ABSTRACT. This paper proposes an exploration of interfaces between discourse, knowledge and experience of cancer within the life story of a patient suffering from cancer. This life story was collected in the context of a study in clinical anthropology on the cancer experience conducted within a French-speaking population of cancer patients in the province of Québec, Canada. The theoretical model was based upon the cultural hermeneutic approach of Good and Good. Perspectives for clinical practice are suggested concerning the status of popular medical knowledge in modern clinical culture, and the gap between patient experience and the discourse about cancer.

FROM THE “CONTEXT” TO THE “EXPERIENCE” OF ILLNESS

The modern clinical context in countries whose health care institutions are dominated by the biomedical paradigm is marked by two important features: first, a large number of individuals suffering from chronic illnesses; second, the uncertainty surrounding medical knowledge about these illnesses. Mental health is one such field: arthritis and cancer provide other examples. Knowing more about the individual experience of chronic illness can thus shed light on the current evolution of modern health care institutions and medical knowledge.

In recent years, social science has been marked by a renewed interest in qualitative research. In the United States, this phenomenon has been termed the “interpretive turn.” Writers such as Rabinow and Sullivan (1979) have returned to the philosophical contributions of Heidegger, Gadamer and Ricoeur in an attempt to define the elements of an hermeneutic approach in social science. This interpretive turn is at the juncture of several phenomena characterizing the current evolution of social science; in particular, critical consideration of nineteenth century scientific models and recognition of the historical and cultural aspects of the development of knowledge. Consequently, we have seen a remarkable return to methodologies that had been abandoned because of their “lack of rigor,” such as life histories or personal accounts.

Certain theoretical, methodological and empirical developments in medical anthropology fit neatly into this framework. These developments hold clinical interest in that they shed light on the context, or cultural aspects, of illness.

The context of illness has been described and analyzed in several ways by anthropologists. Young (1982), in an exhaustive survey of the literature in medical anthropology, has suggested a distinction between two rather separate branches within this field: the anthropology of sickness behavior and the
anthropology of illness. Some of the currents within Young's classification can be tied to the hermeneutic shift. An important contribution to the anthropology of sickness behavior (that science which examines the role of social, medical and political institutions in understanding the context of illness), was made by Foucault (1971). He argues that the clinical environment developed within a new configuration of the signs and symptoms of illness and in a distancing of body and experience. Rabinow and Dreyfus (1984) have recently commented upon Foucault's work in this sense.

Associated with the anthropology of illness, which looks at the role of symbolic systems in understanding the context of illness, there has been work related to the theory and methodology of semantic networks stressing the importance, the structure, and the influence of popular medical knowledge on illness behavior (Good 1977; Bibeau 1978; Helman 1978; Blumagen 1980; Good and Good 1981). Nor should the seminal work by Sontag (1978) be overlooked as it provided certainly the earliest semantic exploration into the popular knowledge of cancer.

Undoubtedly, one of the main contributions of contemporary medical anthropologists is the understanding they have brought to the context of illness. The context may be identified with historical structures, mechanisms or particular meaning networks in which the patient's experience takes shape and acquires meaning. However, the relation of context to experience is less often studied, despite its importance for the future development of clinical anthropology and for demonstrating the pragmatic aspects of the current contributions of medical anthropology.³

A STUDY OF THE CULTURAL ASPECTS OF THE CANCER EXPERIENCE IN A MODERN CLINICAL CONTEXT

The life story presented here was collected in the context of a study concerned with the cancer experiences in a modern clinical context. The study was conducted in a center for cancer patients in an urban area of the Province of Québec, Canada.⁴ Health personnel and patient groups were French-speaking and Catholic.⁵

Three hypotheses were proposed. (1) First, over the last decade, we have witnessed the emergence of a new discourse on cancer. This discourse is centered on survival rather than death and articulates themes of maintaining hope and morale. This new discourse is embodied in the slogan that has been a hallmark of North American cancer education campaigns: "We can beat cancer." Such a discourse was rendered possible by a transformation of the institutional and political conditions in the scientific field in the early 1970s, following the American Cancer Act (Rettig 1977), and resulted in the production