due to anxiety, disability or illness to provide feedback, and qualitative questionnaires meet this need.[213] The Fiction Library trial was, in part, intended to assess how popular artworks and accompanying materials – such as a guidebook – could offer a form of

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[204] Anonymous, 'Dealing with Qualitative Questionnaire Data,' Datasets: Part 1, Sage Research Methods, accessed October 11, 2021, https://methods.sagepub.com/base/download/DatasetStudentGuide/qualitative-survey-ibs.

[205] Louise Davey, Victoria Clarke, and Elizabeth Jenkinson, 'Living with Alopecia Areata: An Online Qualitative Survey Study,' *British Journal of Dermatology* 180, no. 6 (June 2019): 1377-89.

[206] Anon., 'Dealing with Qualitative Questionnaire Data.'

[207] Anthony R. Artino Jr., Jeffrey S. La Rochelle, Kent J. Dezee, and Hunter Gehlbach, 'Developing Questionnaires for Educational Research: AMEE Guide No. 87,' *Medical Teacher* 36, no. 6 (March 2014): 465.

[208] *Ibid*., 465-66.

[209] A Likert scale is frequently used in questionnaires to measure attitudes, knowledge, perceptions, values, and behaviours. Likert-type questions involve a series of statements or values that respondents select from in order to best represent their responses to evaluative questions. Open-ended questions leave room for the participant to respond – in written form – in the manner they choose, without selecting from predetermined responses. See Artino et al., 'Developing Questionnaires,' 467.

[210] Davey et al., 'Living with Alopecia,' 1388.

[211] Gareth Terry and Virginia Braun, 'Short but Often Sweet: The Surprising Potential of Qualitative Survey Methods,' in *Collecting Data: A Practical Guide to Textual, Media and Virtual Techniques*, ed. Virginia Braun, Victoria Clarke, and Debra Gray (Cambridge: Cambridge University Press, 2017), 15-44.

[212] Gareth Terry, Nikki Hayfield, Victoria Clarke, and Virginia Braun, 'Thematic Analysis,' in *The SAGE Handbook of Qualitative Research in Psychology*, ed. Carly Willig and Wendy Stainton Rogers (London: Sage, 2017).

[213] Alex Clarke, Andrew Thompson, Elizabeth Jenkinson, Nichola Rumsey, and Rob Newell, *CBT for Appearance Anxiety: Psychosocial Interventions for Anxiety Due to Visible Difference* (Oxford: Wiley-Blackwell, 2013).

spiritual care to people unable to access services that required them to travel or mix with others in public settings. Having to 'shield' is not a new problem for cancer patients,[214] whilst many more patients were asked to minimise contact with others during the pandemic. A qualitative questionnaire enabled me to gauge what artworks can afford for someone trapped in social isolation, seeking something to entertain, challenge, console or inspire them. When a patient is left with large expanses of time to fill, a resource like the Fiction Library can let therapeutic, imaginative exploration into a life limited by illness.[215]

Transcripts of the questionnaires were initially analysed using the same process of data immersion and 'in-vivo' coding employed for the focus groups.[216] As with the focus groups, this was used to inform a thematic analysis of the transcripts and to gather responses into a thematic map.[217] Synthesised with an analysis of the artworks in terms of spiritual affordances, this drew attention to specific examples of 'constructive engagement' described by participants pertinent to the central themes within cancer patients' experiences that this thesis addresses. In the proceeding case study chapters, these examples are used to substantiate and enrich the analysis of the artworks, illustrating what each artwork can offer to a cancer patient exploring a particular aspect of their experiences.

Evidently, the results of these qualitative research projects should not be considered a representative study. The sample size is not large or diverse enough to be treated as a cross-section of all cancer patients, friends and family members requiring spiritual care. Neither can the views of those healthcare professionals involved be taken as representative of their colleagues' views and experiences. A larger study would be required to collect data that could be regarded as reflective of the overall patient body and those caring for them. However, 30 participants recruited through two separate cancer support charities, and from several different locations across the United Kingdom, were enough to produce responses informed by a wide range of experiences and perspectives. As the evidence presented in later chapters will show, the ways in which participants were affected by the artworks investigated in this project were personal, and often contrasting, due to the unique circumstances of the individuals involved. Moreover, the aim of these experimental trials was not to produce data that could be considered representative. Instead, the intention was to gather examples of the constructive engagement between participants and popular artworks that this thesis is concerned with. These illustrations, I would argue, enrich and substantiate the analysis presented in my case-study chapters, whilst also introducing patients' and caregivers' voices into this analysis.

IV.4 Qualitative research and the 'beholder's share'

The qualitative research presented here evidences the significance of the 'beholder's share', revealing how participants' experiences of cancer shaped the meanings they found in the

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[214] Many of the drugs or treatments used in Oncology Care weaken the immune system, leading to an increased vulnerability to viral infections. See 'The Immune System and Cancer,' *About Cancer*, Cancer Research UK, accessed October 12, 2021, https://www.cancerresearchuk.org/about-cancer/what-is-cancer/body-systems-and-cancer/the-immune-system-and-cancer.

[215] For examples of this process in practice, using illustrations from the Fiction Library trial feedback, see Chapter 2, p. 57 and Chapter 3 p. 87

[216] See above, p. 36.

[217] See above, p. 36.

artworks.[218] This evidence demonstrates the importance of an analytical approach to the artworks informed by affordance theory, supporting the arguments made in this thesis by introducing the voices of people affected by cancer, as they search for meaning in novels, films or television series.

Unfortunately, due to ethical constraints, these voices must be anonymous.[219] It seems that something of the humane, personal nature of participants' responses to the artworks is lost in the process of anonymisation or pseudonymisation. However, I have sought to preserve as much of the distinctiveness of each participant's voice as possible through the manner of presenting the data. Rather than synthesising data by grouping responses under categories, then producing charts, graphs, or other more traditional forms of presenting qualitative research, I have tried to offer an alternative.[220] Weaving individual voices into the narrative flow of the argument, giving them space to be heard in their own right, will – I hope – do justice to these fascinating, intimate, moving responses. This is an unusual approach that naturally entails more selectivity and reflexivity than conventional ways of presenting qualitative data. Yet a key aim of this thesis is to suggest new ways of engaging with patients' spiritual concerns – ways that do not flatten or distort the subjectivity and complexity of an individual's spirituality.[221] By situating these participants' contributions within the language and concepts of art criticism and Theological Aesthetics, I believe I show that this discourse is better suited to accommodate personal engagement with questions surrounding cancer, spirituality and the arts. As the evidence shows, cancer patients do not usually talk about matters of time, mortality, humour or sentimentality in the precise, technical lexicon of Evidence Based Medicine. It is the forms of expression the artworks themselves afford that more naturally capture how patients may be feeling, helping them to convey their thoughts and emotions.

It is also my hope that this novel, experimental approach to gathering and presenting qualitative evidence could stimulate further interdisciplinary research in the fields of spiritual care and Theological Aesthetics. There is interest within Theological Aesthetics in the prospect of testing out 'empirical modes of enquiry' investigating people's experiences of the arts.[222] I

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[218] The 'beholder's share' is the concept adopted by David Brown and Gavin Hopps in their reconceptualised approach to theology in the arts, in order to draw attention to the role of personal circumstances and experiences in shaping the meaning a beholder finds in an artwork. For more on this, see the section on Theological Aesthetics and Spiritual Care earlier in this chapter (27-30).

[219] Although, of course, the need to protect participants' right to, and expectation of, privacy is paramount when they are generous and courageous enough to contribute to this form of research.

[220] For an overview of the various conventional methods of presenting qualitative research available, see the chapter on 'Organizing and Presenting Qualitative Data' in Louis Cohen, Lawrence Manion, and Keith Morrison's *Research Methods in Education*, 7th ed. (Oxford: Routledge, 2011), 537-58.

[221] This focus on individual stories and the specific context of each unique narrative is also supported by the tendency within psychology to avoid universalising or generalising when dealing with personal emotions and spiritual concerns. See Laura Otis, *Banned Emotions: How Emotions Can Shape What People Feel* (Oxford: Oxford University Press, 2019), 2. I believe that alternative ways of analysing and presenting data from empirical research that may be considered more 'rigorous' can lead to an unfortunate tendency to neglect the rich, revealing particularities of each person's voice.

[222] Kutter Callaway has argued that scholars in the field should adopt 'empirical modes of enquiry' that generate 'real-world data regarding aesthetic experiences', to discover 'what actual human beings are thinking, feeling, doing'. Callaway suggests turning to experimental psychology to fulfil this aim, but in this thesis, I present an alternative means of finding out about how 'actual human beings' search for meaning in the arts. See Callaway, 'Experimental Psychology and the Generosity of the Spirit,' *International Journal for the Study of the Christian Church* 20, no. 1 (March 2020): 54-56.

would argue that the methodology for combining qualitative research with analysis informed by affordance theory that I have developed highlights the overlooked role of the beholder's share in determining the spiritual significance artworks can hold. Developing the reconceptualised approach to theology and the arts outlined by Brown and Hopps by introducing an aspect of qualitative research opens a new line of enquiry in Theological Aesthetics.[223] I believe this can enable those working in Theological Aesthetics to contribute to the search for new forms of spiritual care by highlighting how artworks meet those requiring respite, reassurance or encouragement in their moment of need.

The following chapters explain how this can work in practice. Using illustrative examples from popular, mass-media artworks about cancer, I show how the arts can engage with each of the four central themes in cancer patient's experiences outlined in this chapter. Starting each chapter with sources describing these themes from a patient's perspective guards against introducing ideas, definitions or analysis which does not fit with the thoughts and feelings of cancer patients. Using evidence from my qualitative research, I also weave patients' responses to the artworks into these case-studies, drawing attention to the different spiritual affordances each artwork can offer to a patient, whilst showing how artworks can be used to engage intentionally with questions and concerns directly relevant to cancer patients. The artworks chosen are not intended as a definitive list, but are there as good examples of works, from different genres and cultural contexts, which address the themes in question. Each chapter includes footnotes drawing attention to a wider range of popular, accessible artworks that could support a cancer patient's search for meaning, revealing the depth and diversity of the artworks 'out there'. The intention is to show that several artforms should be considered for this purpose, as intermingling styles and media creates a resource capable of accommodating the subjectivity, variety and unpredictability of patients' lives.

[223] Indeed, Hopps has generously drawn attention to my work as a project that presents examples of why 'what's damaging and what's conducive to a person's spiritual and psychological wellbeing will vary widely according to their experiences and existential circumstances'. Hopps argues for the need to take into consideration 'pragmatic and pastoral considerations' when studying the intersections of the arts and religious experience; it is precisely these kinds of considerations that my thesis is engaging with and using qualitative research to investigate. See Hopps, 'Negative Capability and Religious Experience,' *International Journal for the Study of the Christian Church* 20, no. 1 (March 2020): 85-86, footnote 33.

Chapter 2
Reclaiming Interminability: Cancer, Time and Fictional Narratives

Introduction

John Green's bestselling novel *The Fault in Our Stars* is an excellent example of what popular, mass-media artworks can afford a cancer patient in need of spiritual care. One of the most widely read fictional explorations of the problem of suffering ever written, Green's young adult novel has become arguably the most famous fictional exploration of living with cancer.[224] *The Fault in Our Stars* is a search for spiritual nourishment amidst stretches of time disrupted or truncated by cancer. Green spent ten years working on the novel after leaving his position as chaplain at a children's hospital ministering to young patients and their families. Overwhelmed by what he encountered in the hospital, Green says he 'found the experience almost too sad to bear'.[225] Before taking up the post, Green had studied religion and literature, but he explains that the 'fancy theological ideas from reading lots of theological books didn't really matter much when it came to being with kids who were dying'.[226] Yet rather than abandoning the subject, Green says he left the hospital wanting to 'write a novel about sick kids',[227] conceiving *The Fault in Our Stars* as a means of 'trying to understand some of the ways through that [experience]'.[228]

In turning to popular fiction to find meaning in his traumatic tenure as a hospital chaplain, Green set himself apart from many influential theological responses to cancer. Whilst modern theologians have tended to retreat to the solidity of doctrine and dogma when faced with the existential tumult cancer causes,[229] Green sought out a wider audience and a new medium. Consequently, *The Fault in Our Stars* is a fictional narrative that can afford affirmation and inspiration to cancer patients with diverse spiritual perspectives, as they contend with the power of cancer to dictate and damage lives. Both cancer patients and caregivers have specifically identified *The Fault in Our Stars* as a novel that can accurately

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[224] Nicola Christie, 'How Did *The Fault in Our Stars* Become a Bestseller and Hollywood Hit Movie,' *The Independent,* June 12, 2014, https://www.independent.co.uk/arts-entertainment/books/features/how-did-fault-our-stars-tough-talking-book-about-two-teenagers-dying-cancer-become-bestseller-and-hollywood-hit-movie-9530575.html.

[225] Margaret Talbot, 'The Teen Whisperer,' *New Yorker*, June 2, 2014, https://www.newyorker.com/magazine/2014/06/09/the-teen-whisperer.

[226] Emily T. Katz, 'John Green Explains How a Failed Attempt at Divinity School Inspired 'The Fault in Our Stars',' *HuffPost*, March 25, 2015, https://www.huffingtonpost.co.uk/entry/john-green.

[227] John Green, 'Interview with John Green,' Goodreads, December 4, 2012. https://www.goodreads.com/interviews/show/828.John_Green.

[228] Katz, 'John Green Explains'.

[229] See, for instance, Alan Lewis's claim that this culture has come to be defined by 'timidity and negation' in its dealings with death and disease, and by a collective 'loss of meaning, hope, and creativity (*Cross and Resurrection*, 341-48). This fatalistic perspective is shared by Timothy Keller, who argues in his own theology of cancer that contemporary Western culture 'gives people almost no tools for dealing with tragedy' (*Walking with God*, 15-16).

reflect real experiences of cancer in a relatable manner.[230] Yet this influential novel has received remarkably little attention amongst those searching for new forms of spiritual care for cancer patients.[231]

Addressing this oversight, I show in this chapter how two fictional narratives – John Green's *The Fault in Our Stars* and Alexander Solzhenitsyn's *Cancer Ward* – can provide spiritual resources to cancer patients concerned by temporality and transience. These are not the only works which could have fitted this purpose, but there are several reasons for focusing on these two.[232] One is that both deal directly, and in detail, with human experiences of life with cancer. Another is that each novel offers a range of interesting perspectives on the significance of time within these experiences, and on the role that reading fiction can play in transforming patients' sense of time. Alongside his difficult, brief ministry as a hospital chaplain, a major influence on the development of *The Fault in Our Stars* was Green's friendship with Esther Earl, a young woman who died of cancer aged sixteen.[233] Green credited Earl with teaching him that 'a short life can be a good life, a full life', implying that this relationship influenced his conception of time as he worked on *The Fault in Our Stars*.[234] Meanwhile, Solzhenitsyn wrote *Cancer Ward* having experienced a tortuous wait for surgery on a tumour whilst in prison camp.[235] The experience of enduring delays, even as he felt a cancerous tumour growing within him, evidently provided impetus when it came to creating a fictional examination of the impact of cancer upon a patient's sense of time. *The Fault in Our*

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[230] See, for instance, Diane Mapes, 'Teen Cancer Patients Weigh in on 'Fault in Our Stars',' *Fred Hutch*, June 6, 2014, https://www.fredhutch.org/en/news/center-news/2014/06/teen-patients-fault-in-our-stars.html; Joseph H. Cooper, 'The Fault in Our Stars — No Serious Faults, Say Cancer Caregivers,' *HuffPost*, August 30, 2014, https://www.huffpost.com/entry/the-fault-in-our-stars-review_b. Although, of course, an individual patient or caregiver's response to a novel about cancer with always be dependent on their personal experiences and perspective.

[231] To date, there has been little or no academic scholarship reflecting on *The Fault in Our Stars* as a fictional exploration of spiritual themes relating to cancer. One notable exception is Trudelle Thomas's article 'The Spiritual Quest amid Loneliness, Depression, and Disability: Reflections on The Fault in Our Stars by John Green,' *Religious Education* 113, no. 1 (2018): 73-83.

[232] However, this chapter will also show how *The Fault in Our Stars* is paradigmatic of a societal exploration of themes of cancer, trauma and temporality taking place through contemporary mass-media artforms. With reference to popular novels: Audrey Niffenegger, *The Time Traveller's Wife* (London: Vintage Books, 2005), Patrick Ness, *A Monster Calls* (London: Walker Books, 2015); films: *About Time*, directed by Richard Curtis (2013; Universal City: Universal Pictures), https://www.amazon.co.uk/About-Time-Domnhall-Gleeson/dp/B00IK9O8QU, *Life in a Year*, directed by Mitja Okorn (2020; Culver City: Columbia Pictures), https://www.amazon.co.uk/Life-Year-Cara-Delevingne/dp/B08XYBSYR8; television series: *Cold Feet*, season eight, episode two, directed by Rebecca Gatward, written by Mike Bullen, aired January 14, 2019, https://www.britbox.co.uk/series/S8_43341, *The Crown: Series Four*, directed by Paul Whittington, Julian Jarrold, Jessica Hobbs, and Benjamin Caron, written by Peter Morgan, aired November 15, 2020, https://www.netflix.com/watch /80215488? trackId=14277283; and non-fiction books: Mitch Albom, *Tuesdays with Morrie* (London: Time Warner, 2003), Will Schwalbe, *The End of Your Life Book Club* (London: John Murray Press, 2012); Oliver Sacks, *Gratitude* (London: Picador, 2015), I will show how the spiritual affordances offered by *The Fault in Our Stars* and *Cancer Ward* are illustrative of resources available in wider contemporary culture for those wishing to explore themes of cancer and time.

[233] Anwar Deeb, 'Moments of Infinite Joy within a Limited Time: The Concept of Time in John Green's The Fault in Our Stars,' *International Journal of English and Literature* 7 (2016): 112-14.

[234] *Ibid.*, 114.

[235] Whilst in a Soviet prison camp, Solzhenitsyn was told he was in urgent need of surgery to treat a tumour, then made to wait two weeks until the operation. During this delay, 'he felt his tumour swell, distending his stomach almost hourly'. Donald M. Thomas, *Alexander Solzhenitsyn: A Century in his Life* (London: Little, Brown and Company, 1988), 223

Stars and *Cancer Ward* are therefore especially apposite works for supporting an argument in favour of using literary narratives to open up and explore the theme of time. The thought-provoking, and perhaps unexpected, areas of overlap and similarity between these books also lends weight to this project's claim that preconceived categories of 'high' and 'low' are not suitable criteria for assessing the value of artworks in this context. Instead, an unlikely dialogue between the literature of Green and Solzhenitsyn provides fascinating examples of the ways in which fictional narratives can help cancer patients rediscover a more positive, personal and nourishing relationship with all things temporal.

In section 1, the chapter provides a detailed analysis of how cancer patients may experience time, drawing out three issues which are repeatedly raised by those living with cancer: a sense of 'lost time' and disrupted plans; unfamiliar, unforgiving medical regimens; and a sense of being trapped in an interminable cycle of suffering. Whilst setting out these issues from patients' perspectives, I also show how these specific experiences are reflected in *The Fault in Our Stars* and *Cancer Ward*. Each novel describes the mundane, everyday details of cancer patients' experiences, drawing out ways in which diagnosis and treatment can impact upon their spiritual well-being in relatable, compelling narratives. In section 2, I explain how these fictional stories can also help patients to escape problematic thought patterns and to reshape their relationships to time. As Swinton argues, those who offer spiritual care must 'become champions of a different understanding of time'.[236] Theological Aesthetics, meanwhile, describes how fiction can present new perspectives on temporality and transience.[237] By bringing the two together, therefore, I draw out the important implications for the spiritual care of cancer patients, in relation specifically to their experience of time, as this is engaged by fictional narratives. Drawing on my qualitative research, I also provide empirical evidence of the capacity for fictional narratives to reflect and reframe cancer patients' experiences of time. Evidence collated from the focus groups and Fiction Library trial reveals that the right fictional narrative can both affirm a cancer patient's troubled relationship to time,[238] and also allow them to develop and express new concepts of time that capture their personal experiences in a manner that rigid, clinical 'clock time' cannot.

I. Patient experiences of cancer and time, and their reflection in literature

Alan Lewis, in his theological examination of time, cancer and existential tumult, argues that the long stretches of 'inertia' involved in cancer treatment force 'contemporary Westerners' to face their 'fear of time's expanses'. The contrast between the 'frantic pace' of modern life, and the 'stasis' which can characterise life with cancer, brings a new awareness of the 'power of time to tease us'.[239] Yet Lewis responds to this problem by asserting that the Christian Church

[236] Swinton, 'Beyond Clarity,' 234.
[237] Richard Bauckham, 'Time, Eternity and the Arts,' in *Art, Imagination and Christian Hope*, eds. Trevor Hart, Gavin Hopps and Jeremy Begbie (Burlington: Ashgate, 2012), 7-19.
[238] The focus group referenced in this chapter is Focus Group 6, held via Microsoft Teams, November 10, 2020. This anonymised transcript will be referenced in the main text as (TR 6: page number). This chapter also makes use of the transcript collating the anonymized questionnaires from the Fiction Library trial, which will be referenced in the main text as (FL: page number). For more information on these sources, see the front matter of this thesis.
[239] Lewis, *Between Cross and Resurrection*, 412-13.

must 'more sharply distinguish itself from today's dominant culture', as he believes popular culture cannot supply anything of value for those adversely affected by the 'power of time'.[240] In this section, I use *The Fault in Our Stars* and *Cancer Ward* to illustrate what popular novels can afford a cancer patient struggling with temporal turmoil, challenging Lewis's damning appraisal of the contemporary cultural resources available. These artworks can help cancer patients by presenting fictional reflections of unsettling experiences of time. Finding similar thoughts and feelings expressed by fictional characters can encourage patients to discuss their own difficulties, or allow them to acknowledge supressed emotions and anxieties.[241] For instance, describing what they believed that *The Fault in Our Stars* could afford a cancer patient struggling to process their experiences, one participant in the focus groups said: 'it's important when you're going through something like this, to know that you're not the only one'. They argued that reading Green's novel could provide this affirmation, adding: 'to read *The Fault in Our Stars* like this, I would think for anyone that's having trouble reconciling themselves with what they're going through this would be extremely helpful' (TR 6: 12). Indeed, researchers in Narrative Medicine have specifically identified *The Fault in Our Stars* as a novel that 'gives voice' to the 'daily struggles' and 'years of invasive treatments' that some cancer patients face.[242]

In this first section, I show how both *The Fault in Our Stars* and *Cancer Ward* can offer this form of reassurance, reflecting the struggles of real patients. Green employs an informal, intimate first-person narrative voice that encourages readers to identify and sympathise with the novel's protagonist.[243] Meanwhile, Solzhenitsyn's narrative grants the reader access to the interior monologues of several different residents of the cancer ward, offering a range of perspectives for readers to inhabit. Thus, both novels invite a reader to relate to characters who are finding their sense of time reshaped by cancer, presenting voices that might captures aspects of real patients' experiences. I draw out three examples of cancer patients' experiences of time, which are often raised in both the medical literature and patient stories, demonstrating how these two novels can mirror these experiences of cancer and time for patients in affirming, illuminating ways.

I.1 'Lost', disrupted time

Being diagnosed with cancer is invariably a shocking, unsettling experience, and patients often describe this in terms of a changing attitude toward time. Carers note that when a patient is told

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[240] *Ibid*., 341-48.

[241] This process is exactly what the author Will Schwalbe describes in *The End of Your Life Book Club* (London: Two Roads, 2012). Schwalbe explains how discussing fictional characters from novels with his mother, while she was receiving treatment for terminal cancer, enabled them to broach sensitive subjects relating to cancer and time, such as when it would be 'time to stop' treatment (175).

[242] See Anna Obergfell Kirkman, Jane A Hartsock, and Alexia M Torke, 'How The Fault in Our Stars Illuminates Four Themes of the Adolescent End of Life Narrative,' *Medical Humanities* 45 (2019): 240. Kirkman, Hartsock and Torke focus on four themes directly relevant to adolescent cancer patients: (1) the paradox of emerging autonomy and limited lifespan, (2) intensity of emotions (3) the desire to have significant experiences on an accelerated timeline and (4) preferences around legacy and memory-making. In this section I focus on cancer patients' spiritual needs, showing how Green's novel also illuminates four themes relating to time that have a broader relevance and are likely to affect all cancer patients.

[243] Deeb, 'Moments of Infinite Joy,' 116.

that cancer may cut short their life, 'time for him [or her] gains a completely different meaning'.[244] Therapists also observe that a disease which brings a heightened awareness of the 'imminence of death' will often 'affect profoundly a person's experience of time and space'.[245] Kübler-Ross provides the example of an interview with a patient who is determined to defy her prognosis in order to care for her two sons. The patient insists that 'we all have a time to go and it's not my time', as she is desperate to be 'saved just long enough to raise these boys'.[246] Time, and how much she had left, became a source of uncertainty and apprehension for this patient, and she is not an isolated case; a study of the impact of a breast cancer diagnosis on patients found that the discovery was perceived as causing 'a multitude of smaller deaths that relate to the hopes, dreams, expectations and possibilities' of those affected.[247]

Readers of Solzhenitsyn's *Cancer Ward* are left in no doubt as to this power of cancer to distort and disrupt a patient's sense of time. In Chapter 1, I discussed Solzhenitsyn's character, the student Vadim, along with his disregard for 'vapid' books and films, who helpfully exemplifies a certain way of approaching cancer and time.[248] Cancer has reshaped his attitude toward temporal concerns, causing him to feel disdain for 'anything which is not 'time usefully spent''. Solzhenitsyn invites the reader into Vadim's frantic thoughts, and his fury about 'unfinished work', 'interrupted interests' and 'unfulfilled opportunities' following his diagnosis. Vadim's desire to become a 'doctor of science' despite his 'death sentence' has left him gripped by 'a demonic, insatiable hunger for time'.[249] Just as Kübler-Ross's patient is desperate for 'just long enough' to raise her children, so Vadim's life becomes a restless race against the clock. For patient and fictional character alike, time is to be fought and resisted: an obstacle which causes only anger and apprehension.[250]

Gus, Hazel's love interest in *The Fault in Our Stars*, clearly feels the 'hunger for time' which grips Solzhenitsyn's Vadim. He describes life with cancer as like 'Russian roulette' and vents his frustration over time-consuming treatments: 'I was going through hell for six months... then at the end, it still might not work'.[251] Like Vadim, Gus's character provides insight into the perception of 'time being lost' which medical literature connects to cancer, illustrating the overwhelming patterns of thought this can set in motion. Meanwhile, Hazel's experiences of waiting in hospital, enduring 'undays of staring at acoustic ceiling tiles and watching television and sleeping and pain and wishing for time to pass',[252] resonated with several participants in the focus groups. One participant recognised the 'days of absolutely nothing' that feel like 'a complete waste' that Green describes (TR 6: 10-11), whilst another

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[244] Tiesinga, 'Spirituality of the Professional in Health Care,' in *Spirituality and Meaning in Health Care: A Dutch Contribution to an Ongoing Discussion*, ed. Jake Bouwer (Leuven: Peeters, 2008), 54.
[245] Gordon, *Dying and Creating*, 49.
[246] Kübler-Ross, *Death and Dying*, 207-9.
[247] Bain et al., 'The Role of Spirituality in the Early Stages of Breast Cancer,' 647.
[248] See Chapter One, 28.
[249] Solzhenitsyn, *Cancer Ward*, 268.
[250] For a similarly affecting fictional scene dramatizing the impact of 'lost time' caused by a cancer diagnosis, see episode two of *Cold Feet: Series Eight*, in which Jenny Gifford (played by Fay Ripley) hears her son discussing plans for an eighteenth birthday party whilst concealing her fear that she will not be alive to take part in the festivities. See *Cold Feet*, season eight, episode two, directed by Rebecca Gatward, written by Mike Bullen, aired January 14, 2019, https://www.britbox.co.uk/series/S8_43341.
[251] Solzhenitsyn, *Cancer Ward,* 166.
[252] *Ibid*., 168.

said that the passage reminded them of the 'time between having my second and third chemotherapy, that seemed like forever' (TR 6: 11). Evidently, Green captured something of the ennui and frustration experienced by cancer patients forced to watch passively as 'undays' slip by.

I.2 Cancer routines: 'anxious delays' and 'monotonous misery'

Frustration at lost time can be exacerbated by the temporal turmoil of hospital treatments. When the symptoms of disease, and side-effects of treatments and medications, are combined with the hospital environment, Lewis describes the result as a 'heart-breaking routine of monotonous misery'.[253] For instance, the schedule for radiotherapy usually begins with 'an anxious delay for patients before treatment', followed by a 'daily wait for several days or weeks' once radiation begins.[254] All of this also takes place in surroundings which are not well equipped for returning a patient to a more positive, secure relationship to time. A cancer ward is an 'alien' world for patients: an environment that can 'turn night into day' and 'clash with regular life'.[255] For someone recuperating after surgery, radiotherapy or chemotherapy, the healing familiarity of natural circadian rhythms is overridden by frequent injections, doses and check-ups which draw attention to the 'cruel rhythms of bodily dysfunction'.[256] In light of this, it is hardly surprising that, in a study of 110 patients, a key finding was that cancer treatments 'strongly direct the patient toward spiritual practices'.[257]

In *Cancer Ward*, Solzhenitsyn captures the unease and trepidation these 'cruel rhythms' cause in the ward, by structuring whole chapters around the consultants' rounds. As they travel between the beds, the clinicians bring a 'wave of attention, fear and hope' wherever they go, whilst they discuss 'sessions' for treatment schedules. In the chapter entitled 'The patients' worries', the narrative focus switches between the residents of the ward while they wait to be assessed, following the clinical team around. One patient sits with a 'tense expression', watching for the team's arrival, and another 'kept a sharp look out' for the doctors, and 'had been getting himself ready for some time' when they finally reached him.[258] The nervous energy which pervades the chapter reflects the tension and apprehension felt by real patients, whose lives are shaped by these anxiety-inducing routines.

Similarly, in *The Fault in Our Stars*, the narrative becomes a means of illuminating the disruptive influence of these routines. Green uses the striking image of a small oxygen tank, which Hazel must always drag behind her, to illustrate the way the demands of treatment can restrict patients' lives. The tank needs refilling regularly, and this imposes a controlling schedule onto all Hazel does, becoming one of her character's distinctive features.[259] The process of setting up the tank and its timings is woven into the narrative alongside dialogue

[253] Lewis, *Between Cross and Resurrection*, 93.
[254] Rudd and Worlding, 'The Management of People with Advanced Head and Neck Cancers,' 240.
[255] Lewis, *Between Cross and Resurrection*, 404-13.
[256] *Ibid*., 413. See also Schwalbe's description of hospitals as 'interruption factories', in *The End of Your Life Book Club*, 49.
[257] Hatice Guz, Bilge Gursel and Nilgun Ozbek, 'Religious and Spiritual Practices among Patients with Cancer,' *Journal of Religion and Health* 51, no. 3 (September 2012): 769.
[258] Solzhenitsyn, *Cancer Ward*, 54-5.
[259] Kirkman, Hartsock, and Torke, 'How The Fault in Our Stars Illuminates,' 243.

and plot developments, influencing each of these. When a poignant, emotional exchange between Hazel and her mother is interrupted by this process – 'she set if for 2.5 litres a minute – six hours before I'd need a change'[260] – it is redolent of the 'heart-breaking routines of monotonous misery', and 'wearing in-out timetables' referred to in patient testimonies.[261]

I.3 'Going round in circles': cancer as an interminable ordeal'

The overall effect of these negative experiences of time – feelings of lost time, disrupted plans and life-limiting regimes – can be an impression of endless suffering. Patients can reach a point at which 'languor settles in', when time starts to feel 'static' and 'flattens out into a perpetual present'.[262] Trying to express this bleak prospect, a cancer patient in art therapy drew a series of circles, containing the words 'circles, circles, going round in circles… Is there any way out of this maze?'. The result was a 'powerful image of frustration at the repetitive, unending nature' of treatment.[263] As Lewis observes, this cry for a 'way out' reveals how the experience of cancer can appear to promise only 'seeming aeons of nausea and wretchedness', to be tolerated 'without any guarantee of a future to hang on for'.[264]

This recourse to the metaphors of circles and mazes shows the patient is urgently searching for ways of doing justice to troubling experiences, and it is these imaginative tools which literary art can supply. The sense of an interminable struggle with cancer is mirrored in the two novels in question. Solzhenitsyn develops Vadim's character to reflect this, allowing his 'tightly strung capacity for work', and belief there were 'not enough hours in the day' to be gradually worn down by the numbing ordeal of treatment. Eventually, the frenetic, ambitious doctoral researcher is left thinking that the hours were 'too long', because 'there was not enough life' to fill them.[265] This shift toward abject despair, embodied in the narrative's progression, captures the drastic perspective patients can ultimately reach.[266]

This portrayal of time spent in a cancer ward in terms of life-sapping perpetuity is very similar to Hazel's narration of her own stays in hospital in *The Fault in Our Stars*. Given direct access to her thoughts during these periods, the reader discovers that she began to feel like 'the subject of some existentialist experiment in delayed gratification'.[267] In a conversation with her oncologist, Hazel is told that her doctors have 'seen people live with your level of tumour penetration for a long time'. Yet this vague, jargonistic assessment causes only apprehension, surfacing unpleasant memories for Hazel: 'I did not ask what constituted a long time. I'd made

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[260] Green*, The Fault in Our Stars*, 158.
[261] For another example of a poignant evocation of the 'cruel' routines of cancer treatment, see Patrick Ness's novel *A Monster Calls* (London: Walker Books, 2015), in which a young boy gradually becomes habituated to the process of watching his mother made ill by cycles of chemotherapy: 'It was always the second and third days after treatment that were the worst… It had become almost normal' (45-47).
[262] *Ibid*., 197.
[263] Connell, *Something Understood*, 81.
[264] Lewis, *Between Cross and Resurrection*, 409.
[265] Solzhenitsyn, *Cancer Ward*, 324.
[266] A hugely popular television series that recently captured this perspective is *The Crown: Series Four*, in which Princess Margaret (played by Helena Bonham Carter) struggles to find 'meaning' in life, or to 'fill her time', as she undergoes treatment for incurable breast cancer. See *The Crown: Series Four*, directed by, Paul Whittington, Julian Jarrold, Jessica Hobbs, and Benjamin Caron, written by Peter Morgan, aired November 15, 2020, Netflix, https://www.netflix.com/watch/80215488? trackId=14277283.
[267] Green*, The Fault in Our Stars*, 82.

that mistake before'.[268] This was also a passage that resonated with several participants in the focus groups. Identifying with Hazel, one participant described the passage as exposing 'the obvious difference between the professional view and their language, and what it's like to be a patient'. Observing that 'the fact that Hazel doesn't want to ask what constitutes a long time' reflects how such a discussion with an oncologist can be 'a very emotional experience for the patient', the participant contrasted Hazel's description of the meeting with the 'professional, medical language' used by physicians: 'it's almost as if they are talking about the same thing, but from two completely different perspectives' (TR 6: 3). Another participant suggested that Hazel's lack of agency in the meeting reflected their own encounters with oncologists, saying: 'sometimes people [physicians] can just talk over you and then the meeting is finished' (TR 6: 3). Clearly, Hazel's position as a passive patient, receiving pronouncements on her remaining time delivered in opaque medical jargon, felt relatable to participants in the focus groups with direct experience of such meetings. Hazel's interior monologue, like Vadim's changing attitude toward the hours in a day, forms part of a detailed, thoughtful probing of how cancer could reshape a patient's attitude toward time. And for those confronted with this reality, discovering echoes of their experiences outside of private, undisclosed thoughts can help them to move toward acknowledging, understanding and expressing their changing relationship to time.[269]

II. Fictional transformations of cancer and time

These correspondences, between fictional stories and lived experience, show how novels can play an important role in spiritual care, by opening up an 'intellectual space' in which questions of time and cancer can be raised. However, this is not all that artworks can afford. Having introduced cancer patients to a world in which their experiences of time were affirmed and reflected in accessible, relatable characters and stories, fictional narratives can also offer new ways of perceiving these experiences. When a patient has become caught up in an angry, embittered struggle against the passage of time, those offering spiritual care will need to promote a 'different understanding of time'.[270] As palliative care consultant Dr Mark Taubert suggests, carers must try to give patients alternative ways of perceiving temporality, which enable them to step off the 'treadmill' of closed, calculated time. He argues that turning the 'kaleidoscope' through which time is seen can shift a patient's focus 'away from the numbers' and 'the change in the scans', allowing them to see time in a new, 'beautiful' light.[271] And fictional narratives can help cancer patients to access this beauty from beyond the boundaries of clock time. Whereas, in section 1, we have explored the suffering of 'clock time', here we are seeing how literary art can provide an escape from this.

This is directly relevant to cancer patients who urgently need to discover new perspectives on time. In *The Fault in Our Stars,* Hazel – an avid reader – is especially taken by

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[268] *Ibid*., 116.

[269] For another fascinating literary insight into a patient's experiences of waiting in a hospital ward, see Jean Dominique Bauby's depiction of his time in hospital following an accident that left him paralysed, in *The Diving Bell and the Butterfly* (London: HarperCollins, 2002): 'A mysterious paradox: time, motionless here, gallops out there' (p. 109).

[270] Swinton, 'Beyond Clarity,' 234.

[271] *Horizon*, 'We need to talk about death,' produced by Rob Liddel, featuring Kevin Fong, aired January 23, 2019, BBC iPlayer, https://www.bbc.co.uk/programmes/p06yc17v.

one particular novel, *An Imperial Affliction*, which she describes as 'the closest thing I had to a Bible'.[272] It tells the story of a young girl who contracts blood cancer, and Hazel finds that the author 'seemed to understand [her] in weird and impossible ways'.[273] Searching for meaning in her own experiences of cancer, Hazel discovers a fictional voice which speaks directly to her own sense of self, whilst also introducing her to 'weird and impossible' ways of understanding her life. This is not a form of escapism, simply providing a distraction, but a narrative which sets Hazel free, allowing her to understand personal experiences in a new way.[274] Green's novel uses Hazel's formative relationship with her favourite novel to point to the power of literary fiction to cast difficult situations in a 'weird' light, thus making it possible to 'turn the kaleidoscope' and find beauty amidst the waves of suffering. *Cancer Ward* and *The Fault in Our Stars* each contain ideas which can bring about this shift in understanding, allowing patients to see the passage of time in a new light. There are instances when spiritual care needs to be about 'seeing the world differently',[275] and both Solzhenitsyn and Green present new perspectives on the interplay of time, cancer and human lives.

II.1 Literature, positive disruptions, and time 'understood afresh'

The imagery which literary fiction creates can provide flexible, fluid concepts of time that are 'indispensable' in the search for a new language to describe time's structures.[276] When Oleg, the main protagonist in *Cancer Ward*, is given a break from treatment and allowed to leave the hospital, his response illustrates the extent to which the meaning of time can shift dramatically for a cancer patient. Yet rather than regarding this distortion as a problem to be solved, Oleg embraces the fact that, suddenly, 'everything was new and had to be understood afresh'. Instead of dwelling on the time he had lost to treatment, he revels in the novelty that has entered his reality: the sense of a more malleable world of temporal relativity. As he strolls outside, Oleg feels as if it were 'the first day of his new life', reflecting that 'years of his life could not compare with today'.[277] Up to this point, Solzhenitsyn has described in detail Oleg and his fellow patients' residency in the cancer ward, using characters like Vadim to acknowledge that these periods can be filled with a sense of 'unfulfilled opportunities', or dominated by an 'insatiable hunger for time'. But here, Oleg's internal monologue reframes the preceding

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[272] Green*, The Fault in Our Stars*, 13. Intriguingly, the fictitious novel *An Imperial Affliction* was based on David Foster-Wallace's *Infinite Jest*, which itself is a 'transposition' of Dostoevsky's *The Brothers Karamazov*. Wallace promoted Dostoevsky as a 'model' for fiction writers striving against modern manifestations of the nihilism that Dostoevsky's novels ridiculed, and suggested that contemporary authors can produce 'holograms' of these novels, following Dostoevsky in juxtaposing unflinching portrayals of human vulnerability and powerful, persuasive hopefulness (see Timothy Jacobs, 'The Brothers Incandenza: Translating Ideology in Fyodor Dostoevsky's *The Brothers Karamazov* and David Foster Wallace's Infinite Jest,' *Texas Studies in Literature and Language* 49, no. 3 (2007): 265-292). Wallace himself took up this challenge in *Infinite Jest*, then Green re-mediated Dostoevsky's 'hopeful perspective' in *The Fault in Our Stars*, adopting the 'model' Dostoevsky's fiction provides and applying it to the challenging spiritual landscape of the new millennium. For more on this, see my article entitled 'John Green's *The Fault in Our Stars*: A Novel Contribution to 'The Field of Thinking About Suffering',' *Journal of Religion and Popular Culture* (published online May 3rd, 2022), https://doi.org/10.3138/jrpc.2021-0014.

[273] Green*, The Fault in Our Stars*, 39.

[274] Alison Milbank, 'Apologetics and the Imagination,' in *Imaginative Apologetics: Theology, Philosophy and the Catholic Tradition*, ed. Andrew Davison (London: SCM Press, 2011), 39-40.

[275] Cook, 'Spirituality, Theology, and Mental Health,' 46.

[276] Janet M. Soskice, *Metaphor and Religious Language* (Oxford: Oxford University Press, 1987), 120-33.

[277] Solzhenitsyn, *Cancer Ward*, 518-27.

narrative, casting it as merely the prelude to a glorious 'today' suffused with 'early-morning springtime joy'.[278]

Solzhenitsyn scholar George Gibian notes that *Cancer Ward* inducts the reader into 'various modes of addressing oneself to reality',[279] and this is precisely what is achieved in this passage. Oleg's revivifying encounter with unfamiliarity suggests that his prior experience could be 'understood afresh'. A cancer patient reading this passage will not find the difficult reality of treatment and hospital stays ignored, but will be offered a different way of addressing themselves to these experiences, focussed on the promise of a more joyful 'today' to come.

This reveals how cancer's capacity to uproot a patient's sense of time could be regarded as an invitation, as well as a challenge. And *The Fault in Our Stars* also illustrates how this might become an opportunity to entertain more expansive and malleable concepts of time. David Brown argues that art can help its audience to explore 'the more 'open' universe of which contemporary science now speaks',[280] investigating a world in which, as Einstein claimed, 'the separation between past, present and future has the value of mere illusion'.[281] Green's novel can afford a cancer patient access to this more complex sense of time, encouraging them to reach beyond more restrictive perspectives. Returning from a romantic holiday, which has been tainted with tragedy by his admission that he is dying of cancer, Gus starts talking to Hazel about temporality. He tells her that, as they are in a 'superfast airplane', 'right now time is passing slower for us than for people on the ground'. Even better, this means he will 'live longer' during their journey, 'because of relativity or whatever'.[282] Patient testimony details how an 'awareness of the imminence of death' can 'affect profoundly' a cancer patient's sense of time and space, [283] but Gus's vocalised mental meanderings suggest that this reconceptualising can yield constructive results. Green's fiction implies that a cancer patient might allow the destabilising of their sense of time to draw them into this open universe of modern science, granting them opportunities to 'live longer' by refusing to be confined within the illusion of time ticking away in a regulated, unchanging fashion.[284]

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[278] *Ibid*., 518-22.

