

## DESCRIPTION FOR THE GENERAL PUBLIC

Cancer have managed to create a kind of mythology around itself, supported and narrated in various ways within various social practices - medicine, grassroots self-help groups, literature or media. Cancer, *the emperor of all maladies* as defined by the popular book, is not only a serious challenge for the specific biography and for close ones to the ill, and his/her doctor, but also for the whole society. In this sense, cancer is both an intimate an physical experience and a social challenge, which should be met not only by medicine, along with its progress in the field of oncology, but also by us, as whole society. Same as doctors learn how to treat cancer, we must to master the knowledge how to treat persons who suffers from it.

Cancer, remaining in complicated relations with time, is being measured by within various moments and points in time. In fact, despite the standards set out in oncology concerning the moment when one is theoretically recovered, one can never speak of being cured and cancer-free. Such an ambivalent group is the *remission society*, whose experience is being an primal interest within this study.

Currently in Poland almost 990 thousand people are living with cancer diagnosis stated within the past 15 years, with 495 thousand diagnosed only within past 5 years. In this large group there are people who are undergoing treatment, as well as those that are in the remission from cancer. Considering the epidemiological trends, this group will be constantly growing, which means an increasing population of people which need to re-organize their life after the treatment and cancer itself, and in consequences, differentiation of their situation, their choices and eventually, the narratives emerged around this experience.

In order to enable the preliminary recognition of these narratives, the author of the research refers to the distinction introduced by Arthur Frank - the restitution narrative and the quest narrative. The first one is convergent with the biomedical paradigm according to which talking about illness is like talking about a repaired body, which after the successful treatment is being restored, without providing any reflection on the complexity of this experience. The quest narrative, in turn, takes a form of the journey, with all ups and downs and becomes the possibility of expressing one's own illness and remission experience placed within particular biography going beyond the scope of the biomedicine.

This project aims at recognizing ways of narrating the experience of the cancer illness and remission on the example of two patient associations - "Amazons" (women in the remission from breast cancer which underwent mastectomy) and "Gladiators" (men in the remission from prostate cancer). These studies will have the character of ethnographic fieldwork, consisting of in-depth interviews and participant observation. These self-help groups present different experience in terms of gender, but one of the objectives of this research is to investigate whether gender has an impact on the way in which illness is being narrated and in what social context.

Previous research has showed that the social context in which the experience of illness and life in remission are formulated is significant for the choice of a particular type of narrative - the history or herstory of illness in an individual interview tend to be reported differently than within the group or while meeting with new patients, where some difficult facts and part of experience were deliberately eluded. This means that the *remission society* is not only ambivalent in terms of its position within the healthy/ill opposition, but also in terms of expected attitudes and narratives, which supposed to bring hope for recovery rather than reflect the complexity of this specific *liminal* condition.

The opportunity to examine those narrations given gendered experience of breast and prostate cancer, while providing individual and self-help group perspective may provide a valuable material about life after cancer and testify for the complexity of this experience.