[279] George Gibian, 'How Solzhenitsyn Returned His Ticket,' in *Solzhenitsyn: A Collection of Critical Essays*, ed. Katherine Feuer (New Jersey: Prentice Hall, 1976), 113

[280] David Brown, *Discipleship and Imagination: Christian Tradition and Truth* (Oxford: Oxford University Press, 2004), 74.

[281] Stoddard, *The Hospice Movement,* 209.

[282] Green*, The Fault in Our Stars*, 149. There are interesting parallels between Gus's response to his terminal diagnosis and the Mitja Okorn film *Life in a Year*, in which a seventeen-year-old boy sets out to give his girlfriend 'a life in a year' after she is diagnosed with terminal cancer. A sense of the inventive, naïve defiance of the strictures of time is identifiable in Okorn's film, which explores questions of quality and quantity of life with the same youthful, imaginative exuberance identifiable in Green's novel. See *Life in a Year*, directed by Mitja Okorn (2020; Culver City: Columbia Pictures), Amazon Prime, https://www.amazon.co.uk/Life-Year-Cara-Delevingne/dp/B08XYBSYR8.

[283] See, for instance, Gordon, *Dying and Creating*, 49.

[284] Another bestselling novel that examines the disparities between 'clock time' and a personal 'inner time' exposed by disease, is Audrey Niffenegger's novel *The Time Traveller's Wife* (London: Vintage Books, 2005). This fictional tale of time-travel, illness and romance investigates 'how it feels to be living outside of the time constraints most humans are subject to', and to 'live, fully present, in the world' in moments when 'Time is nothing'. (pp. 445, 504). A participant in the Fiction Library trial, identifying as a professional Maggie's psychologist, commented that *The Time Traveller's Wife* 'brings to the forefront my therapeutic work in terms of helping people accept the uncertainty in their lives and to live in the moment'. Highlighting the potential relevance of the novel to a cancer patient seeking a more constructive relationship to time, the participant suggested this fictional narrative would be a useful resource for those they were caring for: 'If working with a client regarding

II.3 Cancer and interminability in literature

The sources describing patient experience showed how the overall impact of cancer upon an individual's sense of time can lead patients to feel they are trapped within 'repetitive, unending' cycles of illness, treatment and recovery. Yet, as the narrative of *Cancer Ward* develops, this sense of repetitious, boundless torment is challenged. In amongst Vadim's convoluted reflections on time is a reference to Epicurus's observation that 'a fool, if offered eternity, would not know what to do with it'. For Vadim, Epicurean philosophising about a 'fool with eternity in hand' constitutes justification for his decision to 'dismiss all day-dreams of recovery or life prolonged' and work continuously on his doctorate.[285] However – through Vadim's reflections – Solzhenitsyn has slipped into the reader's mind the possibility that a notional 'eternity' spent on a cancer ward is something the patient can take 'in hand' and treat as space full of potential. The irony of Vadim's obsessional, single-minded use of his time will only strengthen a patient's suspicion that there may be other ways of looking at their own time with cancer.

In another of his novels, *The Gulag Archipelago*, Solzhenitsyn tells the story of an astronomer who – when he was made a political prisoner – found that 'counting the passing minutes put him intimately in touch with the universe'. The prisoner 'saved himself only by thinking of the eternal… and what Time and the passing of Time really are'. Imprisoned, and left to think, the astronomer treated this as an opportunity to re-evaluate the nature of Time itself, and consequently 'began to discover a new field in physics'.[286] In *Cancer Ward*, these different ways of 'thinking of the eternal' are also hinted at, as the reader is invited to look on unbounded periods of stillness as an invitation to consider what they could do with their own 'eternity in hand'.

There are also intimations of the positive potential of timelessness in *The Fault in Our Stars*. The epigraph to the novel, taken from the fictitious work *An Imperial Affliction*, is a metaphor of time as the tidal movement of an ocean 'rising up and down, taking everything with it'. Time, like the ocean, is described as a 'Conjoiner rejoinder poisoner concealer revelator': a fluid entity that surges in cyclical patterns, revealing, shaping and concealing as it moves.[287] From the outset, therefore, the reader is encouraged to think of time as something other than diachronic and predictable. The idea of perpetuity is framed as a shifting tidal rhythm, rather than an endless stretch of one-directional duration. In a work of literary fiction,

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accepting uncertainty I could suggest *The Time Traveller's Wife*… [as] a nice way in to explore topics that may need a light touch to begin with' (FL: 7, 13).

[285] *Ibid*., 272-73.

[286] Aleksandr Solzhenitsyn, *The Gulag Archipelago*, trans. Thomas P. Whitney (London: Collins and Harvill Press, 1974), 484.

[287] John Green, Epigraph in *The Fault in Our Stars*. There are interesting parallels here with contemporary theological fiction which challenges inflexible, linear conceptions of time, such as Eugene Vodolazkin's novel *Laurus*, which describes a sacred environment in which '[t]ime no longer moves forward but goes around in circles', exploring the idea of time as a 'spiral' and 'open figure', whilst also contrasting this with less imaginative notions of temporality within the secular sphere. See Vodolazkin, *Laurus*, trans. Lisa Hadyn (London: Bloomsbury, 2015). For more on the imaginative treatment of time in *Laurus*, see my article ''Time is Not All Powerful': the Eschatological Vision in Eugene Vodolazkin's *Laurus*', *Literature and Theology* (Published Online 7th September 2021), https://doi.org/10.1093/litthe/frab022.

order and sequencing can be tools through which 'our understanding is positively directed'.[288] By placing a metaphor emphasising the polyvalent, contextual qualities of time at the very start of his novel, Green is 'obliging us to view some aspect of experience through an image that allows us to attain an illuminating perspective on it'.[289] Spiritual carers are tasked with becoming 'champions of a different understanding of time',[290] and Green's use of narrative sequence and metaphor shows one way in which this can be achieved. When the reader comes to reflect on Hazel and Gus's encounters with dragging stretches of time, this imagery has placed them in the position of Solzhenitsyn's astronomer, who is thinking of time and the eternal in novel, imaginative ways. And for a cancer patient, this can also provide them with a lens through which to re-examine their own relationship to time and timelessness.

III. Reclaiming interminability: moments and infinities in *Cancer Ward* and *The Fault in Our Stars*

The imaginative reinterpretation of interminability is a crucial area in *Cancer Ward* and *The Fault in Our Stars*; in both these novels, the authors offer something more than just intimations of more positive, joyful perceptions of timelessness. In part III, therefore, I explore this reinterpretation in greater detail, analysing the re-framing of interminability that occurs in both novels. I suggest that literary fiction can help a patient to take control of the language of endlessness, giving it new applications. Analysing Solzhenitsyn's rendering of the plenitude of the moment, then Green's metaphorical imagery of infinites, I describe how both illustrate the potentially positive dimensions of broadening temporal horizons.

III.1 Cancer Ward and the beauty of interminability

In *Cancer Ward*, Solzhenitsyn manipulates the pace of his narrative to create luxurious, saturated spaces in time, which cut through clock-governed hospital timescales. Having hinted elsewhere at more open, flexible temporalities, *Cancer Ward's* exploration of these alternatives culminates in these magnified moments. The most celebrated instance of this is found in a scene in which Oleg is taken into a treatment room for a blood test. As the procedure begins, the rate of plot development decelerates, as intricate details take up increasing quantities of discursive space. Looking around him, Oleg sees 'the bottles of brown blood, the shining bubbles, the tops of the sunlit windows, the reflections of the windows with their six panes in the frosted glass', and finally 'the whole expanse of ceiling with its shimmering patch of sunlight'.[291] The swelling significance of intricacies fills a single instance with detail, arresting time's progression and checking its momentum. Michael Acoutrier describes this scene as 'beautiful precisely for its interminability'. The narrative progression is 'microscopic', and the cadence of the scene is 'deliberately retarded to allow the hero to savour the moment of

[288] Gordon Graham, 'Aesthetic Cognitivism and the Literary Arts,' *Journal of Aesthetic Education* 30, no. 1 (1996): 11.
[289] *Ibid*., 11-13.
[290] Swinton, 'Beyond Clarity', 234.
[291] *Ibid.,* 358.

relaxation, of peace, of repose'.[292] Natalie Weaver argues that it is important for spiritual care to help patients find meaning through 'centredness in the present', generating new feelings of 'energy and interest'.[293] The focus and immediacy of Solzhenitsyn's intensified moments, I would suggest, fashions an imaginative space in which a patient could practice such centredness. The familiar scenario of waiting while blood is taken or injected becomes a vastness to be savoured.

Recalling the patient who, after hearing his cancer diagnosis, saw 'every moment' as a living 'hell', it is tempting to wonder whether Solzhenitsyn's novel could allow a patient in this position to grasp more rewarding moments, set apart from anxious anticipation. *Cancer Ward* contains scenes in which 'moments are no longer just the stages of a struggle' and have become 'the pulsations of a return to life' instead.[294] After his death, Kalanithi's wife wrote of the 'simple moments' she had shared with her husband: moments 'swelled with grace and beauty' that provided solace amid sickness and chemotherapy.[295] It is these nourishing, life-giving spaces that a fictional narrative like *Cancer Ward* can encourage a cancer patient to seek out within their own lives, and to cherish as islands of timeless peace.

III.2 A 'forever within the numbered days' – infinities in The Fault in Our Stars

In *The Fault in Our Stars*, the language of infinities plays a crucial role in the portrayal of the lives of two young cancer patients. However, it is not primarily used for describing endless cycles of illness and treatment, but as a metaphor for time spent within a loving human relationship. In an analogous approach to *Cancer Ward*, Green's novel also asks the reader to realise that protracted moments of 'grace and beauty' can still form part of a life troubled by cancer. An important scene in *The Fault in Our Stars* sees Hazel, accompanied by Gus, meet the author of the novel which had become so important to her, *An Imperial Affliction*. The author, Van Houten, turns out to be a crushingly disappointing person: an arrogant, aloof drunkard who refuses to answer Hazel's questions. He insists his novel is 'an obvious and unambiguous metaphorical representation of God' and will not indulge Hazel's desire to know about the fate of the human characters 'independent of their metaphorical meanings or whatever'. However, during his unhelpful drunken ramblings, Van Houten inadvertently introduces Hazel and Gus to Zeno's 'tortoise paradox', expressing the idea that 'some infinities are bigger than other infinites'.[296]

Van Houten's attempt to steer their attention away from his novel accidently provides the two teenage lovers with a concept that will eventually deepen their understanding of the precious time they spent together. Later in the story, Hazel, recalling a memory shared with Gus, describes it as a 'brief but still infinite forever'.[297] A key claim in Bauckham's work is

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[292] Michel Aucoutrier, 'Solzhenitsyn's Art,' in *Solzhenitsyn: A Collection of Critical Essays*, ed. Katherine Feuer (New Jersey: Prentice Hall, 1976), 29.
[293] Weaver, *Theology of Suffering and Death*, 128. Cancer patients see being present 'in the moment' as an important aspect of spiritual coping during illness. See Margaret I. Fitch and Ruth Bartlett, 'Patient Perspectives about Spirituality and Spiritual Care,' *The Asia Pacific Journal of Oncology* 6, no. 2 (2019): 113.
[294] Aucoutrier, 'Solzhenitsyn's Art,' 29-30.
[295] Lucy Kalanithi, Epilogue, in *When Breath Becomes Air*, by Paul Kalanithi (London: Vintage, 2017), 218.
[296] Green*, The Fault in Our Stars*, 191-98.
[297] *Ibid.,* 233.

that whilst 'art cannot conquer transience', it can 'give eternity a temporarily enduring place in time'.[298] Hazel's interpretation of her past in terms of transient infinites illustrates how Bauckham's idea could translate directly into human experience. As Hazel provides the narrative voice, we can see the notion of a fleeting forever influencing her thoughts and allowing her to express more fully what time with Gus has meant to her.

The significance of this is best understood by looking back at Hazel's previous relationship to time. I have already noted that Green describes her feeling like the subject of an 'existentialist experiment in permanently delayed gratification' whilst in hospital. And, in a separate conversation with her oncologists, we are also told about the sense of unease Hazel felt when discussing lengthy spells of time: 'I did not ask what constituted a long time. I'd made that mistake before'.[299] Yet after having met Gus, and discovered the idea of a brief infinity suffused with love, her attitude toward time's expanses is characterised by loving nostalgia, rather than cancer-caused distortion and deferment.[300] This discovery of newfound agency and empowerment can be crucial in a spiritual care context. NHS chaplain Christopher Swift argues that 'attention to language in health care settings' is vital. He suggests that studying syntax can 'reveal some of the implicit workings of power within an organisation', specifically words which cast a patient as a 'passive recipient of medical inscription' who must 'wait for new measurements of progress'.[301] When the reader first comes across Hazel, they find her a hostage to the language of long waits, and measurements of her oxygen tank's capacity. Yet as the narrative progresses, we are shown the emphasis gradually moving toward meanings which she shapes to fit her experiences of love and loss.

This gradual reassertion of agency afforded spiritually vital affirmation to some participants in the focus groups. For one participant, Hazel's developing relationship to time reflected their own experiences. The participant said that 'when you're faced with something like cancer, your perception of time changes altogether', relating how the discussion of *The Fault in Our Stars* in the focus group had resonated with their belief that cancer can bring a 'totally different perspective on what is important' (TR 6: 28). Responding to this, another participant raised the issue of the impact of drugs and cancer treatments, weighed against the value of life. They noted that healthcare institutions assume that if a treatment 'is going to cost ten-thousand pounds a month, and it's just going to give people a few more months of life… it makes perfect economic sense not to be administered' (TR 6: 29). However, Hazel's reclaiming of the language of time, along with the discussion in the focus group, afforded this participant a means of expressing their resistance to this medical monetisation of time:

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[298] Bauckham, 'Time,' 19. Frankl offers Tolstoy's novella *The Death of Ivan Ilyich* as an example of work of fiction that reveals how lives tragically transformed by illness can be punctuated by moments of 'infinite meaning'. See *Man's Search for Meaning*, 129-31.

[299] *Green, The Fault in Our Stars*, 116.

[300] Mitch Albom's autobiographical *Tuesdays with Morrie* traces a comparable shift in perspective, as the eponymous Morrie, who is dying of cancer, transforms Albom's attitude toward time by revealing how a tragically truncated life can become qualitatively rich: 'I envied the quality of Morrie's life even as I lamented its diminishing supply'. See Albom, *Tuesdays with Morrie* (London: Sphere, 2013), 34-43.

[301] Christopher Swift, 'Speaking the Same Things Differently,' in *Spirituality in Health Care Contexts*, ed. Sarah Orchard (London: Jessica Kingsley Publishers, 2001), 99.

> Hazel was talking about 'a long time', and her idea of a long time was completely different to the medical idea of a long time. And I think unless you've been through what everybody in this meeting [the focus group] has been through, you can appreciate that a few months can be something absolutely magnificent, and not anything to be dismissed as unimportant. So, this whole meeting today has really reinforced that for me (TR 6: 29).

Clearly, decisions about withholding treatment and financing medicines are complex and contested, and never taken lightly. Yet what Hazel's narrative voice appeared to offer participants is a means of conveying, powerfully and persuasively, their particular perspectives on time, inspiring their rejection of the role of a 'passive recipient of medical instruction'. Within the NHS, debates around the monetary value of a life, and the cost of life-prolonging treatments, are becoming increasingly significant as ever more sophisticated, effective treatments are developed.[302] As such, a fictional narrative that affords patients a means of taking a more active role in these debates, conveying the true value of their time, can be extremely important in a spiritual care context.

Describing an eleventh-hour reconciliation between a father dying of prostate cancer and his son, hospice chaplain Richard F. Groves describes a 'transcendent quality to the experience', which showed that when 'extreme spiritual pain is finally relieved, death opens onto a fulcrum of eternity'.[303] Speaking at Gus's funeral, Hazel gives a fictional echo of this experience: 'Gus, my love, I cannot tell you how thankful I am for our little infinity… You gave me a forever within the numbered days'.[304] The 'spiritual pain' which Hazel had once associated with mentions of 'a long time' has gradually been assuaged, as the language of forever now evokes memories of her 'little infinity' with Gus. Viewed through the prism of loving relationships, time and transience can open onto a 'fulcrum of eternity'. Hazel's narrative eventually becomes an invitation to explore this possibility and to look on life with cancer through this new lens.[305]

Responding to this invitation, one participant in the focus groups argued that Hazel's words captured how a health crisis can change our relationship to time in constructive ways. They suggested her speech is relevant to 'any crisis in life' because 'that's how you face situations and use time'. Indeed, they believed that Hazel's speech conveyed the manner in which a health crisis 'arrests you and makes you think' (TR 6: 22). Another participant

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[302] See, for instance, the debates over the withdrawal of the drug Avastin for cancer patients: Jeremey Laurence, 'The Cost of NHS Health Care: Deciding Who Lives and Who Dies,' *The Independent*, March 9, 2015, https://www.independent.co.uk/life-style/health-and-families/features/cost-nhs-health-care-deciding-who-lives-and-who-dies-10096784.html. Or the refusal of NICE to approve the drug Kadcyla for the treatment of breast cancer: Jennifer Rigby, 'Why the NHS Thinks a Healthy Year of Life is Worth £20,000,' *Channel 4 News*, April 23, 2014, https://www.channel4.com/news/drugs-life-breast-cancer-nice-20-000-a-year-of-life-nhs.

[303] Groves and Klauser, *The American Book of Living and Dying*, 196-97.

[304] Green*, The Fault in Our Stars*, 260.

[305] An interesting parallel in popular culture to Hazel's discovery of a 'forever within the numbered days' can be found in the Richard Curtis film *About Time*. In a complex plot involving an inherited capacity to time travel, the death of Tim Lake's father from cancer transforms his own perspective on time, leading him to 'try to live every day as if I've deliberately come back to this one day to enjoy it: as if it was the full final day of my extraordinary life' – in other words, to try to treat every day as a 'little infinity'. See *About Time*, directed by Richard Curtis (2013; Universal City: Universal Pictures), Amazon Prime, https://www.amazon.co.uk/About-Time-Domnhall-Gleeson/dp/B00IK9O8QU.

explained that they felt Hazel's eulogy had applications beyond their experiences of cancer, saying 'if I hadn't known it was about cancer, it could be about our Covid situation: it's about making the most of family, making the most of time and appreciating things' (TR 6: 22). Furthermore, a participant in the Fiction Library trial, when asked if any of the artworks had raised issues relevant to their experiences of cancer, identified *The Fault in Our Stars* as a novel that expressed the swelling significance of 'small pleasures' during their life with cancer. Writing that Green's novel captured 'the dual and seemingly contradictory elements of knowing one has – or expects to have – a shortened lifespan', the participant observed that 'in *The Fault in Our Stars* and *The Time Traveller's Wife*[306] there are numerous examples of small, simple pleasures taking on special significance when time together is condensed, tomorrow uncertain and now is all they have'. Explaining the value of this affordance, the participant added that 'the gift/curse issue that I experienced [whilst living with cancer]' was revealed through these novels, as they seemed consonant with the sense of a shared pleasure expanding to hold 'special significance' (FL: 5). Clearly, Green's imagery of infinities afforded a salient concept for people facing disruption, illness, or tragedy, stimulating reflection on how to 'make the most of time'.[307]

An interesting feature of Hazel's transition toward this deeper understanding of time is the role played by Van Houten, the fictional author, within it. His book may have been able to reflect Hazel's experience of cancer, echoing her thoughts in 'weird and impossible ways', but this is because of her personal response, rather than Van Houten's authorial intent. His stubborn insistence on a metaphorical, theologically prescriptive reading of *An Imperial Affliction* clashes with Hazel's wish to engage on a more human, literal level with the story of a young girl struggling with cancer.[308] Fascinatingly, the value of treating a fictional novel about cancer as open to a reader's personal, affective engagement with the text, rather than discrete and closed off to new meanings, was illustrated in the response of one participant in the focus groups. They described how *The Fault in Our Stars* 'meant such a lot' to them, before explaining that they had also looked for *An Imperial Affliction*, wanting to purchase the novel, because 'it meant such a lot to Gus and Hazel that I wanted to… find out what it was'. When they discovered *An Imperial Affliction* was fictitious, they chose to buy a blank copy of this imaginary work online: 'I still wanted to have it even though it was empty, because… I thought that one day, I might want to write something in it' (TR 6: 4-5). Evidently, the participant perceived Green's work to be open to their personal ideas and experiences, treating the blank canvas of *An Imperial Affliction* as an invitation to self-expression. The physical space of the blank pages, ready to receive their thoughts and feelings, provided a symbol for the participant's constructive engagement with the meanings contained within Green's novel.

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[306] For more on *The Time Traveller's Wife*, see footnote 284 in this chapter.

[307] Green's evocation of a 'forever' amid transient life is consonant with Oliver Sacks' profound theological response to his terminal cancer, which was grounded in '[t]he peace of the Sabbath, of a stopped world, a time outside time'. As he died, Sacks found himself drawn to 'little emblems of eternity' symbolic of this atemporal seventh day. See Sacks, *Gratitude* (London: Picador, 2016), 44-45. Green's novel could help cancer patients to discover how a short, painful life might be replete with the 'emblems of eternity' that Sacks discovered.

[308] For more on authorial authority in *The Fault in Our Stars* see Tara Moore, ``Death of the Author' in the Literature Classroom and John Green's The Fault in Our Stars,' *Children's Literature in Education* (May 2021): 1-13.

Green uses his fiction to deal directly with these important issues surrounding authorship, interpretation, and subjectivity. Instead of shying away from the fact that he is producing a piece of fiction that will likely elicit strong, profoundly personal feelings, he shows an awareness of what his artform leaves open to the reader.[309] The irreconcilability of Hazel and Van Houten's interpretations warns writers, critics and scholars that becoming wedded to preconceived ideas of how a book ought to be understood can cut them off from the immediacy and intimacy of subjective responses.[310] In a telling exchange of views, Van Houten ridicules Hazel for saying that *An Imperial Affliction* meant a great deal to her: 'what do you mean by *meant*? Given the futility of our struggles, is the fleeting jolt of meaning that art gives us valuable?'.[311] Green appears to be making two points here: firstly, the jolt of meaning art can provide is indeed valuable, and his novel is motivated by faith in this; secondly, what an artworks 'means' is not exclusively controlled by the author, as meaning is generated in the 'constructive engagement' between a reader and the text. In fact, much of what Green implies through *The Fault in Our Stars* could be used to support an argument in favour of using the concept of spiritual affordances to analyse this interaction.[312] *An Imperial Affliction* addresses Hazel's spiritual concerns because it delineates a space in which reflections on time, cancer and relationships can be explored, accommodating her subjectivity within objectively recognisable themes. Refusing to acknowledge the value of this interaction, by asserting the exclusive viability of a specific theological reading, ignores the vital resource a fictional narrative can offer to someone in need of this kind of space. And, consequently, this can discourage a reader from embarking on the kind of imaginative voyage of exploration Hazel uses the novel to undertake; a voyage which ultimately enables her to transform her troubled relationship with time.

Conclusion

Using literary fiction to address cancer patients' spiritual pain, and change their relationship to time, is not a straightforward process. It is impossible to predict exactly what these fictional narratives will afford an individual patient. A novel may include details which do not ring true for a patient, conflicting with their feelings about living with cancer, or their taste in literature. It will also be likely that at various stages in the process of treatment and recovery, certain ideas, descriptions or characters will strike a patient in different ways, and their resonance and relatability will vary accordingly. However, these considerations also underline why fiction can be a valuable resource for cancer patients disturbed or frustrated by time. *Cancer Ward* and *The Fault in Our Stars* illustrate how a single narrative can hold together several voices or

[309] Green is renowned for his willingness to engage with readers, answering their questions and listening to their unique interpretations of his novels, including many young cancer patients who have related to *The Fault in Our Stars*. See Margaret Talbot, 'The Teen Whisperer,' *New Yorker*, June 2, 2014, https://www.newyorker.com/magazine/2014/06/09/the-teen-whisperer.

[310] Describing the development of Van Houten's character, Green says that he 'wanted to think about the relationship between the people who create the things we love and the things themselves', and 'our instinct to conflate the two even though the people are often at least as flawed as we are'. See Anon., 'Interview with John Green,' *Goodreads*, December 4, 2012, https://www.goodreads.com/interviews/show/828.John_Green.

[311] Green*, The Fault in Our Stars*, 68.

[312] See Chapter 1, p. 28-9.

perspectives in creative tension. Solzhenitsyn's ward is crammed with human life in all its diversity. Several worldviews are conveyed and explored, and through this, many ways of relating to time. In *The Fault in Our Stars*, as the two protagonists navigate the challenges life with cancer presents, the reader is given privileged access to their evolving thought processes and shifting attitudes toward time. Because of this, both novels open a space which could accommodate a wide spectrum of views on cancer and time, affirming their reality and validity by integrating them into imagined human lives.

Yet whilst patients will likely find echoes of their own beliefs about time in these novels, drawing them in and gaining their attention, they may also find these beliefs challenged. The fluctuating emphases, and interplay of different ideas, constantly suggest alternative ways of interpreting experiences. Solzhenitsyn shows how narratives can expand moments, easing anxieties about life's brevity. Green also finds a way of interposing little infinities amongst the protracted periods of suffering cancer causes. Spiritual carers can use these novels to help patients regain control over their experiences of time. Pointing out the descriptive and imaginative resources the narratives contain, and the alternative outlooks tested within their fictional worlds, can give patients new ways of understanding the role time plays in their existence. Comments from participants in the focus groups and Fiction Library trial revealed, indeed, that reading and discussing *The Fault in Our Stars* can affirm a cancer patient's experiences of time, helping them to see that they are 'not the only one' struggling with their relationship to the temporal. Furthermore, participants' responses to *The Fault in Our Stars* showed how an apposite fictional narrative can encourage patients to adopt a more active, constructive role in determining how their own time is described, organised and valued, embracing the 'idea of a long time [that] was completely different to the medical idea of a long time'. Furthermore, evidence from the trials demonstrates that a carefully selected fictional narrative can enable a cancer patient to identify and cherish the 'gifts' and 'seemingly contradictory' moments of joy and peace that can emerge amid a life disrupted or cut short by cancer.

Earlier in this chapter, I noted Lewis's concerns about cancer's propensity to expose the 'power of time to tease us' in a frantically paced modern world. There is an element of truth in his comments about Western society's 'fear of time's expanses', but the popularity of novels like *The Fault in Our Stars* suggests that this is not the whole story. Literature, films and television series which play with ideas of time-travel, relativity and infinity are a significant presence in popular culture.[313] Considered alongside other trends, like the increased interest in meditation and mindfulness,[314] and the rediscovery of the 'slow read',[315] there is evidence of a salient curiosity concerning the nature of time, and temporal malleability. The holes cancer treatment carves out in someone's life might give them the time to indulge this curiosity, and spiritual care could use fiction to support this voyage of discovery, whilst Theological

[313] Kaila Hale-Stern, 'Pop Culture Is Obsessed with Time-Loops, Time Travel, and Alternate Worlds,' *The Mary Sue*, February 25, 2019, https://www.themarysue.com/we-are-obsessed-with-time/.
[314] See Alison Flood, 'Sales of Mind, Body, Spirit Books Boom in UK amid 'Mindfulness Mega-Trend',' *The Guardian*, July 31, 2017, https://www.theguardian.com/books/2017/jul/31/sales-of-mind-body-spirit-books-boom-in-uk-amid-mindfulness-mega-trend.
[315] John Miedema, 'Back to Books: The Joy of Slow Reading,' *The Guardian*, October 13, 2018, https://www.theguardian.com/lifeandstyle/2018/oct/13/joy-of-slow-reading-books.

Aesthetics can supply hermeneutic tools to enhance this exploration of spirituality, illness and time through the arts.

Chapter 3
Cancer, Paradox and the Iconography Death in *Breaking Bad*

Introduction

A cancer diagnosis forces a patient to search for meaning amidst pain, suffering, and a heightened awareness of their own mortality. In a society which is often accused of 'weakness' in its dealings with these subjects,[316] it is striking that millions of people have chosen to devote several hours to watching fictional character Walter White struggle with inoperable lung cancer in the television series *Breaking Bad*. This Netflix production is the foremost example of 'a TV landscape that's awash with death': several recent series in which characters must 'come to terms with their own mortality'.[317] Cancer, suffering and death are central themes in *Breaking Bad*, a series which has become 'such a strong cultural force' that 'we routinely encounter references to the series even today'.[318] The 'pervasive influence of television' means that shows like *Breaking Bad* are now 'part of our reality',[319] and its popularity suggests that people do not simply want to keep matters of death and suffering out of their everyday lives. In this chapter I argue that *Breaking Bad* is an example of how this influential, accessible modern medium could be used in spiritual care to enhance viewers' capacity for imaginative engagement with the theme of cancer and death.

The story of Walter White deals directly with this crucial aspect of cancer patients' experiences. Most patients are 'devastated and frustrated' when they are first told they have cancer. They feel intense fear and must come to terms with a terrifying 'threat to hope'.[320] To be exposed to a disease which undermines expectations of security and comfort, and refocuses attention on sickness and survival, can be deeply unsettling, especially in a culture which seems to shy away from open discussion of suffering and death. Victor Frankl writes that a patient's search for meaning is often hampered by a 'lack of skill and language to deal with death' in modern society.[321] As I noted in chapter one, many sociologists, psychiatrists, and cultural commentators have claimed that contemporary Western society is responsible for a dangerous 'denial of death'.[322] *Breaking Bad* turns this abstract idea into a relatable human story, conveying in dramatic form how, for a cancer patient trying to come to terms with the threat to hope and life posed by their disease, denial is not enough. The expansive scale of the series gives its viewers an opportunity for studied, empathetic engagement with characters

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[316] See, for instance, Keller, *Walking with God*, 15-17.
[317] Craig Simpson, 'Hurtling toward Death,' in *Breaking Bad and Philosophy*, eds. David R. Koepsell and Robert Arp (Chicago: Open Court, 2012), 63. For more examples of this 'TV landscape', see footnote 358.
[318] Angelo Restivo, *Breaking Bad and Cinematic Television* (Durham: Duke University Press, 2019), 1.
[319] James Monaco, *How to Read a Film* (Oxford: Oxford University Press, 2000), 506.
[320] Grace Chu-Hui-Lin Chi, 'The Role of Hope in Patients with Cancer,' *Oncology Nursing Forum* 34, no. 2 (April 2007): 415.
[321] Frankl, *Man's Search for Meaning*, 92.
[322] See Chapter 1, 4-5.

conditioned to see our human relationship to death as a battle which can never be won: a refusal to recognise the inevitable which leaves little room for a search for meaning.

As well as deepening its audience's understanding of the dangers of denial, *Breaking Bad* also uses the unique qualities of its televisual medium to propound unconventional approaches to cancer and mortality. Devices like shot selection, sequence and editing allow the camera to capture perspectives beyond the fear and confusion characters display, adding a depth of meaning to the drama. This invites viewers to consider paradoxical possibilities of creative hope found amidst the chaos of cancer. The series could be used by spiritual carers to lead cancer patients towards these forms of imaginative resignation, which allow them to reframe cancer as an opportunity for 'transformation'.[323] Despite this, there has been a lack of serious attention paid to influential, popular television series like *Breaking Bad* in both Spiritual Care and Theological Aesthetics.[324] Within these disciplines, the value of artworks which can provoke discussion and reconsideration of crucial societal issues like cancer and mortality should not be overlooked. Drawing on empirical evidence from my qualitative research, I highlight this value by showing how *Breaking Bad* directly addresses this area of cancer patients' experiences, presenting audio-visual imagery which could transform viewers' attitudes toward the fragility and brevity of human life. Evidence from focus groups and the Fiction Library trial revealed how watching *Breaking Bad* as a form of spiritual reflection can lead cancer patients toward new perspectives on denial, fear, and mortality.[325]

In the first section of the chapter, I outline the importance of *Breaking Bad'*s 'cinematic' aesthetics and longform serialised medium. With some notable exceptions, the spiritual significance of this artform has tended to be overlooked by those studying Spiritual Care or Theological Aesthetics. The second section focuses on how *Breaking Bad* engages with key aspects of cancer patients' experiences of suffering and death, using the human drama of Walter White's predicament as a protracted, in-depth exploration of these experiences, which reveals how they are shaped by wider societal and medical attitudes. The third section is concerned with how *Breaking Bad* also introduces its audience to a very different way of looking at cancer, which relates to mortality in terms of acceptance, creative resignation and paradox. This analysis, alongside the empirical evidence presented, calls into question the claim that the modern world offers nothing of use for cancer patients facing such grim realities;[326] *Breaking*

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[323] Connell, *Something Understood*, 119.

[324] Notable exceptions to this include theologian Clive Marsh and his comments about the spiritual potential of televised drama, in *Cinema and Sentiment: Film's Challenge to Theology* (Oregon: Wipf and Stock, 2004); Kutter Callaway and Dean Batali's extensive work on the religious significance of television in contemporary culture, in *Watching TV Religiously: Television and Theology in Dialogue* (Michigan: Baker Academic, 2016); and Gavin Hopps's description of serial television dramedy *Fleabag* as an example of the ''post-secular' tendency in contemporary culture' that is 'hospitable to divergent possibilities', in 'The Religious Turn in Fleabag', *Transpositions*, May 24, 2019, http://www.transpositions.co.uk/the-religious-turn-in-fleabag/.

[325] The sources from my qualitative research referenced in this chapter are Transcript 1, Maggie's Dundee, November 4, 2019; and Transcript 5, held via Microsoft Teams, January 22, 2021. These anonymised transcripts will be referenced in the main text as (TR: page number). This chapter also makes use of the transcript collating the anonymized questionnaires from the Fiction Library trial, which will be referenced in the main text as (FL: page number). For more information on these sources, see the 'Sources' section in the front matter of this thesis.

[326] See, for instance, Keller, *Walking with God*, 15-17; Lewis, *Between Cross and Resurrection*, 59.

Bad exemplifies a broader willingness within popular culture to imagine enterprising responses to the spiritual challenges posed by human transience.[327]

I. *Breaking Bad* and the spiritual significance of longform serialised television drama

In this section, I introduce *Breaking Bad* and describe the importance of the series in relation to the growing phenomenon of longform serialised television drama. After a brief plot synopsis, I outline how the emergence of this artform as a popular, influential cultural force has created a new vehicle for the discussion of key societal issues, including spiritual concerns. I also underline the scarcity of scholarship within Theological Aesthetics and Spiritual Care which takes seriously the significance of this medium.

I.1 Breaking Bad: plot synopsis

Breaking Bad is a story about how a diagnosis of inoperable lung cancer leads an unassuming, mild-mannered chemistry teacher called Walter White (played by Bryan Cranston) to become a violent, notorious drug dealer. The first season shows Walt's (Walter's) diagnosis, and his decision to begin raising money to leave his family after his death by 'cooking' methamphetamine. He recruits petty criminal Jesse Pinkman – a former pupil – to help, and is immediately successful due to his specialist knowledge of the chemical processes involved. However, Walt's actions lead to him becoming increasingly estranged from his pregnant wife, Skyler, and son Walter Jr., who has cerebral palsy. Another source of jeopardy is Walt's brother-in-law, Hank, who works for the Drug Enforcement Agency (DEA) and is investigating the high-quality meth Walt has put onto the street. By the end of the first season, Walt's plan has started to spiral out of control, and he resorts to drastic means to achieve his goal.

Seasons two and three show Walt descending deeper into the corrupting world of drug-dealing. Still trying to preserve the crumbling remains of his family life, Walt starts to embrace immorality and violence. His attempts to be a stable, loving father-figure lose all credibility, and he even misses the birth of his new daughter to complete a lucrative drug deal. The tension is gradually ratcheted up, as Walt is sucked into a multi-million-pound drug trafficking network run by local businessman Gustavo Fring. Season four sees Walt trying to extricate himself from Fring's empire, which involves a deadly struggle between the two characters, culminating in Walt assassinating his boss using an improvised bomb. Meanwhile, Walt is still trying to

[327] Popular, accessible contemporary artworks that deal directly with themes of mortality, meaning, and paradox and are discussed in this chapter include: *Grace and Frankie*, directed by Betty Thomas, written by Billy Finnegan, aired May 8, 2015, Netflix, https://www.netflix.com/watch/80017364; *Coco*, directed by Lee Edward Unkrich and Adrian Molina (2017; Emeryville, CA: Pixar Animation Studios), Amazon Prime, https://www.amazon.co.uk/Coco-Theatrical-Version-Anthony-Gonzalez/dp/B0792CPZDW; *The Fountain*, directed by Darren Aronofsky (2006; Burbank, CA: Warner Brothers), Amazon Prime, https://www.amazon.co.uk/Fountain-Hugh-Jackman/dp/B0779N4DQ8;
After Life, created and directed by Ricky Gervais, aired March 8, 2019, Derek Productions Limited, Netflix, https://www.netflix.com/title/80998491; Garth Stein, *The Art of Racing in the Rain* (London: Harper Collins, 2008); Katherine Patterson, *Bridge to Terabithia* (London: Puffin Books, 2015); Sally Nicholls, *Ways to Live Forever* (London: Marion Lloyd Books, 2015); Iain Banks, *The Quarry* (London: Hachette, 2013).

balance this vicious conflict with his domestic life, even as Hank closes in on 'Heisenberg': the infamous criminal persona Walt has created for himself. During this time, Walt's cancer had gone into remission, granting him an unexpected reprieve, and buying him more time for his criminal enterprise. However, in season five the cancer returns in a more aggressive form, just as Hank finally realises that his own brother-in-law is the meth-cooking mastermind he has been chasing. Walt is forced into a lonely exile after one of his associates murders Hank, and his relationship with his family finally breaks down irreparably. But as his condition worsens, Walt opts to return for a final showdown, rather than succumb to his cancer alone. He is fatally wounded in this last blaze of bullets and violence, and is left by the camera to die, surrounded by bloodstained lab equipment.

I.2 Breaking Bad as 'cinematic' television

Breaking Bad is seen by many as a landmark series that helped to drive a 'decisive shift' in television which began at the turn of the century.[328] Those trying to explain the widespread acclaim it has received often cite the 'cinematic look' of the series,[329] arguing this exemplifies the way in which television drama has 'reinvented itself' as a genre in recent years.[330] The notion that 'a filmic approach pervades television these days' has become a popular claim amongst both critics and the general public,[331] and is often followed by the contention that 'TV has become better than the movies'.[332]

There are several 'charged and political arguments' surrounding this new idea of 'cinematic television',[333] but it is nonetheless clear that it is 'usually describing the aesthetic style of serialised 'quality' TV'.[334] It is about the greater degree of 'aesthetic sophistication' which these 'quality' serial dramas are perceived to have: an 'organisation of images' concerned with 'renewing perception' and 'reclaiming experience'.[335] The aesthetic style and imagery of series like *Breaking Bad* were seen as comparable to cinema because they could broaden the 'limits of human experience', producing 'insights that will help us to understand better the complexity of human life and society'.[336] The designation 'cinematic' was evidently a way for critics and audiences to convey their belief that *Breaking Bad* should be taken seriously as a means of reflecting and expanding human experience.

I.3 Breaking Bad and longform serialised television drama

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[328] Restivo, *Breaking Bad and Cinematic Television*, 4.
[329] Brian Gibson, 'Romancing the Ice: The Problematic Poetry of *Breaking Bad*,' *Critical Studies in Television* 13, no. 4 (2014): 406.
[330] Restivo, *Breaking Bad and Cinematic Television*, 4.
[331] Michel Hilmes et al., 'Rethinking Television: A Critical Symposium on the New Age of Episodic Narrative Storytelling,' *Cineaste* 39. no. 4 (2014): 37.
[332] *Ibid*., 26.
[333] Restivo, *Breaking Bad and Cinematic Television*, 5.
[334] Mareike Jenner, *Netflix and the Reinvention of TV* (London: Palgrave MacMillan, 2018), 16.
[335] Restivo, *Breaking Bad and Cinematic Television*, 5-7.
[336] William Telford, 'Through a Lens Darkly: Critical Approaches to Theology and Film,' in *Cimena Divinite: Religion, Theology and the Bible in Film*, eds. William Telford, Eric S. Christianson and Peter Francis (London: SCM Press, 2008), 16.

Although referring to *Breaking Bad* as 'cinematic' is a helpful way of highlighting these qualities, it can also be a problematic term, in that it ignores 'the standards and techniques the medium creates for itself'.[337] Crucially, it overlooks the fact that longform serial television can create 'dense, complex story worlds that unfold over months, years, and even decades', and that this is 'something that theatrical film cannot do'.[338] Television critics have observed that from a 'storytelling perspective', television of this kind is 'more akin to novels than film'.[339] The scope, detail, and rate of narrative change in series like *Breaking Bad* is very different to that of most films. As English literature scholar and television producer David Milch puts it: '[i]f film is a poem, then television is the serialised novel'.[340] A comparison to long works of literary fiction is used by several other commentators to capture this distinction. For instance, film critic Amy Taubin argues that nineteenth-century novels by authors such as Charles Dickens, first published in serial form in journals, are 'obvious models for TV drama series' today.[341]

This analogy is instructive because it highlights that longform television serials like *Breaking Bad* have the 'details of incident' and 'sense of duration' that are 'necessary to the large novel',[342] and also because it sheds light on the role these series play in contemporary culture. In the nineteenth century, reading serialised novels was a 'unifying experience', often done out-loud as a social, shared event. Consequently, they were often 'the main form of cultural and social expression'.[343] There are clear similarities with the extent to which series like *Breaking Bad* have become 'arguably the most persuasive, powerful and ineluctable force of our time'.[344] Often watched or discussed with family and friends, and endlessly dissected and debated on social media, they are sufficiently influential to cause 'moral outrage' and even 'panic' in society, shaping and dictating the dominant discourse.[345] Long, involving television dramas are 'seamlessly integrated into our lives' as a 'background to everyday life' that 'often overwhelms the foreground'.[346]

The protracted, detailed nature of longform serial drama makes this intrusion 'into our lives' a common feature of the medium. It means these series can 'tie viewers to characters, situations and settings much more effectively', and become 'integrated into our lives in a way that films usually can't'.[347] Indeed, film scholar James Monaco writes that 'television has an extraordinary ability to mediate between the viewer and reality'.[348] In *Breaking Bad*, the proximity in pace, detail and complexity between the viewer's familiar reality and the events unfolding on screen creates a unique interplay between the two. The gradual, studied unfolding of imagery, character and plot mirrors the patterns of human lives, so is perfectly placed to propose different ways of thinking and acting within these patterns. The series' 'rare

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[337] Jenner, *Netflix*, 16.
[338] Hilmes et al., 'Rethinking Television,' 27.
[339] *Ibid*., 37.
[340] *Ibid*., 32.
[341] *Ibid*., 36.
[342] Monaco, *How to Read a Film*, 44-5.
[343] *Ibid*., 44-5.
[344] Robert K. Johnston, *Reel Spirituality: Theology and Film in Dialogue* (London: Baker Academic, 2006), 20.
[345] Jenner, *Netflix*, 18.
[346] Monaco, *How to Read a Film*, 505.
[347] Hilmes et al., 'Rethinking Television,' 27.
[348] Monaco, *How to Read a Film*, 505.

intelligence', 'thematic complexity' and long, life-like development allowed it to erase the gap between screen and viewer, bringing themes of cancer, mortality and paradox into millions of everyday existences.[349]

I.4 Theological Aesthetics and television

This form of television drama is thereby creating shared, influential areas of experience in which cancer and spirituality are being discussed, and should not be ignored by scholars. What is still needed is the language and analytical tools to examine in detail how and why these series can affect and reorient viewers' lives. The field of Theological Aesthetics is theoretically well placed to provide this analysis of the intersection of television drama and spirituality, but, in practice, there has been little work done on the subject. It appears that theologians interested in the arts are largely failing to balance an 'uncritical reception of TV and popular culture' against 'the danger, not least among academics, of remaining in the ivory tower of high culture'.[350] However, there are some recent examples of theologians who have sought to do justice to the rapidly increasing spiritual significance of television. In 2004, theologian Clive Marsh argued that soap operas could create a 'reading community', in which 'reflection on episode after episode' encouraged 'reflection on living'. Marsh suggested these might be 'spiritual' communities which formed part of what has 'replaced religion' in Western culture.[351] The gravity of Marsh's claims about the televisual medium have since been matched by Kutter Callaway and Dean Batali, who describe television drama as a medium that can 'function in our daily lives… as reminder that human beings are meaning-making creatures'.[352] Indeed, Callaway and Batali believe that, in contemporary culture, 'the reach and influence of television cannot be overstated'.[353] Their work is valuable because it both recognises that serialised television drama is now 'integrated into the framework of our everyday existence', and also notes that television 'often serves as an important resource in our spiritual lives'.[354] Furthermore, they acknowledge that television is an 'irreducibly audio-visual experience', resisting any temptation to treat television series as a form of 'text' that can be studied using the traditional tools of literary criticism.[355]

These important contributions to the nascent field of theology and television highlight the need for a more comprehensive theological response to the advent of 'cinematic' long-form serial dramas, that has arguably resulted in richer, more challenging television, with an ethical and spiritual complexity to rival the great nineteenth-century literary masterpieces which their form remodels. In part, this can be achieved by drawing on research in theology, spirituality and film. There is still a 'relative neglect of film in the work of Christian theologians', which

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[349] Hilmes et al., 'Rethinking Television,' 26.
[350] Gesa E. Thiessen, Introduction to Part 5: The Twentieth Century, in *Theological Aesthetics: A Reader*, ed. Thiessen (London: SCM, 2004), 205.
[351] Marsh, *Cinema and Sentiment*, 5.
[352] Callaway and Batali, *Watching TV Religiously*, 3.
[353] *Ibid*., 10.
[354] *Ibid*., 4, 11.
[355] *Ibid*., 8.

some attribute to a 'cultural snobbishness or suspicion'.[356] However, there has been a recognition amongst some theologians that films may function as a 'frame for healing and insight' - an acknowledgement that 'the power of film can change lives and communicate truth'.[357] This awareness that films can 'connect with us spiritually'[358] has led to some important work describing the ways in which they 'articulate meaning through their audio-visual, stylistic dimensions', using the unique features of the medium to elicit spiritual experiences.[359] Such scholarship can be used to explain how the 'cinematic' aesthetic of *Breaking Bad* can reflect, shape and transform a viewer's relationship to cancer and death. Sources from Theological Aesthetics which shed light on how features like cinematography, editing and audio can 'connect directly with the 'meaning-making webs' we construct as individuals' will form an important part of my analysis of *Breaking Bad*.[360]

However, it is also important to take notice of how formal qualities particular to long-form serial television dramas can engage with a viewer's spiritual concerns, moving beyond existing scholarship in Theological Aesthetics to suggest a new area for this discipline to expand into. Building on the work of Marsh, and Callaway and Batali, this chapter aims to show how serialised television drama can hold a unique and profound spiritual significance.

I.5 Spiritual care and serialised television drama

For spiritual carers seeking an influential, accessible medium which can change our relationship to death and suffering, a series which tackles these themes in a manner which introduces new attitudes and possibilities into the midst of our lives could be a vital resource. Finding surprising, inventive perspectives on human mortality woven seamlessly into the rhythms of everyday life, even as these same rhythms are disrupted by the chaos of cancer, could be hugely helpful for many patients. Indeed, Callaway and Batali argue that serialised television dramas that have 'captured the public imagination' can provide a 'common vocabulary' and 'interpretative framework' for responding to traumatic events and addressing difficult subjects.[361] Thus, dramas like *Breaking Bad* can offer shared linguistic and imaginative resources that allow us to overcome the silences and hesitancy caused by the 'denial of death' in contemporary society.

The capacity of series like *Breaking Bad* to provoke debate, discussion and revaluation of important issues within the 'real' world has already been shown. Entire websites have been set up solely devoted to discussing the series,[362] as well as 'countless message boards'.[363] Controversy surrounding ethical issues raised by its portrayal of cancer and family life received

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[356] Clive Marsh and Gaye Ortiz, introduction to *Explorations in Theology and Film: An Introduction*, eds. Marsh and Ortiz (Oxford: Blackwell, 1997), 3.
[357] *Ibid*., 24.
[358] Telford, 'Through a Glass Darkly,' 33.
[359] Richard Last, 'A Style Sensitive Approach to Religion and Film,' *Numen* 59 (2012): 547.
[360] Marsh and Ortiz, introduction to *Theology and Film*, 9.
[361] Callaway and Batali, *Watching TV Religiously*, 3.
[362] See, for instance, 'Welcome to the Breaking Bad Wiki,' *Breaking Bad Wiki*, accessed August 2, 2021, https://breakingbad.fandom.com/wiki/Breaking_Bad_Wiki.
[363] Eric San Juan, *Breaking Down Breaking Bad* (Create Space Independent Publishing Platform, 2013), 48-9.

international press coverage,[364] and books have been written on the philosophy and ethics of *Breaking Bad*.[365] The series has 1.2 million followers on Twitter,[366] and more than 11 million people are subscribed to its Facebook page.[367] Clearly, the spiritually enriching 'reading communities' that Marsh argued could become an important part of contemporary society are starting to be created around series like *Breaking Bad*, facilitating communal 'reflection on living' encompassing issues like death, disease and cancer. However, mention of the influence, and cultural significance of series like *Breaking Bad* is strangely lacking in the disciplines of Theological Aesthetics and Spiritual Care. If this were to change, these series could be integrated into the spiritual care of cancer patients as means of starting new conversations about the 'acceptance of death as a life process', and the ways in which 'cancer teaches you to live'.[368]

II. Reflecting and reframing cancer patients' experiences of death through *Breaking Bad*

Breaking Bad demonstrates how longform television dramas can open up a spiritual area of experience for exploration, providing a basis for discussion, and audio-visual material which can enliven the search for meaning. This section looks at how the series uses its medium to capture three specific ways in which the medical, societal denial of death influences patients' experiences of cancer: the hostility, fear, and alienation that frequently characterise patients' reactions to diagnosis and treatment. Its portrayal of Walter White not only reflects and affirms these negative responses, but it also brings to light connections between the cancer ward, the public domain, and the family home, encouraging audiences to recognise how harmful attitudes of denial and evasion can be. Crucially, this reframes life with cancer in such a way that elements of patients' experiences which can seem isolating and unrelatable are translated into scenes and images which all viewers can share in and discuss. *Breaking Bad* can feel like 'a show about us', not because it resonates with some subconscious yearning to manufacture illegal drugs, but because it plays on familiar, pervasive anxieties about death.[369] Taking each of the three manifestations of denial in patients' experiences in turn, this section describes how *Breaking Bad* illuminates this interplay through its aesthetics, text and narrative drama.

II.1 'Fighting' cancer

Breaking Bad presents a detailed examination of the ways in which the 'medical sanitization of death', which has 'reframed' death as an 'unnatural intrusion' influences cancer patients'

[364] See, for instance, Elyse Wanshel, 'Anna Gunn of 'Breaking Bad' Reveals How Cruel The Skyler Backlash Was,' *Huffington Post*, July 2, 2018, https://www.huffingtonpost.co.uk/entry/anna-gunn-breaking-bad-skyler_n_5b3a3025e4b007aa2f81fe41.
[365] See, for instance, San Juan, *Breaking Down Breaking Bad*; David R. Koepsell and Robert Arp, eds., *Breaking Bad and Philosophy* (Chicago: Open Court, 2012).
[366] See *@Breaking Bad*, Twitter, accessed August 3, 2021, https://twitter.com/breakingbad.
[367] See 'Breaking Bad', Facebook, accessed August 3, 2021, https://www.facebook.com/BreakingBad/.
[368] Pamela Brown, *Facing Cancer Together* (Minneapolis, Augsburg Press, 1999), 13.
[369] San Juan, *Breaking Down Breaking Bad*, 11.

lives.[370] The series distils and intensifies the narrative of the war against cancer, suggesting in drastic, dramatic form how this perspective might affect those involved.

In healthcare institutions, the medical treatment of cancer is often characterised as a violent assault against death and disease. As soon as they enter the clinic, 'the patient ill with cancer stands at the centre of an emotional battleground'.[371] Oncologists and nurses often employ 'battle terminology': the language of 'staying strong' and 'fighting' death.[372] Indeed, one patient recalls being told that the clinicians would 'give her a real battering with platinum chemotherapy', as if this would bring comfort and reassurance.[373] Patients' bodies are caught in the crossfire, as treatment like chemotherapy involves using 'toxic' chemicals which work by indiscriminately 'damaging or interrupting cellular activity', an approach comparable to 'taking a sledgehammer to a hazelnut'.[374] A BBC Horizon documentary about the need to 'talk about death' within the NHS describes how clinicians instinctively 'default to treatment A': the 'big treatment', when dealing with cancer.[375] There is a reluctance to entertain the idea of 'reconciliation with life and death', or a more constructive, optimistic acceptance of the inevitability of death.[376]

This medical characterisation of cancer treatment as a violent conflict clearly influences patients' understandings of their circumstances. Patients who cannot face the prospect of dying are quick to adopt the language of conflict as a way of expressing their desperate defiance. The testimony of a patient, who had a wife and two daughters, typifies this response: 'I was determined to beat whatever was wrong with me… for my family's sake I had to put a brave face on it'.[377] Machismo ideas of bravery and battling, inspired by the clinical campaign against cancer, harden patients' refusal to acknowledge the possibility of death. An attitude of angry, obdurate resistance – analogous to the medical default position of resorting to 'big treatment' – proved the natural response for a father who felt he must 'beat' death. Moreover, because this language of conflict is so pervasive, and is used routinely by oncologists, nurses, friends and family members, it is difficult to avoid. Theologian Joshua Langbrake writes that his mother 'lost the battle' with cancer, before adding: 'I hate the war language used to narrate disease, but I reluctantly use it'.[378] Societal attitudes, and medical discourse and practice, have framed the problem of cancer in such a way that 'losing the battle' can seem to be the only available way of describing a patient's death.

In the character of Walter White, we watch this violent opposition to cancer and death spill out into his life beyond the hospital. When Walt is given his diagnosis, his first reaction

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[370] Frankl, *Man's Search for Meaning*, 91.
[371] Edgar N. Jackson, *Counselling the Dying* (London: SCM, 1981), 1-2.
[372] Mark Porter, 'How to Talk About Cancer,' *The Times*, January 29, 2019, 36. See also Susan Sontag's discussion of the 'military flavour' of the language used to describe cancer treatment, in *Illness as Metaphor* (New York: Farrar, Strauss and Giroux, 1988), 6-8.
[373] Nell Dunn, *Cancer Tales* (Charlbury: Amber Lane Press, 2002), 26.
[374] Christie Watson, *The Language of Kindness: A Nurse's Story* (London: Chatto and Windus, 2019), 261.
[375] *Horizon*, 'We Need to Talk About Death,' produced by Rob Liddel, featuring Kevin Fong, aired January 23, 2019, BBC iPlayer, https://www.bbc.co.uk/programmes/p06yc17v.
[376] Chi, 'The role of hope,' 415.
[377] Bob Cleland, 'I Was Given Hope,' in *Strength from our Lives*, ed. Liza Wolfe (Glasgow: Spectra Print, 2007), 28.
[378] Langbrake, 'Mint Condition,' 56.

is to fight, and 'the cancer diagnosis soon licenses Walt to feel reckless, even nasty'.[379] The convictions driving this behaviour are gradually exposed over the course of the series, such as in a conversation between Walt and another cancer patient waiting for a CT scan. Dressed in medical gowns, and set against the backdrop of the cold, clinical hospital environment, Walt relates how he has concluded that his cancer must be fought: 'cancer is a death sentence, that's what they keep telling you'. He knows 'bad news' will come, but will not stop resisting: 'until then, who's in charge? Me!' (4, 3).[380] Until his 'death sentence' is fulfilled, Walt will continue to struggle against the inevitability of death, using chemistry and criminality to try to perform the role of the authoritative father-figure 'in charge' of his family's future. In a strikingly similar real-life story, Kübler-Ross records a chemical engineer with cancer venting his frustration at his 'increasing weakness', and 'inability to function as a man and provider'. Because he believed he had 'not earned enough money' – despite being a 'brilliant student' – he would not consider 'life in relationship to death' and saw death only as a disastrous 'cessation of valuable activity'.[381] Furthermore, Walter's resistance elicited sympathetic responses from participants in the focus groups, affording a means of expressing personal frustrations and anxieties. This included the participant who explained that they could relate to Walt's desire to keep fighting because 'it's difficult for a man who was diagnosed with cancer… he wants to make sure he's got his family sorted financially' (TR 5: 12). Another participant described how Walt's desire to retain control resonated with them, explaining how a cancer diagnosis had conflicted with this instinctive desire: 'I'm a control freak, once I lost control and didn't know what was happening, my confidence went in other areas' (TR 5: 15).

In the focus groups, there was also discussion of the anger Walter displays in this specific scene and the broader narrative – anger that several participants recognised as part of their personal reaction to cancer. One comment in particular gives an indication of the flow of the broader discussion and highlights the affirmation this form of identification can provide. This came from the participant who said that 'the anger that sometimes people [with cancer] show, I think this series [*Breaking Bad*] shows it's possible you might feel like that, and it's okay to be like that sometimes, because it's all part of the whole picture' (TR 7: 24). From this commentary, it seems clear that *Breaking Bad* is one example of a fictional narrative that could help cancer patients to access and speak about powerful emotions like anger which might otherwise remain unacknowledged. Yet Watching Walter's narrative also initiated reflection on the dangers of allowing oneself to be governed by the anger cancer causes. Collaboratively, those in the focus groups began to examine how the existential trauma of cancer can influence relationships, manifesting in hostility towards others. Several participants suggested that Walter was allowing a natural, relatable sense of anger to shape his relationships. As one person put it, 'there can be such a lot of anger about what's happened to you, perhaps you take it out on the world?' (TR 5: 13). As shown from comparisons with Kübler-Ross's patients, and in the focus groups, there are fascinating parallels here between *Breaking Bad* and 'real' patient experiences. Viewers given time to study Walt's battle against the 'cessation of valuable

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[379] Gibson, 'Romancing,' 409-10.

[380] *Breaking Bad*, created by Vince Gilligan, aired January 20, 2008, AMC, Netflix, https://www.netflix.com/title/70143836 [following the convention within Television Studies, references to *Breaking Bad* from this point are given in the main text as (series: episode)].

[381] Kübler-Ross, *Death and Dying*, 78-88.

activity' are watching something which can help them appreciate how people like the chemical engineer, frustrated he had not earned enough money for his family, could be left feeling resentful and emasculated.

Right to the bitter end, Walt continues to employ the language of war. In a particularly shocking scene, he tells his frightened, confused family, who have started to realise the full extent of his moral descent, that he will triumph over his cancer: 'I want to beat this thing… I'm back on chemo and I'm fighting like hell' (5, 9). The audience sees this aggression in Walt's posture and expression, as he looms over his trembling wife and children. The medium combines the threatening physicality of Walt's body language with the distressing sounds of children's tears and screams, intensifying the affective impact of this furious tirade. Like Kübler-Ross's patient determined to 'fight to the end', Walt embodies fiery, passionate denial to the last. Such moments are ingenious because they hold together the relatable and repulsive. Even after having seen Walt commit a series of heinous crimes, this 'opportunity to explore evil' also requires us to 'reflect upon the values that we seem to admire in this cold-blooded villain'.[382] Walt's defiant rhetoric captures a reaction to cancer that is both common and comprehensible in the context of modern society: a 'bravery' and fighting spirit many might see as laudable. Yet, in Walter White the superficially admirable collides with the brutally criminal, challenging the audience to reflect on the violent values of conflict and denial which influence patients and carers.

As well as holding up a mirror to these 'values we seem to admire', *Breaking Bad* encourages cancer patients to consider how and why they might have chosen to deny death and disease. Walt exemplifies a form of 'calculative' reason that represents a 'very modern, rational way of thinking'.[383] His personal philosophy is typical of a recognisable, relatable fixation with 'empirical science', and the 'goal of understanding and controlling a complex world'.[384] Because of this, the series presents an empathetic, nuanced understanding of why patients become complicit in the rationalising, controlling medical war on death, which sheds light on how this perspective has become so influential.

Walt's reliance on 'calculative reason', and obsession with 'controlling a complex world', is exposed throughout the series. In an episode in season 3 entitled 'Fly', the discovery of a housefly in Walt's carefully maintained meth-lab environment results in an 'Ahab-like mission to kill it': a campaign against the offending contaminant which occupies the entire episode (3, 10).[385] Walt's high-tech machinery is useless against this unexpected enemy, and the fruitless hunt becomes a metaphor for his war against another unwanted intrusion: death. Nothing in his scientific armoury can help in the fight against the fly, and the audience is given an entire episode to reflect on the limitations of Walter's stubborn, materialist worldview when it is confronted with the unpredictable and ungovernable forces of nature and mortality. His behaviour provides similar insight to the story of a real patient who continued the war against death by trying to annihilate all traces of dirt and germs in her home, in a desperate attempt to

[382] David R. Koepsell and Robert Arp, 'A Fine Meth We've Gotten Into,' in *Breaking Bad and Philosophy*, eds. Koepsell and Arp (Chicago: Open Court, 2012), viii.
[383] San Juan, *Breaking Down Breaking Bad*, 60-1.
[384] Lisa Kadonaga, 'You're Supposed to Be a Scientist,' in *Breaking Bad and Philosophy*, eds. David R. Koepsell and Robert Arp (Chicago: Open Court, 2012), 187.
[385] Simpson, 'Hurtling toward Death,' 61.

re-establish a sense of control. Having been treated in the 'physically and emotionally sterilised atmosphere of a hospital' she created an environment in her own home in which 'a germ couldn't live for thirty seconds', using chemical products to attack 'ghosts of the past', and continue the war against disease and death.[386] Like Walt, the patient had adopted the toxic scientific weapons of denial, but had learned nothing about accepting or living with death. The audience sees Walt unwittingly reveal these connections between the way medical practice approaches the problem of death, and smaller, everyday manifestations of the 'very modern' fixation with 'controlling a complex world'.

A more extreme, jarring instance of this insight comes through Walt and Jesse's treatment of the body of a drug dealer, who they accidentally kill in the second episode of the series. To dispose of the evidence, Walt suggests they resort to 'chemical disincorporation': scientific jargon for dissolving the body in acid. Walt uses his scientific expertise to annihilate all traces of the man's death, whilst also avoiding direct discussion of the deed. Euphemistic references to 'the body situation' and 'the thing' betray Walt and Jesse's unwillingness to engage with the human dimension of their victim's death (1, 2). Whilst they wipe up the gruesome physical remains from the 'disincorporation', a revealing sequence of flashbacks shows the audience a younger Walt in a classroom, explaining how science can account for '99.88804%' of the human body's composition, before concluding 'there's nothing but chemistry here' (1, 3). Clever editing links Walt's 'materialist' conviction that 'chemistry and matter is 'all of life'' to the murderous path his cancer diagnosis has taken him down.[387] Exaggeration and extremity are used to remind the viewer that Walt has been surrounded by societal and scientific perspectives which maintain the denial of death – perspectives which the audience will find echoes of in their own lives.

II.2 The fear of death

Underlying Walt's unacceptable, idiosyncratic criminality is a fear of death that elicits empathy, mirroring the 'panic' and 'hopelessness' cancer patients feel. The series recreates the unsettling surroundings of a cancer ward, revealing how this environment can incite and sustain these feelings, and translating them into a reaction which all viewers can comprehend.

Driving the preference for the aggressive treatment of cancer in the modern clinic is a sense of fear and confusion. Doctors and nurses often refer to hesitancy and unease surrounding the subject of death amongst their colleagues. Oncologist Mark Porter writes openly about this atmosphere: '[l]ike many of my colleagues I struggle to talk about prognosis when the outlook is bleak'.[388] Clinicians are thrust into an environment in which suffering and death are prominent, pressing concerns, without the emotional or spiritual literacy to talk directly and honestly about these human realities. Patients voice their frustration at the reticence they encounter when they raise these subjects: 'I need my doctor to discuss the possibility of

[386] Groves and Klauser, *American Book of Living and Dying*, 64-5.
[387] Darryl J. Murphy, 'Heisenberg's Uncertain Confession,' in *Breaking Bad and Philosophy*, eds. David R. Koepsell and Robert Arp (Chicago: Open Court, 2012), 16.
[388] Porter, 'How to Talk About Cancer,' 36.

death'.[389] Yet doctors admit that 'many of us avoid any talk of death' because of 'the awful and unbearable feeling that there is nothing we can say or do'.[390]

When they are first diagnosed, a cancer patient is 'confronted with [their] finiteness in an abrupt and harrowing way'.[391] Patients are rarely prepared for this shock, and surveys show that the mere mention of cancer 'conjures visions of 'pain', 'fear', 'hopelessness' and 'inevitable death''.[392] The consequences of brushing mortality 'under the carpet' in contemporary life and the modern clinic is that patients instinctively respond to cancer with feelings of 'desperation and hopelessness' and the 'adoption of a fatalistic attitude'.[393] Sacks captures this crisis perfectly when he describes how being diagnosed with metastatic cancer changed his relationship to death: 'death is no longer an abstract concept, but a presence – an all-too-close, not to be denied presence'.[394] It seems that cancer causes such drastic, all-consuming panic because patients see it as an irreversible departure from the lives they had been living. Cancer blogger Sara Liyanage writes about the 'dark, lonely, very frightening… World of Cancer', which she saw initially as a 'parallel universe' cut off from 'Normality' and 'the security and safety of my life'.[395] Patients' stories often indicate that time in hospital undergoing cancer treatment exacerbates these fears about the loss of security and safety. They relate how having an MRI scan can feel like 'being in a large plastic coffin',[396] or describe how aggressive treatments like radiotherapy made them 'suspect that their illness is a threat to life'.[397]

Breaking Bad uses its medium to immerse the audience in this unsettling 'parallel universe' which would otherwise remain unknown to everyone except cancer patients, thus bridging the gap between Normality and the World of Cancer. In the first episode, we see Walt in an MRI scanner, shot from above and upside-down. The camera angle, Walt's bewildered expression, and the loud, mechanical noises emanating from the machine create a disorientating experience for the viewer, making it easy to share in Walt's anxiety. When Walt moves into the oncologist's office, the noise from the machine is carried over as an extra-diegetic intrusion, ensuring the audience can only hear blurred, incomprehensible speech. Like Walt, the viewer cannot grasp or process the conversation, and the distorting mechanical sounds are only removed in time for us to hear 'Lung cancer. Inoperable… do you understand?'. Showing no evidence that he has understood this news, Walt can only comment on a mustard stain on the oncologist's tie that has drawn his attention, distracting from the devastating diagnosis that he has just received (Series 1, Episode 1).[398]

The blurred speech, din, and unsettling *mise en scène* were evocative for many participants in the focus groups. These effects captured an emotional state that several of the

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[389] Christina Faull, *The Handbook of Palliative Care*, 3rd ed. (Hoboken, N.J: Wiley-Blackwell, 2012), 1.
[390] Kubler-Ross, *Death and Dying*, xv-xi.
[391] Bakker, 'Spirituality and Meaning,' 42.
[392] Powe, 'Cancer Fatalism,' 135.
[393] Guz et al., 'Religious and Spiritual Practices,' 769.
[394] Sacks, *Gratitude*, 14.
[395] Sara Liyanage, 'Ticking Off Breast Cancer,' *Making Maggie's*, November 1, 2019, 21.
[396] Ed Cunningham, 'I Needed to Accept That I Could Not Change Reality,' in *Strength from our Lives*, ed. Liza Wolfe (Glasgow: Spectra Print, 2007), 120.
[397] Hinton, *Dying*, 95.
[398] Following the convention within Television Studies, references to *Breaking Bad* from this point will be given in the main text as (series number, episode number).

patients involved in the groups recognized. As one participant put it: 'he lived in a panic mode – that's what I did!' (TR 1: 6). Others interpreted Walt's behaviour as a dramatic illustration of the difference between hearing and understanding a diagnosis, such as the participant who said Walt's dazed incomprehension reflected their immediate response to diagnosis: 'it's like: 'I've got this in an instant, but it's not permeated through me yet'' (TR 1: 1). Describing a similar experience, a patient borrowed the visual metaphor of Walt's strange fascination with the oncologist's tie to explain how their reaction to diagnosis contrasted with their spouse's, saying: 'the whole thing seemed to hit her right there and then, whereas I'm still looking at this bit of mustard on a tie [i.e., not processing the news]' (TR 1: 2). The audio-visual imagery afforded the participant a means of conveying the shock they felt when receiving this news.

Evidently, the scene provided several participants with audio-visual tools that aided reflection and enriched their storytelling. This was also apparent when a patient likened Walt's behaviour during the scan and meeting to meditation, suggesting the sound and sights 'become something different to focus on… you've got the beat [of the MRI machine] to focus on then you've got the mustard spot to focus on'. Identifying with Walt, they said 'it's how you deal with things sometimes – it's a bit like meditation, allowing your brain to formulate [ideas] when things are too emotional' (TR 5: 6). Several others associated themselves with this way of acting, valorizing it as a necessary 'coping mechanism', as one participant put it (TR 5: 7).

These comments highlight how the scene gives the audience privileged access to the post-diagnosis 'daze' that real patients describe: the feeling that they had slipped into a 'dark, lonely' nightmare in which meaningful communication becomes impossible. Indeed, one participant in the focus groups responded to this scene by describing how it captured their feelings following diagnosis: 'I think it portrayed the emotion of that [learning a diagnosis], it was really well done'. Contrasting it with a depiction of a character receiving a diagnosis from the novel *Talk Before Sleep*,[399] they added that the scene reflected the experience of receiving a diagnosis 'even more than the book did' (TR 5: 6). This comment is worth considering in light of Callaway and Batali's description of watching television drama as 'an irreducibly audio-visual experience that is qualitatively different from our engagement with texts such as novels'.[400] The participant's affective response to the scene reveals how the televisual medium can be particularly well-suited to capturing and conveying certain aspects of cancer patients' experience, especially those in the daunting environment of a hospital. In fact, the discussion of this scene in the focus groups led several participants to speak about their 'petrifying' or 'extremely stressful' experiences of undergoing an MRI scan (TR 5: 7-8).[401] Thus, the aesthetics and imagery of *Breaking Bad* afforded inspiration and stimulus to patients seeking to convey their intense, troubling experiences within a cancer ward. Walt embodies the solitude

[399] For a detailed discussion of *Talk Before Sleep*, and participants' responses to it in the focus groups, see Chapter 5.
[400] Callaway and Batali, *Watching TV Religiously*, 8.
[401] The potentially 'petrifying' process of undergoing an MRI scan was also explored in the popular Netflix comedy drama *Grace and Frankie*, starring Jane Fonda and Lily Tomlin as two women struggling to process their husbands' announcement that they are in love with one another. After Grace (Fonda) injures her head, she is desperate to avoid having an MRI scan. Despite her anxiety she relents but when it comes to entering the machine, her terror is palpable. Screaming 'I can't', she is gradually moved into the machine whilst the camera zooms in on her distraught face, affording an affecting illustration of a claustrophobic, lonely experience that will be familiar to many cancer patients. See *Grace and Frankie*, season 1, episode 5, 'The Fall', directed by Betty Thomas, written by Billy Finnegan, aired May 8, 2015, Netflix, https://www.netflix.com/watch/80017364.

of lone individual trapped in the bleak murkiness of the 'World of Cancer', reminiscent of the real patient whose experience of the MRI was like being in a 'plastic coffin'. The comprehensibility and persuasive power of this fearful response is conveyed through Walter White's experiences, as the realism of the medical mechanisms and procedures sustains a 'verisimilitude' that can 'blur the boundaries of fiction and fact' and facilitate discussion of the foreboding environment of the cancer ward.[402]

Furthermore, this commentary led some of the healthcare professionals involved in the focus groups to consider how patients' need for meditation or distraction, buying time to process shocking news, could be accommodated. Having listened to the comments this scene elicited from patients, they recognized the importance of making allowances for coping mechanisms that may seem strange or irrational. For instance, a healthcare professional suggested that the oncologist could have participated in Walt's 'meditation', giving him space to come to terms with his prognosis by supporting his deflection strategy: 'you kind of thought [the oncologist] could have said, 'I had a burger for lunch' or something [to explain the mustard stain], but there was just no reaction' (TR 1: 2). Collaboratively, through discussions of the clip, patients and providers appeared to be moving toward a clearer understanding of why this encounter felt unsatisfactory, whilst also testing out alternative approaches to these interactions. One caregiver expressed this perfectly when they said that the clip had encouraged them to consider how to 'show a bit of humanness' when interacting with patients, searching for 'some kind of connection' with the people they were treating (TR 1: 2).[403]

As we see Walt 'made aware of his own embodied existence as a finite being' in the dominant 'culture of widespread death anxiety' within healthcare institutions, we better understand the way cancer throws this tension into sharp relief.[404]

III. Cancer, death and paradox in *Breaking Bad*

Breaking Bad provides a means for spiritual carers to introduce cancer patients to new sources of purpose and hope, whilst also acknowledging the reality and inevitability of death. For patients mired in morbid despair, the series can 'provide alternative readings of life's meaning and significance',[405] as it holds an affective aesthetic potency comparable to compelling

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[402] Marsh and Ortiz, introduction to *Theology and Film*, 14. For another insightful fictional exploration of the anxiety-inducing effects of a cancer ward, see Garth Stein's novel *The Art of Racing in the Rain* (London: Harper Collins, 2009). Narrated by a dog, Enzo, who can smell the 'chemical release' of emotions such as 'Tension. Fear. Anxiety', the novel thus offers the reader access to the private, concealed feelings of Enzo's owner, Eve. Whilst Eve undergoes treatment for cancer, Enzo reveals the psychological, spiritual impact of this ordeal for Eve: 'She was so afraid of doctors and hospitals. She was afraid she might go in and they would never let her out' (77-81).

[403] For more on the use of fictional scenes of doctor-patient interactions from television series to encourage conversation and promote understanding between patients and caregivers, see my article ''Talk to Me Like I Was a Person You Loved': Including Patients' Perspectives in Cinemeducation', *Intima* (Published online March 1, 2021), https://www.theintima.org/perspectives-in-cinemeducation-by-ewan-bowlby. I describe how, listening to patients' commentaries on scenes of doctor-patient interactions, healthcare professionals became aware of how patients 'see things differently', alerting them to crucial perspectival factors that influence patients' interpretations of their encounters with clinicians. Studying the discussions of these scenes in focus groups reveals how audio-visual narratives can support this collaborative process of discovery, affording a shared space in which mutual understanding can flourish.

[404] Simpson, 'Hurtling toward Death,' 60.

[405] Johnston, *Reel Spirituality*, 29.

cinematic masterpieces. *Breaking Bad* displays the 'creative imagination' which is a feature of inventive filmmaking, and which 'enables us to break away from things that are taken for granted'.[406] And, as a television serial drama, it also has the 'development and exploration of a 'long-form' novel'; a quality which 'gives rise to a particular type of in-depth involvement on the part of the spectator'.[407] Consequently, *Breaking Bad* is able to draw its audience into characters and stories which develop in timescales similar to their real lives, working unfamiliar viewpoints into this familiar fiction. Its portrayal of cancer combines relatability with unorthodoxy, engaging viewers with its life-like rhythms whilst challenging them with surprising, shocking sounds and sights. Paradoxical perspectives emerge amid routine domesticity, inviting viewers to see the relevance of these unexpected possibilities in the context of their own experiences.

In cancer care this can be a vital asset, as meaning must be 'sought or constructed in the midst of pain and tears'.[408] Simply telling patients to find meaning by ignoring or overcoming feelings of anger, fear and loneliness, rather than recognising them as natural, relatable responses, will not work. However, it is also clear from patient experiences, and the way these are depicted in Walter White's story, that 'to allow cancer to take the lead will always leave us bankrupt': spiritually 'impoverished' and trapped in meaninglessness.[409] *Breaking Bad* suggests how hope and consolation can be reached 'because of', not 'in spite of' patients' acceptance of death and sickness.[410] Arthur Koestler argues that modern 'technological man' has 'forgotten that the awareness of our own mortality can render our lives more valuable, more precious'.[411] Whilst Walter White encapsulates the spiritual limitations of the 'technological man', the aesthetics, imagery and depth of meaning in *Breaking Bad* suggest other approaches to mortality, which could help patients to seek out more optimistic, 'precious' meanings.

Spiritual carers must meet the challenge posed by death and cancer using a 'creative drive' and 'concern with meaning' to make patients aware of 'the potentially positive qualities of a paradox'.[412] Artistic mediums like *Breaking Bad* introduce patients to paradoxical possibilities of life, hope and strength found amidst death and disease. Cassidy argues that 'learning to live with paradox' is essential for health workers to 'survive as carers' in the NHS. She believes that a full spiritual life 'abounds in paradox', and that it is only by embracing the tensions and dissonances surrounding death that effective spiritual care can be delivered.[413] Spiritual carers can use *Breaking Bad* to introduce patients to the notion of positive paradox, giving them the 'renewed skill set for facing their own mortality' that 'people today require'.[414]

In this section, I describe three specific paradoxical experiences concerning death which emerge in cancer patients' testimonies, illustrating how each one is also captured in *Breaking Bad*. The series provides a medium through which such paradoxes can be revealed,

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[406] Leonardo Boff, *Liberating Grace*, trans. John Drury (New York: Orbis Books, 1979), 95-7.
[407] Hilmes et al., 'Rethinking Television,' 31.
[408] Maclaren, 'Presence,' 20.
[409] Brandon L. Mick, 'Redemption's Stage,' in *Cancer and Theology*, eds. Jake Bouma and Erik Ullestad (Des Moines: Elbow Co., 2014), 77.
[410] Frankl, *Man's Search for Meaning*, 131.
[411] Gordon, *Dying and Creating*, 12.
[412] *Ibid.,* 119.
[413] Cassidy, *Sharing the Darkness*, 86-7.
[414] Weaver, *The Theology of Suffering and Death*, 92.

explored and discussed, inviting viewers to notice and engage with the 'positive qualities' they contain, and to reflect with others about the place of paradox in their own lives.

III.1 'creative resignation'

Within Walter White's doomed, deplorable war against cancer and death are illuminating glimpses of a creative imagination which leads the audience beyond 'things that are taken for granted', prompting viewers contemplating cancer to 'think in unorthodox ways' about the spiritual questions it raises.[415]

Patient experiences make clear how this kind of thinking can sustain a spiritually enriching, reinvigorating appreciation of the value of paradox. An elderly woman in a cancer ward trying to express her experience of hospital drew a picture of her surroundings. Above the image of the ward, she wrote the words 'faith', 'hope' and 'care', but below it she put 'shock', 'wilderness' and 'frightening'.[416] Her drawing became a constructive collection of contradictory reactions: a thoughtful rendering of what Swinton calls 'creative resignation', which acknowledged fear and shock whilst preserving faith and hope.[417] In a similar patient story, Groves and Klauser describe the reaction of a nun to a terminal cancer diagnosis, relating how she chose to 'use the place of her despair as a foundation for prayer' and 'express herself out of the dark night of her circumstances'.[418] Her prayer implied a willingness to dispense with the 'false dichotomy' of 'meaning versus meaninglessness' and escape the 'binary opposites' which set hope and faith in opposition to fear and desperation.[419] These patient testimonies show how turning to creative resignation can result in the 'emergence of something new and vulnerable in the darkness'.[420] Another patient, trying to come to terms with the loss of her hair to chemotherapy, describes how she 'felt like a fraud' wearing a wig, as it seemed she was 'somehow denying [her] illness'. Reconciling herself to this loss allowed her to feel purposeful again and 'enriched her life'.[421] Directly confronting her new appearance, she did not see a *memento mori* but found meaning by openly displaying the signs of her illness.

Gordon argues that there are several similarities between 'those who would die well and those who would create well', contending that both death and creation require us to 'hear doubt and chaos and not-knowing, without excessive panic'.[422] Calm, confident acceptance of the chaos of cancer can foster the kind of creativity which flows out from darkness, painting positive paradoxes in the colours of despair, and communicating hope through the 'language of suffering'. The way these patients work with the 'apparently paradoxical association of feelings' like 'inspiration and fear' reveals a crucial alternative to the denial of death.[423]

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[415] Boff, *Liberating Grace*, 95-7.
[416] Connell, *Something Understood*, 36.
[417] Swinton, 'Spirituality in Healthcare', 169-70.
[418] Groves and Klauser, *American Book of Living and Dying*, 146-47.
[419] Todd DuBose, 'Out Out brief candle? The Meaning of Meaninglessness,' in *Clinical Perspectives on Meaning*, eds. Pninit Russo-Netzer, Stefan E. Schulenberg and Alexander Batthyany (Zurich: Springer, 2016), 289.
[420] Cassidy, *Sharing the Darkness*, 76.
[421] *Ibid.,* 5-11.
[422] Gordon, *Dying and Creating*, 165.
[423] Nelson, *Human Medicine*, 24.

On one level, Walter White embodies creativity in the face of death. His decision to turn his scientific skills to cooking meth of the highest quality shows admirable ingenuity and imagination. He rejects the 'Cancer Man' identity – the passive, anxious 'image of a cancer patient' – and chooses 'the more fearsome 'Heisenberg' persona instead', giving his life a new meaning and direction.[424] The creative, inspirational aspects of his response to cancer are captured in Jesse's stunned appraisal of the first batch of drugs Walt produces: 'You're a goddamn artist… This is art' (1, 1). A 'lyrical cook sequence' using 'flashy editing and cool music', combined with the 'slick compression of time and effort' has already portrayed this as a stylish, impressive process, letting the audience share in Jesse's wonder at Walt's technical prowess.[425] The manipulation of sound, sequence and shot makes it difficult not to see Walt in this moment as a 'Mozart in the land of meth': a genius 'touched with artistic fire'.[426] When Gordon refers to the paradoxical associations between 'good and peaceful dying' and 'creative work', this seems to be relevant to what Walt has achieved. Like the patients who were able to find reasons for faith and hope in the depths of despair, Walt often appears to be a paradigm of 'creative resignation'.[427] Indeed, a fellow chemist with whom Walt cooks in the third season draws attention to Walt' capacity for creativity by comparing him to Walt Whitman, his 'other favourite W. W.' and a 'poet' with the vision to 'look up and out of the world' (3, 6). We see in Walt's reaction to his diagnosis how popular culture of this kind can become a site of 'imaginative possibility, without which we would be unable to try out new models, new roles, new theories'.[428] Walt's daring, unconventional decisions open up new creative avenues for contemporary audiences to consider and discuss.[429]

The ingenuity of Walt's response to cancer is also embodied in his hair. In a significant scene in season one, the viewer watches Walt, who has begun to notice the side-effects of chemotherapy, playing with his thinning hair in the mirror, before picking up a razor. The next shot, before we see Walt's new haircut, shows the stunned reactions of Skyler and Walter Jr. as Walt enters the room. He has shaved his head entirely, embracing his changing appearance, and the audience first witnesses this reflected in the stunned faces of his family, and his son's delight and pride: 'Badass, dad!' (1, 6). In *Breaking Bad*, director Vince Gilligan 'plays with perspective, style and structure' in a manner that is 'persistently challenging the viewer's

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[424] Gibson, 'Romancing,' 407.
[425] *Ibid.,* 410-11.
[426] James Parker, 'Til Meth Do Us Part: Who is Going to Die at the End of *Breaking Bad*,' *The Atlantic*, July/August 2013, 44-6.
[427] Another notable example of a fictional character who displays an innovative and potentially inspiring form of 'creative resignation' to terminal cancer is Lisa Johnson (played by Kerri Godliman), in the dark television comedy *After Life*. Whilst she is dying of cancer, Lisa has recorded 'a little guide to life without me' for her husband Tony (Ricky Gervais). Her creative legacy becomes a source of meaning amidst the nihilistic grief that threatens to consume Tony after her death. See *After Life*, created and directed by Ricky Gervais, aired March 8, 2019, Derek Productions Limited, Netflix, https://www.netflix.com/title/80998491.
[428] Margaret R. Miles, *Seeing and Believing* (Boston: Beacon Press, 1996), 9.
[429] An audio-visual artwork that could draw families into a discussion of different forms of 'creative resignation', affording compelling, inspiring examples, is the Disney-Pixar animated film *Coco*, directed by Lee Edward Unkrich and Adrian Molina (2017; Emeryville, CA: Pixar Animation Studios), Amazon Prime, https://www.amazon.co.uk/Coco-Theatrical-Version-Anthony-Gonzalez/dp/B0792CPZDW. Set during the Mexican Day of the Dead holiday, *Coco* offers families and younger viewers colourful, alluring visions of the traditional rituals, symbolism, and mythology used to commemorate and celebrate loved ones during the *Día de Muertos*, as well as luring viewers into the vibrant, lively 'Land of the Dead'. *Coco* thus presents imagery and concepts that frame death as a natural and even joyful step beyond the quotidian world.

preconceptions'.[430] Here, the manipulation of shot and sequence means we first 'see' Walt's baldness through the reactions of Walt's astonished family members, whose assumptions about living with cancer are suddenly disrupted. Walt's chaotic progress towards infamy and evil includes moments of liberating 'freedom' and 'artistry', mixed into the 'maelstrom of gale-force-winded values in flux'.[431] Like the patient who 'enriched' her life by accepting hair loss and openly acknowledging her disease and its treatment, Walt seems momentarily to epitomise courageous, honest reconciliation with cancer. In a show which often 'suspends… our narratives of common sense', and 'pushes them in unexpected directions',[432] Walt's spontaneous shaving appears to model this paradoxical use of loss as an opportunity for re-creation.

III.2 life in relation to death

Although patients' initial reactions to a cancer diagnosis are frequently characterised by fear, anger and denial, several patients also describe gradually reaching a realisation that 'cancer teaches you to live' and can be the 'beginning of a new life path'.[433] There are elements of Walt's response to his diagnosis which hint at this paradox, challenging the idea that life and death are antithetical, and opening up the notion of death as a source of 'new life' for viewers to explore.

Cancer patients often relate how 'spiritual support' of various sorts led them to the 'acceptance of death as a life process',[434] allowing them to reconcile their lives with death and disease. Lucy Kalanithi writes that her husband's struggles with cancer taught them about 'the inextricability of life and death', enabling the couple to learn how to 'find meaning despite this, because of this';[435] As Frankl observes, the 'meaning of life' is sometimes discovered on the 'verge of death'.[436] Gordon offers a related insight when she details the spiritual development of four dying patients, each of whom eventually learned to combine images of death as a 'hostile and negative' force with a sense of 'death as an integral part of life'.[437] Here also, introducing patients to ways of 'thinking about death differently' enabled them to discover new meaning through reconciliation with death, informed by a paradoxical conviction that 'cancer teaches you to live'.[438]

Reaching this awareness of the interrelation of life and death can also allow patients to understand their future in a new way. A patient discovered that they had the capacity to confront

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[430] Paul MacInnes, '*Breaking Bad*: 10 years on, TV is still in Walter White's shadow,' *The Guardian*, November 8, 2018, https://www.theguardian.com/tv-and-radio/2018/jan/20/breaking-bad-10-years-on-tv-is-still-in-walter-whites-shadow.
[431] DuBose, 'Meaning of Meaninglessness,' 293.
[432] Restivo, *Breaking Bad and Cinematic Television*, 11.
[433] P. Brown, *Facing Cancer Together*, 68.
[434] Richardson, 'Assessment and Implementation,' 151.
[435] L. Kalanithi, epilogue to *When Breath Becomes Air*, 223.
[436] Frankl, *Man's Search for Meaning*, 145.
[437] Gordon, *Dying and Creating*, 57.
[438] One of the paradigmatic examples of this conviction in popular culture is provided by the eponymous Morrie Schutz in Mitch Albom's *Tuesday's with Morrie* (London: Sphere, 2017). Whilst dying of cancer, Schutz taught Albom, whom he tutored as a schoolboy, how to find 'purpose and meaning' through living in awareness and placid acceptance of death. This true story could also be used to introduce a cancer patient to ways of 'thinking about death differently', affording alternative perspectives on their mortality.

death and disease wholeheartedly, and to enjoy a life lived in close relation to death: 'I've found what I never know I had: the courage to face mortality and the strength to live each day to its fullest'.[439] By opening themselves to the truth of death, and conceding that cancer had brought it into sharper focus, patients can unearth resources hidden in the depths of their spiritual consciousnesses – the fortitude to 'face mortality' and find within it a new path in life. As Lucy Kalanithi observes, this discovery is not the result of denial, but comes through a greater appreciation of 'the daily act of holding life and death, joy and pain in balance'.[440] These patients' experiences show what becomes paradoxically possible when life is lived to its fullest in defiant acceptance of death, cancer and suffering.[441]

Walt's dealings with cancer and death begin and end with him discussing life, framing his entire story as an examination of life and death held in balance. When Jesse asks, in the first episode, if Walt is 'crazy or depressed', and questions why he would turn to a life of crime, Walt declares that he is alive and alert: 'I am awake... we start tomorrow' (1, 1). Returning to this theme in the final episode of the series, Walt explains his outrageous, vicious behaviour by saying 'I did it for me… I was alive' (5, 16). In all the wrong ways, Walt has been searching for meaningful life. He 'wakes up and recognises that his life is transient',[442] then tries to respond with direct, decisive action. Like those patients who began to 'look forward' and 'found a new path in life' because of their cancer, Walt starts searching for a new direction. And because this gives the audience a new awareness of this paradox, this is 'a new 'plan of life' that may contain elements of truth despite its illegality'.[443] It could show a viewer how diagnosis can become a 'time of reassessment and reconstruction of the self',[444] or deepen a patient's understanding of 'the correlation of impermanence with the sense of aliveness'.[445]

One excellent example of the challenge *Breaking Bad* presents to conventional ideas about this theme is the family 'intervention' scene in season one, episode five. Skyler has assembled the family, including Marie and Hank, in a bid to persuade Walt to undergo chemotherapy, something he has resisted up to this point. Like the clinicians who instinctively resort to 'big treatment', Skyler is convinced that using toxic chemicals to attack Walt's cancer is the only viable course of action. She insists it is in his 'best interests', telling Walt 'you need the treatment, and nothing can stop you from getting it'. Emboldened by his mother's passion, Walter Jr. mocks his father for being 'scared of a little chemotherapy', but Walt's riposte to his loved ones raises a very different possibility. He condemns the medical culture that sees

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[439] Rena Gilmour, 'A Journey Without a Map,' in *Strength from our Lives*, ed. Liza Wolfe (Glasgow: Spectra Print, 2007), 74.
[440] L. Kalanithi, epilogue to *When Breath Becomes Air*, 219.
[441] For a charming, child-friendly fictional study of the interrelationship of life and death, see E. B. White's novel *Charlotte's Web* (London: Penguin, 2003). The sage, compassionate spider, Charlotte, helps the frantic and naïve young pig, Wilbur, to reconcile himself to her death through illustrating how a death can lead into new life. With her last energy, Charlotte gives birth to a host of infant spiders, and weaves an intricate web as part of an ingenious plan to save Wilbur's life. Fascinatingly, one of the participants in the Fiction Library trial commented that 'the pig's [Wilbur's] denial even though Charlotte was clearly dying' was an aspect of the story that felt 'helpful' and 'relevant' to their personal situation (FL: 3).
[442] Stephen Glass, 'Better Than Human,' in *Breaking Bad and Philosophy*, eds. David R. Koepsell and Robert Arp (Chicago: Open Court, 2012), 93.
[443] Aaron C. Anderson and Justine Lopez, 'Meth, Liberty and the Pursuit of Happiness,' in *Breaking Bad and Philosophy*, eds. David R. Koepsell and Robert Arp (Chicago: Open Court, 2012), 216.
[444] Bain et al., 'The Role of Spirituality,' 650.
[445] Gordon, *Dying and Creating*, 14-16.

'doctors talking about surviving as if it's the only thing that matters', and often leaves patients 'artificially alive' and 'just marking time'. Those real patients who found meaning though facing up to mortality, and holding life and death in balance, would share Walt's belief that living well is not solely about deferring death. Analysing the scene, a palliative care expert notes that by setting Skyler's desire to 'fight the good fight' against Walt's willingness to accept death, '*Breaking Bad*'s writers found a way to allow us to view that conundrum', raising issues 'that would have taken hours to unmask even with the help of a skilled counsellor'.[446]

Writing about her experiences of working in palliative care, Janie Brown observes that the 'decline of paternalism' in medicine has led to increasing numbers of patients having to make these vital decisions about the balance between quantity and quality of life.[447] She provides several examples of cancer patients that she has witnessed trying to weigh up a complex array of factors as they decide whether to accept life-prolonging treatment. [448] The resonances between this testimony and Walter's situation reveal why a palliative care expert might regard the intervention scene from *Breaking Bad* as an important resource. Indeed, Brown includes the story of a wife who insisted that her husband has chemotherapy, who explained that 'we have to keep fighting for the kid's sake [because] George is too young to die and needs to keep fighting'.[449] It is clear from this why a palliative care expert would regard the fictional 'intervention' scene in *Breaking Bad* as a means of 'unmasking' salient, sensitive concerns for a real patient facing Walt's predicament.

A Maggie's psychologist participating in the Fiction Library trial specifically identified *Breaking Bad* as an artwork that raised the same questions of quantity and quality of life that many visitors to the Maggie's centre were grappling with. In their feedback, the psychologist described how they felt the series raised relevant, important themes for the people they cared for:

> When thinking about *Breaking Bad*, I can see how people begin to think about their legacy and what they can do for those that are left behind before they die. It is an interesting conversation regarding prolonging life vs quality of life. Working in the [Maggie's] centre this topic has come up in regards for the importance of people having a voice and being able to say 'enough is enough' in regards to treatment. People may prolong their life, but if it is not a quality life, I think there needs to be respect for deciding to stop or not take up treatment (FL: 8).

The discovery that *Breaking Bad* can be used to open up this increasingly important area of patients' experiences is highly significant. The psychologist's remarks suggested that *Breaking Bad* can reveal why cancer patients will begin to 'think about their legacy' or 'those that are left behind', highlighting the potential relevance of Walt's narrative for those Maggie's cares for. Watching and discussing *Breaking Bad* could afford a way into the sensitive 'conversation'

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[446] Dan Miori, 'Was Skyler's Intervention Ethical?', in David R Koepsell and Robert Arp, eds. *Breaking Bad and Philosophy* (Chicago: Open Court, 2012), 28-33.
[447] Janie Brown, *Radical Acts of Love* (Edinburgh: Canongate, 2020), 104.
[448] *Ibid*., 102-22.
[449] *Ibid*., 120-22.

about quality and quantity of life that many patients feel that they need to have, as the psychologist's response to the series implied.

Furthermore, evidence from the focus groups clearly showed that the intervention scene could indeed initiate constructive conversations about this vital subject. Several participants described how the scene resonated with their experiences of cancer treatment. One person responded to the intervention scene by speaking about a friend who was determined to continue caring for his wife after he was diagnosed with cancer. They related how the friend 'wouldn't have the chemo, because he knew he'd have the reaction to the chemo, and he wasn't going to be there for his wife. So, he cut his life short by not having any treatment' (TR 5: 19). Walt's resistance to treatment drew out this story, as it seemed to touch on precisely the same concerns that motivated Walt. Another participant expressed their approval of Walter's decision, saying, 'I know there are people who, quite rightly, found that they decided not to have chemotherapy'. As they explained, their endorsement of this choice was due to personal experiences of treatment, as they said that 'I had such a bad time that I'd never go through chemo again' (TR 5: 20). These participants, and many others, found their compelling reasons for resisting treatment captured in Walter's speech to his family.

Yet there were also examples of the scene provoking the opposite reaction, moving people to speak about their positive experiences of treatment. One participant told the group about their daughter, who continued to play an active role in family life whilst undergoing chemotherapy. They explained that their daughter had 'participated in our lives a lot during that time' noting that 'it's not been a case of giving up and lying down in bed all day' (TR 5: 20). This challenge to Walter's portrayal of life during treatment was echoed by another person who objected to the way their doctors had characterised treatment. They asked, 'why do they have to tell you all the bad things that are going to happen?', adding that 'I had radiotherapy, I was told I would be very tired, but I wasn't, it was fine' (TR 5: 20). These comments indicate that Walter's distrust of treatment can also draw out a counter-narrative, compelling people to share experiences that are not consonant with the picture of treatment he presents. The scene thus provided the basis for rich, nuanced conversations in the groups – conversations that seemed to do justice to the complexity of the issues raised.

This qualitative evidence lends support to the claim that *Breaking Bad* could be used to help people to explore these issues, privately or in groups. And one participant in the groups had a suggestion for how this might work best in practice. Noting that it engaged with the question of 'quality vs quantity of life' that many patients confront, the participant argued that it would be wise to pair *Breaking Bad* with a fictional narrative presenting a more positive perspective on cancer treatment. In their words, 'to have something to counter it would be really, really helpful' (TR 5: 21). The idea of pairing narratives to present both sides of this complex, contentious subject is worthy of further consideration. The balance between extending life and preserving its quality is difficult to find and will vary for each individual. Yet current cancer care provision does not usually support a patient's search for this balance. As these discussions revealed, integrating fictional explorations of this issue into their spiritual care could both initiate and enrich this search.

III.3 strength through dependence

At certain points, *Breaking Bad* uses its medium to guide audience attention toward the paths Walter White did not take: the help and love he chose to ignore, and the paradox that he weakened his position by refusing to accept support. Cancer patients frequently experience 'isolation' and 'existential aloneness'.[450] They can feel as if they have become the dreaded 'image of a cancer patient': a '*memento mori*' in a society desperate to deny death's reality.[451] The language of 'fighting' death can also push patients toward loneliness and isolation. Swinton observes that an ideal of self-sufficiency is directly connected with the metaphors of fighting disease, which 'work well in an individualistic society' in which we are encouraged to be 'autonomous heroes'.[452] As cancer support specialist Pamela Brown observes, patients are often conditioned to believe 'that it's a strength to be independent, to not ask for help'.[453] The extent to which Walt aspires to an ideal of 'strength' and independence is exposed in the moments of insulating, indulgent egotism in which he distances himself from his family, such as when he proclaims in a grandiose, melodramatic speech: 'I have lived under the threat of death for a year now, and because of that I've made choices… I alone should suffer the consequences' (4, 12). Leaving loved ones behind, Walt makes clear his intention to face cancer alone. He has clearly come to regard himself as an 'autonomous hero' who must fight cancer without support: the unwanted, exiled *memento mori* who cannot rely on others. However, there is also a very different perspective on cancer and human relationships which often emerges in patient testimonies. Many patients say that their experience of cancer has resulted in 'a fresh realisation that we are interdependent' – a renewed appreciation of the strength and spiritual support that can be gained through reliance on those around us.[454]

Ironically, it is Walter White's failure to embrace this paradox which makes *Breaking Bad* an excellent resource for encouraging patients to consider the importance of dependence on others. There is a tradition within Christian art of imagery which portrays evil in the form of a 'silhouette of goodness': a 'negative image' of virtue in which sin becomes an absence that points toward a better path not chosen.[455] *Breaking Bad* uses its narrative and aesthetics in an analogous way, depicting Walt's assertions of independence, and rejection of help and sympathy, as a revealing 'silhouette' of alternative decisions he could have made, and of the strength he would have gained by submitting to dependence.

Patient testimonies stress the importance of such decisions. Journalist Victoria Derbyshire relates how 'experiencing cancer showed [her] that ninety-nine percent of people are kind'. She writes that she was initially shocked by having to 'confront the possibility of life being taken from [her]', but that she has now reached a point where she feels 'grateful… every single day', thanks to the 'compassionate words of wonderful strangers'.[456] Paradoxically, the prospect of losing her life created a situation in which she discovered gratitude, mutuality and

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[450] Bain et al., 'The Role of Spirituality,' 646

[451] See Todd's description of herself and another patient awaiting radiotherapy: '[w]e're such *memento mori*, he and I. Both of us with mouths sand-paper dry'. *Radiation Diaries*, 125.

[452] Swinton, 'Spirituality in Healthcare,' 170-71.

[453] Brown, *Facing Cancer Together,* 15.

[454] *Ibid*., 643.

[455] Robin Kirkpatrick, introduction to *The Inferno*, Dante Alighieri, trans. Kirkpatrick (London: Penguin, 2005), ixxv.

[456] Louise France, 'Victoria Derbyshire: My Breast Cancer Diary,' *The Times*, September 9, 2017, https://www.thetimes.co.uk/article/victoria-derbyshire-my-breast-cancer-diary-thshx5gc7.

resilience. Liyanage also describes how she found that the 'parallel universe' of life with cancer 'wasn't as lonely as [she] had first thought'. Despite seeing her diagnosis as the destruction of 'comfort' and end of 'Normality', she came to understand that 'you aren't as alone as you think', and found new sources of 'warmth, love and support' through fellow sufferers.[457] Liyanage's story suggests that something which might appear to transform a person into a disquieting sign of death cut off from community and friendship, can in fact lead a patient toward meaningful, affirming relationships, and a deeper appreciation of the importance of shared experience.

This paradox can also hold true in the context of family life. One patient reached the conclusion that 'cancer is a life changing experience', not because it forced him to fear for his life but because of the way it changed his relationships: 'my whole family is closer than we've ever been'. The way those around this patient responded to his diagnosis revealed 'a love so powerful that it began a healing process that forever changed [him].'[458] Counterintuitively, cancer prompted reconciliation and a strengthening of bonds: a restoring and strengthening with clear spiritual significance. For a father facing a potentially fatal cancer, this revelation came when he decided to be 'open', and 'talked to both [his] children about death'. Though he 'could not stop crying', he later recognised that discussing death with his family had been a crucial stage in his spiritual recovery: 'I think I needed that low moment in a strange way'.[459] Admitting to his fear of death, rather than denying its possibility, produced reassurance and courage – a new high attained by accepting and expressing the 'low'.

The capacity for *Breaking Bad* to encourage cancer patients to embrace dependence was evident from the responses in the focus groups to Walter's decision to receive his cancer diagnosis alone. Seeing Walter, disorientated and dazed, failing to process what the oncologist is telling him (1, 1), several participants chose to speak about the importance of involving other people in hospital appointments and consultations. Having watched the scene in which Walter attends an MRI scan then receives his cancer diagnosis alone, one participant suggested that Walter should have brought another person to the consultation: 'I think it would have been better for him to have somebody with him. But that's your choice' (TR 1: 2).[460] Interrogating Walter's choices led them to consider and propose an alternative course of action. This sentiment was repeated many times in each of the groups where *Breaking Bad* was discussed, as participants spoke about the necessity of bringing other people to appointments and involving friends and family in their treatment. This included the participant who said that Walter 'wanted somebody with him' whilst meeting the oncologist, because they had learned from first-hand experience that 'four ears are better than two' as 'you might miss something' if you attend alone (TR 5: 6). Clearly, for these participants, watching Walt's struggles and missteps moved them to reflect on, and speak about, alternative approaches that involved recognising and embracing the importance of interdependence.

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[457] Liyanage, 'Ticking Off Breast Cancer,' 21.
[458] P. Brown, *Op. cit*., 12-13.
[459] Cunningham, 'I Needed to Accept,' 124.
[460] This is the same scene discussed earlier in this chapter (74-5). There were two distinct forms of response to this scene in the focus group: on the one hand, several participants related to the sense of shock and disorientation it conveyed, whilst others were prompted by the scene to reflect on and discuss the importance of dependence and family support (see above).

In a revealing scene towards the end of the fourth season of *Breaking Bad*, Walter Jr. finds his father cut, bruised and fragile, following an altercation with his drug-dealing associates. In a 'low moment' of weakness, Walt suddenly opens up to his son about his own experience of seeing his father in hospital dying of Huntingdon's disease. The unexpected, poignant qualities of this image of a weeping, battered cancer patient highlight what Walt has been missing up to this point: the new meaning which can come through submitting to weakness and reliance. When Walt tries to reinstate the façade of the strong, solitary cancer-warrior the next day, his son's reaction serves to reinforce this message: 'at least last night you were real' (4, 10). When the real father reached his tearful 'low moment', sharing the burden of his fragility with his family, it led to hopeful spiritual resurgence, yet Walt treats his own slip into honesty as an aberrant display of vulnerability. Johnston argues that films are spiritually significant because they can show audiences 'wholeness within brokenness', offering glimpses of 'how life was meant to be but is not'.[461] Walt's uncharacteristic moment of truthful humanity demonstrates how cinematic television can give audiences spirituality illuminating hints of 'wholeness': tantalising, fleeting visions of how Walt could have allowed healing love and support to transform his experience of cancer.[462]

Breaking Bad consistently points to this paradoxical possibility of 'wholeness' amidst the fractured chaos of cancer. In the final season, Walt celebrates his birthday with his family by giving a speech thanking his loved ones for their support: 'I did not want to get any treatment, I think I was too angry, too scared… but you guys got me through it' (5, 4). Superficially, Walt's words reflect the experiences of patients whose struggles with cancer brought them closer to their families, deepening their spiritual resources. However, the viewer sees this deceitful display of hollow gratitude set against a backdrop of Skyler, distraught and despairing after learning about Walt's misdeeds, slowly walking into their family pool in an attempt to drown herself. The effect of placing these two figures in a single shot is a shockingly discordant scene, with Walt oblivious to the way his wife's tragic behaviour is exposing the cynicism of his speech, even as he delivers it. The resonances with the theological idea of artistic negative images – of evil represented as the absence of its opposite – are particularly apparent here. Walt's monologue becomes a parodic 'silhouette' of how things might have been – how his family and friends could have given him the practical and spiritual support he needed to endure his treatment. The vision of hell Dante Alighieri creates in his *Commedia* is a paradigmatic example of this creative, hopeful use of the vacuity of immorality. It is full of lonely, isolated individuals who chose to 'abandon themselves to the emptiness of evil' and submit to 'dullness and death'.[463] Yet Robin Kirkpatrick points out that Dante describes his 'authorial task' within the *Inferno* as a struggle to write of 'the good I found there' (*Inferno*

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[461] Johnston, *Reel Spirituality*, 154-55.

[462] Another fictional narrative that can afford insight for a cancer patient struggling to embrace interdependence is Iain Banks's novel *The Quarry* (London: Hachette, 2013). Kit, who has autism, is caring for his father, Guy, who is dying of cancer. Described from the perspective of Kit, as first-person narrator, the unusual relationship between these two protagonists mingles anger and resentment with love and loyalty, reflecting the complexity of father-son relations whilst also revealing how meaning and 'wholeness' can emerge amidst the conflict and confusion that cancer can cause.

[463] See Kirkpatrick, introduction to *The Inferno*, lxxv. For more on Dante's use of negative imagery in the *Inferno* see, for instance, John Freccero, 'Bestial Sign and Bread of Angels: Inferno xxxii and xxxiii,' in *Dante: The Poetics of Conversion* (Cambridge, Mass.: Harvard University Press, 1986), 152-66.

I:7-8): to create a narrative with the 'moral and intellectual purpose' of using the bitterness of sin and death to evoke imaginative images of goodness.[464] In Dante's poetry the 'emptiness of evil' serves as a 'negative image' of a possible good,[465] just as the hellish existence Walt has trapped himself in is portrayed as a life that points to the better choices he did not make.[466]

The medium through which this jarring mismatch is presented also adds further layers of irony and tension to the shot. Monaco points out that 'it is in our personal lives, in our families, that the power of television has its most immediate effect'.[467] Series like *Breaking Bad* are usually watched with close friends or family, providing 'one of the commonest points of discussion among people today',[468] and generating 'water-cooler' moments which makes us 'want to share our reactions'.[469] In this context, witnessing the total collapse of familial bonds laid out in such a disturbing manner will inevitably focus the minds of those watching on the need to preserve trust and communication. The 'negative images' the series presents invite them to discuss with their own loved ones how things could have been handled differently, and Walt's cancer might have brought his family closer, leading to important conversations about how hope and consolation could be co-created by cancer patients and their families.

The potential value of this spiritual affordance was illustrated in the feedback provided by a participant in the Fiction Library trial. Whilst processing the impact of a cancer diagnosis, the participant watched *Breaking Bad* having read in the Fiction Library guide about how the series could help them to explore themes of denial and dependence:

> When I did watch episode 1 of *Breaking Bad*, I reflected on my relationship with my family since the diagnosis and immediately set about changing it. I thought I had been open with them but reading the comments [in the Fiction Library guide] about Walter's behaviour, I realised that I had tried to protect them and in doing so, was denying myself some much-needed support and them the opportunity of supporting me, which they were seeking and might even need as part of their process of coming to terms with the life-threatening illness of their daughter and sister. I wrote them an eight-page letter letting myself speak freely about how I felt about my situation to give them an idea of what it was like to be me. Following that, I had a much more meaningful exchange with my sister and mother (FL: 6).

Watching *Breaking Bad* in conjunction with reading the Fiction Library guide led this participant to a vital realisation. A narrative about the breakdown of family relationships

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[464] Robin Kirkpatrick, *Dante's Inferno: Difficult and Dead Poetry* (Cambridge: Cambridge University Press, 2008), 6.
[465] Kirkpatrick, commentary on *The Inferno*, 445-47.
[466] For a more detailed exploration of the idea of Walter White as a revealing 'silhouette' of alternative choices that he did not make, see my article 'Drugs, Death, Denial and Cancer Care: Using *Breaking Bad* in the Spiritual Care of Cancer Patients,' *Critical Studies in Television* 15, no. 3 (2020): 223-38. Using the theological concept of a 'silhouette of goodness', and Jung's theory of the ego-life and True Self, as analytical tools, this article suggests that symbolic moments in Walt's descent into chaotic criminality could help caregivers to meet the 'need for symbols' in cancer care.
[467] Monaco, *How to Read a Film*, 514.
[468] Telford, 'Through a Glass Darkly,' 16.
[469] Johnston, *Reel Spiritualty*, 14.

provoked an important process of reflection, resulting in the participant seeking out more meaningful contact and mutual support. When they related to Walter's behaviour, the guide invited them to consider how the instinct to protect family members from the truth could have damaging consequences. The participant's response illustrated how, just as Dante's poetic forms were able to 'derive 'good' even from the confusions of hell',[470] the desolate, destructive qualities of Walt's misdeeds serve a 'moral and intellectual purpose' by conjuring visions of their opposites. In this respect, *Breaking Bad* shows how the 'power of television' can be used in spiritual care, as a platform through which viewers explore together alternative, paradoxical perspectives on cancer and death, and rethink assumptions about the need for patients to fear and fight death on their own.

Conclusion

One of the most valuable things *Breaking Bad* offers its audience is the opportunity to spend several hours watching somebody get life with cancer catastrophically wrong. In contemporary society, cancer often reaches the public's attention through stories about 'inspirations' and 'cancer heroes': extraordinary individuals who have run marathons, climbed mountains, or raised vast sums of money for charity.[471] Whilst impressive and admirable, the ideal of the patient who has 'beaten' cancer by achieving remarkable feats does little to address the fears about death and dying most ordinary patients contend with. In contrast, *Breaking Bad* is a notable example of an artwork willing to explore the human frailties that cancer exposes. The series provides the 'negative images' and 'silhouettes' which society does not offer, and which give the viewer the freedom to imagine what they would do instead, and how they would respond to cancer differently, rather than asking them to measure up against a daunting, unattainable ideal. Walt's story probes medical, societal and individual shortcomings, laying bare the problem death poses in our lives with an uncompromising candour that can be hard to find elsewhere.

What makes the series such a promising resource for spiritual care is the way it which it balances this brutal honesty with an awareness of how 'the prospect of death… wonderfully concentrates the mind',[472] introducing audiences to the paradoxical idea that something which threatens to take you out of the world can bring you more deeply into it. Cancer patients describe the 'pain' and 'hopelessness' their condition causes, and the terror death holds for them. Yet their testimonies also often point to this paradox, describing feelings of relief and

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[470] Kirkpatrick, commentary on *The Inferno*, 447.

[471] For example, Stephen Sutton raising £5 million for cancer charities [Rebecca Gillie, 'Stephen Sutton: £5 Million Legacy of Inspirational Cancer Teen,' *Huffington Post*, September 16, 2014, https://www.huffingtonpost.co.uk/2014/09/16/stephen-sutton-5-million-legacy-of-inspirational-cancer-teen_n_7322530.html]; the remarkable work of journalist and presenter Rachel Bland [Catherine Pepinster, 'Rachael Bland had Guts. But She Did Not 'Fight a Battle' Against Cancer,' *The Guardian*, September 6, 2018, https://www.theguardian.com/commentisfree/2018/sep/06/rachael-bland-battle-cancer-bbc-presenter]; or Lynn Joseph climbing Everest weeks after cancer treatment [Nilufer Atik, 'I Climbed Thousands of Feet up Everest during Cancer Treatment,' *iNews*, May 10, 2019, https://inews.co.uk/news/teacher-climbed-up-everest-whilst-in-the-middle-of-cancer-treatment-289840].

[472] Ernest Becker, *The Denial of Death* (London: Free Press 1997), ix.

renewal when the illusion of impermanence is lifted, and death becomes closer and more familiar. *Breaking Bad* holds these two kinds of responses together in the same space. The qualitative research presented in this chapter shows cancer patients finding their feelings of fear, anger, and denial captured by the aesthetics, characterisation, and narrative of *Breaking Bad*, yet also being moved by the series to contemplate alternative perspectives on cancer and mortality.[473] A series that can stimulate reflection on, and discussion of, vital yet neglected issues surrounding quality and quantity of life, as well as inspiring patients to reconsider potentially damaging choices, has clear value in a spiritual care context.

The chances to test out the different ways of thinking afforded by this manipulation of sound and image constitute a strong challenge to the claim that modern, secular culture offers 'no assets for sufferers' contending with their own mortality.[474] A counter-cultural movement encouraging people to discuss death and dying directly and openly is gradually gaining traction, and television documentaries,[475] podcasts,[476] children's animated films, [477] and even outlets in shopping centres,[478] are all playing a part in this drive to overcome our collective denial. *Breaking Bad* is a crucial testament to this broader trend, in which alternative attitudes toward our unavoidable end are being sought out and investigated. The imaginative space the series creates is one in which unorthodox ideas of creative resignation become viable possibilities, and viewers can rediscover the kind of spiritual optimism which finds glimmers of light in the darkness of death.

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[473] Arguably, the iconography created by the audio-visual imagery in *Breaking Bad* can meet the 'need for symbols' in contemporary cancer care. For more on this, see my article 'Drugs, Death, Denial and Cancer Care: Using *Breaking Bad* in the Spiritual Care of Cancer Patients,' *Critical Studies in Television* 15, no. 3 (2020): 223-38.

[474] Keller, *Walking with God*, 55.

[475] See, for instance, Liddel, *Horizon*, 'We Need to Talk About Death.'; *Grayson Perry: Rites of Passage*, series 1, episode 1, 'Death,' directed by Neil Crombie, featuring Grayson Perry, aired August 23, 2018, Swan Films, All4, https://www.channel4.com/programmes/grayson-perry-rites-of-passage.

[476] See, for instance, Deborah James, Laura Mahon and Rachel Bland, 'You, Me and the Big C,' first aired March 7, 2018, BBC iPlayer, https://www.bbc.co.uk/programmes/p0608649/episodes/guide; D. S. Moss, 'The Adventures of Memento Mori,' first aired February 17, 2021, Apple Podcasts, https://podcasts.apple.com/us/podcast/the-adventures-of-memento-mori/id1061189831?mt=2.

[477] See, for instance, the moving story of grief, enchantment, and spiritual searching *Onward*, directed by Dan Scanlon (2020; Burbank, CA: Walt Disney Studios), Amazon Prime, https://www.amazon.co.uk/Onward-Plus-Bonus-Content-Officer/dp/B08617YZ8W; or Molina and Unkrich's hugely popular children's animation *Coco* [see footnote 194].

[478] The 'Departure Longue' in Lewisham is an instillation aimed at tackling taboos surrounding death and dying. See Joanna Morehead, 'Welcome to the Departure Lounge. Destination: Death,' *The Guardian*, May 5, 2019, https://www.theguardian.com/lifeandstyle/2019/may/05/welcome-to-the-deaprture-lounge-destination-death.

Chapter 4
The Bucket List: Levity, Laughter and Living with Cancer

Introduction

In an enigmatic scene towards the end of Hollywood 'cancer comedy' *The Bucket List*, Cole, played by Jack Nicholson, is reflecting on the journey he has made with his friend Carter (Morgan Freeman).[479] As two terminal cancer patients, Cole and Carter decided to use their remaining life to tick off items on an extravagant 'bucket list', leading to a series of adventures full of levity and laughter. As he tries to understand the significance of these adventures, Cole turns to his colleagues in a meeting and asks: "have you ever ready the *Divine Comedy*?" (81 minutes).[480] Seeking a means of expressing the transformative impact of fun and frivolity on his life with cancer, Cole alights on the paradigmatic example of a theological, "Divine" comedy. This connection, between a notionally secular cancer comedy, and the theological exploration of the spiritual significance of humour, forms the basis of this chapter. Here, I describe how theological theories about the power of humour enable us to recognise how, and why, a popular "cancer comedy" film can change a patient's experiences of cancer. I use *The Bucket List*, an odd-couple cancer comedy that drew large audiences,[481] but was often treated with disdain by critics,[482] and overlooked by academics,[483] as an example of how filmic fun could enrich the spiritual care of cancer patients.

A failure to take comedy seriously is a feature of many different disciplines, including those tasked with addressing the human problems of death and disease.[484] Both oncologists and patients have identified humour as a means of 'spiritual coping' that can improve mental and physical wellbeing, but carers are still searching for 'effective humorous interventions' which could 'harness its vitality'.[485] However, a 'chasm' exists between what cancer patients need

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[479] The term 'cancer comedy' has come to be used in popular discourse to denote a comedy combining humour and an exploration of aspects of living with cancer. See, for instance, Cath Clarke, 'Running Naked Review – Feelgood Cancer Comedy with Teen Pranks,' review of *Running Naked*, *The Guardian*, February 1st, 2021, https://www.theguardian.com/film/2021/feb/01/running-naked-review-feelgood-cancer-comedy-with-teen-pranks.

[480] *The Bucket List*, directed by Rob Reiner (2007; Burbank, California: Warner Brothers), Amazon Prime, https://www.amazon.co.uk/Bucket-List-Jack-Nicholson/dp/B00EU76F5S [References to *The Bucket List* from this point are given as (minutes) in the main text].

[481] *The Bucket List* made $174 million in the box office (see 'The Bucket List,' The Numbers, accessed September 14, 2021, https://www.the-numbers.com/movie/Bucket-List-The#tab=summary).

[482] See, for instance, Roger Ebert, 'O Death, where is Thy Sting-a-ling-a-ling,' review of *The Bucket List*, Roger Ebert.com, January 10, 2008, https://www.rogerebert.com/reviews/the-bucket-list-2008.

[483] There are some discussions of *The Bucket List* in academic scholarship, although these are usually in somewhat esoteric fields. See, for example, Thomas Turnell-Read, ''What's on Your Bucket List?': Tourism, Identity and Imperative Experiential Discourse,' *Annals of Tourism Research* (November 2017): 58-66; Rizky Abdul Rachman, 'Existentialism in the Character Study: Carter and Cole in *The Bucket List* Movie,' *Lantern* 2, no. 2 (2013): 1-5.

[484] McCreaddie and Wiggins observe that, in healthcare contexts, 'humour, somewhat paradoxically, is something that is generally not taken seriously'. See May McCreaddie and Sally Wiggins, 'The Purpose and Function of Humour in Health, Health Care and Nursing: A Narrative Review,' *Journal of Advanced Nursing* 61, no. 6 (March 2008): 591.

[485] Wanda Christie and Carole Moore, 'The Impact of Humour on Patients with Cancer,' *Clinical Journal of Oncology Nursing* 9, no. 2 (June 2004): 211-18. There is a growing body of evidence that suggests that cancer patients specifically benefit mentally and spiritually from humour. See Bente Lisbet Roaldsen, Tore Sørlie, and

and desire regarding humour, and the reality of what their care provides.[486] Oncology Nursing literature contains references to the 'value of laughter', even suggesting that 'a library of comedic movies' would be 'an appropriate addition to a nursing unit',[487] but offers no guidance on how these films should be selected and used. Applying theological analysis of the spiritual power of comic art to modern, secular works can turn a 'library of comedic movies' into a carefully constructed care resource relevant to all patients. Moreover, combining this analysis with qualitative research investigating how cancer patients respond to comedy films about cancer can address the lack of studies addressing patients' perspectives on humour and cancer.[488]

In this chapter, I begin by briefly addressing questions *The Bucket List* raises about the spiritual significance of comedy and entertainment, suggesting that a different kind of value judgement is required from those typical of critical and academic responses. I then describe how theories within Theological Aesthetics concerning spirituality and comedy can provide this alternative value system, and I connect these theological defences of comedy and levity to clinical research advocating the use of humour in spiritual care practices. Finally, I apply these theories to *The Bucket List* to show how the film illustrates the power of humour to change cancer patients' experiences. Drawing on qualitative research, I provide several examples of the comic affordances that a film combining cancer and comedy can offer to patients.[489] Responses to *The Bucket List* in focus groups showed the film bringing relief, inspiring defiance, changing patient's perspectives on humour, and even prompting patients to re-evaluate their life goals.

I. Comedy, entertainment and cancer care

The Bucket List is firmly focused on entertaining audiences by generating laughter and enjoyment. It sits within a category of films that is frequently accused of being 'vulgar', or 'trivialising or taking a tabloid approach to the stories it tells': films often dismissed by scholars as 'mindless' entertainment.[490] Certain critical responses to *The Bucket List* characterised it as a 'popcorn picture about death',[491] with critics treating the film as a deplorable demonstration that 'Hollywood never found a cancer ward it couldn't spiff up' or 'a death sentence that didn't

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Geir F. Lorem, 'Cancer Survivors' Experiences of Humour while Navigating through Challenging Landscapes – A Socio-Narrative Approach,' *Scandinavian Journal of Caring Sciences* 29, no. 4 (December 2015): 724-33, and Paige Johnson, 'The Use of Humor and Its Influences on Spirituality and Coping in Breast Cancer Survivors,' *Oncology Nursing Forum* 29, no. 4 (2002): 691-95.

[486] May McCreaddie and Sheila Payne, 'Humour in Health-Care Interactions: A Risk Worth Taking,' *Health Expectations* 17, no. 3 (January 2012): 332-34.

[487] *Ibid*., 212-16.

[488] Rajiv Samant et al., 'The Importance of Humour in Oncology: A Survey of Patients Undergoing Radiotherapy,' *Current Oncology* 27, no. 4 (August 2020): 351.

[489] The sources from my qualitative research referenced in this chapter are transcripts of the recordings from the focus group trials, and are as follows: Transcript 2, held in person at Maggie's Dundee, November 9, 2019; Transcript 3, held via Microsoft Teams, December 8, 2020; and Transcript 4, held via Microsoft Teams, November 4, 2020. These anonymised transcripts will be referenced in the main text as (Transcript: page number). For more information on these sources, see the front matter of this thesis.

[490] David Browne, 'Films, Movies, Meanings,' in *Explorations in Theology and Film: An Introduction*, eds. Clive Marsh and Gaye Ortiz (Oxford: Blackwell, 1997), 9.

[491] Kyle Smith, 'Two Good Men,' review of *The Bucket List*, *New York Post*, December 25, 2007, https://nypost.com/2007/12/25/two-good-men/.

have emotional uplift'.[492] Whilst some responded favourably to this 'emotional uplift' other critics were dismissive of what they saw as 'putatively heart-warming stuff' that was ultimately 'lazy and condescending'.[493] There is even an implicit sense in a few reviews that those who enjoyed *The Bucket List* and its portrayal of 'cancer that is nothing like cancer' should feel ashamed,[494] with one reviewer suggesting that if you are won over by the film's 'cheerful defiance' it is important 'not to let your friends know'.[495] The underlying assumption of critics appears to have been that mixing illness and irreverence constituted a 'lazy' and 'disturbing' trivialisation of this dangerous disease.

This assumption appears to be symptomatic of an influential dichotomisation of Hollywood 'movies' and film as 'art': a reductionist approach which sets 'art' over and against 'entertainment'.[496] Critics and academics sometimes seem to object to the 'serious study of popular films' because they are concerned that engaging properly with works that are 'simply entertainment' will leave them 'tainted with their triviality'.[497] Taking seriously the possibility that fun cancer comedies like *The Bucket List* can enrich a viewer's spiritual life provides a means of critiquing this instinctive conflation of entertainment, popularity and triviality. Drawing out the value inherent in the comic perspectives the film offers on human frailty challenges the notion that academic study of 'escapist and entertainment media' would be 'unnatural', due to the perceived 'absence of seriousness' in such artworks.[498] One need not look beyond recent examples like *The Greatest Showman* to realise that 'films that do best at the box office are rarely the critics' favourites'.[499] Film scholarship usually gives the 'function of the film audience' a 'subsidiary and derivative role' at best, so the reasons why millions of people choose to watch successful films like *The Bucket List* are rarely given detailed consideration.[500]

Correcting this imbalance by focussing on the needs and desires of the audience, this chapter argues that *The Bucket List* illustrates how entertaining, accessible comedy can 'raise vital questions about the spiritual landscape and normative values of society today',[501] highlighting a 'blind spot' in the work of academics and critics that is a 'potential site for insight and growth'.[502] Comedy films like *The Bucket List* allow viewers to explore different ways of harnessing the power of comedy to change a life affected by cancer. They demonstrate how artworks can give viewers a means of vicariously experiencing different forms of comic response to cancer, testing out how humour might add to their own search for meaning.

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[492] Richard Corliss, 'Death Myths,' review of *The Bucket List* and *Savages*, *Time*, December 26, 2007, http://content.time.com/time/arts/article/0,8599,1698307,00.html.
[493] Deborah Ross, 'Count Me Out,' review of *The Bucket List*, *The Spectator*, February 13, 2008, https://www.spectator.co.uk/article/count-me-out.
[494] Ebert, 'O Death.'
[495] Corliss, 'Death Myths.'
[496] Browne, 'Films, Movies, Meanings,' 10.
[497] Miles, introduction to *Seeing and Believing*, xiii-iv.
[498] Christopher Deacy, *Faith in Film: Religious Themes in Contemporary Cinema* (Aldershot: Ashgate, 2005), 2.
[499] Marsh, *Cinema and Sentiment*, 19. On *The Greatest Showman* see, for instance, Michael Hann, 'The Greatest Showman was Derided by Critics. So Why Has its Soundtrack Shot Straight to No 1,' *The Guardian*, February 7, 2018, https://www.theguardian.com/film/shortcuts/2018/feb/07/big-choruses-greatest-showman-soundtrack-top-of-charts-hugh-jackman.
[500] Deacy, introduction to *Faith in Film*, vi.
[501] *Ibid*., vi.
[502] Miles, introduction to *Seeing and Believing*, xiv.

Examining *The Bucket List* as a potential resource for cancer care brings to light the opportunities for spiritual 'insight and growth' this form of entertainment affords. In its original sense, to entertain meant 'to hold apart': to create a space between fact and fantasy in which different types of behaviour could be watched and enjoyed.[503] The globe-trotting exploits of two dying men trying to cram fun and laughter into their final months offers audiences this opportunity. Furthermore, the increasing popularity of 'cancer comedy' as an 'emerging trend' in popular culture implies there is an appetite for accessible, entertaining narratives that allow people to explore ways of combining cancer and humour.[504]

Films which allow us to reflect on different uses of humour played out within imagined experiences of cancer also provide a space in which the limitations and power of laughter in this context can be tested out, at a safe distance from real life. Combining humour with serious illness requires sensitivity and an ability to adapt to individual preferences and unique circumstances,[505] so a medium which facilitates this formative, preparatory encounter with the positive and negative dimensions of cancer comedy can be vitally important. Indeed, director Rob Reiner explains that his aim in creating *The Bucket List* was to 'present a very serious subject like [cancer] but also to inject humour, because if we're going to reflect the life experience it's sad and it's funny'.[506] He intended the film to entertain, yet in doing so to reflect and engage with real 'life experience'. There is clear evidence that 'the millions of people who watch movies are affected or changed in some way', with films influencing 'attitudes, beliefs and behaviours'.[507] This affective impact includes films which teach us about how and when we might use the power of humour to create reasons to smile whilst living with cancer.

Using *The Bucket List* as an illustration, I will explain how Hollywood-style entertainment can be used to move from the finding that 'humour can be an effective intervention that impacts the health and wellbeing of patients with cancer' to a practicable care

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[503] Pamela Grace, *The Religious Film: Christianity and the Hagiopic* (New Jersey: Wiley, 2009), 13.

[504] See Zsófia Demjén, 'Laughing at Cancer: Humour, Empowerment, Solidarity and Coping Online,' *Journal of Pragmatics* 101 (2016): 18. Demjén notes that '[a]t the 2015 Edinburgh Festival Fringe Beth Vyse, Alastair Barrie and Adam Hills were among those who based their comedy routines on their own or their partner's cancer experiences'. This chapter references several other recent examples of 'cancer comedy' within popular culture, including: a) films: *50/50*, directed by Jonathan Levine (2011; Santa Monica, California: Lionsgate), Netflix, https://www.netflix.com/title/70202141; *Funny People*, directed by Judd Apatow (2009; Universal City, California: Universal Pictures), Amazon Prime, https://www.amazon.co.uk/Funny-People-Adam-Sandler/dp/B00I954AYA; *Running Naked*, directed by Victor Buhler (2021; Seattle: Amazon Prime Video), Amazon Prime, https://www.amazon.co.uk/Running-Naked-Tamzin-Merchant/dp/B08SMRR3WZ; b) television series: *Catastrophe*, season 1, episode 1, directed by Ben Taylor, written by Sharon Horgan and Rob Delaney, aired January 19, 2015, Channel 4, https://www.channel4.com/programmes/catastrophe/on-demand/58083-001; *Orange is the New Black*, season 2, episode 8, 'Appropriately Sized Pots,' directed by Daisy von Scherler Mayer, written by Alex Regnery and Hartley Voss, aired June 6, 2014, Netflix, https://www.netflix.com/watch/70296535; c) novels: Iain Banks, *The Quarry* (London: Little, Brown, 2013); d) pathography: Adam Blain, *Pear Shaped: The Funniest Book So Far this Year About Brain Cancer* (Seattle, Washington: Amazon Publishing, 2015); and e) stand-up comedy: Billy Connolly, 'Colonoscopy,' YouTube, February 24, 2008, https://www.youtube.com/watch?v=BBMsPNI6EZE.

[505] McCreaddie and Wiggins note that we must understand how humour is used in the 'non-sterile, complex and dynamic environments in which we actually live' to integrate humour into patient care successfully. See 'The Purpose and Function of Humour,' 591-92.

[506] Rob Reiner, interview by David Poland, DP/30: The Oral History of Hollywood, YouTube, July 21, 2014, https://www.youtube.com/watch?v=NZ7z1K5FkzA.

[507] Conrad E. Oswalt Jr, 'Religious Films and Cultural Analysis,' quoted in Deacy, *Faith in Film*, 5.

strategy.[508] Placing characters willing to poke fun at everything into situations all cancer patients will recognise leads to a playful, relatable hunt for the laughter which can be extracted from life with cancer. Forms of psychological counselling sometimes use 'movies with human themes' to help patients 'achieve personal insight into their situations' and discover new, 'transferable' ideas and approaches.[509] This is precisely what this 'cancer comedy' offers: strategies for putting cancer, suffering and death into perspective using levity and laughter, which patients may find can be 'transferred' into their own lives. The relationship between Cole and Carter that is at the heart of *The Bucket List*, reveals how comedy can carry candour, denial or hopeful defiance with it when it is aimed at cancer.

Evaluating *The Bucket List* as a resource for spiritual care raises the possibility that some films are box office hits because they 'accurately identify and explore a current area of discomfort and anxiety' in society, then 'visualise a possible resolution'.[510] Allowing for the likelihood that audiences are finding more in cancer comedies than a brief, meaningless diversion, this chapter suggests that *The Bucket List* offers defiant humour and creative irreverence as one form of 'resolution' to the contemporary problems of death and disease. The range of hopeful, imaginative perspectives on cancer it allows audiences to inhabit challenge the assumption that fun, popular commercial films 'put entertainment first and soul-searching second'.[511] What is required is a different kind of value judgement to apply to these films: analytic tools which explain how humour and entertainment can play a vital role in our 'soul searching', enabling people affected by cancer to reappraise their condition and to see their lives illuminated by light-heartedness and laughter.

II. Comedy in Theological Aesthetics and spiritual care

Despite its complicated relationship with humour, the field of Theological Aesthetics can supply this different kind of value judgement, as it provides important insights concerning the spiritual significance of comedy and levity directly relevant to spiritual care. Furthermore, scholarship from Theological Aesthetics can be used to explain how comic artworks capture different forms of humour that are of proven benefit in a healthcare context. It is worth noting that the idea of a 'comic vision' has often been condemned by Christian scholars for lacking the necessary gravity and sobriety to deal with spiritual matters.[512] Prominent theologian and moralist John Barclay captured this sentiment when declaring that humour and laughter 'do not agree with Christian silence, gravity and sobriety'.[513] However, in more recent scholarship

[508] Christie and Moore, 'Impact of Humour,' 211.
[509] Johnston, *Reel Spirituality*, 40.
[510] Miles, introduction to *Seeing and Believing*, xv.
[511] Johnston, *Reel Spirituality*, 16.
[512] Conrad Hyers, *The Comic Vision and the Christian Faith: A Celebration of Life and Laughter* (Eugene: Wipf and Stock, 1981), 10-15. The notion that playful entertainment might hold inherent spiritual value has been dismissed since Christianity's inception, with theologian John Chrysostom demanding in 390AD that the believer recognise that 'the world is not a theatre, in which we can laugh'. See Chrysostom's *Commentary on Matthew*, Homily 6, in *Patrologia Graeca*, volume 57, ed. Jacques Paul Migne (Paris: Imprimerie Catholique, 1844), 70. As, during the Reformation, severity and reserve increasingly came to be seen as the essential qualities of the religious temperament, this suspicion of levity hardened and 'religion came to be almost exclusively associated with solemnity'. See Gavin Hopps, 'Comedy, Levity and Laughter: Parables of Agape,' in *The Routledge Companion to Religion and Literature*, ed. Mark Knight (Abingdon: Routledge, 2017), 242.
[513] Hyers, *The Comic Vision*, 15.

within Theological Aesthetics, the conviction that humour itself can be a 'form of spirituality' has found some support.[514] Theories about the different forms of spiritual significance levity can hold, largely forgotten in the post-reformation turn away from the ludic and comic, have been revisited and given new life.[515]

To highlight the diversity of these theories, Gavin Hopps provides a useful taxonomy of different theological approaches to levity, each of which suggests a new situation in which humour and spirituality can combine in positive, productive ways.[516] He groups 'religious defences of levity' into three 'traditional explanations of humour': the 'superiority theory' which has to do with laughter 'from above' that relativises 'terrestrial concerns'; the 'incongruity theory' which argues that 'humour is a response to the fundamental incongruities of human existence', or a means of 'coping with the incomprehensible'; and finally the 'relief theory' which claims that 'rest, joy and mirth' can anticipate and even make present 'heaven's bliss'.[517] Hopps highlights the 'diversity of attitudes towards levity and laughter' which can be identified in religious literature and art, as well as showing that these attitudes can also be found in 'ostensibly secular comedy'; in other words, there can be 'theological significance' to humorous artworks that are not explicitly religious.[518]

These theories also suggest how notionally secular, comic artworks can be used to address problems surrounding the use of humour in the spiritual care of cancer patients. Notably, McCreaddie and Wiggins argue that the focus on the negative aspects of humour in healthcare is a consequence of the lack of interdisciplinary research investigating how different forms of humour could be integrated in patients' care. Their call for diverse scholars to 'use their respective skills, knowledge and research methodologies to inform a topic that so clearly transcends boundaries and disciplines' can be answered by drawing on insights into humour and spirituality from Theological Aesthetics.[519] Indeed, Hopps' taxonomy of different theological approaches to levity groups 'religious defences of levity' into the same three categories that research in humour and health has focussed on: superiority, incongruity, and relief.[520] These convergences provide a clear basis for the kind of innovative, interdisciplinary research required in this area.

Building on Hopps' threefold theological 'defence of levity', I set out, in the remainder of this section, an expanded taxonomy of comedy, focusing on four types of humour that are particularly relevant, in my view, to the spiritual care of cancer patients. This expanded

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[514] Hopps, 'Comedy,' 237.
[515] *Ibid*., 241. One particularly relevant example of this is Terry Lindvall, J Dennis Bounds and Chris Lindvall's *Divine Film Comedies: Biblical Narratives, Film Sub-Genres, and the Comic Spirit* (New York: Routledge, 2016), which takes up the 'quest of blending the life of Christian faith and laughter as they are communicated through films'. The aim of this study is to find 'biblical meanings' in contemporary comedy films by focussing on 'religious comedies' (1-6). Here, however, I am interested in how notionally secular comedy films can affect audiences in spiritually significant ways, using theories from Theological Aesthetics to investigate how this may occur.
[516] Hopps 'Comedy,' 242.
[517] *Ibid*., 243-45.
[518] *Ibid*., 238, 245.
[519] McCreaddie and Wiggins, 'The Purpose and Function of Humour,' 591-92.
[520] In their survey of research into humour in healthcare, McCreaddie and Wiggins draw attention to three theories that have dominated research into humour and health: the superiority, incongruity, and relief theories of humour, highlighting a range of proven mental and physical health benefits associated with each theory. See 'The Purpose and Function of Humour,' 584-95.

taxonomy is intended to incorporate those forms of humour that have been specifically identified as beneficial for cancer patients. It is also designed to accommodate the diverse forms of comic affordances available in comic artworks that came to light in my qualitative research. Whilst the four categories are informed by Hopps' taxonomy, they are also influenced by the language that participants used when discussing *The Bucket List* in focus groups. Thus, my expanded taxonomy reflects the meaning real patients can find in cancer comedy films. Under the categories of (1) rest and relief, (2) truth and defiance, (3) play and entertainment, and (4) levity and 'flying', I draw on theories taken from Theological Aesthetics to describe several different examples of the power of comedy to reshape our spiritual lives.

The notion of 'rest and relief' is a key concern of those theological works which defend the role of festivity, fun and recreation in religious life. Josef Pieper describes festive rapture as a shattering of a human's 'normal' relationship to the world: a break in regular routines which allows for recuperation and spiritual reinvigoration.[521] By arguing that having a 'good time' may be an act that is 'meaningful in itself', Pieper valorises moments of leisure and relaxation, and the joy and ease they can bring.[522] This sets festivity – as a 'suspension and inversion of the everyday world' – against 'quotidian existence': taking part in this 'inversion' of the everyday becomes an 'intrinsically religious' activity that serves as a necessary complement to the quotidian, reminding the believer that their liturgical routines should be orientated toward the rewards of the life to come.[523] Here, forms of levity promoting 'ease and welfare' are not treated as unhelpful distractions from serious matters but as an integral part of a nourishing spiritual life.

Accessing truth in a humane, defiant manner, is another affordance of certain kinds of humour. Hugo Rahner observes that 'fun, irony and humour' sometimes 'seem to get more easily – because more playfully – down to the truth'.[524] Ironic, dark or grotesque humour often 'employs distortion paradoxically as an instrument of truth', revealing the root of things by disturbing our preconceptions.[525] Humour's relationship to the truth is also sometimes characterised by its propensity for getting at those things which defy conventional logic and ordinary speech. Slavoj Žižek suggests that because 'the stuff of comedy is things which elude our grasp', then 'laughter is one way of coping with the incomprehensible'.[526] Consequently, the comic hero can capture something of what it means to be a human beset by chaos and confusion, and do so with sympathy and honesty. Nathan Scott describes the clown as an 'utterly human' figure who 'somehow manages to redeem the human image' despite facing confusion and tragedy.[527] The downtrodden comic contending with the absurd, inexpressible qualities of life can still – against all the odds – present a faithful, hopeful image of what it means to be a person surrounded by 'things which elude our grasp'.

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[521] Josef Pieper, *In Tune with the World* (Indiana: Saint Augustine's Press, 1999), 42.
[522] Hopps, 'Comedy,' 238.
[523] Hopps, 'Comedy,' 245.
[524] Rahner, *Man at Play*, 29.
[525] Hopps, 'Comedy,' 244.
[526] Slavoj Žižek, *Did Somebody Say Totalitarianism?: Five Interventions in the (Mis)use of a Notion* (London: Verso, 2001), 68, quoted in Hopps, 'Comedy,' 244. Hopps also notes that humour thereby can paradoxically 'communicate by advertising a failure of communication', enabling the expression of things which might otherwise seem unutterably awful or incomprehensible (244).
[527] Nathan Scott, *The Broken Centre* (London: Yale University Press, 1966), 89-90.

Playfulness and folly are also often discussed by theologians defending the religious significance of comedy. For instance, Conrad Hyers argues that comedy is spiritually vital because it can remind us of our 'intrinsic freedom and flexibility', by encouraging us to play around with possibilities and boundaries.[528] Because of this, ludic comedy can take the shape of a 'fantastic protest against the limitations of worldly existence'.[529] This belief also seems to lie behind Hugo Rahner's theology of play, in which the Christian *homo ludens* – 'man of play' – is a 'saint' who performs 'a children's game before God' from which 'every vestige of the tragic has completely disappeared'.[530] He asserts that a saint, far from being a figure associated exclusively with sobriety, can offer spiritual insight by playing a 'children's game' and delighting in disregarding the 'limitations of worldly existence'. Rahner's *homo ludens* is also a variation of the traditional Christian 'Fool for Christ': a 'popular and attractive figure' incarnating a 'radiant spirituality' with 'no compromise or conformity to this world'.[531] Nikolai Berdyaev writes of 'such chosen spirits as Saint Francis' who embodied the 'heroic upsurging' which characterises the holy fool: a 'rarely glimpsed' paradigm of divinely inspired levity resistant to the 'pathos of heaviness'.[532] These theologies bring out the importance of play and folly as tools for enriching and expanding human existence, emphasising the spiritual value of comic characters that incarnate a subversive, alluring levity capable of transforming the way we see ourselves and our lives.

The imagery of levity as flight – light-heartedness as an escape from the gravity of weighty anxieties – is the fifth and final theological account of the relationship between comedy and spirituality that I draw on in this chapter. Hopps notes that comedy is sometimes seen to provide a 'transcendent perspective' on worldly worries in theological literature and art, allowing anxieties to be looked down on from an elevated position.[533] Hyers also argues that, theologically speaking, 'laughter is the freedom of a higher innocence and unity', so lifts us to a spiritual height from which 'human blunders' can be surveyed from a 'godlike distance'.[534] This notion of 'godlike' ascendancy also lies behind artistic metaphors exploiting the association of levity with weightlessness and flight, such as in Dante Alighieri's *Commedia*, where humour and joy pull the protagonists toward the spiritual riches of Paradise and out of the density of despair.[535] Hopps highlights the 'religious allegory that is founded on the dual meaning of *levitas*', used in the *Commedia* to capture the significance of Dante pilgrim's climb to the 'physical and spiritual "levity"' of paradise. This 'spiritual conception of levity' is essential because it impels the movement of the soul toward the Empyrean, so a lightness of

[528] Hyers, *The Comic Vision*, 122.
[529] J. M. Cohen, introduction to *Don Quixote*, Cervantes, trans. Cohen (Harmondsworth: Penguin, 1950), 16. This carefree disregard for the limitations of the world as it is fits neatly with the Christian proleptic imagination, which anticipates the future realisation of a new, divine game on earth. Early Christian scholar Origen's declaration that 'the truly wise man is like a child that smiles and plays' reveals that this theological defence of the playful comic 'protest' derives from the scriptural concept of the 'foolishness' of God in Christ (1 Corinthians 20 etc.), which calls into question all worldly wisdom. See Origen, *In Mattheum,* quoted in Rahner, *Man at Play*, 37.
[530] Rahner, *Man at Play*, 36.
[531] John Saward, *Perfect Fools: Folly for Christ's Sake in Catholic and Orthodox Spirituality* (Oxford: Oxford University Press, 1980), 84-85.
[532] Nikolai Berdyaev, *The Meaning of the Creative Act* (London: Victor Gollanscz, 1955), 344-48.
[533] Hopps, 'Comedy,' 243-47.
[534] Hyers, *The Comic Vision*, 36.
[535] Hopps, 239-40.

mood and spirit is crucial in freeing Dante from the 'weight of sin'.[536] This is typical of the way in which some theological art and scholarship treats levity as instrumental in the spiritual ascent that 'leads us out into another world', freeing us from 'submission to the world's heaviness'.[537] Literally and metaphorically, levity lets the believer fly toward the heavens, looking back with 'godlike' disdain on worldly burdens.

This taxonomy of four theological defences of levity provides a useful breadth of perspective to engage with the clinical literature promoting the use of humour in medical contexts. Whilst it does not map onto the three traditional areas of focus in humour-health research, this fourfold taxonomy is wide enough in scope to accommodate the diverse range of benefits associated with humour in medical research. Moreover, it is shaped to fit the different forms of comic affordance described by participants in my qualitative research, as they responded to *The Bucket List*. Both this data and the extant clinical research lend support to theologians who want to emphasize a diversity of possible theologies of humour, because they provide empirical evidence suggesting that several different types of 'humorous intervention' can have a profound impact on the emotional, physical and spiritual welfare of patients. The Association for Applied and Therapeutic Humour defines 'therapeutic humour' as 'any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life's situations' which can 'facilitate healing or coping, whether physical, emotional, cognitive, social, or spiritual'.[538] Clearly, there are resonances in this definition with several of the theological defences of levity outlined above, as it takes in ideas of incongruity, play, and of the spiritual, healing potential of comedy. Medical studies linking laughter to 'contemplative visioning' and 'unanticipated glimpsing' also seem to imply strikingly similar conclusions to those writing from theological perspectives about the 'intimations of transcendence' or 'radiant spirituality' humour can conjure.[539] And clinical literature noting that humour can improve comfort levels in cancer patients, reducing anxiety and depression, appears to support the 'relief theory' of levity,[540] whilst research indicating humour allows for greater levels of openness and honesty amongst patients appears to lend weight to assertions made by theologians about using comedy as a vehicle for truth-telling.[541]

When these correspondences come to light, it seems clear that theologians and clinicians studying humour are often using different types of evidence and terminology to describe the same phenomena. Evidently, there is not an exact correlation between the results of this clinical analysis of 'therapeutic humour' and the theological theories of levity set out above. Medical enquiries will naturally tend to focus on the more tangible, quantifiable benefits humour can bring to patients – the relief from suffering and pain – whereas theological research

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[536] Dante's feet become 'light with good desire' as he mounts the 'sacred steps' leading to the spiritual plenitude of paradise (*Purgatorio* XII: 115-26). See Dante, *Purgatorio*, trans. Robin Kirkpatrick (London: Penguin, 2006), quoted in Hopps, 'Comedy,' 234.
[537] Berdyaev, *Creative Act*, 229, 254.
[538] 'Explore the Practical and Therapeutic Benefits of Humor,' About AATH, accessed March 17, 2019, https://www.aath.org/about-aath.
[539] Rosemary R. Parse, 'The Experience of Laughter: A Phenomenological Study,' *Nursing Science Quarterly* 6, no. 1 (January 1993): 39-43.
[540] Kiyotake Takahashi et al., 'The Elevation of Natural Killer Cell Activity Induced by Laughter,' *International Journal of Molecular Medicine* 8, no. 6 (December 2001): 645-50.
[541] Christie and Moore, 'Impact of Humour,' 211.

is inclined to highlight the power of comedy to ignite hope and transform our spiritual outlook. However, far from being a reason to separate these two forms of scholarship, it indicates that bringing them together will help to widen the scope of an exploration of the ways in which humorous interventions could enrich spiritual care. In fact, scientific investigations into the therapeutic impact of humour have helped to establish the 'relativity' of any single position on comedy and spirituality,[542] indicating that levity and laughter can affect our bodies and souls in many different contexts and many different ways. These two different forms of academic research are both supporting the use of several types of humour to promote spiritual coping and healing, yet whilst one body of work appeals to biochemical, empirical data to justify its claims, the other works with more abstract language of transcendence, faith, and hope. Bringing these together in a single argument creates a convincing case for the use of levity as a powerful 'intervention' that can lift, inspire or comfort patients. In the following section, I present examples of how this can work, combining research from Oncology Care and Theological Aesthetics to explain how cancer comedy films can address a cancer patient's spiritual needs.

III. The Bucket List: A case study of the use of comedy for spiritual care

III.1 Comedy as rest and relief

The Bucket List allows audiences to explore the various forms of relief and respite humour can bring to cancer patients. Nurses working in cancer wards quickly realise that humour is a crucial 'coping tool' that can reduce stress and aid relaxation.[543] The moments when characters in *The Bucket List* use comedy to escape from the grim reality of cancer can deepen our understanding of this important process. Humour is inescapably relational and contextual, so without the imagined human encounters created in a film a patient would have little to guide them when it came to putting comedy to use as a 'coping tool'. Kalanithi writes that he learned about the therapeutic power of humour by watching his father – a clinician – use jokes to build trust and 'easy human connections' with patients. It was only by witnessing first-hand how 'comfort and levity' enabled communication and connections, transforming the environment of a ward, that Kalanithi came to appreciate the power of humour in healthcare contexts.[544] Similarly, spending time in a cancer ward led nurse Christine Watson to the realisation that a smile or 'hearty gut-laugh' could cut through the 'horror of life' bringing patients respite.[545]

The Bucket List brings banter and slapstick comedy into a cancer ward, using the relationship between Cole and Carter to explore how humour can reassure or distract patients. As soon as Cole joins Carter on the ward, his antics transform the atmosphere. Falling out of his hospital bed in farcical style, he elicits a smile from his new ward companion. As the film's portrayal of time spent on a cancer ward develops, the relief humour and fun bring is repeatedly emphasised. A shot of Cole, lying in his bed, feverish in his discomfort as the effects of chemotherapy set in, cuts straight to Cole and Carter, laughing and playing cards whilst bathed

[542] Hopps, 'Comedy,' 237.
[543] Paul McGhee, 'Rx: Laughter,' *RN* 61, no. 7 (1998): 50-53.
[544] Kalanithi, *When Breath Becomes Air*, 88-89.
[545] Watson, *Language of Kindness*, 268.

in sunlight (23).[546] The editing used to draw attention to this contrast provides a cinematic illustration of the 'relief theory' of levity, evoking a sense of 'rest, joy and mirth' when it is most urgently needed.[547] The spiritual value of comic relief is further underlined through Cole's immediate response to his terminal cancer diagnosis. After a brief silence in the wake of hearing this devastating news, Carter does not ask Cole for his thoughts on the prognosis but suggests a game of cards. Cole's jovial reply – 'thought you'd never ask' – shows that the offer of a game has met his pressing need for play and distraction (29).[548] The audience experiences first-hand the respite moments of humour can afford, lightening the mood and buying patients time for processing shocking news.[549]

Oncologist Mark Porter explains that whilst working with cancer patients it is 'O.K. to laugh' as 'at the right moment humour can be a wonderful thing'.[550] Watching scenes in *The Bucket List* which blend tragedy and comic relief gives those watching an insight into why and when humour can be 'wonderful': a tool for exploring when the 'right moment' could be. This type of imaginative investigation is vital because it deepens viewers' understanding of the extent to which the power of humour is bound up in the context of individual patients and personal preferences. When Carter decides to join Cole in the pursuit of joy and adventure abroad, instead of remaining with his family and continuing treatment, his wife struggles to accept his decision. We see her explaining her concerns to Cole on the phone, begging him to persuade her husband to return as she can't bear to 'lose' him. The film cuts from this conversation to Carter luxuriating in Cole's ostentatious bathroom, soaking in a spacious marble bathtub lined with golden trim. And the scene immediately following this shows Cole and Carter on safari in Africa, singing and laughing as they enjoy their latest exotic jaunt (54-58). The tension this sequence creates – between the concern and confusion of Carter's wife, and his relaxation and laughter – alerts the audience to the complicated, subjective nature of cancer comedy. The potential 'negative effects' of humour in healthcare contexts are well documented,[551] and viewers are afforded an affecting illustration of the risks of combining cancer and a carefree, comical lifestyle. The glittering splendour of Carter's bath and his singing to an upbeat, exultant soundtrack clash with his wife's desperate anxiety. Two

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[546] Another recent 'cancer comedy' film that revealed how a cancer ward could be turned into the site for capers and shared laughter is *Running Naked*, in which two teenage boys being treated for cancer search for entertainment in a bid to alleviate boredom and distract from the unpleasantness of their situation. See *Running Naked*, directed by Victor Buhler (2021; Seattle: Amazon Prime Video), Amazon Prime, https://www.amazon.co.uk/Running-Naked-Tamzin-Merchant/dp/B08SMRR3WZ.

[547] Hopps, 'Comedy,' 245.

[548] The importance of play and distraction on a cancer ward is also explored in the Netflix dramedy *Orange is the New Black*. Rosa Cisneros (discussed in Chapter 1, p. 12), befriends a young boy who is undergoing chemotherapy alongside her and, drawing on her experience as bank robber, constructs an elaborate game involving a 'heist' on the ward to entertain and distract her companion. The warmth and comedy captured in their imaginative play affords glimpses of how a cancer ward can become associated with more than just repetitious suffering. See *Orange is the New Black*, season 2, episode 8, 'Appropriately Sized Pots,' directed by Daisy von Scherler Mayer, written by Alex Regnery & Hartley Voss, aired June 6, 2014, Netflix, https://www.netflix.com/watch/70296535.

[549] Indeed, the film affords a fun, fictional illustration of the findings of studies suggesting that men with cancer can use humour to 'reduce tension and share a sense of solidarity with others'. See Allison Chapple and Sue Ziebland, 'The Role of Humor for Men with Testicular Cancer,' *Qualitative Health Research* 14, no. 8 (2004): 1123.

[550] Mark Porter, 'How to Talk About Cancer.' *The Times*, January 29, 2019.

[551] Chapple and Ziebland, 'The Role of Humor,' 1123.

contradictory perspectives on cancer and comedy are brought together, making those watching aware of both the potential value and danger of this kind of comic relief.

In the focus groups I coordinated on this film, discussion of these two conflicting perspectives provided evidence of the highly subjective nature of humour about cancer, yet also illustrated how discussing cancer comedy films allows different opinions to be expressed and debated at a safe distance from real-world lives and relationships. Accessible film narratives can help viewers to 'explore emotions in nonthreatening ways' and 'without judgement',[552] and this was shown in the debates that Carter's behaviour initiated. Whilst many participants responded positively to Cole and Carter's irreverent pursuit of laughter and joy, this behaviour was also the subject of disagreement in several focus groups. In one group, two contrasting comments on the bucket list scheme – both referencing personal experiences – showed how the film can draw out divergent viewpoints, affording viewers a means of putting across their particular perspective. One participant argued that Cole and Carter's humorous, optimistic approach was 'true to life', because you must 'get rid of the negative people around you [if] their negativity is impacting you' (TR 2: 1). However, whilst this participant saw the film as portraying 'real life, the facts of it', another participant replied by insisting that Carter's decision to leave his wife behind and travel with Cole was 'a wee bit unreal'. Their disapproval was evident, as they compared Carter's actions to their own situation: 'you think that you're getting support from your other half, as we all do, but then he decides he's going to do his own thing' (TR 2: 1-3). This exchange demonstrated how a fictional narrative can draw out different opinions on incongruous, humorous approaches to cancer, as what appeared to show 'real life' for one individual was deemed 'unreal' and inconsiderate by another. And although each person involved in the debate alluded to personal experience, the films afforded a focus for the debate that enabled participants to disagree indirectly, through the fictional medium, rather than directly addressing one another's personal circumstances.

III.2 Humour, truth and defiance

Cancer patients' experiences reveal the strange capacity for comedy to allow for a defiant acceptance of reality. As well as providing comic relief from the unpleasant truth of cancer, *The Bucket List* illustrates how humour can also offer patients a means of confronting truth directly in a humane, positive way. Many patients insist that despite its horror 'cancer cannot be sanctified' and 'some dark jokes are still very funny', even when they involve openly acknowledging the danger of this disease.[553] *The Bucket List* plays with this idea, testing the boundaries of taste and propriety and allowing viewers to begin to develop their personal, subjective understanding of which dark jokes can still be funny, and when. In Cole and Carter's screwball exchanges humour is frequently used as a vehicle for the truth. Their relationship

[552] Johanna Shapiro. 'Movies Help Us Explore Relational Ethics in Health Care,' in *The Picture of Health: Medical Ethics and the Movies*, ed. Henri Colt, Silvia Quadrelli, and Friedman Lester (Oxford: Oxford University Press, 2011), 22-23.
[553] Kester Brewin, 'A Theopraxis of Cancer,' in *Cancer and Theology*, ed. Jake Bouma and Erik Ullestad (Des Moines: Elbow Co, 2014), 41-42.

could be used to support Rahner's claim about humour bringing us 'down to the truth',[554] as joking here serves as a means of facing cancer with honesty and humanity.

In *The Bucket List*, wise-cracking and truth-telling are often one and the same, as humour allows Cole and Carter to discuss their situation freely and strengthen their relationship. Analysis of the responses to this humour in the focus groups revealed how watching cancer comedy films can encourage those affected by cancer to reflect on the importance of a close connection when using humour. *The Bucket List* afforded examples that helped participants to convey the positive impact of humour within trusting relationships, as well as the value of environments in which they felt safe to share jokes. This was particularly noticeable in their responses to a scene in which Cole and Carter, sharing a hospital ward, discuss their treatments. As Cole waits anxiously for his first round of chemotherapy, he asks his friend what he should expect. Carter tells him that the treatment is 'not too bad, if you don't mind round the clock vomiting' or 'feeling like your veins are made of napalm', to which Cole responds sarcastically 'that's a relief' (14).[555] Cole's deadpan responses point to a different kind of comic 'relief' at work here, which removes uncertainty and delivers truth with smiling, reassuring candour.[556] Indeed, several participants suggested Carter's satire of chemotherapy implied a close connection between the two men, with one speculating that 'maybe the Morgan Freeman character had sussed out the Jack Nicholson character and feels he can say that' (TR 2: 1), whilst another argued it showed that Carter understood Cole and thus was 'giving [the information] to him as he would speak' (TR 4: 3). Others stressed the importance of this 'sussing out' process, with one participant asserting that the way Carter joked about chemotherapy would only be appropriate 'if you knew the person very well, and they respond well to that kind of humour' (TR 4: 3). Research suggests that patients desire a sense of 'connection' and a 'relationship based on trust' to be established before they are comfortable with humour being used.[557] Through their responses to Carter's joke those involved were able to express their concerns about the inherently relational, contextual nature of humour, emphasising the importance of emotional intimacy as a precondition for using certain kinds of humour.

The clip also helped many of the participants to explain how they feel humour can support and strengthen relationships, especially in reference to cancer support groups. Several participants linked Carter's use of humour to their own experiences of support groups, including one who said that 'it's like here [their support group], everyone has sussed out one another, and you know what you can say to one another' (TR 2: 1). A different participant compared Carter's use of humour to the shared 'cancer connection' at their group that meant they felt able to speak freely, 'like I can't talk to my family and friends' (TR 3: 2). Their

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[554] Rahner, *Man at Play*, 29.

[555] Carter's deadpan delivery and sarcasm are reminiscent of Billy Connolly's stand-up routine in which he expertly exploits the strangeness and discomfort of a colonoscopy for comic effect, demystifying and reframing a process that might otherwise seem daunting. See Billy Connolly, 'Colonoscopy,' YouTube, February 24, 2008, https://www.youtube.com/watch?v=BBMsPNI6EZE.

[556] The tangible significance of the shared humour here is highlighted in real clinical trials, as patients who used joking and banter displayed an improved pain threshold and immune response, as well as 'elevations in natural killer cell activity' when reacting to tumours. See Christie and Moore, 'Impact of Humour,' 211.

[557] Ruth Ann Kinsman Dean and David M. Gregory, 'More Than Trivial: Strategies for Using Humor in Palliative Care,' *Cancer Nursing* 28, no. 4 (July-August 2005): 292-300.

comments revealed how humour can be linked to the 'emotional and psychological development of support groups with a common condition',[558] providing examples of the kind of humorous experiences that are important for in-group bonding.[559] Watching the clip also encouraged participants to describe specific benefits of using humour within these groups. A participant who saw Carter's description of chemotherapy in a favourable light described Carter as someone 'further down the line in his treatment', who is guiding Cole in how to 'learn to live with it and cope with it'. Comparing it to their own experience, they said this 'reflects on everybody' because 'newly diagnosed people are all over the place', so need someone to help them 'settle down' (TR 4: 2). Interpreting the humour as a means of reassurance, the participant drew attention to the role they believed shared jokes can play in the mutual support and solidarity fellow patients provide. In a related observation, another participant suggested that Carter's use of humour had established a situation in which the two men could 'discuss things freely without being judged' (TR 3: 3). Whilst studies have shown that humour enhances feelings of togetherness when shared in a 'context of trust',[560] participants were able to use the film to detail exactly what they believed a context of trust represented, as the clip reflected relevant experiences and affirmed their sense of the value of humour within close, supportive relationships.

Real patient stories sometimes describe a deathbed as a place where 'preciousness and pain' can be met with 'loving anecdotes and inside jokes', creating an atmosphere that is 'restful' and 'relaxed' as well as sorrowful.[561] A fictional exchange in *The Bucket List* reflects the comfort shared jokes can bring to those whose death is near. It suggests how acknowledging truth in the language of laughter could enable a patient to face dying with a confident smile, shedding tears mingling pain and joy.[562] In a scene close to the conclusion of *The Bucket List*, we witness this courageous, dignified humour shaping Carter's final moments. Having been hospitalised again and requiring dangerous surgery, we see Carter trapped in surroundings redolent of death. His frailty and hairless head are cruelly highlighted by harsh, uncompromising lighting, whilst his patient's gown and set details of drips, monitors and medical machinery deepen the foreboding, fatalistic feel of the shot. Into the murky morbidity of this *mise-en-scène* steps Cole, with a smile on his face and a healthy dose of truth for his friend: 'you look like shit, Ray'. In the exchange that follows, Carter tells an amusing story about Cole's favourite brand of coffee which reduces the pair to tearful hysterics, allowing them to cross 'cry with laughter' off their bucket list (83).

Commenting on the affective qualities of the scene at Carter's bedside, one participant in the focus groups argued that the upbeat tone established by Carter's use of humour was appropriate because 'if everything's got a sad ending, you feel miserable', whereas 'if you can

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[558] David W. Kissane, Brenda Grabsch, David M. Clarke, George Christie, Diane Clifton, Stan Gold, Christine Hill, Ann Morgan, Fiona McDermott, and Graeme C. Smith, 'Supportive-expressive Group Therapy: The Transformation of Existential Ambivalence into Creative Living while Enhancing Adherence to Anti-cancer Therapies,' *Psycho-Oncology* 13, no. 11 (November 2004): 755-68.

[559] Barbara Fraley, and Arthur Aron, 'The Effect of a Shared Humorous Experience on Closeness in Initial Encounter,' *Personal Relationships* 11, no. 1 (March 2004): 61-78.

[560] Mary Anne Lagmay Tanay, Julia Roberts, and Emma Ream, 'Humour in Adult Cancer Care: A Concept Analysis,' *Journal of Advanced Nursing* 69, no. 9 (September 2013): 2132.

[561] Lucy Kalanithi, epilogue to *When Breath Becomes Air*, 213-14.

[562] Watson relates how her father's deathbed became a place to 'cry and laugh' as her father died with 'humour, dignity and a complete lack of fear'. See *Language of Kindness*, 271.

laugh about it, it helps you to think positively about some of the things that have been talked about during the film' (TR 4: 15). If, as this implies, cancer comedy films could help people affected by cancer to entertain more positive perspectives on their situation, their potential value as humorous interventions is evident. Another participant described the scene as one that 'gives an uplift' because of Carter's joking: 'to think that he lay on that bed and how much he suffered, and yet he laughed and laughed' (TR 4: 16). Their response suggested that the clip afforded a boost to their mood and that, as well as encouraging positive patterns of thought, it could be used to improve a patient's emotional wellbeing. Carter's use of humour as he awaits life-threatening surgery also provides a fictional example of the propensity for humour to dissipate emotion in tense situations.[563] The response of one participant to this scene implied cancer comedy films could be used to encourage patients to take advantage of this, by making them aware of this aspect of humour. In reference to the clip, the participant explained that 'when we first started [the focus group], I didn't like the idea of humour and cancer and I couldn't really get that, but that made me laugh' (TR 3: 15). The implication that their views on cancer and humour changed during the group is noteworthy, in terms of what it reveals about the affective power of such films. Comedy films that can influence how patients think and feel about the use of humour can clearly enhance humorous interventions.

III.3 Cancer, play and entertainment

The playful entertainment *The Bucket List* presents holds spiritual significance because it creates a space in which unorthodox, risky responses to cancer can be tested out. Media studies scholar Caroline Bainbridge argues that the screen can construct fictitious audio-visual worlds in which audiences can vicariously play out certain ways of responding to their own lived experiences.[564] By entertaining irreverent approaches to the problems cancer presents, *The Bucket List* makes possible this process of vicarious exploration, and therefore can allow people affected by cancer to consider the relevance of these approaches to their own situation. Patients describe how a 'sense of fun' and willingness to exceed expectations for living with cancer helps them endure 'difficult treatments'.[565] Cole and Carter's pursuit of thrills and excitement invites the audience to become 'absorbed' in a playful probing of assumptions surrounding cancer. Their behaviour involves viewers in the 'intrinsic freedom and flexibility' that Hyers associates with comic heroes.[566] The film contains characters, narratives and scenes that allow audiences to 'vicariously live' the experience of rediscovering 'freedom and flexibly' whilst coping with cancer, offering accessible entertainment that serves as a 'release from order and authority'.[567]

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[563] See Peter Branney, Karl Witty, Debbie Braybrook, Kate Bullen, Alan White, and Ian Eardley, 'Masculinities, Humour and Care for Penile Cancer: A Qualitative Study,' *Journal of Advanced Nursing* 70, no. 9 (September 2014): 2056.
[564] Caroline Bainbridge, 'Television as Psychical Object: Mad Men and the Value of Psychoanalysis for Television Scholarship,' *Critical Studies in Television* 14, no. 3 (August 2019): 299-302.
[565] Piper 'That's Life,' 89. Frankl explains this phenomenon by suggesting that becoming 'absorbed in play' can connect patients to the 'humanness of man [and woman]', enriching their Search for Meaning, in *Man's Search for Meaning*, 84-85.
[566] Hyers, *The Comic Vision*, 122.
[567] Johnston, *Reel Spirituality*, 23.

The Bucket List sets Cole up as a 'fool' determined to play his own game: a figure of fun who could introduce audiences to new ways of finding freedom and transforming their experience of cancer. This stubborn refusal to accede to the requirements of his surroundings takes on a new significance when Cole becomes a patient in a cancer ward. Even when his oncologist stands in front of Cole to give him the news that his diagnosis is terminal – 'a year if you're lucky' – Cole's immediate concern is that his view of the baseball game on the television is being obstructed: 'hey doc, you're blocking my view' (26). His insistence on focusing on entertainment and taking the game seriously adds absurdity and comedy to a tragic, shocking announcement.[568] Viewers are alerted to the transformative power of this perspective by the symbolism of the bizarre glasses Cole is using to watch the baseball, which resemble two periscopes designed to allow him to remain lying horizontally (26).[569]

Whilst Cole's apparent indifference might appear absurd, one participant in the focus groups said they could 'identify very strongly' with Cole during the scene. Relating how they had often felt like 'somebody on the outside looking in at me getting all this treatment', the participant said they could 'identify with the way he's just more interested in the ballgame' (TR 3: 4). As these comments imply, patients with advanced cancer frequently list 'enjoying life' and 'engaging in meaningful activities' as key 'unfinished business themes',[570] so it is common for people in their position to feel deeply dissatisfied with 'a cure-driven biochemical model that regards their illness as a 'failure''.[571] The clip supplied an audio-visual representation of the participant's sense of alienation from their clinical treatment, helping them to express their desire to focus instead on aspects of life that bring distraction and enjoyment.

However, this scene also prompted those in the focus groups to reflect on the use of humour as a means of concealing feelings and deflecting attention. Several participants interpreted Cole's response to his prognosis in this light, with one suggesting that he behaved in a flippant, dismissive manner to his oncologist because 'he didn't want to show his emotion'

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[568] Cole's refusal to take seriously his prognosis is indicative of the control he has reassumed over the course of his life with cancer, revealing the power his comic vision has granted him. This form of power was also revealed in the real-life story of a comedian who 'made up songs' and 'cracked jokes' during awake brain surgery to 'break the ice'. She was able to use humour to change the 'atmosphere' of the operating theatre into a scenario 'like being in a café with your friends', transforming a traumatic procedure into an uplifting occasion and amusing story. See Lynsey Hope, 'Comedian Cracks Jokes from her Stand-up Routine while Having a Brain Tumour Removed in 9-hour Operation,' *The Sun*, August 25, 2018, https://www.thesun.co.uk/news/7096237/comedian-cracks-jokes-from-her-stand-up-routine-while-having-a-brain-tumour-removed-in-9-hour-operation/.

[569] This inventive use of humour to transform how a cancer diagnosis is perceived is redolent of the scene in the Channel 4 sitcom *Catastrophe*, in which an oncologist's attempts to convey a diagnosis of 'pre-cancer' descend into farcical misunderstanding. As Sharon, the protagonist (played by comedian Sharon Horgan), tries to make sense of this diagnosis – 'so just a half-cancer then' – her playful wisecracking softens the emotional blow of the encounter, alerting viewers to an alternative to the passive role of the anxious, confused patient receiving shocking news. See *Catastrophe*, season 1, episode 1, directed by Ben Taylor, written by Sharon Horgan and Rob Delaney, aired January 19, 2015, Channel 4, https://www.channel4.com/programmes/catastrophe/on-demand/58083-001.

[570] Melissa P. Masterson, Elizabeth Slivjak, Greta Jankauskaite, William Breitbart, Hayley Pessin, Elizabeth Schofield, Jason Holland, and Wendy G. Lichtentha. 'Beyond the Bucket List: Unfinished Business among Advanced Cancer Patients,' *Psycho-Oncology* 27, no. 11 (November 2018): 2573-80.

[571] Moyra Sidell. 'Treatment or Tender Loving Care,' in *Care Matters: Concepts, Practice and Research in Health and Social Care*, ed. Ann Brechin, Jan Walmsley, Jeanne Samson Katz, and Sheila M. Peace (London: Sage Publications, 1998), 96-106.

(TR 3: 5). Developing this point, another participant compared Cole's reaction to their own response to diagnosis: 'when I first got told, my friend was with me and she had more of a reaction'. The participant said their instinct had been 'to deflect and put more focus on my friend, just like what he [Cole] was doing', comparing the clip to their own efforts to avoid attention (TR 3: 5). Other participants said they could 'relate' to this, speaking about their experiences of 'denial', or their initial refusal to 'acknowledge' or 'accept' their diagnosis (TR 3: 5). Clearly, Cole's use of humour resonated with those who equated it with forms of deflection they had resorted to, affording them an illustrative example 'just like' these feelings. The use of humour to conceal emotion was also the focus of a discussion in another group, in which a participant commented on the affective impact of Cole's diagnosis scene. They thought that Cole was motivated by a 'fear of showing emotion, especially in front of other men'. Whilst saying they would have been in 'floods of tears' in Cole's position, the participant thought the scene 'was actually more powerful than if he had got upset' (TR 4: 6). The scene afforded the participant a means of understanding and even vicariously experiencing a form of emotional response that would not have come naturally to them. And this illustrates how films can be used to broaden the range of attitudes and feelings that patients empathise with, deepening their understanding of the emotional impact of cancer and the ways that humour can conceal this impact.

The capacity for comedy films to facilitate discussion of the use of humour for deflection was also apparent when a participant raised the idea that using humour as a 'defence mechanism' was a 'male thing'. Referring to their experience as a healthcare professional, they said that 'having nursed… I tended to find that men use this as a defence mechanism, because they find it so difficult to be open and honest'. By raising the notion that men 'will often use humour' in place of emotional candour, the participant revealed how comedy clips can afford starting points for difficult – and potentially divisive – discussions required to understand patients' and carers' attitudes to humour (TR 4: 4). Yet it was notable that, in other groups, women as well as men talked about being able to relate to Cole's use of humour to 'deflect' (TR 3: 5); this evidence indicates that analysing the way people affected by cancer respond to comedy films could also challenge common misapprehensions surrounding humour and health, such as the idea that using humour to conceal emotions is an exclusively 'male thing'.

Cole and Carter's 'bucket list' plan becomes an exploration of the spiritual significance of comic foolery in the context of life with cancer. This is made explicit in an exchange between the pair when Carter admits he is worried that their scheme will lead him to 'make a fool of [himself]'. Cole's response – 'never too late' – is decisive in framing their journey as an investigation into the avenues that folly can open (33). They are offered to the audience as beacons of a 'radiant spirituality' free from limitations and 'full of excitement', a spirituality analogous to that which characterised the Christian 'Fool for Christ'.[572] The alterity and appeal, but also the danger, of their foolishness is captured in a crucial series of scenes which mark the beginning of their bucket list mission. When Carter explains their plans to his wife, Virginia, she responds with anger and confusion, calling her husband 'a fool who thinks he's figured out a way how not to have cancer', and asking him how he can 'just give up' and 'quit fighting' instead to trying experimental treatments. Motivated by her experiences as a nurse, Virginia is

[572] Saward, *Perfect Fools*, 84-85.

desperate to seek ‘another opinion’ on her husband’s condition (36-38). It is easy to understand the pain of someone who feels alienated by this folly, and whose concern for her husband precludes joyful involvement in this radical scheme. Her distress is moving and relatable, yet the audience has already witnessed Cole, the Fool with Cancer, taking hold of her husband’s imagination. As Virginia leaves, the lens captures Cole lurking in the back of the shot wearing a mischievous grin: a visual acknowledgement of this achievement. And, when the film cuts from Cole and Carter in the ward, dressed in hospital clothes, to the pair in a plane preparing to skydive, the editing creates a dramatic shift in tone and setting which further underlines Cole’s success (36-38).

Evidence from the focus groups reveals how the film successfully captures and holds together two conflicting perspectives, affording an important opportunity to discuss the role that humour and folly should play in the life of a cancer patient. In several focus groups, Carter’s dispute with his wife, Virginia, became the subject of a debate about whether his behaviour was ‘selfish’. One participant said that they ‘admired’ Carter for ‘taking that step to put [himself] first’, arguing that his actions were justified because ‘every day is a bonus for anybody that’s been given a diagnosis’ (TR 3: 11-12). But another participant took issue with this, saying that ‘in Carter’s situation’ they would have ‘explained about the bucket list’ and invited their spouse ‘to come along’, because ‘if they are in love… they should build things together’ (TR 3: 12). The film established an environment in which this emotive subject – that clearly felt relevant to several participants – could be discussed with relatively little risk of causing distress or offence. Participants could imagine how they would act in the same position, thinking about and talking through the issues in the vicarious, hypothetical manner that the film made possible. One advantage of this emerged when the participant who ‘admired’ Carter’s stubbornness, having heard the response their comments elicited, subsequently softened their position. Whilst maintaining that Carter ‘committed his life at the right time and for the right reasons’, they conceded that ‘it’s hard not to see it from both sides’ (TR 3: 12). If, as this evidence indicates, the conversations that comedy films initiate can help people affected by cancer to recognise and respect a wider range of opinions on humour and health, this could enable them to deal with similar issues arising in their lives in a more empathetic, flexible manner.

The clip featuring Carter’s wife also afforded some participants an opportunity to bring a healthcare professional’s perspective into the dialogue. Relating to the wife’s position, one participant said that – as a nurse – they could understand Virginia’s frustration, ‘because nurses never like to think that they are somebody who’s given up’ (TR 4: 12). This observation brought to light one reason that a caregiver might find it difficult to reconcile themselves to an irreverent, incongruous attitude to cancer. By identifying with a fictional character, the participant was able to explain these concerns to other group members affected by cancer, in a safe environment set apart from the realities of a cancer ward. A different participant also chose to comment on this clip ‘as a nurse’, saying they felt that Carter’s plans were ‘a little bit unrealistic’, as ‘the nurse in me being protective would want him to do a bucket list that does not put extra pressure on [his health]’ (TR 4: 9). Healthcare professionals usually find it easier

to discuss matters pertaining to a patient's spiritual care indirectly,[573] and these responses revealed how cancer comedy films can be used to raise sensitive issues without directly addressing a patient's personal circumstances. The possibility that comedy films could facilitate dialogue between carers and patients about bucket lists, contributing to a deeper mutual understanding of the relevant concerns, seems worthy of further investigation.

III.4. Cancer, levity and 'flying'

The Bucket List gives the imagery of levity and flight a central role, emphasising the uplifting qualities of comedy that can change our perspective on difficult experiences. Cole and Carter's flights around the world play on what Hopps refers to as the 'dual meaning of *levitas*' by temporarily liberating viewers from the gravity of mundanity. From these vantage points the audience – through the eyes of these fictional characters – can 'look down' on cancer, as cinematography captures the 'transcendent perspective' humour can bring: the means of denying worldly affairs 'ultimate seriousness'.[574] Once their flights are over, the protagonists are returned to quotidian matters of life, disease and death, but with a transformed perspective. Their journeys represent how humour can lift us out of difficult realities before placing us back down in the World of Cancer with a renewed vision of hope.

The Bucket List imagines how humour can make this kind of journey possible, drawing its protagonists out of the unforgiving setting of the cancer ward before returning them to it emotionally and spiritually changed. The very first item on their bucket list – skydiving – sees Cole and Carter flying high above the ground looking down at the distant earth below: an inescapably clear evocation of the 'transcendent perspective' their new game has given them (38). As they use Cole's private jet to travel between different exotic locations this imagery recurs, the emphasis shifting each time. Passing over an 'indescribably beautiful' polar ice-cap, the snow and ice glinting blue in the moonlight, this breath-taking shot moves the pair to begin a discussion about fate and faith (47). Their elevated position lets them appreciate the world with wonder and curiosity, provoking spiritual reflection as they fly suspended safely above the dismal daily grind of cancer treatment.

Yet the film portrays this journey as a temporary escape, rather than a permanent departure. A sudden change in tone, signalled by a switch to a calm, reflective soundtrack, marks their return flight to America and their lives as dying cancer patients (74). The audience is brought back down to earth by this shift in tone, as the influence of levity on the film's atmosphere and action recedes. However, in what follows, the film's conclusion makes evident the indelible mark their flight has left. Carter displays a newfound alertness to the joy his life contains, captured laughing amidst his family in a scene that visibly glows with warmth and merriment (78-80). As his wife puts it, Carter 'left a stranger and came back a husband' (87): a character redefined by joy and humour. Cole, meanwhile, is now able to make a speech at Carter's funeral relating how 'deeply proud' he feels in the knowledge that he and Carter 'brought some joy to one another's lives' (90). The scriptwriters are at pains to emphasise the new meaning each has found during their travels and brought back into their everyday lives.

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[573] Margaret Fitch and Ruth Bartlett, 'Patient Perspectives about Spirituality and Spiritual Care,' *Asia-Pacific Journal of Oncology Nursing* 6, no. 2 (April-June 2019): 117.
[574] Hopps, 'Comedy,' 243-47.

Having flown above these normal existences and seen them from a 'transcendent perspective', they are no longer oppressed by the gravity of their condition.

The Bucket List does not simply leave the audience to interpret the role levity in this process for themselves; rather, it offers Dante's *Divine Comedy* as an interpretative framework through which to understand Cole and Carter's journey. This is achieved through the enigmatic speech referenced at the start of this chapter, in which Cole is shown asking a collection of confused colleagues in a boardroom meeting if they have 'ever read the *Divine Comedy*' (81). An awkward silence, during which the camera picks out the baffled faces of Cole's staff, ensures the audience takes full notice of this strange question. Although there is no explanation given, the implication appears to be that Cole – as he tries to make sense of his time with Carter – is starting to see their adventure as a recreation of Dante's mystical voyage from the 'spiritual gravity' of hell to the 'levity' of paradise, leading them toward the 'joy' residing at the 'heart of reality'.[575] Cole's mysterious question seems to redescribe his own journey as a secular reworking of this discovery of joyful transcendence. A crucial feature of the *Divine Comedy* is that, ultimately, it returns Dante to his original point of departure, but with a new vision of 'at least one telling spark' of divine glory to share.[576] Cole casts himself as the spiritual guide who has lured Carter out of the grounded, horizontal world of a car mechanic, introducing him to the heady heights of private air travel and a luxurious life full of mischievous joy. His words invite the audience to consider their bucket list exercise in light of the *Divine Comedy*'s pattern of flight and return, which places those involved back in their familiar reality with their spiritual perception transformed by a 'telling spark'. Cole and Carter's version of this process could make new audiences – who may never have 'read the *Divine Comedy*' – aware of the power of levity to transform the way we see ourselves and our lives.

This power of levity was evident in instances where the comical, incongruous reframing of terminal cancer as an 'opportunity' in *The Bucket List* encouraged participants to explain their own outlook and decisions, and even appeared to prompt some to reconsider their life plans. Discussions around this theme were predominantly based on the crucial scene in which the eponymous list is created. After Cole and Carter are both given a poor prognosis and short life expectancy, they begin to discuss the things they would like to do before dying. Cole's comic vision leads him to reject the prospect of living his final months as 'a ceremonial procession into death', telling Carter instead: 'we got a real opportunity here'. Dismissing Carter's first draft of a bucket list as 'extremely weak', Cole gives it a 'little rewrite', devising a plan for them to go out 'guns blazing' and 'have some fun' (31-34). In reference to this, one participant said that Cole showed why you 'sometimes need somebody else who is pushy or blatant or bold' to 'get you to see something differently' (TR 4: 8). Another participant characterised Cole as a 'risk taker' who does 'outrageous' and 'extreme things', in contrast to Carter, who 'had his family and a different perspective on life' (TR 4: 10-11). Seeing Cole's influence on Carter led participants to reflect on the 'need' – in certain circumstances – for humour highlighting alternative, unconventional approaches to living with cancer that 'remind us of our intrinsic freedom and flexibility'.[577] Their responses revealed how the forms of

[575] *Ibid*., 239-40.
[576] Robin Kirkpatrick, commentary on *Paradiso*, Dante Alighieri, trans. and ed. Robin Kirkpatrick (London: Penguin, 2007), 470.
[577] Hyers, *The Comic Vision*, 122.

humour described by the incongruity theory, that includes unorthodox behaviour challenging social norms and conventions, can meet this need, even when this type of humour is conveyed through a fictional film.[578]

Although treating terminal cancer as an 'opportunity' will provoke anger in some patients, several participants in the focus groups found this captured their perspective. One reflected on the clip by saying 'that sounds great, a bucket list. Do the things you want to do, see if you can sneak in a few more holidays' (TR 2: 4). This profoundly positive appraisal was echoed by another participant, who approved of Cole's desire to seize an opportunity: 'I just want to fit in as much as I can while I can, I don't want to be two or three years down the line and say: "I wish I'd done that, and now I can't"' (TR 2: 4). The film's narrative appeared to afford them affirmation, capturing many participants' motives and reflecting their desire to act with freedom in actively pursuing meaningful, pleasurable activities. The capacity for the clip showing the creation of the 'bucket list' to affirm these feelings was especially apparent in the comments of a participant who spoke about the scene in terms of their grief. Saying that 'watching the film resonates with me', they explained this was because their father had been unable to fulfil his 'expectations' before dying of cancer: 'that question was put to a doctor, about my dad's bucket list, but sadly he couldn't make that choice'. Describing how this ordeal shaped their response to Cole's scheme, the participant said, 'that's why I think when I look at it, why not go for it' (TR 3: 13). The film established an environment in which the participant felt it was appropriate to speak candidly about how grief influenced their perspective on irreverent, defiant ways of living with cancer.

In every group, the central 'bucket list' idea became the basis for an important conversation about how a cancer diagnosis can cause a significant change in perspective. Indeed, one participant said that they 'like the movie' because it 'rings bells with me a lot, as it's just like after my first diagnosis when my outlook on life was completely changed' (TR 3: 3). Their reaction implied a direct connection between what the film portrayed and their emotions following diagnosis. There were several related comments in each group, such as one made by a participant in irreverent, comic language strikingly similar to Cole's tone and diction: 'this [cancer] gives you a kick up the backside to go back into looking at the better things in life and not sweating the small stuff… it makes you think life's too short' (TR 3: 9). The clip proved sufficient stimulus for a meaningful, honest discussion of the impact of a diagnosis on individuals' lives, including those who were facing the same decisions as Cole and Carter. This was true of one participant who said they could identify with Cole because they also 'equate [being] sombre with giving up', adding, 'either you fight it [cancer] and live the best life you can, or you go into your shell and accept it and your life is finished' (TR 2: 3). Cole's defiant vision of life afforded them an appropriate space for expressing their desire to avoid being 'sombre', whilst affirming their desire to seek the 'best life' possible life instead.

The bucket list scheme not only reflected participants' outlook and resonated with their experiences, as for some it appeared to provoke reappraisal of their plans. This was the case for the participant who related 'a couple of things that have come to my mind watching this [film]'. One was 'that I want to watch the [full] film', and the second that 'I want to revamp my bucket list and really go for it!' (TR 3: 15). Watching and discussing clips from the film

[578] Branney et al., 'Masculinities,' 2057.

had led them to view their own bucket list in a new light, so that they wanted to 'revamp' it, seemingly inspired by Cole and Carter's fictitious exploits. The affective power of the film appeared to afford the participant the inspiration required to begin this process, and another participant also discussed revising their own bucket list in response to the clips. Referring to a list they had already compiled, the participant said, 'there are some things I didn't think I would be able to do… but I am an optimist, so why not?'. Linking their comment to the Covid-19 pandemic, the participant stated their intention 'to make sure once this pandemic is over that I got back to fulfilling all [the items] on my bucket list' (TR 3: 14). In an excellent example of the 'constructive engagement' with an artwork that affordance theory highlights, the participant found motivation – through watching the clips – to return to their bucket list once restrictions were lifted, as their immediate situation shaped the meaning the film held for them. These responses evidenced how comedy films might be used as targeted interventions that initiated productive forms of re-evaluation for some patients, presenting possibilities that can lead those affected by cancer to entertain new perspectives on their own lives.

Conclusion

Combining cancer and comedy is a risky business. Laughing at a disease that causes pain, distress and death ought never to be done casually or carelessly. A mistimed, misdirected joke can cause serious offence when cancer is involved so it is crucial to pay attention to person, place and context. It is important to note that whilst clinical, psychological trials have been used to highlight the positive impact of humour on cancer patients,[579] there is also plenty of empirical evidence for the adverse effects of ill-judged cancer comedy.[580] Before trying to design and implement 'effective humorous interventions' within cancer care, it would seem prudent to establish strategies for ensuring that humour is introduced to patients in a thoughtful, balanced manner.

The need to address these complications further underlines the potential value of artistic explorations of cancer comedy. On the one hand, there are plenty of examples within popular culture of the disastrous misapplication of humour to cancer, providing audiences with a sense of how shocking this can be. Most fictional treatments of cancer comedy afford viewers a valuable opportunity to test out their personal responses to joking about cancer, and this includes each of the many examples from popular culture referenced in this chapter.[581] Powerful negative reactions to works like *The Bucket List* are instructive, deepening our understanding of what might feel appropriate in each situation. If a viewer affected by cancer experiences anger when watching Cole and Carter joke about chemotherapy, they have learned something new about their tolerance for these forms of comedy. At a safe distance from real-world emotions and vulnerability, they have broadened their experiential horizons and enhanced their self-awareness with respect to this sensitive, subjective issue. Humour is inherently relational, operating through human interactions, so allowing patients to explore cancer comedy vicariously, rather than risking damaging real relationships, would undoubtedly add a valuable dimension to cancer care. The evidence from focus groups presented reveals the

[579] See, for example, Christie and Moore, 'Impact of Humour.'
[580] See, for example, Chapple and Ziebland, 'The Role of Humour.'
[581] See footnote 504 in this chapter for a full list of these popular artworks.

importance of this aspect of care, as the films afforded opportunities for sensitive, subjective matters to be discussed in a safe, indirect fashion. Examples of participants softening or re-evaluating their views also shows how this can become a constructive process, fostering dialogue and mutual understanding between patients and providers.

These kinds of films are also suited to addressing another spiritual problem cancer often causes: boredom. Cycles of cancer treatment and recovery are full of dull hiatuses which cannot be filled with anything that requires energy or activity.[582] Amusing films that are accessible and relatively undemanding are ideal for filling these gaps, providing interest and fun for patients from the comfort and safety of a bed or sofa. To transform a despondent patient's imagination, it first must be captured; infectious humour, enjoyable characters, and exciting action could easily take hold of their thoughts and attention. Here, entertainment value is not the secondary concern some critics treat it as, but the crucial factor. Spiritual insights and liberating perspectives could seem more appealing when conveyed in the language of laughter, so the medium of comedy films holds obvious potential as a resource suitable for simultaneously enriching spiritual care and dispelling disheartening ennui. The qualitative research used in this chapter illustrates how a cancer comedy film can encourage patients to reflect on the role of humour in their lives, as well as affording inspiration to those unaware of the ways laughter and levity can transform experiences of cancer.

The connections between cancer, levity, and 'flying' also merit further consideration. Within contemporary culture, several other fictional accounts of living with cancer use the imagery of flying as an important element of their stories.[583] It appears that many authors and artists have chosen the symbolism of flight as a metaphor for the spiritual value of fiction which lifts audiences out of familiar behaviours and environments, then returns them with a revitalised sense of purpose and possibility. The revealing reference to Dante's *Divine Comedy* in *The Bucket List* helps to explain why and how this symbolism is used, associating the modern, secular version with theological traditions of spiritually reanimating patterns of ascent and return. Furthermore, evidence from the focus groups clearly showed people affected by cancer moved to reassess their situation or revisit their bucket list plans as they discussed the film clips, highlighting the significance of the journey that *The Bucket List* draws viewers into.

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[582] A study investigating spirituality and boredom in cancer patients suggested that these concepts are crucial to our understanding of quality of life in advanced cancer patients. See Alice Inman, Kenneth L. Kirsh, and Steven D. Passik, 'A Pilot Study to Examine the Relationship between Boredom and Spirituality in Cancer Patients,' *Palliative and Supportive Care* 1, no. 2 (2003): 143-51.

[583] For instance, *The Fault in Our Stars* contains the passage relating to flying and 'living longer' analysed in chapter 2, in which Gus uses the physics of flight to capture and express his developing understanding of a more personal, open sense of time; *Ways to Live Forever* by Sally Nicholls (London: Marion Lloyd Books, 2008) describes how flying in an airship allows a young boy living with cancer to see his situation from a 'very different angle' (164); Elizbeth Berg's novel *Talk Before Sleep* (New York: Ballantine Books, 2006) suggests that seeing the 'toylike' cars and 'beauty' of the world 'down there' viewed from an aeroplane can bring 'truth' to someone affected by cancer (115).

Chapter 5
Cancer, Emotion and Sentimentality

Introduction

This chapter is about the definition and dangers of sentimentality, and the value sentimentality can hold for people affected by cancer. However, writing about sentimentality and cancer care is complicated by the lack of any consensus – scholarly or otherwise – concerning what sentimentality is. Whilst many people seem willing to assert that sentimentality should play no part in the care of cancer patients, there is no defined sense of what sentimentality is in this context, or of why it should be avoided. Yet absolutist arguments against 'sentimental' responses to cancer abound, with regard both to how patients are treated and to the way cancer is portrayed in contemporary culture. In this chapter, by contrast, I argue that a better approach to the 'problem of sentimentality' in cancer care and contemporary culture is to forgo essentialist positions in favour of an attentive focus on the particulars of context. As it is only in the details of moment, place, and person that the value, or danger, of certain emotions is revealed, sentimentality and sentimental art can only be properly understood with reference to context. The popular response to sentimental cancer fiction suggests that this genre can be valuable for those affected by cancer. In this chapter I use detailed analysis of two such artworks – Elizabeth Berg's novel *Talk Before Sleep*, and the eighth series of the long-running television drama *Cold Feet* – to explain how sentimental artworks can be used to enhance the spiritual care of cancer patients.[584] Drawing on my qualitative research, I provide examples of the subjective nature of cancer patients' responses to sentimentality, revealing how the right artwork can seem 'relevant', cathartic or affirming precisely because of its sentimental qualities.[585]

In section 1, I introduce the 'problem of sentimentality' in cancer care and contemporary culture, the ambiguity of its definition, and the reasons it is considered objectionable. Then, I outline three of the most common philosophical criticisms of sentimentality, before describing how Jeremy Begbie's theological 'countersentimentality' incorporates these traditional philosophical objections into an essentialist condemnation of sentimentality and sentimental art. In section 2, I present a defence of sentimentality. Using Fyodor Dostoevsky's exploration of sentimentality in *The Brothers Karamazov* to challenge Begbie's absolutist anti-sentimentalism, I use cancer patients' testimonies to show that there are circumstances in which sentimentality can hold spiritual value for those facing serious

[584] As there is – as I will show – no agreed definition of what constitutes 'sentimental' art, I will use the word here to refer to formal features of these popular artworks which have either been described as, or would likely be considered to be 'sentimental', on the basis of the exhaustive list of aesthetic and ethical qualities deemed sentimental provided by Marcia Eaton, in 'Laughing at the Death of Little Nell: Sentimental Art and Sentimental People,' *American Philosophical Quarterly* 26, no. 4 (1989): 269-82. It is also worth noting that both *Cold Feet* and *Talk Before Sleep* have been described as 'sentimental' (see below, footnotes 200-204, 216, 220), so that their specific features of narrative, imagery, dialogue etc. are also likely to be described as such.

[585] The sources from my qualitative research referenced in this chapter are Transcript 7, held via Microsoft Teams, March 9, 2021; and Transcript 6, held via Microsoft Teams, November 10, 2020. These anonymised transcripts will be referenced in the main text as (Transcript: page number). This chapter also makes use of the transcript collating the anonymized questionnaires from the Fiction Library trial, which will be referenced in the main text as (Fiction Library: page number). For more information on these sources, see the front matter of this thesis.

illness. I show how patients' testimonies also highlight the value of the work of David Brown and Gavin Hopps on spiritual 'affordances', arguing that their 'reconceptualised theological approach' can inform a new means of evaluating sentimental art which can accommodate these lived experiences. Finally, in section 3, I apply this new evaluative approach to two popular artworks deemed 'sentimental' by critics: *Talk Before Sleep* and *Cold Feet: Series Eight*. I argue that the reactions of audiences, and participants in my research trials, to these artworks reveal the sentimental value they can hold for those living with cancer, and I outline how this value is created by various features of these fictional narratives which invite specific forms of audience engagement.

I. The 'problem of sentimentality'

Within each of the diverse forms of literature about cancer, there is often a suspicion of 'sentimentality'. At its most extreme, this mistrust leads to declarations that – for patients – 'sentimentality is more life-destroying than good honest hate'.[586] Underlying such violent aversion is a laudable desire to deal directly and truthfully with cancer. 'Honest information' is the foundation of good spiritual care, because 'minimising uncertainty' by ensuring patients are aware of the facts of their situation contributes to the creation of hope and purpose.[587] Consequently, psychologist Bruce Charlton describes sentimentality as an 'important problem' in healthcare: an 'attitude damaging to the proper practice of medicine' reliant on 'wishful thinking' instead of effective treatment.[588]

These arguments against sentimentality in a healthcare context are reflected in criticism of the sentimentality of contemporary cancer fiction. In her study of fiction about cancer, Mary Deshazer notes that 'much popular cancer fiction exudes sentimentality'. She focusses on the ways in which certain novels have 'contributed to the sentimentality of the breast cancer marketplace', which meets consumers' desire for emotional, romanticized stories about cancer.[589] Similarly, Susan Sontag observes that people impacted by cancer are frequently confronted by 'sentimentalist fantasies concocted about [their] situation'.[590] She raises important concerns about the ways in which these fantasies influence us, suggesting that the 'most truthful way of regarding illness' is one 'purified' of sentimental stories and metaphors,[591] echoing Deshazer's anxieties about the sentimentalising of cancer in contemporary culture. Disapproval of this 'pink sticky sentiment' echoes the concerns of those warning against the corrupting influence of sentimentality in patient care.[592] In each instance, there is a clear conviction that the sentimentalising of cancer prevents honest communication and intellectual clarity.

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[586] Stoddard, *Hospice Movement*, 3.
[587] Chi, 'Role of Hope,' 449.
[588] Bruce Charlton, 'Life Before Health: Against the Sentimentalisation of Medicine,' in *Faking It: The Sentimentalisation of Modern Society*, ed. Digby Anderson and Peter Mullen (London: Social Affairs Unit, 1998), 21-23.
[589] Mary Deshazer, *Fractured Borders* (Michigan: University of Michigan Press, 2006), 170-71.
[590] Sontag, *Illness as Metaphor*, 3.
[591] *Ibid*., 3.
[592] Deshazer, *Fractured Borders*, 135.

Whilst there is widespread consensus in condemning the sentimentalisation of cancer, such arguments highlight a significant problem of all criticism of sentimentality. Warnings against sentimentality are complicated by the fact that 'just what sentimentality is and why it is objectionable remains something of a mystery',[593] and this is particularly problematic because of the range of ways in which sentimentality is understood and applied is so broad. It is taken to refer to anything from 'an appeal to the tender feelings',[594] to an 'emotional pathology',[595] yet forceful polemics against sentimentality often fail to pin down what exactly is being decried. Or, where a definition is included, there is no proper acknowledgement of the alternative meanings sometimes attached to the word.[596]

As a result, it remains unclear 'what kind of objection we are making when we call something sentimental'.[597] Mark Jefferson points out that sentimentality is a 'relative newcomer to the vocabulary of critical abuse': a word which switched from a compliment to an insult over the course of a few decades. He argues that, given the rapidity of this 'descent into ridicule' during the nineteenth century, it is unsurprising that there is 'confusion about sentimentality' today.[598] To illustrate this confusion, Marcia Eaton draws up a list of all ethical and aesthetic features to which 'sentimentality' can refer, which include 'positive, negative and neutral' terms and 'quantitative, cognitive and developmental' features.[599] It is important to recognise, then, the implications of this mismatch between the confidence with which some scholars condemn sentimentality as a 'life-destroying' aberration, and the confusion surrounding what is actually being condemned.

I.1 Philosophical criticisms of sentimentality

One way to illustrate this confusion is to highlight the lack of consensus between the different philosophical arguments made against sentimentality, showing how they contribute to a broad, ill-defined suspicion of open emotional expression. The 'vehemence of the hostility towards sentimentality' in contemporary Western society finds expression in several distinct forms, each seemingly working with a subjective understanding of what sentimentality is.[600] Here, I delineate three of the most common criticisms of sentimentality, noting the array of emotions, attitudes, and behaviours that sentimentality is used to refer to.

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[593] Mark Jefferson, 'What is Wrong with Sentimentality,' *Mind* 92, no. 368 (1983): 519-21.
[594] Robert C. Solomon, *In Defense of Sentimentality* (Oxford: Oxford University Press, 2004), 4.
[595] Jeremy Begbie, 'Beauty, Sentimentality and the Arts,' in *The Beauty of God: Theology and the Arts*, eds. Danel J. Treier, Mark Husbands, and Roger Lundin (London: IVP Academic, 2007), 46.
[596] An excellent example of this confusion is Digby Anderson and Peter Mullen's edited volume of essays *Faking It: The Sentimentalisation of Modern Society* (London: Social Affairs Unit, 1998), which uses the idea of sentimentality to justify polemics against everything from the overcooking of a roast dinner (see Anderson, 'Self-indulgence, Childishness and Puritanism', 147-61), to the loss of 'discipline and obedience' in schools (see Bruce Cooper and Dennis O'Keeffe, 'Sweetness and Light in Schools', 53-81).
[597] Jefferson, 'What is Wrong with Sentimentality,' 519.
[598] Jefferson, 'What is Wrong with Sentimentality,' 519-20.
[599] Eaton, 'Little Nell,' 273.
[600] Michael Bell, *Sentimentalism, Ethics and the Culture of Feeling* (Basingstoke: Palgrave Macmillan, 2000), 160.

The first of these criticisms is based around the claim that sentimentality is the 'misrepresentation of things' to evoke, or indulge, emotions.[601] Sentimental art, moreover, may reduce hope to 'nostalgia' by fashioning a world in which death holds no sway: a prelapsarian return to lost innocence.[602] This reflects a justifiable anxiety about denial: the danger of losing sight of 'the unsentimental fact of the matter' that 'death will happen to us all'.[603] Sentimentality is thus often associated with a willingness to 'substitute a "saccharine" portrait of the world for what we all know to be the horrible realities'.[604]

A second, closely related critique of sentimentality focusses on the manipulation of emotions. This is often directed against sentimental fiction which allegedly 'substitutes cheap manipulation of feeling for careful calculation of form or judicious development of character'.[605] The death of Little Nell, one of 'Dickens' syrupy creations', is often seen as a paradigmatic example of this artificial, inauthentic process.[606] Using pathos to prompt emotional outpouring is regarded as the preserve of a work which is 'negatively characterised as a mere 'tear-jerker'': blunt instruments designed only to tug on our heartstrings.[607] At its extreme, this criticism has been used to highlight the way in which sentimental art has sometimes been exploited by totalitarian regimes.[608]

A third form of criticism takes aim at the 'indulgent' subject: the audience with an appetite for sentimentality. Here, sentimentality means 'unearned emotion' that is undeserved yet still sought out and enjoyed.[609] This line of criticism originated in the period when sentimentality first came to be used as a pejorative term, after Oscar Wilde described the 'sentimentalist' as someone who 'desires to have the luxury of an emotion without paying for it'.[610] It is easy today to find sentimentality branded as a sign of 'poor taste' because it is 'cheap' and 'superficial' emotion.[611] Others suggest that sentimentality is wrong because it encourages us to 'squander too much emotional energy', as indulging in 'untrammelled, unequivocal

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[601] Jefferson, 'What is Wrong with Sentimentality,' 524. Similarly, Mary Midgley argues that being sentimental is 'misrepresenting the world in order to indulge our feelings', in 'Brutality and Sentimentality,' *Philosophy* 54, no. 209 (July 1979): 385). In this view, any emotion evoked through the 'dishonest distortion of reality' is objectionable, regardless of the nature of that emotion (Jefferson, 'What is Wrong with Sentimentality,' 523.)

[602] Gregory Woolfe, 'Editorial Statement: The Painter of Lite,' *Image* 34 (2002): 5, quoted in Begbie, 'Beauty,' 54.

[603] Stoddard, *Hospice Movement*, 5.

[604] Solomon, *Defense of Sentimentality*, 3.

[605] *Ibid.*, 5.

[606] Jefferson, 'What is Wrong with Sentimentality,' 525. Although, far from being a 'syrupy' confection cut off from reality, the death of Little Nell was a 'a culturally specific response to a particular set of circumstances' – sentimental fiction 'perfectly attuned to the emotional needs of [the] age' conveying a 'commonplace of consolation' amongst bereaved parents. See Richard Walsh, 'Why We Wept for Little Nell: Character and Emotional Involvement,' *Narrative* 5, no. 3 (October 1997): 308. I also offer a more detailed defence of this scene in my article highlighting the significance on context in considering matters of 'sentimentality': ''French Endings': Christianity, Sentimentality and the Arts in the Context of Covid,' *International Journal for The Study of the Christian Church* 22, no.2 (June 2022): 111-23.

[607] Marsh, *Cinema and Sentiment*, 31.

[608]See, for instance, Saul Friedlander, *Reflections on Nazism: Essays on Kitsch and Death* (New York: Harper and Row, 1989); Peter Wicke, 'Sentimentality and High Pathos: Popular Music in Fascist Germany,' *Popular Music* 5 (1985): 149-58.

[609] Stoddard, *Hospice Movement*, 29.

[610] Oscar Wilde, Letter to Lord Alfred Douglas, in *The Letters of Oscar Wilde*, ed. Rupert Hart-Davis (London: Rupert Hart-Davis, 1962), 501, quoted in Begbie, 'Beauty,' 53.

[611] Solomon, *Defense of Sentimentality*, 1-2.

feelings of the sympathetic variety' risks overstepping the 'limits to our emotional expenditure'.[612]

I.2 Theological criticisms of sentimentality

Despite the disparity and inconsistency of such predetermined positions condemning all sentimentality, Jeremy Begbie unites several of the traditional philosophical objections to sentimentality in his theological 'countersentimentality'. Begbie criticises sentimentality as a 'deep, pernicious strand in contemporary culture' that 'the arts have played a leading part in encouraging'. Although he acknowledges that sentimentality is a 'somewhat sprawling concept', he argues that it is best seen as 'a disease of the feelings' manifested primarily in people and secondarily in the arts.[613] Begbie does important work highlighting the need to take suffering and pain seriously, avoiding what William Stringfellow refers to as 'the sentimentalization of pain in the experience of a particular person'.[614] His warning that Western modernity is inclined to react to the 'pain and losses of the world' through 'evasion and trivialisation' – matched by 'the exaggeration of what is good or pleasing', such as 'the benefits of medical advances' – is important.[615] However, the problem is that these insightful warnings are used to justify a sweeping dismissal of all sentimentality.

In constructing a 'theological countersentimentality', Begbie argues that 'appropriate attention' must be paid to the theological narrative of Easter. His conviction that 'Christian sentimentalism arises from a premature grasp for Easter morning'[616] is inspired by the 'theology of Holy Saturday' which emerged out of Alan Lewis's personal experiences of cancer. Lewis writes vividly about the ways in which cancer challenged and reoriented his theology,[617] and it is the resultant 'stereophonic' unity of pain and promise which Begbie identifies as a model for ensuring that theology and art are 'purged of sentimentality'.[618] The question of how we should go about developing a theological aesthetics which respects traumatic experiences, like those caused by cancer, is a commendable concern driving Begbie's pursuit of a theology 'purged of sentimentality'. The answer Begbie offers to this question is based on his diagnosis of sentimentality as a 'disease of the feelings', identifiable by 'three major traits or elements'. This 'emotional pathology' is shown in people who 1) 'avoid appropriate costly action'; 2) are 'emotionally self-indulgent'; and 3) 'misrepresent reality'.[619] Clearly, these three elements are versions of the philosophical and moral objections to sentimentality I have already outlined. But Begbie reframes these as theological problems, that

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[612] Jefferson, 'What is Wrong with Sentimentality,' 32.
[613] Begbie, 'Beauty,' 46-47.
[614] William Stringfellow, *A Keeper of the Word: Selected Writings of William Stringfellow*, ed. Bill W. Kelleron, (Grand Rapids: Eerdmans, 1994), 62. There is a tendency in the Western world to search for a spiritual 'silver lining' when confronting suffering or loss (McLaren, 'Presence,' 21), which lies behind the deeply unsatisfactory and 'pseudo-spiritual phrases frequently offered to cancer patients' (Bouma and Ullestad, introduction to *Cancer and Theology*, xii).
[615] Begbie, 'Beauty,' 48-49.
[616] *Ibid*., 61-62.
[617] Lewis, C*ross and Resurrection*, 16.
[618] Begbie, 'Beauty,' 61.
[619] Begbie, 'Beauty,' 46-47.

must be avoided through a renewed focus on beauty and truth as revealed in Christ's Crucifixion.

The first criticism Begbie raises is that the sentimentalist 'avoids appropriate costly action', enjoying the emotional gratification which feelings like sympathy bring without taking action to correct injustice or prevent suffering. Wilde characterises the sentimentalist as one who will not 'pay' for emotional expenditure, and Begbie uses this to explain their failure to take 'costly action'.[620] To make this point, he also refers to Stjepan Mestrovic's notion of 'postemotionalism'. Mestrovic argues the 'postemotional' modern will 'never be called upon to demonstrate the authenticity of their emotions in commitment to appropriate action', as they are fed 'abstracted emotions' by the culture industry.[621] Begbie takes up Mestrovic's idea that emotion must 'cost' something to be 'authentic', suggesting that if an emotion is not paid for by self-sacrificial action, it loses all validity.[622] He believes that when emotions are not emulating Christ's 'love-in-action', that is 'revealed most intensively on the cross', they are empty of beauty and meaning.[623]

Begbie's sentimentalists are, therefore, also 'emotionally self-indulgent', as they are concerned only with 'the satisfaction gained in exercising their emotion'.[624] Begbie uses Milan Kundera's well-known definition of kitsch to convey this criticism: a scornful satire of the 'second tear' of the sentimentalist, which says '[h]ow nice to be moved together with all mankind', expressing the sentimentalist's pleasure at the impression their emotion makes on others.[625] Kitsch and other sentimental art makes possible this gratifying indulgence, facilitating what Begbie describes as 'a rich emotional experience that will screen out the darker dimensions of reality'.[626] He concedes that 'comforting and immediately reassuring' art 'may have its place in some contexts', without elaborating on this seemingly crucial point. However, Begbie maintains that because 'beauty at its richest has been forged through the starkness and desolation of Good Friday', sentimental art can – at best – offer a cheap imitation of true beauty.[627]

The third identifying trait of the sentimentalist, in Begbie's view, is their willingness to see the world through 'rose tinted spectacles', so that only the 'pleasing or undisturbing aspects of a situation' are visible.[628] But Begbie believes that 'turning the aesthetic into an anaesthetic' will ultimately lure us away from Beauty Itself, as 'there can be nothing sentimental about God's beauty'.[629] As an example of art which offers aesthetic anaesthetic, Begbie says it is 'almost impossible not to mention greeting cards' that treat death as a 'friend in disguise'.[630]

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[620] *Ibid*., 52.
[621] Stjepan Mestrovic, *Postemotional Society* (London: Sage Publications, 1996), 26, 56, quoted in Begbie, 'Beauty,' 51.
[622] Begbie, 'Beauty,' 52-54.
[623] Begbie, *Redeeming Transcendence*, 86.
[624] Begbie, 'Beauty,' 51.
[625] Milan Kundera, *The Unbearable Lightness of Being* (New York: Harper and Row, 1989), 251, quoted in Begbie, 'Beauty,' 50.
[626] Begbie, 'Beauty,' 54.
[627] *Ibid*., 56-57, 63-64.
[628] Begbie, 'Beauty,' 48.
[629] *Ibid*., 61-63.
[630] *Ibid*., 47-49. This touches on a point made in Gregory Syler's theology of cancer, which warns against the 'theological mistake' of trivialising the impact of cancer by 'layering the suffering with Hallmark platitudes', when 'pain and suffering' should always be treated as 'profound and truly powerful realities'. See Syler, 'On Pain,

To explain the dangers of the 'tendency toward premature harmony' such artworks encourage, Begbie uses a passage in Dostoevsky's *The Brothers Karamazov* (1879) regarded as 'the classic wrestling with these matters in modern times'.[631] In his reading of this conversation between brothers Ivan and Alyosha Karamazov, Begbie argues Ivan's impassioned insistence that '[t]oo high a price has been placed on harmony' captures his own objections to theodicies reliant on the notion of an 'aesthetically harmonised final bliss'.[632] Ivan refuses to accept the idea that a beautiful resolution could compensate for all pain: '[s]urely I haven't suffered simply that I… may manure the soil of the future harmony for somebody else'.[633] And Begbie interprets Ivan as a voice for the fury felt by those, such as cancer patients, who face horrendous ordeals only to be told their pain is part of a higher plan 'contributing to the overall "beauty" of God's purposes'.[634]

However, Begbie does mention – albeit in a footnote – that our 'interpretation and use' of art offering pleasing pictures of harmonious resolution 'often depends hugely on matters of context'. This allusion to the significance of 'our state of mind and body', 'memories and associations' and 'social and cultural connections' in shaping our response to sentimental art is a crucial point.[635] If these matters are often 'hugely' dependent on context, then this not only merits far more detailed consideration than a single footnote allows, but also undermines the kind of pre-contextual, absolutist positions against sentimentality which constitute the main thrust of his thesis.

I.3 An alternative approach to cancer and sentimentality

In alluding to *The Brothers Karamazov* to support his theological countersentimentality, Begbie ironically draws attention to a novel presenting a radically different theology of sentimentality, grounded in lived experience and expressed through a holistic, humane, literary examination of the problem of sentimentality. For it is precisely those 'matters of context' Begbie briefly alludes to – the role our circumstances, experiences or desires play in shaping our relationship to sentimentality – which inform the theological exploration of sentimentality in *The Brothers Karamazov*. There is indeed another passage in Dostoevsky's novel that deals more directly with suffering and sentimentality, and which can be used to illustrate the problems with essentialist objections to sentimentality. In the latter parts of the novel, Dostoevsky introduces the character of Kolya Krassotkin, an 'extremely vain' boy who detests displays of what he calls 'sheepish sentimentality' (575-78). Kolya intentionally avoids 'demonstrations of feeling' and is even suspicious of his mother's affection (578). His 'positive hatred' of sentimentality also leads him to treat his classmates with derision when they visit their dying friend, Ilusha (598). These visits are a 'great consolation to Ilusha in his suffering'

Suffering and Cancer,' in *Cancer and Theology*, eds. Jake Bouma and Erik Ullestad (Des Moines: Elbow Co, 2014), 97-99.

[631] Begbie, 'Beauty,' 60.

[632] *Ibid*., 60.

[633] Fyodor Dostoevsky, *The Brothers Karamazov*, trans. Constance Garnett (Harmondsworth: Penguin, 1958), 267 [references to *The Brothers Karamazov* from this point given as page numbers in the main text].

[634] Ivan's words do indeed resonate with those of real people affected by cancer, such as the mother of a child dying of leukaemia: 'when I get to heaven, there's going to be some serious conversation between me and God'. See Ferrell and Coyle, *The Nature of Suffering*, 9.

[635] Begbie, 'Beauty,' 49.

but Kolya's aversion to all 'softness and sentimentality' means he feels unable to take part. (591-609). Dostoevsky presents Koyla as an exaggerated parody of the kind of rationalising which treats open emotionality as indulgence. Behaving like someone who has swallowed whole an absolutist condemnation of sentimentality, Kolya reveals how easily such a stance can outgrow itself when accepted uncritically, casting doubt on all freely expressed feelings, however sincere.

What Dostoevsky's fictional exploration of sentimentality-in-practice exposes is the gap between academic debate and '"real life" emotional discrimination'.[636] It reveals that what happens at 'street level' is often overlooked by the 'highly literate minority who tell us that sentimentality is a dangerous corruption'.[637] Dostoevsky's prose adroitly undermines this illusion of 'abstract consistency',[638] offering insightful observation in place of dogmatic judgement. A tendency to 'reject sentimentality as an expression of inferior, ill-bred being', sometimes used in male society to 'demean the emotionality of women',[639] appears to motivate Kolya's condescension. Although, as Begbie and others demonstrate, it is perfectly possible to find better reasons than this to critique sentimentality, Kolya reflects some of the prejudices which can lurk behind objections passed off as purely intellectual criticism. This vain, prideful teenager, obsessed with appearing 'manly' and 'strong', is arguably emblematic of 'Western culture's difficulty with sentiment' – a difficulty which 'results in the shedding of tears, especially by men [being] seen as a negative, a psychological weakness'.[640] Kolya's conflation of 'emotionality with ineffectiveness'[641] speaks to the 'fear or condescension toward feeling' influencing contemporary Western culture.[642] This fear can push people toward extreme anti-sentimentalist positions, which do not allow for the subtleties and inconsistencies of our emotional lives. Clearly, the opposite extreme must also be avoided; Begbie is justifiably unimpressed by 'minimalist' definitions which deny that sentimentality can ever be ill-judged or inappropriate.[643] But the issue is that unacknowledged prejudices and anxieties seem to have contributed to influential denunciations of everything that could be considered 'sentimental'.

The danger of these denunciations is that they ignore the potential value of sentimentality. Like other displays of heightened emotion, crying can be a natural and necessary means of expression. The kinds of 'self-conscious emotions' like empathy, guilt or grief which crying conveys are vital to the repair of social relationships,[644] whilst expressing positive emotions can ease human interactions and reduce stress.[645] Sentimentality can also be 'empowering', because it gives us a means of 'exploring and expressing desire',[646] bringing to

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[636] Bell*, Sentimentalism,* 205-6.
[637] Jefferson, 'What is Wrong with Sentimentality,' 520.
[638] Bell*, Sentimentalism,* 57.
[639] Robert C. Solomon, 'On Kitsch and Sentimentality,' quoted in David Morgan, *Visual Piety: History and Theory of Popular Religious Images* (California: University of California Press, 1999), 30.
[640] Marsh, *Cinema and Sentiment*, 31.
[641] Jane Tompkins, *Sensational Designs: The Cultural Work of American Fiction 1790-1860* (Oxford: Oxford University Press, 1986), 21.
[642] Bell*, Sentimentalism,* 160.
[643] Begbie, 'Beauty,' 46.
[644] Fraser Watts, 'Self-Conscious Emotions, Religion and Theology,' in *Issues in Science and Theology: Do Emotions Shape the World?*, eds. Dirk Evers et al. (Zurich: Springer International Publishing, 2016), 209.
[645] Otis, *Banned Emotions*, 3.
[646] Marianne Noble, *The Masochistic Pleasures of Sentimental Literature* (Princeton: Princeton University Press, 2000), 8.

mind those things we most urgently want or need. Sentimentality thus has a 'crucial place' in our lives because it 'keeps people in touch with their emotions',[647] confronting us with the griefs and joys which we might otherwise leave hidden. It can reconnect us with what lies beneath the polished surface of 'rational', tightly controlled behaviour, enabling us to overcome 'the collective repression of that which [our culture] finds uncomfortable'.[648] So, getting to grips with sentimentality must involve considering those times when sentimentality becomes 'crucial' by carefully studying the 'matters of context' confined to a solitary footnote in Begbie's theological countersentimentality.

I.4. Cancer patients' experience of sentimentality

A powerful means of investigating the matters of context which determine sentimental value, highlighting the need for a new approach to theology, cancer, and sentimentality, is to look at real people's experiences. Cancer patients' descriptions of the role sentimentality plays in their lives often provide a very different perspective to academic criticism of sentimentalism undermined by a 'seclusion from living concerns'.[649] When psychologists study our emotions, they 'tend to avoid universal, prescriptive rules', preferring instead to look at individual cases,[650] and this emphasis on the particular is what creates the clearest picture of why sentimentality is important to some cancer patients. Realism and directness are equally important aspects of spiritual care, but patients' testimonies suggest that 'indulging in easy emotion' is sometimes integral to the search for meaning. Indeed, cancer support specialist Dolores Morehead notes that a culture of 'being strong' denies those affected by cancer 'permission' to share their feelings, as it implies that 'to show emotion is a sign of weakness'.[651] To suppress all sentimentality is to 'stifle emotions that reassure people of their human value'.[652] Here, I describe three areas of cancer patients' experiences – of 'healthy denial', of emotional release, and of 'simple' emotions – that reveal the potential value of sentimentality to those living with cancer.

Prolonged dealings with a hard, painful reality often leave cancer patients in need of the respite that sentimentality can bring. Physician and cancer survivor Dr Wendy Harper describes how she disliked being asked repeatedly about her cancer, because it 'undermined the distraction and healthy denial that minimised her distress'.[653] 'Healthy denial' also proved vital for a dying patient, who often acted in clear awareness of 'the true nature of her illness', but also 'resorted to a little make-believe on some occasions', using 'consoling day-dreams' to

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[647] Marsh, *Cinema and Sentiment*, 70.
[648] *Ibid*., 69.
[649] Bell*, Sentimentalism,* 205.
[650] Otis, *Banned Emotions*, 2.
[651] Dolores Morehead, quoted in Hope, *Help Me Live*, 158.
[652] Otis, *Banned Emotions*, 1.
[653] Wendy Harper, quoted in Julie K. Silver, *What Helped Me Get Through: Cancer Survivors Share Wisdom and Hope* (Atlanta, GA: American Cancer Society, 2008), 29. Elsewhere, I have written about the 'dangers of denial' for cancer patients (see Ch. 3, especially), so it is worth clarifying why I am suggesting that it can also be a positive thing in these circumstances. The key distinction is between the forms of 'temporary but needed denial' described here (brief respite from emotional and physical pain), and the kind of violent, all-consuming, ceaseless denial practised by Walter White in *Breaking Bad*.

find relief.[654] As Hinton notes, '[t]here is no reason why [patients] should not have the comfort of make believe'; for someone who knew the truth, 'there was no need to diminish her remaining life by perversely brooding on death'.[655] Psychoanalyst Halina Irving observes that it is natural for those with a 'grim cancer diagnosis' to 'go into some kind of denial', because if they thought about their illness all the time they 'could not go on living'.[656] This is why, as Nicholas Wolterstoff points out, we sometimes 'prize a work of art for its falsehood', when we 'want for a while to escape the drudgery and the pain, the boredom, perplexity and disorder of real life'.[657] While, from a healthcare perspective, Charlton contends that 'disease and death' are 'the least appropriate circumstances for indulging in evasion',[658] this overlooks those patients for whom 'indulging' in fantasies is a crucial coping mechanism.

Patients' stories also bring to light the importance of emotional release: the letting go of pent-up emotions that sentimentality can provoke. Objections to sentimentality are often connected to the assumption that 'crying is the fault of the crier', so that 'wails of anguish may be dismissed as bouts of weakness and self-indulgence'.[659] Cancer patients mention 'negative comments' about crying made in support groups by those processing sorrow and shock,[660] but suppressing such strong feelings increases stress levels, impairs memory and makes social interaction more difficult.[661] After being given a frightening prognosis, one patient found herself outside the hospital 'crying her eyes out'. When her family joined her, they all 'stood hugging each other and crying', as the most natural way of conveying love, support, and grief.[662] By letting her sadness and emotional fragility show, the patient revealed something that her family could share in and affirm. To an extent, this is akin to the shedding of the 'second tear' Kundera sees as epitome of sentimentality, in that it is the shared quality of these sentiments which means they serve as a source of gratification. It is only because the patient's emotions made an impression on her loved ones, moving them to join her, that this became an encouraging, meaningful experience. And, when people refuse to show signs of their emotional pain, it can be frustrating and dispiriting. One cancer patient speaks about the distress caused by her husband, who 'felt he had to be 'the man' and not get emotional', when she needed him to 'cry with [her]' and 'let [her] have that feeling'.[663] Although it seems unlikely that Kundera's satire was intended to discourage the kind of affirmation this patient desired, criticism of sentimentality based on the impression externalised emotions make on others could easily be misinterpreted as an endorsement of being 'the man' and remaining coolly dispassionate.

A 'drive toward simplicity' is – purportedly – one of the symptoms of the sentimentalist,[664] but there are many examples in patient testimonies of moments of simple tenderness that are extremely important. Medical journalist Lori Hope found that, having been asked to attend an urgent consultation with her oncologist, her mind 'was a washing machine

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[654] Hinton, *Dying*, 105
[655] *Ibid*., 105.
[656] Halina Irving, quoted in Hope, *Help Me Live*, 48.
[657] Nicholas Wolterstoff, *Art in Action: Toward a Christian Aesthetic* (Grand Rapids: Eerdmans, 1980), 147.
[658] Charlton, 'Life Before Health,' 21.
[659] Otis, *Banned Emotions*, 8.
[660] Spiegel, M., quoted in Hope, *Op. cit*., 136.
[661] Otis, *Banned Emotions*, 3.
[662] Susan Kerr, 'Positive from Negative', in Wolfe, *Strength from Our Lives*, 149.
[663] Hope, *Help Me Live*, 96.
[664] Begbie, 'Beauty,' 48.

spinning through cycles of worry'. She was 'vulnerable, desperately in need of nurturing, kindness, and comfort', and says that to have been offered a hug at that instant would have 'meant the world' to her.[665] There are times when natural, uncomplicated actions can bring peace and reassurance in a way that fulsome engagement with 'the complexities and ambiguity that evil brings' cannot.[666] '[A] big hug can mean everything when you're vulnerable',[667] but there is not necessarily room for this kind of meaning in a strict 'countersentimentality'. For one patient, the gift of 'a soft, cuddly, and beautifully dressed breast cancer teddy-bear' gave her hope and made her life 'a little brighter',[668] but it is hard to see how this beauty has any connection to a self-sacrificial emotional struggle with 'the worst' in life. The reasoning required to grapple with 'complexities and ambiguities', or weigh up 'costly action', will not always achieve the emotional healing a more direct offer of emotional intimacy can provide.[669]

Cumulatively, this range of testimonies indicates that abstract concepts of sentimentality will not always be the best means of understanding or evaluating our emotions. As soon as emotions are treated as embedded in real lives and interactions, we realise '[e]very emotion has its context, its implications, its place in our personality'.[670] Patients' stories show us that sentimentality, understood in terms of 'healthy denial', emotional release, and simple tenderness, is 'part of life'. [671] So, given the vital role sentimentality sometimes plays in alleviating emotional and spiritual pain, 'theology must find out how to handle the sentimental'.[672]

I.5 A 'reconceptualised' theological approach to sentimentality

The theological basis for a more constructive approach to the prominence of sentimentality in contemporary culture can be found in the work of David Brown and Gavin Hopps, which emphasises the significance of the 'Beholder's Share': the 'psychological and emotional involvement' of the individual viewer.[673] Crucially, in the context of sentimentality, this means that the 'therapeutic potential' of an artwork – the 'pure escapism', reassurance, or emotional healing it can offer a particular person – are treated as part of its meaning.[674] This means that 'popular' or 'sentimental' artforms are not written off as such, but are considered in relation to the 'psychological, emotional, and social benefits' they might bring to those affected by

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[665] Hope, *Help Me Live*, 138.
[666] Begbie, 'Beauty,' 48.
[667] Maggie's Barts, 'Annette's Story - Will Writing,' Facebook, November 28, 2019, https://www.facebook.com/watch/?v=530718957479979.
[668] Hope, *Help Me Live*, 89.
[669] Another patient explains how there were times when she wanted simple emotional reassurance from her oncologist, instead of direct, clinical realism: 'I wish my doctor had just held my hand and said, 'I know this is awful, but you will be okay'' (Silver, *What Helped Me*, 84). This might resemble what an anti-sentimentalist would refer to as emotion 'divorced from the intellect' (Begbie, 'Beauty,' 53), but the experiences of cancer patients show that these simple gestures can 'mean everything'.
[670] Solomon, *Defense of Sentimentality*, 11.
[671] Marsh, *Cinema and Sentiment*, 11.
[672] *Ibid*., 11.
[673] Gavin Hopps, 'Spilt Religion', in *The Extravagance of Music,* by David Brown and Gavin Hopps (London: Palgrave Macmillan, 2018), 241-42. For a more detailed description of Brown and Hopps 'reconceptualised' approach, see Chapter one (27-30).
[674] Gavin Hopps, 'Introduction: An Art Open to the Divine,' in *The Extravagance of Music,* by David Brown and Gavin Hopps (London: Palgrave Macmillan, 2018), 24.

them.[675] As I noted in chapter one, central to the new approach Brown and Hopps outline is Gibson's ecological theory of affordances.[676] Hopps identifies this as an approach that can 'encompass a more experiential perspective', as an affordance is 'the result of the perceiver's *constructive* engagement' with the work.[677] Affordances are not 'dependent on any intention of the object or its designer', so 'meaning does not reside 'immanently' within the work' but is 'more widely distributed across a relational field of subject and object'.[678]

Rather than treating emotional responses as distractions from rational considerations, reason and emotion are regarded as two elements of the 'relational field' across which meaning is made. Brown notes that by drawing attention to 'the way in which emotion can actually contribute positively to our perception and evaluation of the world', their approach is 'consistent with more recent approaches to emotion more generally'.[679] Contemporary cognitive psychology has found that 'affective components' and 'cognitive components' in our neurology are both at work in our emotional responses.[680] Therefore, when discussing sentimentality, it makes no sense to claim that emotion has increasingly been 'divorced from the intellect',[681] because emotion and intellect operate together in a single, unified self. The lived experiences of cancer patients show how notionally sentimental moments can be mechanisms for processing, coping, and enduring: vital aspects of our spiritual lives inseparable from our intellects. By studying and valuing personal, affective responses to art – experiences combining emotional and spiritual power – Brown and Hopps recognise this interconnectedness of reason, feeling, and spirit. Because it is attuned to the importance of personal emotional responses, this approach can become the basis for the different type of value judgement necessary to understand the potential importance of sentimental art. Examining what sentimental art affords cancer patients, by considering the different functions it can fulfil for those facing uncertainty, suffering and sadness, offers a new way of appreciating sentimentality.

II. Sentimental affordances in *Talk Before Sleep* and *Cold Feet*

When considering sentimentality in terms of affordances, it becomes possible to interpret sentimental artworks in relation to a particular cultural context or area of shared experience. The conversation is no longer about what sentimentality is, or whether it is ethically or aesthetically suspect, but instead turns to the way features of the artwork resonate with each beholder. And this is the point at which the relationship between sentimental fiction and cancer starts to make sense. Artworks such as *Talk Before Sleep* or *Cold Feet* that bring to the surface

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[675] *Ibid*., 4.
[676] For more on Hopps's use of affordance theory in this context, see Chapter One, p (28).
[677] Hopps, 'Spilt Religion', 231-32.
[678] *Ibid*., 232, 240.
[679] David Brown, 'Discovering God in Music's Excess,' in *The Extravagance of Music,* by David Brown and Gavin Hopps, 133-66. London: Palgrave Macmillan, 2018.
[680] Anne Runehov 'Cognitive or Affective? A Philosophical Analysis of Modes of Understanding Compassion,' in *Issues in Science and Theology: Do Emotions Shape the World?*, eds. Dirk Evers et al. (Zurich: Springer International Publishing, 2016), 98. The reality is that '[t]here is no self uninvolved in the emotions', so the idea of 'a rational self' controlling the 'dark, alien forces' of emotion is persuasive, but misleading (Otis, *Banned Emotions*, 9).
[681] Begbie, 'Beauty,' 53.

supressed emotions, eliciting an affective response which releases pent-up feelings, or allows for tears to be shed, can be recognised for the value they hold for people living with cancer.

Reviewers of *Talk Before Sleep* bemoaned Berg's creation of a 'sappy tale' that was 'sentimental' and 'disappointing'.[682] Her depiction of the fictional relationship between Ann and her friend Ruth, who is dying of cancer, was denounced as typifying the 'ultrafeminine' and 'infantilising' themes of 'mainstream cancer fiction', contributing to the 'sentimentality' of commercialised cancer culture.[683] Indeed, it has been taken by some critics as a continuation of an unfortunate tradition that began with Little Nell: 'a late twentieth-century revision of the sentimental novel', in which 'domesticity, romantic attraction, and death from cancer converge'.[684]

Such criticism of the sentimentality of *Talk Before Sleep* raises the 'problem of emotional responses to fictional narratives': the flaw in judgements of sentimental works informed by the criteria of 'mimetic adequacy'. If you come to sentimental fiction expecting stark realism and show no interest in its 'affective aspect' – the extent to which it invites emotional involvement – you are missing the point.[685] By pursuing emotional realism, rather than more prosaic forms of mimesis, Berg created a work of fiction that could speak to the impact of cancer on our feelings and relationships. *Talk Before Sleep* is beloved by many readers, who have clearly found something meaningful in its pages. It 'received rave reviews from many popular sources',[686] and is a *New York Times* bestseller averaging almost four stars (out of five) from over ten thousand ratings on goodreads.com.[687] It is clear from public reviews that many readers 'applied the book's lessons to their family experiences of cancer'.[688] Berg wrote *Talk Before Sleep* after losing a close friend to cancer, and describes her work as motivated by a desire 'to write about [her] experience in a fictional way', creating characters and events that 'although imagined, would testify to the emotional truth of what happened'.[689] And the sentimentality of *Talk Before Sleep* is integral to the opportunities to engage with the 'emotional truth' of cancer the novel affords. The *Book Reporter* review argued that Berg's experience of losing a friend to cancer 'afforded her a personal insight' that 'further enhanced her tender portrayal' of the intimate moments shared by the novel's protagonists.[690] This affordance is passed on through her fiction – one reader describes how *Talk Before Sleep* 'stirred all [her] emotions' after her mother in law was diagnosed with cancer, saying the novel 'made it a little easier to face the reality of it all'.[691] Another reviewer on an online community

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[682] Kirkus, 'Talk Before Sleep,' review of *Talk Before Sleep*, Book Reviews, March 1, 1994, https://www.kirkusreviews.com/book-reviews/elizabeth-berg/talk-before-sleep/.
[683] Deshazer, *Fractured Borders*, 138, 171.
[684] *Ibid*., 147.
[685] Walsh, 'Why We Wept,' 308.
[686] *Ibid*., 155
[687] GoodReads, 'Talk Before Sleep,' Community Reviews, accessed March 29, 2020, https://www.goodreads.com/book/show/127390.Talk_Before_Sleep.
[688] Deshazer, *Fractured Borders*, 155.
[689] Elizabeth Berg, foreword to *Talk Before Sleep* (London: Arrow Books, 2004). References to *Talk Before Sleep* after this point are given in the main body of the text as (page numbers).
[690] Book Reporter, 'Talk Before Sleep,' review of *Talk Before Sleep*, May 24, 2011, https://www.bookreporter.com/reviews/talk-before-sleep.
[691] Anonymous, quoted in Deshazer, *Fractured Borders*, 155.

page claims that 'anyone who has lost someone with cancer will be able to relate to [*Talk Before Sleep*]'.[692]

The potential relevance of Berg's novel for someone in this position was also highlighted by a participant in the Fiction Library trial. Referring to their personal experiences, the participant described how they found *Talk Before Sleep* to be a 'helpful' source of affirmation:

> I sadly lost my best friend to bowel cancer three years ago… I really related to Ann, how hard it is to lose someone so close. I too went through stages of anger. This book would be particularly helpful to someone looking after a loved one at the end of their life (FL: 5).

Invited to comment on the sentimental qualities of *Talk Before Sleep*, one participant in the focus groups also spoke about the role their personal experiences played in shaping their interpretation of the novel. Observing that 'everybody's journey is personal', they added that 'having had cancer in the family from a young age [and] working in palliative care, combined with my character and personality and how I see things, maybe I read this book in a way related to that' (TR 7: 2). Evidently, they felt that their private and professional experiences of cancer shaped the meaning they found in Berg's fiction, alluding to the forms of 'constructive engagement' with an artwork that affordance theory highlights. Responding to these comments, another participant described a powerful, poignant example of this kind of interaction with an artwork:

> I had very mixed feelings when I was reading it. I related to it, as I also suffered from breast cancer. So although I'm in the clear, you know, secondary cancer is always at the back of my mind… So, in the beginning of the book, I struggled a bit, I actually nearly just put it down, then wanted to finish it… I know it is a true story, but it is just too close to home. I wasn't comfortable within it… So, yeah, I had really deep emotions about this book (TR 7: 2).

These three very different reactions to the novel show the subjective, contextual nature of sentimental value in sharp relief. In each instance, the participants emphasised the significance of the 'beholder's share' in determining how they were affected by the novel. It clearly felt natural to them to discuss the novel in terms of their individual circumstances and emotions, in order to convey the complex interplay between their personal perspective and the affective, sentimental qualities of the work.

The same approach will help to highlight the meaning viewers found in the eighth series of *Cold Feet*, which portrays Jenny Gifford's fictional experiences of cancer with warmth and sentimentality. Some reviewers criticised this central storyline. Jasper Rees describes it as 'mortality lite': an insubstantial narrative about cancer that played out with 'pendulum-like reliability'.[693] Sean O'Grady saw the series-eight revival as a 'silly' fiction that 'belongs in the

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[692] Anonymous, quoted in Deshazer, *Fractured Borders*, 155.
[693] Jasper Rees, 'Cold Feet, Series 8, ITV, Review - Mortality Lite,' review of *Cold Feet: Series Eight*, *The Arts Desk*, January 15, 2019, https://www.theartsdesk.com/tv/cold-feet-series-8-itv-review-mortality-lite.

past', and was full of 'irritating and painful moments'.[694] Developing this theme of a dated, anachronistic series, Thomas Sutcliffe compares *Cold Feet* directly to the Death of Little Nell and its 'Victorian sentimental excess'. However, he also acknowledges that, whilst the series' emotional plotlines would be easy to dismiss as 'morbid indulgence in sentiment', the popular reception of *Cold Feet* revealed how television could create characters who occupy an 'important psychological space in people's lives', blurring the distinction between the 'stories we inhabit' and the 'stories we watch'.[695] Despite some unfavourable critical assessments, this was a show that 'struck a chord' with many people and 'moved viewers to tears'.[696] The actress Fay Ripley, who plays Jenny, describes how she is frequently approached by strangers with real experiences of cancer because of the ways her character's fictional story reflected theirs: 'they want to come up, introduce themselves and tell me their story'.[697] This was underlined by a participant in the Fiction Library trial, who explained that the 'thoughts and feelings' that Ripley (as Jenny) conveyed felt familiar to them: 'I, like Jenny, have experienced breast cancer [and] it was portrayed very well. The thoughts and feelings that I had were very similar to those of Jenny, especially the fear' (FL: 5). Their comments are illustrative of the connection between Jenny's storyline and the real-life affective impact of cancer that was apparent in the public response.[698]

Several reviewers noted the vital role the series' sentimentality played in establishing this connection. Sarah Hughes described the final episode as a 'sentimental and perfectly pitched finale': the conclusion to a piece of 'warm, comforting television' that 'accurately reflected the reality of life for many people'.[699] The idea that an artwork could be warm, comforting and sentimental, whilst also reflecting accurately aspects of the powerful and painful reality of cancer, seems to contradict arguments against sentimentality made on the basis of its deceptive, manipulative nature. And yet, this does appear to reflect how many viewers saw the series. Notably, professional cancer support specialists picked up on the series, promoting Jenny Gifford's fictional journey as one which captured the 'strange emotional

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[694] Sean O'Grady, 'Cold Feet Review – Less than the Sum of its Parts', *The Independent: Arts and Entertainment* (13th January 2020).

[695] Thomas Sutcliffe, 'Cold Feet: The End of the Affair,' *The Independent*, March 13, 2003, https://www.independent.co.uk/news/media/cold-feet-the-end-of-the-affair-122482.html.

[696] Fay Ripley, 'I End up Hugging People on Trains,' interview by Gloria Dunn, *The I*, January 11, 2020, 51.

[697] *Ibid*., 51.

[698] This connection was also apparent in the public response to *Cold Feet: Series Nine*, in which Jenny's cancer storyline continues. In my article 'All Around, though Often Invisible': Using *Cold Feet: Series Nine* in the Spiritual Care of Cancer Survivors', *The Postgraduate Journal of Medical Humanities* 7 (2021): 52-76,
I describe how this television drama sheds light on the specific challenges long-term cancer survivors face following discharge. The series remained an especially apposite case-study because there is evidence that people affected by the issues raised continued to find value in Jenny's storyline. Series nine 'struck a chord' with survivors and analysing its spiritual affordances reveals why this was the case. The challenge to the 'restitution narrative' it presents, allied to an exploration of the complexities of relationships after treatment, and of the difficulties of finding an alternative illness narrative, affords material to borrow that could help survivors to find their voice and navigate new, unfamiliar challenges. Therefore, *Cold Feet: Series Nine* is also an illustration of the capacity for accessible, fictional narratives to be used to engage with an area of experience that contemporary healthcare, and society as a whole, struggles to address.

[699] Sarah Hughes, 'Cold Feet Has Finally Become Must-watch TV ... 22 Years after it Started,' *The Guardian*, February 18, 2019, https://www.theguardian.com/tv-and-radio/2019/feb/18/cold-feet-finally-must-watch-tv-series-eight.

landscapes' of cancer and could draw out 'emotions that many people don't always acknowledge'.[700]

In what follows, I describe five different forms of sentimental affordance common to *Talk Before Sleep* and *Cold Feet* to illustrate how becoming 'caught up' in sentimental fiction could allow those affected by cancer to i) recognise emotional suppression; ii) appreciate the 'importance of crying'; iii) embrace emotional openness; iv) find respite from difficult realities; and v) discern new, consoling meaning within their experiences.

II.1 Emotional Suppression

Fictional, sentimental stories of cancer offer narratives in which audiences can find their own tendencies toward emotional suppression reflected, identifying with signs of secrecy and shame which resonate with their personal experiences. *Talk Before Sleep* shows critical awareness of the all-too-familiar culture of concealed emotions in which any sign of 'aroused sentiment' is 'seen as a negative, a psychological weakness'.[701] The ways Ann and Ruth internalise and live out this cultural idea gives readers cause to consider how 'the language that people learn shapes their interpretation of their emotions',[702] connecting ideals of 'strength' and 'stoicism' we encounter in our everyday lives to repressive patterns of thought.

When Ann and Ruth first meet, a fleeting moment of emotional identification draws them together – a moment in which the burden of buried emotions is briefly shared. Chatting over a meal, Ruth starts to discuss her struggling marriage, and Ann notices she is 'close to tears', watching 'her hands flutter, mothlike, around her face, ready to wipe away the evidence of her grief'. Although she does not acknowledge it, Ann relates to her new friend's feelings, recalling the 'tears of a terrible and too-familiar loneliness' she had shed the night before. Despite this recognition, all Ann can offer in response is a fatuous truism concealing her true reaction: 'I know marriage has its ups and downs', whilst Ruth, in turn, 'acts perfectly fine and friendly' the moment she is back in her husband's company (35). The narrative switches between candour and concealment, private truth and outward deception, using the movements into and out of Ann's interior monologue to dramatize the disconnect between what each woman feels, and what they are willing to reveal. They understand one another's loneliness but share an impulse to hide 'evidence' of their sentiments. This impulse afforded a form of affirmation to a participant in the focus groups who recognised the two women's instinctive fear of showing emotion: 'I kind of pick up on that bit about being embarrassed for people to see me because I am an emotional person. But I'm always apologising to people for crying' (TR 7: 6). This sentiment was echoed by several other participants, such as one who described how this pressure to appear 'strong' can lead to forms of emotional self-neglect, saying that when 'you're trying to be brave for everyone else, then you forget about you as a person and what you're going through' (TR 7: 7). Evidently, the novel exposes a real culture of concealment that stigmatises open displays of grief, and can influence how cancer patients feel and behave.

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[700] Sue Long, 'Cold Feet Storyline Strikes a Chord,' Maggie's Online Community: Blog, February 12, 2020.
[701] Marsh, *Cinema and Sentiment*, 31.
[702] Otis, *Banned Emotions*, 6.

Reflecting this fear of candour, Berg not only gives the reader a point of comparison for their own emotional landscape, but also links this fear to a specific aspect of life with cancer: its medical treatment. When Ruth visits her oncologist, Ann notices that he keeps an 'antiseptic distance' from Ruth, physically and emotionally, withholding information and avoiding meaningful contact (10-11). And in an even more unpleasant instance of this distancing, the radiology resident analysing Ruth's scans steps away after greeting her 'as though she were contagious'. She is regarded with 'something resembling fear mixed with pity' and finds her doctors 'hiding' from her, 'using the vocabulary of medicine' to avoid being honest and compassionate when they deliver bad news (102-3). The 'antiseptic' atmosphere of unsentimental rationality characterising Ruth's treatment seems to have influenced her response to the emotional turmoil cancer provokes.

Michael Bell argues that reading fiction can be 'an implicit form of emotional self-examination',[703] as we interpret characters in relation to ourselves, and to how we would feel in these imagined situations. This was the case for a participant in the focus groups who said that the passage describing Ruth's meeting with her oncologist 'resonated with me quite a bit'. Because they knew that they were likely to develop metastatic cancer in the future, the participant found themselves inhabiting Ruth's perspective: 'when I read that part, I was imagining myself being in that situation at some time in the future, so I had a sharp intake of breath reading that bit'. The participant described how they were 'relating' to Ruth's desire to appear 'strong', yet also with the sense of fear Ruth is concealing: 'deep down she knows she's in the final stages of her journey' (TR 7: 9). Responding to these comments, another participant also said they could 'relate a wee bit' to Ruth's situation. Describing how they had recently been in hospital for a scan, the participant explained they had felt 'a bit of fear' concerning the results, adding: 'sometimes I wish I could have had a bit more blunt conversation with my surgeon' (TR 7: 9). In both cases, participants were moved to reflect on the feelings that they had chosen to hide during their meetings with clinicians. These examples suggest that, if a reader of *Talk Before Sleep* found themselves identifying with Ann and Ruth's inclination to emotional reticence, noticing how it originated in the treatment room before spreading into their behaviour and relationships, their reading can become 'an exercise of 'real life' emotional discrimination'.[704]

In *Cold Feet*, the ensemble cast enables the series to explore emotional suppression from varied perspectives, creating scenarios which could resonate with different forms of concealment in viewers' lives. The form most relevant to those affected by cancer is Jenny's reluctance to tell her family about her diagnosis, and the way it is making her feel. Struggling to find the 'right moment' to announce her news, she keeps her anxieties hidden, searching for information on breast cancer in bed at night to maintain her deception, the glow of her

[703] Bell*, Sentimentalism,* 206.

[704] *Ibid*., 206. For a novel that could draw younger readers into a comparable exercise of 'emotional discrimination', see Paterson's *Bride to Terabithia*. Jess, the young protagonist of the story, feels frustrated by the 'red-eyed adults' struggling to come to terms with the death of Jess's best friend, Leslie. Rather than acknowledging or expressing his own feelings of loss, Jess's interior monologue is full of scorn for Leslie's father, who cries 'like someone in an old mushy movie' (156-68). Like Dostoevsky's Kolya, Jess becomes a parody of the ideal of male 'strength' and anti-sentimentality, exposing the societal inclination toward emotional suppression in the face of emotional pain.

smartphone illuminating a tense, troubled face (series 8: episode 2).[705] In a particularly poignant scene, Jenny, still reluctant to tell her family the news of her diagnosis, is left alone in the shadows at the foot of the stairs in her family home, listening to receding voices discussing plans for her daughter's eighteenth birthday party, which she fears she may not live to witness (8: 2). The fading conversation represents the distance Jenny's secrecy is beginning to create between her and her loved ones, as they become separated from her private 'emotional truth'.[706]

This theme of concealed emotion is picked up in other storylines across the series, showing its relevance to a range of relatable, everyday situations. Adam (James Nesbitt) is accused of being a middle-aged father who is 'not ready to grow old', 'scared to death' of his own mortality. His 'sad and totally pathetic behaviour' – chasing younger women – is a sign of an unwillingness to admit his concerns as he conceals his emotional fragility under a mid-life crisis (8: 1). Meanwhile David (Robert Bathurst) is prevented by pride from asking his friends for help as he is plunged into financial difficulties. Eventually, after putting on a 'brave face' and hiding his troubles, he is left alone in a carpark in pouring rain, the camera panning out from above on his solitary, soaked figure, whilst a mournful voice sings 'where do we go from here?' (8: 3). The series is all about how 'we' move beyond secrecy and shame: how Adam, David, Jenny, but also the viewer, can overcome barriers to honest emotional expression. A montage at the start of the fourth episode ties together these storylines using brooding, extra-diegetic music with lyrics about internalised anxieties: 'I've got guns in my head and they won't go', linking Jenny's concealment to problematic cultural ideals of stoicism and bravery (8: 4). What follows is thus framed as a response to this societal predicament, answering the needs of those viewers who identify with the examples of self-imposed emotional isolation the series presents. This is fiction as 'an integral part of a culture's discursive exploration of itself'.[707]

II.2 Emotional release

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[705] *Cold Feet: Series Eight*, directed by Rebecca Gatward and John Hardwick, aired January 14, 2019, ITV, Britbox, https://www.britbox.co.uk/series/S8_43341 [following the convention within Television Studies, references to *Cold Feet: Series Eight* from this point are given in the main text as (series: episode)].

[706] This thought-provoking exploration of emotional reticence is redolent of the suppression and silence found in the cancer 'tear-jerker' classic, *Stepmom*, directed by Chris Columbus (1998; Culver City, CA: Sony Pictures Releasing), Netflix, https://www.netflix.com/title/18171073. In this film combining romance, discord and terminal cancer, Susan Sarandon plays a terminally ill mother struggling to accept her ex-husband's new lover, who will become her children's stepmother. Having shown Jackie (Sarandon) undergo an MRI scan and receive a terrifying prognosis, her face a picture of shock and incomprehension, the film cuts straight to a meeting between Jackie and her ex-husband, Luke, who tells Jackie that he is planning to marry his girlfriend, Isabel (Julia Roberts). Luke, unaware of the powerful feelings of shock and fear that Jackie is experiencing, discusses plans for the future and for their children: 'we are still their parents for the next hundred years'. Yet the audience, aware of Jackie's 'emotional truth', can sense the pain behind her tearful eyes and shaking voice (81-84mins). Rather than telling Luke her devastating news, as she had planned, Jackie choses to hide her emotional turmoil, affording a poignant illustration of the isolation such suppression can cause.

[707] Walsh, 'Why We Wept,' 318. Katherine Erskine's novel *Mockingbird* (London: Usborne Publishing, 2012) also affords a space for this form of discursive self-examination. Narrated by Caitlin, who has Asperger's, Erskine allows a neurodiverse perspective to influence how the emotions surrounding a tragic high school shooting are perceived. Caitlin is aware that emotions are 'not one of [her] strengths', yet her attempts to understand the diverse forms of suppressed, disguised grief she witnesses are paradoxically revealing and insightful (53-57).

Sentimental artworks are not just there for audiences unsure of their feelings, seeking to uncover buried emotions, as they also afford opportunities for emotional release to those who know they need a means of unburdening. Whilst you are undergoing treatment for cancer, or recovering from its impact, it can be hard to find appropriate moments to release pent-up feelings. The calm, clean professionalism of a cancer ward, as well as the presence of strangers, is not conducive to free emotional expression. Yet, as Jenny's concerns about finding the 'right time' to tell her family illustrate, it can be just as difficult to find apposite moments to show strong feelings during domestic life. There is often an element of intentionality inherent in reading a sob-story or watching a tear-jerker – an active choice made by someone searching for an excuse to let go of their emotions – and this contract between beholder and artwork is crucial to understanding the meaning these works hold for those who seek them out.[708] Like those who appreciate religious kitsch because they 'find in it precisely what they want, need, or expect',[709] cancer patients come, deliberately, to sentimental artworks to release all the emotions they feel they cannot show in an oncologist's office.

Morehead helps to explain exactly why the environment sentimental art creates can be valuable to cancer patients. She observes that 'patients need to be able to break down' and should be given 'permission' to do this,[710] and it is this 'permission' that sentimental art affords. Patient support groups and counselling sessions also provide a space for patients to release their feelings, but works like *Talk Before Sleep* and *Cold Feet* offer an alternative outlet for those who cannot, or choose not to, access these resources. The 'emotionally devastating' scene in *Cold Feet* in which Jenny finally confides in another person, her friend Karen, about her cancer is a perfect example of this. In this 'downright tear-inducing' moment, the viewer can 'feel [Jenny's] hurt and helplessness', as the concern Karen shows gives Jenny permission to let out all the powerful feelings that have accumulated.[711] As the camera slowly draws away from the two friends embracing, all sound is replaced by reflective extra-diegetic music, offering the viewer stillness and time in which to share in this cathartic moment (8: 3). It is interesting to note that Fay Ripley 'admitted she was sobbing real tears over her father' during this scene, as she found her own grief after a recent bereavement became 'easily accessible' while she performed it.[712] Her personal experience demonstrates that this fictional scene can invite the release of real emotion, making viewers' feelings 'easily accessible' by fostering an environment in which they feel they have permission to break down.[713]

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[708] Greg Garrett, a theologian writing about his experiences of cancer, captures the value of this form of affordance. After receiving the 'sterile emotion-less diagnosis of an overwhelmed doctor', he describes how he watched the film *Stepmom* (1998), in which a lead character is dying of cancer, and 'cried like a four-year-old with a bloody stained knee'. See Garrett, 'Death and Resurrection,' in *Cancer and Theology*, eds. Jake Bouma and Erik Ullestad (Des Moines: Elbow Co, 2014), 36-37. For further discussion of the Chris Columbus film *Stepmom*, see footnote 157.

[709] Morgan, *Visual Piety*, 32.

[710] Dolores Morehead, quoted in Hope, *Help Me Live*, 158.

[711] Richard Carnevale, review of *Cold Feet Series 8: Episode 3*, *indieLondon*, January 29, 2019.

[712] Mary Gallagher, 'My Pain: Cold Feet's Fay Ripley Reveals She Was Crying Real Tears over Dying Father When She Filmed Jenny's Devastating Cancer Diagnosis,' *The Sun*, January 28, 2019, https://www.thesun.co.uk/tvandshowbiz/8296830/cold-feet-fay-ripley-father-jenny-cancer/.

[713] The genre of 'tearjerker' films about cancer has become a popular feature of contemporary fictional explorations of living with cancer. Notable examples include: *Miss You Already*, directed by Catherine Hardwick (2015; Toronto: Entertainment One), Amazon prime, https://www.amazon.co.uk/Miss-You-Already-Toni-Collette/dp/B08V8DL3FL, a film about cancer and female companionship that 'isn't shy about going for

A shared love of sentimental films is one of the things that solidifies Ann and Ruth's friendship in *Talk Before Sleep*, as each understands the other's need for the catharsis these films afford. Ruth takes Ann to see *Sophie's Choice* (1982) and, as Ann's narration reveals, this classic of the tear-jerker genre provides exactly what they hoped for. Ann relates how she 'couldn't wait to cry', and how she thought the film was 'terrific' because it 'ripped your heart out and flung it on the floor'. When the film concludes, the pair are left 'overwhelmed with sorrow', with swollen eyes and faces 'splotchy with grief'. To underline that this is an experience they actively sought out, Berg includes the detail of Ruth coming armed with her grandmother's special handkerchiefs to wipe up the inevitable tears (15-22). The film created an environment in the cinema in which 'everybody was crying' and letting sorrow show was acceptable and even expected. Berg's fiction here makes the same point as Marsh, when he argues that crying at the cinema is an 'instructive, developmental and quite normal human experience'. Because 'sentimental, melodramatic films' provoke this experience, they are a key coping mechanism in a culture dealing with the 'collective repression' of certain types of emotion.[714] This passage prompted a participant in the focus groups to describe how they had learned that it is 'good to cry', and that 'every time [they] see someone cry' they encourage this, saying: 'don't feel embarrassed because it's a way of letting go, of expressing, because otherwise when you bottle up it's not going to do your mental health any good' (TR 7: 6). Through affording an illustration of the importance of 'letting go', the passage drew the participant into a discussion of what they had learned about the necessity of emotional expression. Berg herself is adopting a similar argument, defending the value of the very kind of affective experience her novel is offering the reader.[715]

II.3 Relief and escapism

As well as providing moments which bring us into touch with our emotions, *Cold Feet* and *Talk Before Sleep* afford their audience opportunities for escape, prescribing sentimentality as a heartening distraction from grim realities. *Cold Feet* contrives contexts in which the value of 'aesthetic anaesthetic' comes to light, showing through Jenny's storyline how the 'protective function' of sentimental art can afford a 'therapeutic escape from pressure'.[716] But the series does not simply draw this form of sentimental value to viewers' attention, it also lets them experience it for themselves.[717]

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filmgoers' tear ducts' (see 'Critic's Consensus', Rotten Tomatoes, accessed September 29, 2021, https://www.rottentomatoes.com/m/miss_you_already); and *A Walk to Remember*, directed by Adam Shankman (2002; Burbank, CA: Warner Brothers), Google Play, https://play.google.com/store/movies/details/Nur_mit_Dir?id=oGjMzilcn9o&gl=US, based on Nicholas Spark's sentimental novel about young love, faith and cancer. It seems likely that the enduring popularity of this genre of film is, in part, due to their capacity to give viewers 'permission' to release feelings caused by real-life experiences of illness or tragedy.

[714] Marsh, *Cinema and Sentiment*, 31, 69.

[715] When she has Ann observe that they 'even saw a few men wiping their eyes' following *Sophie's Choice* it becomes clear she has set her satirical sights on a culture of 'brave' and 'manly' collective repression (25), whilst upholding her own sentimental fiction as means of overcoming it.

[716] Eaton, 'Little Nell,' 274.

[717] Ripley argues that the 'appeal' of *Cold Feet* lies in its capacity to switch seamlessly between the 'painfully truthful' and the 'completely daft'. The enduring popularity of the series owes much to the skill with which it has

While Jenny endures rounds of cancer treatment and gradually comes to terms with her situation, she is also seeking out fun. Her search for escapism leads her to agree to read the draft of a sentimental romantic novel, *Love Comes Slowly*, for her friend Karen (an editor). Karen is unimpressed, dismissing the novel as 'the sort of useless dross young women lap up when they could be thinking'. But Jenny realises the book is exactly what she is looking for, volunteering to read through the draft because she 'could do with a distraction' (8: 2). This casual exchange serves as an advertisement for an approach to sentimental art based on affordances. Where Karen sees 'useless dross', Jenny recognises a source of sentimental escapism that could bring her respite from private anxieties. Karen cannot understand why Jenny would choose to 'lap up' this novel instead of something more intellectually challenging, because she is unaware of the circumstances pushing Jenny to find fiction which will allow her to 'pretend it's ok' for a few hours.[718]

As well as seeing Jenny enjoying this pretence, *Cold Feet* also invites viewers to join in with her fun in scenes as 'completely daft' as they are necessary. In one comic interlude, we discover that the author of *Love Comes Slowly*, 'Nina B. St James', is in fact an unassuming middle-aged man (played by Paul Ritter). The result of this plot-twist, which mischievously subverts expectations surrounding the assumed femininity of this genre – '*you* write romantic fiction?' – is that Jenny offers to become the public face of the author. Using extravagant wigs and garish costumes to create her alter-ego, she discovers playing the role of Nina is a perfect way to 'have a bit of fun', as – whilst Jenny is contending with chemotherapy and cancer – 'Nina's feeling just fine' (8: 5). Silly, slapstick scenes combine a gurning Paul Ritter with the ostentatiously dressed 'Nina' striking ridiculous poses, giving the audience some joyously farcical light relief. A voice often heard in cancer patients' testimonies is that of the sufferer 'desperate to get out of hospital': the weary individual who 'wanted to be somewhere else' and 'escape' their situation for a while.[719] It is this voice Jenny is echoing when she implores Karen to let her maintain their elaborate deception: 'please don't leave me listening to the chemo running through my veins' (8: 5). And, when she becomes Nina, engrossed in her act, Jenny gives herself and the audience a 'holiday from the real woes of the world'.[720]

Talk Before Sleep also offers readers a 'holiday' from the darker dimensions of reality. There is often an element of luxurious indulgence to the moments of relief Berg describes: scenes full of coffee and sweet treats in which Ruth, Ann, and their friends 'eat and laugh and

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'married these two elements', as viewers deeply affected by one scene are given the balm of 'therapeutic escape' in the next (Dunn, 'Hugging People,' in *Cancer Tales,* 51).

[718] Schwalbe also draws attention to the value of escapist fiction for someone living with cancer, describing how reading fictional novels allowed him and his mother 'to simply be a mother and son entering new worlds together', an affordance Schwalbe explains that 'we both craved, amidst the chaos and upheaval' caused by his mother's cancer. See *End of Your Life Book Club*, 30-31.

[719] Dunn, *Cancer Tales*, 54-56.

[720] Eaton, 'Little Nell,' 275. The need for this form of 'holiday' is also underlined in an affecting scene in *Stepmom*, in which Jackie calls her young son from hospital, having just – unbeknown to her family – begun a course of chemotherapy. Trying to explain why she can't see her son for their regular Thursday evening treat, without revealing the truth of her situation, Jackie suggests they can 'meet somewhere special in our dreams'. Together, the two of them share a sentimental flight of fancy in which they visit a beach together. This imaginative 'holiday' is meaningful for Jackie, shown tearful and alone in her patient's gown, yet her son struggles to understand why his mother is so invested in their game of make-believe: 'you don't need sunblock, it's a dream!' (68-69 mins). The scene might afford insights for family members or carers seeking to understand the complex emotional needs of a cancer patient, especially the desire to 'escape' their situation at certain moments.

talk, and nobody says anything about illness or death or dying' (79). Berg uses Ann's commentary to explain the value of these gatherings, that Ann cherishes because they are 'so close to the old way': a nostalgic revisiting of past pleasures affording time away from distressing subjects (79). The friendship group treat food as a source of escapism, and the reader's privileged access to Ann's thoughts reveal why this is precious to them.[721]

Ruth's romantic escapades also grant her, and the reader, relief from a painful present, as a pretext for scenes of sentimental escapism comparable to those created by Jenny Gifford's antics as 'Nina'. When a former flame appears, Ruth sees this as an opportunity to recapture the exhilaration of her youth. Again, it is Ann's observations which explain the welcome contrast this represents, dragging their attention – and the reader's – away from darker things: '[w]e've been talking codicils. We've been visiting graveyards. Now we've got to find Ruth's mascara so she can get ready for a date' (130). While Ann struggles to make sense of this sudden shift in tone, a brief exchange with another of Ruth's friends sheds light on the true value of this adventure. 'Is this real?', Ann asks, to which the response is 'what the hell difference does that make?' (131). In this context, what is 'real' or realistic is irrelevant, as it is the restorative respite from codicils and graveyards Ruth's date affords which gives her hopeless romantic fling its meaning. This pursuit of romantic escapism resonated with a participant in the focus groups who described themselves as 'a bit of a Ruth character', adding: 'since my first diagnosis… my whole outlook on life is completely different'. They explained that this 'new outlook' meant that they simply followed their desire for excitement or adventure: 'I'm just like, I want to learn something, and I want to do something, and I will do it now, because I don't know what tomorrow holds'. Their self-designated 'couldn't care less' attitude was clearly reflected and affirmed in Ruth's pursuit of romance in defiance of the tragic reality of her prognosis (TR 7: 4).

II.4 Spirituality, meaning and sentimentality

In *Cold Feet* and *Talk Before Sleep* we see how sentimental art can play an important role in the Search for Meaning. The kind of generous, vague spirituality which sentimentality lends itself to is often what those in pain embrace. Where fraught questions of dogma and doctrine might feel too abstract, simple spiritual comforts offer an alternative. Focussing on the sentimental 'world of love, generosity, kindness, awe and wonder' involves setting aside the more challenging dimensions of life, but this can supply encouragement where it is urgently required, maintaining a connection to spiritual values of 'consciousness, cooperation and love'.[722] Sober rational reflection, whether scientific or theological, is not always the best way into personal experiences of suffering. *Cold Feet* and *Talk Before Sleep* give audiences a different mode of engagement: a sentimental spirituality in which hope and reassurance are not hard-won luxuries, but freely given gifts.

In *Talk Before Sleep*, sentimentality is integral to the search for spiritual solace, as Ann and Ruth both seek out images of transcendence which will bring them peace. Deshazer notes that the novel's 'discourse of salvation, faith, miracles and angels lends a religious tone to an

[721] Deshazer, *Fractured Borders*, 150.
[722] Solomon, *Defense of Sentimentality*, 163-64.

otherwise secular novel'.[723] When Ruth is conveying her wishes for her burial, she asks for an angel to watch over her: 'I've been dreaming about angels. I think they're real. I want one on my grave' (172). As she nears death, Ruth's sense of what is 'real' is governed by this vision of an angelic guardian, because this is what brings her comfort. Theologians who advise against offering 'theological cotton-candy' to cancer patients would be unlikely to condone the 'melt-in-your-mouth' sweetness of this imagery,[724] but Berg shows why it will have a place in real people's experiences of cancer – such as the breast cancer survivor who explains that she 'wasn't a spiritual person' before her diagnosis, but now 'truly believe[s] in guardian angels'.[725]

Evidence from the focus groups also indicated that the seemingly sentimental discourse of guardian angels can invite constructive engagement from people affected by cancer. The passage initiated conversations about participants' desire to plan for their death. This included one person who noted the similarity between Ruth's wishes and their own: 'I had a cousin who died suddenly at the age of 50. And I was at the funeral, I came home from that funeral, and I spent an hour writing down how I want the same situation as what Ruth has' (TR 7: 15). Others chose to speak about their own specific wishes, such as being buried rather than cremated, or having a scroll on their headstone (TR 7: 15). The emotional clarity and candour Ruth evinces afforded a starting point for difficult discussions, opening a space in which participants felt comfortable talking honestly and directly about funerals and gravestones. One participant explicitly referenced this process, relating how the passage had 'triggered' them to reflect on their wishes for death, and on the importance of conveying these: 'in the passage, I really liked that [Ruth] said 'I want some control'… it just triggers me to think of what you want. And that you know, perhaps you need to remind others. Those are the hard conversations to have' (TR 7: 16). It appears that the soft, saccharine qualities of the novel's spirituality can ease patients into 'hard conversations' about death.

The sentimentality of Ruth's narrative also reveals how meaning can emerge amidst the darker dimensions of cancer, affording readers reassuring glimpses of 'awe and wonder'. This is especially apparent in an exchange between Ann and Ruth, in which Ruth tries to convey this strange intermingling of contrasting emotions. When Ann relates how she is 'glad' that Ruth can be 'peaceful' at certain times, Ruth responds:

> Oh yeah, when I'm not terrified, I'm real peaceful. And you know what else? It's such a rich thing. It's so… good. And sometimes I think, God, my life has taken these awful turns, but they're also sort of wonderful. I mean, the constant presence of you all – my friends.

This seems to be a scene suffused with sentimentality, in which spiritual values of 'cooperation and love' are emphasised whilst the 'awful' aspects of cancer fade into the background. So, it was unsurprising to find some participants in the focus groups reacting strongly to this portrayal of life with cancer as 'also sort of wonderful'. One participant objected to this description,

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[723] Deshazer, *Fractured Borders*, 150.
[724] Bouma and Ullestad, introduction to *Cancer and Theology*, xiv.
[725] Silver, *What Helped Me*, 182. These parallels in language suggest that Berg is evoking a sense of the 'open and ongoing spiritual search' that is a notable feature of the 'progressive spirituality' that has emerged in contemporary Western society in recent decades. See Lynch, *The New Spirituality*, 24.

saying it was 'definitely not [true] for me', adding: 'I would give anything not to have gone through the last six months', referring to their experiences of cancer (TR 7: 11). Yet other participants found Ruth's words captured familiar emotions, such as the participant who responded to Ruth's description of feeling 'terrified and peaceful' by saying: 'I think we've all experienced that' (TR 7: 12). This positive appraisal of Ruth's speech was shared by a participant who clearly felt that Berg's writing, which they were reflecting on alongside Hazel Grace's evocation of a 'little infinity' in *The Fault in Our Stars*,[726] had accurately described the 'emotional truth' of cancer. Relating how, as a healthcare professional, being diagnosed with cancer had changed their perspective, the participant said:

> I like that Ruth says 'when I'm not terrified. I'm real peaceful'. And that actually, for me, explains or really describes well how it can be like a roller coaster… And I think both passages for me, really explain how it's the dichotomy, if you like, of cancer, how it can be such a terrible thing and, you know, some people have said: 'Why me?' and all the rest of it, but actually, it can truly enrich your life. And that's not anything I expected at the time of my diagnosis. And I did have patients before that used to say to me: 'it's the best thing that's ever happened to me' and I to look at them and think well, that's just plain weird. I wouldn't ever say it, but that I could not understand that until it happened to me [a cancer diagnosis], and I know now exactly what they're talking about. So, I think these passages introduce that hidden aspect of it really well (TR 6: 25).

As this response reveals, the language Berg employed can afford descriptive resources and affirmation to someone seeking to 'explain' the 'rollercoaster' of cancer, as well as helping patients to access the 'hidden aspects' of living with cancer that might remain concealed and unacknowledged in a clinical context. Whilst, for a healthcare professional, the notion that cancer can be wonderful might appear 'weird', Berg's novel can enable a patient to recognise and speak about those moments when cancer can 'enrich your life'.

For a reader who has chosen *Talk Before Sleep*, sentimental spiritual encouragement is likely to be what they are looking for. Like those who bring anxiety and agony to popular devotional images, 'the transcendence they seek is deliverment from ailment and anguish'.[727] While Ann tries to reconcile herself to the prospect of losing her friend, she is searching for this 'deliverment'. When this search leads her to a psychic, the conversation does not follow along the lines Ann was anticipating. Trying to find words which fit her spirituality, Ann tells the psychic 'I don't exactly believe in God… I think what I believe in is a Great Spirit'. Yet when the psychic responds by challenging this distinction – 'Don't you know… That God *is* a spirit?' – Ann's search for meaning changes course. Later, passing a small Catholic church, she suddenly decides to enter and pray, telling the reader 'you try, sometimes, in spite of yourself' (216). Berg's narrative captures a vague, vulnerable spirituality seeking clarity and consolation: a tentative creed shaken by cancer and prefaced by 'I think', not 'I believe'. This is a manifestation of the 'saccharine and uncritical notions of spirituality' often 'dismissed as

[726] See Chapter 2, 57.
[727] Morgan, *Visual Piety*, 31.

mere sentimentality',[728] but it is also a necessary part of Ann's grieving as she processes her friend's impending death. It is a spirituality open to new meanings, which could move toward firmer beliefs.

The power of sentimentality to provoke spiritual healing is revealed in *Cold Feet*, most notably in its use of sentimental music to offer viewers space for reflection and recovery. In a significant exchange between Karen and a hospital chaplain, the spiritual distress cancer can cause is painfully apparent. The weary, embattled chaplain has just been rudely rebuffed by Jenny when he tried to comfort her before surgery. Shortly after, Karen comes across him assaulting the hospital coffee machine, having a 'temporary crisis of faith' as the machine steals his change, the culmination of what has clearly been a trying day. His theological training seems to have proven inadequate in the face of the suffering he encounters, and the ambivalence his offers of prayer are met with. Telling Karen stories of the heart-rending human tragedies he must respond to, the chaplain admits that sometimes 'the sheer weight of it' becomes too much to bear (8: 4). Like Ivan Karamazov, this is a man who wants to 'return his ticket' and receive a refund – from both the coffee machine and the Eternal Creator, as the ingenuous visual metaphor implies. And yet, like Dostoevsky, the writers of *Cold Feet* do not leave things there, presenting a 'practical answer' to this theoretical, theodician problem of suffering. Later in the episode we watch the chaplain, accompanied by Sharon van Etten's stirring song about troubled souls *Every Time the Sun Comes Up* (2014), finding the homeless, pitiful figure of David asleep on a hospital bench. Taking time to find a blanket to place over David, the chaplain displays that 'love in small particulars' rooted in everyday humanity which typifies Alyosha Karamazov's response to Ivan's challenge (8: 4).[729] Easing the burden of suffering by responding to each individual with compassionate care, the chaplain turns to addressing emotional pain instead of trying to solve an abstract intellectual conundrum. Its meaning distilled by a moving melody and lyrics, this brief scene becomes part of the series' spiritual response to 'the sheer weight of it', balancing existential despair against sympathetic, sentimental images of spiritual care.

The way in which the interaction between an individual viewer of *Cold Feet* and the series itself creates new meaning is perfectly illustrated through the use of another sentimental song in the series finale. After her friend and fellow patient Charlie dies, Jenny participates in a concert with the choir for cancer patients Charlie persuaded her to join. In a tearful speech, Jenny dedicates the choir's final number to Charlie, describing how losing a loved one 'changes your perspective on things'. As she sings an arrangement of *Happy Together* – about enduring love – by The Turtles (1969), her grief gives the melody and lyrics a new resonance. We see clearly how the meaning of this song is not pre-existing or fixed but has been 'inflected by the particular and various experiences' of the performers and audience.[730] But it is not only Jenny's experiences which are contributing to the meaning the music holds. While she sings, the camera

[728] Solomon, *Defense of Sentimentality*, 148.
[729] 'Love in small particulars' is the phrase used by Rowan Williams to capture the christological significance of Alyosha Karamazov's attentive, generous love for the minutiae of human existence. Alyosha's practical, grounded commitment to such love provides the counterpoint to Kolya's cold, absurd anti-sentimentalism, offering an alternative approach to the problem of sentimentality. See Williams, *Dostoevsky*, 36; and Ewan Bowlby, 'Theology, Cancer and Sentimentality in the Arts,' *Transpositions*, March 9, 2018, http://www.transpositions.co.uk/theology-cancer-and-sentimentality-in-the-arts/.
[730] Hopps, 'Introduction,' 23.

moves between her friends and family in the audience, capturing different moments of affection and reconciliation: Adam's newfound closeness with his son; David reunited with his friends; Jenny's family supporting one another. Each time the shot switches, the lyrics of *Happy Together* take on a new significance and the upbeat, joyful tone and tempo of the music captures a different feeling (8: 6). As viewers, we are asked to participate in the kind of communal, ritualistic meaning-making that can occur through the 'aesthetic effect of listening to a particular piece of music in a particular setting, with particular people'.[731] Every audience member seems to be finding their own emotions affirmed and enriched by what they are hearing, as the music 'receives meaning through interactions that are interpreted differently by each participant'.[732] In the environment created by the scene of Jenny's speech and song, deemed 'absolutely', unmistakably 'sentimental' by critics,[733] each listener is afforded a rich affective experience as they are invited to find their own joy and consolation within the music.

Conclusion

This chapter proposes a new approach to sentimentality and cancer care. As well as addressing the 'problem of sentimentality' at a theoretical level, I have focussed on the potential value of sentimentality for those affected by cancer. Rather than adopting a fixed position for or against all sentimentality – the kind of essentialist stance favoured by many – I argue for an alternative approach more receptive to the role of context in determining sentimental value. Far from being an unqualified endorsement of sentimentality and sentimental art, this approach recognises that sentimentality cannot be evaluated in abstraction from details of context. By contrasting the ivory tower absolutism of Begbie's theological countersentimentality with the 'on the ground' experiences of cancer patients, this chapter showed why essentialist evaluative models are impossible to apply in practice. The personal stories of cancer patients are full of scenarios in which sentimentality can be valuable and even necessary, as the extremes of emotion cancer causes defy neat logic and burst the boundaries of narrow intellectual positions. Sentimental value emerges in the interaction of an individual's memories, desires and feelings with a given object. Therefore, a '*post-hoc* evaluative approach' that 'honours the inflections of lived experiences',[734] informed by the work of Brown and Hopps on spiritual affordances, is more suited to assessing the role sentimental art can play in the care of cancer patients.

Romantic, sentimental stories about cancer have proven increasingly popular in recent times,[735] and academics should perhaps begin by asking not whether these are morally suspect,

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[731] Lynch, 'Role of Popular Music,' 486.
[732] Reybrouck, 'Musical Sense-Making,' 395.
[733] Hughes, 'Cold Feet.'
[734] Gavin Hopps, 'Negative Capability and Religious Experience,' *International Journal for the Study of the Christian Church* 20, no. 1 (March 2020): 85-86.
[735] The Kirkus review of A. J. Betts' teen cancer-romance novel *Zac and Mia* (Boston: Houghton Mifflin Harcourt, 2014), describes romantic cancer- fiction as a 'burgeoning subgenre'. Betts' novel plays on the tensions between the approaches of two teenagers diagnosed with cancer. Whilst Zac prefers to use the rationality of 'logic and math' to interpret his situation and chances of survival, Mia's response to cancer is 'whipped up by emotion and impulse'. These contrasting styles afford interesting insights into the subjective, personal nature of an individual's reaction to cancer, as well as the false dichotomy set up between intellect and emotion. Patients tending toward either of these extremes might find the gradual intertwining of the two perspectives revealing. See 'Zac and Mia,' review of *Zac and Mia*, Kirkus, July 1, 2014, https://www.kirkusreviews.com/book-reviews/j-betts/zac-and-mia/. Other examples within this subgenre include Nicholas Spark's novel *A Walk to Remember* (London: Sphere,

indulgent fantasies, but rather why so many people turn to them. Resisting the temptation to pronounce judgement on tear-jerkers without first trying to understand their appeal will bring academic research closer to the realities of lived experience.[736] Like spirituality, sentimentality is best used as a productively imprecise idea that can open an area of experience for exploration: a pliable concept ready to be reshaped in accordance with each individual's perspective. As the evidence from my qualitative research shows, sentimental fiction can give patients, friends, and families a new means of accessing and expressing their emotions, complementing the strictly reasoned realism of clinical care. This is what the warmth, generosity, and excess of sentimental stories like *Talk Before Sleep* and *Cold Feet* can provide. Interpreting these works in terms of how they might meet the emotional needs of those affected by cancer reveals why they 'struck a chord' with audiences, reflecting the 'emotional truth' of cancer. They offered 'aesthetic anaesthetic': targeted treatment for those seeking something more than grim realism and the 'stoicism' of stifled sobs.

2013), Jessie Andrews's *Me, Earl and the Dying Girl* (New York: Abrams Books, 2012), and Wendy Wunder's *The Probability of Miracles* (London: Razorbill, 2011).

[736] As well as paying attention to the responses of individual viewers or readers, it is tempting to suggest that all scholars commenting on the morality or spiritual value of a 'tear-jerker' should ensure that they are familiar with the genre and provide examples from specific artworks when they outline their criticisms.

Conclusion

Since modern medicine began to distance itself from the spiritual domain, contemporary art has been engaging in a countercultural exploration of the existential impact of illness. In the latter stages of the 19th century, George Eliot used literary fiction to draw attention to the problem of spiritual care – a problem that remains unresolved today. In typically prescient fashion, Eliot satirised the increasingly apathetic, blasé attitude toward spiritual concerns identifiable within the medical professions in her novel *Middlemarch*. Through the character of the ambitious young doctor Tertius Lydgate, Eliot revealed how spiritual matters had come to be seen as an outdated irrelevance in a clinical context. When asked if he 'recognises the existence of spiritual interests' in his patients, Lydgate is unwilling to address the subject, only noting that 'those words are apt to cover different meanings to different minds'.[737] In recognising that the personal, subjective nature of spirituality was at odds with the medical move toward empirically verifiable and notionally objective things, Eliot exposed the tension that continues to hamper the provision of spiritual care in the contemporary NHS. Many clinicians still see spirituality as a 'meaningless term' or refuse to accept that it is a 'valid concept' within a healthcare context,[738] because of its vague, subjective qualities. Yet what this thesis shows is that integrating the arts into spiritual care can facilitate care practices and resources that accommodate 'different meanings' and 'different minds', whilst maintaining an objective dimension to the care provided. Indeed, Eliot's use of literary fiction to probe the relationship between 'spiritual interests' and medicine is illustrative of the value of the arts as an alternative means of accessing and exploring the spiritual domain.

In this thesis, I have demonstrated how popular, mass-media artforms can be used in spiritual care to respect and restore the particularity of individual patients, creating opportunities for each patient to process and express their unique spiritual perspective. As Eliot noticed, spiritual care 'depends on the person'.[739] Yet she also foresaw that the project of modern medicine necessitated 'the reducing of the particular to the general', in order to clear the way for 'scientific achievement'.[740] The impact of this institutional suspicion of 'plurality' and 'latitude' within a public healthcare environment can be softened by using an accessible artwork to invite patients to engage with salient spiritual themes in light of personal experiences.[741] This process forms the basis of the arts-based methodological approach that I believe can meet the 'spiritual need for a lost sense of humanity' that emerged during the 'roaring age of Evidence-Based-Medicine', which operates 'totally aloof to any element of subjectivity, personal perceptions, opinions or preferences'.[742] By holding together the subjective and objective, cutting across the dichotomy so influential in the formation of

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[737] George Eliot, *Middlemarch* (Oxford: Oxford University Press, 2019), 125.
[738] Alistair Appleby, John Swinton, Ian Bradbury and Philip Wilson, 'GPs and Spiritual Care: Signed Up or Souled Out? A Quantitative Analysis of GP Trainers' Understanding and Application of the Concept of Spirituality,' *Education for Primary Care* 29, no. 6 (November 2018): 367-75.
[739] Fitch and Bartlett, 'Patient Perspectives,' 17.
[740] Frank, *Wounded Storyteller*, 11.
[741] Helen Orchard, introduction to *Spirituality in Healthcare Contexts*, ed. Orchard (London: Jessica Kingsley Publishers, 2001), 17.
[742] Maria G. Marini, *Narrative Medicine: Bridging the Gap between Evidence-Based Care and Medical Humanities* (Zurich: Springer Press, 2016), vii.

Evidence-Based-Medicine, artworks enable us to meet the universal need for spiritual care whilst accommodating the particularity of each patient. Once a thematic map (however provisional) of cancer patients' spiritual needs has been established, artworks can open these themes for exploration without limiting the range of potential responses.

It is surprising that, despite the clear capacity of artworks to enrich our spiritual lives, the arts remain a 'somewhat overlooked aspect of spiritual care'.[743] Addressing this deficit, I have drawn attention in this thesis to the striking proliferation of contemporary, mass-media artworks that engage with themes surrounding cancer, meaning, and mortality. Evidently, popular culture is encouraging and facilitating an exploration of these vital themes through the arts. In every chapter, I highlight several examples of recent films, novels and television series that involve audiences in an extensive examination of specific areas of experience relevant to anyone affected by cancer. Yet it is almost impossible to find mention of these resources in scholarship pertaining to spiritual care, or person-centred care.[744]

I have presented a methodological framework for integrating popular artworks into spiritual care in a judicious, studied manner, harnessing those mediums which people are already turning to in their search for meaning during illness. There are, then, three key methodological elements to this thesis. The first is the new, arts-based approach to spiritual care, that I set out in chapter one. The second is the use of case studies to show how popular, accessible artforms can engage with salient areas of cancer patients' experiences. The third is the qualitative research that is woven into these case studies, providing 'real-world' examples of the value and viability of the approach to spiritual care I am proposing. Together, I believe these three elements constitute the theoretical framework, detail, and supporting evidence necessary to show why integrating popular artforms into spiritual care is a project worth pursuing further.

In chapter one, I set out the thematic, arts-based methodological approach to spiritual care that I adopt in this thesis. First, I described the problems in contemporary healthcare that have created a need for new forms of spiritual care. The emphasis within modern medicine on objectivity, clinical science and empirical data has left little room for patients' personal, subjective spiritual concerns to be addressed. However, I argued that a pragmatic understanding of spiritual care, intended to accommodate each patient's unique spiritual perspective, offers a viable solution to these difficulties. I showed how this can be put into practice using a thematic approach to spiritual care, that maps out crucial areas of experience for cancer patients yet leaves patients free to respond to these themes according to their unique circumstances. Finally, I described how popular, accessible artworks can be used to frame a specific area of experience for cancer patients, providing material for reflection and discussion, whilst offering language, imagery and ideas for patients to draw on. Noting that the field of Theological Aesthetics is ideally placed to offer analytical tools for examining the interaction between an artwork and a patient's spiritual needs, I described how the theory of spiritual affordances completes this methodological approach to spiritual care. Affordances can be used to draw attention to the 'constructive engagement' between a beholder and an artwork through

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[743] Aaron P. B. Smith and Julia E. Read, 'Art, Objects, and Beautiful Stories: A 'New' Approach to Spiritual Care,' *Journal of Pastoral Care and Counselling* 71, no. 2 (June 2017): 91-97.

[744] In fact, the sole exception to this that I have found is Kirkman, Hartsock, and Torke, 'How *The Fault in Our Stars* Illuminates'.

which a patient can find consolation, affirmation or inspiration as they explore fictional reflections of their experiences of cancer.

Chapter two addressed the theme of time, and the capacity for fictional narratives to reflect and reframe cancer patients' experiences of time. The chapter drew out three aspects of patients' experiences of time: 1) a sense of 'lost time'; 2) the unfamiliar and restrictive routines of cancer treatment; and 3) the feeling of being trapped in an interminable cycle of suffering that many patients describe. Whilst outlining these areas of experience from a patient's perspective, I also showed how these specific experiences are reflected in two fictional accounts of life with cancer: John Green's *The Fault in Our Stars*, and Alexander Solzhenitsyn's *Cancer Ward*. Evidence from my qualitative research provides examples of these fictional narratives resonating with real patients' experiences of 'days of absolutely nothing', or delays that 'seemed like forever'. Yet this chapter also employs scholarship from Theological Aesthetics to explain how literary fiction can introduce patients to new perspectives on time. Both novels afford language and metaphors that capture the rich, nourishing moments that can emerge amidst a life altered or shortened by cancer. And as the participants' responses in my qualitative research demonstrate, these imaginative resources can help a cancer patient to express a more personal sense of time, determining what time means to them. The frequent areas of overlap and similarity between these two novels also lends support to my claim that preconceived categories of 'high' and 'low' are not appropriate criteria for assessing the value of a given artwork in the specific context of an arts-based approach to spiritual care.

In chapter three, I used television series *Breaking Bad* to illustrate how longform television drama can support a cancer patient's search for meaning in suffering and death. *Breaking Bad* is a paradigmatic example of many influential, accessible modern artworks that address the unsettling presence of death within a society that often seems unwilling to confront human transience. This chapter described how the expansive scope of the series affords viewers an opportunity for detailed reflection on the 'denial of death', showing how this wider societal problem can be manifested and exposed through the experiences of an individual cancer patient. I explained why the unique qualities of the 'cinematic' aesthetics and longform serialised medium make *Breaking Bad* an appropriate and valuable resource for spiritual care, describing how *Breaking Bad* engages with key areas of cancer patients' experiences of mortality. Through my qualitative research, I illustrated how the series' aesthetics, narrative, and characterisation can capture and convey the isolation, anxiety or frustration that many cancer patients feel when suddenly made aware of their transience. I also showed how *Breaking Bad* affords a range of alternative perspectives on cancer and mortality, focussing on notions of dependence, 'creative resignation', and paradox. Drawing on evidence from my qualitative research, I described how the series can be used to invite patients to explore and discuss crucial, neglected issues, such as the balance between quality and quantity of life.

Chapter four highlighted the potential value of amusing, entertaining films about cancer in a spiritual care context. Addressing questions surrounding the spiritual significance of comedy and entertainment, I argued that critical or academic analysis that conflates humour and superficiality is insufficiently nuanced. I then outlined how theories within Theological Aesthetics that take seriously the spiritual importance of comedy can provide the different value judgement required to assess what comic artworks can afford those requiring spiritual

care. I set out an expanded taxonomy of comedy focussing on five types of humour particularly relevant for cancer patients, and applied this taxonomy to two popular comedy films about cancer – *Deadpool* and *The Bucket List* – to reveal how these comic artworks can reframe cancer patients' experiences. Drawing on qualitative research, I gave examples of cancer patients whose perspectives on cancer and humour were changed through watching and discussing these comedy films. Participants involved in the focus group discussions were moved to re-evaluate their views on cancer and humour, or to intensify their efforts to find fun and relief whilst living with cancer. Yet as well as encouraging patients to embrace the many benefits of humour, I also described how these films afforded a means of examining the potential risks of combining cancer and humour, at a safe distance from real lives and relationships. The chapter thus set out a template for integrating comedy films into 'humorous interventions' for cancer patients.

In chapter five, I presented a new approach to the 'problem of sentimentality' in cancer care and contemporary culture. Highlighting the lack of any consensus, in scholarship or wider society, concerning what precisely 'sentimentality' is, I drew attention to the dangers of absolutist stands against sentimentality. Illustrating these dangers through an analysis of three common philosophical criticisms of sentimentality, and of Jeremy Begbie's theological 'countersentimentality', I argued that a new theological approach to sentimentality and sentimental art is required. Cancer patients' testimonies reveal that there are circumstances in which emotional experiences that might be deemed 'sentimental' can be valuable for those in need of respite or release. I explained how the 'reconceptualised theological approach' to the arts set out by Brown and Hopps, and specifically Hopps' use of affordance theory, can inform an alternative means of evaluating sentimentality that can accommodate the complexities of lived experience. I then applied this alternative approach to two popular artworks about cancer that were deemed 'sentimental' by critics: Elizabeth Berg's novel *Talk Before Sleep*, and series eight of the long-running television dramedy *Cold Feet*. With reference to audience responses and evidence from my qualitative research, I described several sentimental affordances within these artworks, showing how these affordances invite 'constructive engagement' from people affected by cancer.

The diversity of affordances available in these different artforms was apparent in the evidence gathered through my qualitative research. In each case study, examples emerged of artworks helping patients to engage with pressing issues that contemporary healthcare has struggled to address. In the qualitative research trials, the literary imagery and temporal metaphors in *The Fault in Our Stars* and *Cancer Ward* gave participants a means of conveying their intensely personal experiences of time, beyond the constraints of a prescribed 'clock time'. The texts helped participants to express their resistance to the medicalisation of time, revealing how fictional narratives could even be used to help patients find a voice in the crucial, controversial debates surrounding the monetary value of life. Participants drawn into the life-like rhythms of *Breaking Bad's* longform serial form found their perspectives on their own situations altered. Moreover, the audio-visual drama and detailed character development opened conversations on the sensitive subject of quality and quantity of life, affording a new, imaginative way into a debate that is at the heart of problems surrounding contemporary cancer care. *The Bucket List*, through intermingling Hollywood entertainment, easy laughs and a cancer storyline, moved participants to reconsider the role humour played in their life, or even

to revisit their personal 'bucket list' plans. These comedic artworks encouraged patients to take humour seriously as a source of hope and meaning, something that the medical professions have struggled to achieve. The carefully calculated use of editing, sound and shot selection in *Cold Feet* created an atmosphere within which many participants felt able to show emotional vulnerability, discussing sensitive subjects openly. Meanwhile, the sentimentality of *Talk Before Sleep* also helped participants to express frustrations with, and explore alternatives to, the culture of 'strength' and emotional detachment that can characterise contemporary healthcare.

Taken together, I believe these examples constitute persuasive evidence of the need to explore further the potential value of popular artworks in a spiritual care context. While, in this thesis, I have limited myself to exploring the value of artworks in the spiritual care of cancer patients, the implications of my research in this area could be productively applied, I believe, to other conditions. Across society, the number of patients requiring spiritual support is rapidly growing in an ageing population affected by long Covid, increasing rates of cancer diagnosis and chronic illness, and the social care crisis. Popular artworks with a wide appeal can, I believe, become invaluable resources in efforts to meet this urgent, increasing, and much broader need for spiritual care. In this regard, specialists in other areas of healthcare, such as dementia care and care for the homeless, have suggested to me that my methodology for arts-based spiritual care could be valuable for many, if not all, NHS patients.[745] An important advantage of the pragmatic, thematic nature of my methodological approach to spiritual care is that it can be adapted to suit the needs of specific patient groups. This process would involve researching the spiritual themes that are most relevant for a given group, and then identifying appropriate, accessible artworks that addressed these themes. A key future direction for my research, therefore, is to test out the 'cross-diagnostic' potential of my arts-based approach to spiritual care in practice, working with new charitable organisations and patients.

In drawing attention to the role that mass-media artworks can play in spiritual care, this thesis lends weight to the claim that 'popular culture has a profound impact on perceptions, beliefs, and ultimately on how humans behave'.[746] As David Morris observes, the 'contemporary experience of illness' is inextricably linked to our popular culture.[747] People are already, to use Frank's terminology, 'indigenizing' mass-media stories as they construct and communicate their personal experience of illness.[748] Popular artworks engage with an increasing societal interest in, and openness to, a 'spiritually saturated world'.[749] Yet the implications of this for spiritual care have not been explored. In this thesis I present a new methodological approach that works in the intersections of the arts, spirituality, and illness, showing how popular artworks can help us to process and interpret our experiences of disease. Throughout the thesis, I have conveyed a strong sense of the potential value of different mass-

[745] These include conversations about my research with Katey Warran, Deputy Director of the Edinburgh Centre for Research on the Experience of Dementia (ECRED); Kate Shaw, clinical nurse specialist at St Christopher's Hospice for the homeless; and Hugo Jobst, president of the Humanising Healthcare Forum.
[746] Partridge, *The Re-Enchantment of the West*, 5.
[747] David Morris, *Illness and Popular Culture in the Postmodern Age* (Berkley: University of California Press, 1998), 3-6.
[748] For a good example of this process in action, see the section on the public response to *Cold Feet: Series Eight*, in Chapter 5 of this thesis.
[749] Callaway and Batali, *Watching TV Religiously*, 3.

media artworks for those affected by trauma and suffering. My qualitative research has demonstrated, moreover, that many people facing serious illness can find profound forms of consolation or inspiration in notionally 'low' mass-media artforms.

This practical value of popular mass-media artforms may give those working in Theological Aesthetics cause to consider what their discipline could add to the search for new forms of spiritual care. In a field in which 'celebrating an overwhelmingly populist (and firmly popular) media like TV is not incredibly common',[750] it is worth paying closer attention to the spiritual significance of popular media for their public audiences. Furthermore, it is important to undertake such research in a manner cognisant of people's affective responses to these media. Studying television, film, or popular novels in isolation from the countless people who are interpreting these artforms is, in my view, inadvisable. Informed by the concept of affordances, I have presented a methodological approach which ties together analysis in Theological Aesthetics with qualitative research. Evaluating artworks based on how they impact people's emotional and spiritual well-being constitutes a rich new way of working within Theological Aesthetics, and offers alternative criteria for judging artworks. This, I believe, can open important lines of enquiry in the wider field of Theological Aesthetics as a whole.

In a recent article, Callaway expressed a desire for theologians to focus on how art is 'experienced by a different set of persons in their concrete, musical-aesthetic encounters'.[751] Highlighting this 'untapped ground', Callaway calls for 'empirical modes of enquiry' that generate 'real-world data regarding aesthetic experiences', allowing theologians studying the arts to discover 'what actual human beings are thinking, feeling, doing'.[752] Whilst Callaway turns to experimental psychology to pursue this goal, this thesis presents an alternative form of empirical enquiry. Adopting the concept of affordances allows for a mode of investigation that can 'leave room for pragmatic pastoral considerations',[753] providing the foundations for research studying what a given artwork offers to a particular person. Allied to qualitative research, I have shown how this becomes an analytical tool that captures real-world instances of the 'constructive engagement' between a patient searching for meaning and a popular, accessible artwork. Continuing to design and test methodologies drawing together Theological Aesthetics, affordance theory, and qualitative research could yield, I believe, further insights on the intersections of popular culture, spirituality, and the contemporary search for meaning.

Through illustrating how Theological Aesthetics, Spiritual Care and Qualitative Research can interweave, I have also set out a means of addressing the strange paucity of theologically informed voices in the field of Medical Humanities. Stephen Pattison describes theology and religious studies as 'absent friends' in the expanding field of research combining the humanities and medicine.[754] Whilst Medical Humanities research has 'tended to neglect theology and religious studies', it seems clear that these disciplines 'have a very important contribution to make in this area.'[755] This thesis describes and illustrates a framework for

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[750] *Ibid*., 7
[751] Callaway, 'Experimental Psychology,' 54.
[752] *Ibid*., 54-6.
[753] See Hopps, 'Negative Capability,' 85-86.
[754] Pattison, 'Absent Friends in Medical Humanities,' 85-6.
[755] Cook et al., 'Hearing Spiritually Significant Voices,' 1.

bringing specialised theological research into dialogue with the Medical Humanities. Creating these connections must be done sensitively and carefully. There are well-founded concerns on both sides regarding either the imposition of religious dogma onto care practices,[756] or the crude instrumentalising of religion as a clinical 'device'.[757] However, I have outlined how artworks can afford a meeting point for the theological and medical: the kind of 'hospitable' space in which, as Swinton argues, this interdisciplinary collaboration can occur effectively. Using empirical studies and medical data, alongside patient testimony, to establish what forms of spiritual care are required, and then employing research from Theological Aesthetics to examine how artworks might meet this need, protects against the dangers of one discipline dominating the other. Studying the interaction between an individual, their spirituality, and an artwork in terms of affordances respects the subjective nature of spirituality by not imposing any predetermined theological criteria. Meanwhile, this interaction cannot be reduced to purely statistical or numerical data, so that the spiritual or religious dimension is not subsumed under a medical methodology. Artworks provide the different values, language and ideas required to guard against 'reducing all spiritual care outcomes to numbers and statistics'.[758]

In this thesis, I have presented several specific examples of how my arts-based approach to spiritual care can have a profoundly positive impact on cancer patients' lives. By combining the methodology for this approach with case studies and empirical evidence, I have provided a methodological groundwork for new research projects investigating how the arts can meet our need for spiritual care. Moving beyond the conceptual challenges that have hindered progress in this area, I have offered a comprehensive framework for using popular artworks to deliver spiritual care in a form that is accessible and inviting for all patients. My hope is that I have also shown how a wide range of disciplines can, and should, contribute to the development and implementation of arts-based spiritual care. Coming from a background in Theological Aesthetics, I could not have conducted this research without the knowledge and insights emerging from the fields of Medical Humanities, Oncology Care or Narrative Medicine. Furthermore, my interactions with cancer patients, nurses and psychologists at Maggie's centres and NCSG were vital in shaping and enriching my research. My thesis has demonstrated, I hope, that important discoveries can be made if scholars from Theological Aesthetics began to work in areas like cancer care, palliative care or holistic care, embracing interdisciplinary humility in a 'hospitable conversation' and exploring how they can contribute to the creation of new, urgently required forms of spiritual care.

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[756] See, for instance, Casey, 'I'm Spiritual but Not Religious'; Penny Richardson, 'Assessment and Implementation of Spirituality and Religion in Cancer Care,' *Clinical Journal of Oncology Nursing* 16, no. 4 (2012).

[757] Frankl, *Man's Search for Meaning*, 80. For more on the dangers of bringing together science and spirituality see Lynch, *The New Spirituality*, 34-35. See also Koenig, King, and Carson, who argue that religion must not be seen as an optional 'frosting' to a 'foundation' of medical science 'built by reason and empiricism', in *The Handbook of Religion and Health*, 35-6.

[758] Mark LaRocca Pitts, 'The Board-certified Chaplain as Member of the Transdisciplinary Team: An Epistemological Approach to Spiritual Care,' *Journal for the Study of Spirituality* 9, no. 2 (August 2019): 99-100.

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