

2008

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Religion and pathography

Abstract

For millennia, religion and medicine have coexisted in an ever changing relationship. In the beginning the two were almost inseparable as many believed that illness was the direct effect of angering their God, deities, or spirits. With the advancements of medical technology religion's grasp on medicine has weakened and shifted. Religion still plays a part in medicine, however, it is minor and only among specific people. The primary role is now in the area of coping, or emotional healing. Traditional religious coping methods include prayer, meditation, and special rituals. One non-traditional technique, that is a relatively recent addition, is the pathography.

What is a pathography? Even with gaining popularity many people still do not know this term. There are, however, many definitions for the word given by experts in the subject, from medical professionals, from literary professionals, and in reference material. Definitions do not tell the whole story about the word and to fully understand it one must look at all of the different possibilities there are for the pathography. There are many classification techniques for the pathography genre. There are simple categorizations such as by author, outcome, and media, as well as specific categorizations such as by disease, by religion, and by the author's motive for writing. Even more complex are the combinations of simple and specific categorizations, such as combining author with religion or disease, outcome and religion, and media with motive.

How does one write a pathography? While one could go on and on about the subject in several lectures, there is no one way to write a pathography. Every person is different and would therefore have different thoughts, feelings, and experiences to write about. The different factors that are used to categorize pathographies are used to describe perspectives from which people can write. Also, the pathography does not necessarily have to be a written work, the medium used to express the thoughts, feelings, and experiences are just as varied as the subjects included.

What is the future of the pathography? The genre is still growing and evolving. Its future looks bright as many famous and non-famous people are writing about their thoughts, feelings, and experiences with illness. Medical schools are seeing this increase in pathographies as a tool to teach medical students how to empathize with their patients and to treat the person instead of the disease. With increased interest in the subject there are journals that are now looking at the efficacy of illness narratives and their impact on the medical community.

Degree Type

Open Access Senior Honors Thesis

Department

History and Philosophy

Keywords

Narration (Rhetoric) Psychological aspects, Alternative medicine, Medicine Religious aspects

Religion and Pathography

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**A Senior Thesis Submitted to the
Eastern Michigan University
Honors College**

**In Partial Fulfillment of the Requirements for
Graduation with Honors
In
History & Philosophy**

March 28, 2008

Ypsilanti Michigan

Introduction

For millennia, religion and medicine have coexisted in an ever changing relationship. In the beginning the two were almost inseparable as many believed that illness was the direct effect of angering their God, deities, or spirits. With the advancements of medical technology religion's grasp on medicine has weakened and shifted. Religion still plays a part in medicine, however, it is minor and only among specific people. The primary role is now in the area of coping, or emotional healing. Traditional religious coping methods include prayer, meditation, and special rituals. One non-traditional technique, that is a relatively recent addition, is the pathography.

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What is a Pathography?

Definitions

Although the genre is gaining popularity, the term pathography is still not commonly known. Like most words, the term pathography can be interpreted in many ways. The simplest explanation is given by breaking the word down into its roots. The roots of the term pathography are *pathos* meaning “suffering” and *graphe* meaning “writings.”¹ Therefore, the simplest definition of pathography is stories written about suffering. However, this explanation does not take into account the wealth of different directions a pathography can take and subjects that it can cover. What does the word “suffering” encompass? Can a pathography cross over into mediums other than literature?

Anne Hunsaker Hawkins describes the pathography as “a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death.”² Hawkins’ interpretation defines the “suffering” in the simple definition as illness. Her definition narrows the scope of the simple definition and gives a clearer picture of what is a pathography. David Kinsley agrees with Hawkins on the narrowing of the definition to illness, however, he adds that it is not just an account of the experiences. Kinsley calls pathography the “voice of the patient.”³ The patient is often viewed in terms of the disease that she has. As the patient tells the

story of his experiences about being ill the attention shifts from the disease to the person. The act of writing the pathography gives the patient back his voice, or identity.

According to Martin B. Van Der Weyden, in an editorial for the Medical Journal of Australia, the pathography is a tool used in medical education to promote compassion and empathy.⁴ Many people see physicians as distant and passionless people who are more interested in curing the disease than in healing the patient. By having medical students study pathographies they are introduced to the human side of the disease. If the doctor can put herself in the place of the patient she can better understand what the patient is feeling and be there to help him cope and heal emotionally. Empathy requires a connection; the pathography delves deep into the patient's mind and fosters an emotional connection that can only be achieved by vicariously experiencing what the patient feels.

In response to Van Der Weyden's editorial, Johann A. Schioldann writes a "letter to the editor" with his own explanation of the term pathography. Schioldann starts with the origin of the genre as "reflections on genius and its possible association with insanity" and first use of the term pathography in 1899 by the German psychiatrist Paul Julius Möbius.⁵ Schioldann's own definition sees the pathography as a "historical biography from a medical, psychological, or psychiatric viewpoint." He includes biological heredity, development, personality, life history, and mental pathology along with illness in his interpretation of the suffering. Schioldann's definition also goes on to expand "writing" to include any media as he feels the media is influenced by the nature of the available materials and specific inquiry.⁶

John Wiltshire refers to the term pathography as "a bad word," "an unhappy choice," and "ugly."⁷ Wiltshire reasons that pathography makes the genre seem like a branch of medicine thus subverting its aim to focus on the patient's experiences by implying that the focus is on a single

diseased organism. He also explains that the setting for the illness should be familial and/or marital. It should take into account the thoughts, feelings, and experiences in the setting of the patient's real life as enhanced by illness, not just the hospital or diseased life. Wiltshire believes that upon finding a balance between autobiographical or confessional narrative and biography or memoir, the third-person illness narrative or pathography might be claimed as a genuinely new literary form.

Classifications

The genre of pathography is extremely large and non-discriminatory; it is easier to think of it in smaller categories. There are many ways to subclassify the genre, including, by the author, the author's motive, the outcome, the disease, the media, and by religion. There are many contributing factors to a pathography and each of these factors leads the author in a different direction.

By Author

The most basic differentiation is the split between the pathographies written by the person who is ill and those that are written in the third-person. The term used for pathographies that are written by the patient is autopathography. This subgenre is primarily focused on how the patient is feeling as he goes through the process of the disease. From the first symptom, to the diagnosis, to prognosis and treatment it is a record of the patient's experiences and the emotions that he feels. Pathographies written by another are called pathographies. The focus of these pathographies is the patient's experiences with respect to those around her. The author of the third-person illness narrative is usually a family member or friend that was really close to the patient as he was ill. However, pathographies of famous people can be written by an objective

outsider even years after the death of the person. This differentiation is extremely broad and lacks any specification or distinguishing characteristics.

Another split that is based on the author is that of age categorization. A pathography written by a child differs greatly from one written by an adult. Children are younger and less life-experienced; therefore their pathographies are simpler and more focused on how others perceive their situation. However, their innocence allows them more peace with their prognosis, often helping their parents to deal with the situation. Adults have a broader knowledge base and often more at stake. While a child has school, friends, and family to deal with, adults also have to deal with jobs, spouses, children, household bills, and medical bills. An adult will feel the stress of an illness more than a child. This classification is also a broad and generalized categorization that lends a little more information than just the relationship of the author to the patient.

By Outcome

Another broad categorization is the outcome or how the story ends. Everyone wants the happy ending, including recovery and cure and living happily ever after. However, since this is the real world not everyone gets the perfect fairytale ending. Some patients die and others live for years with their disease and others are cured. The outcome of the pathography can determine the tone of the story. A story that ends in recovery can have its sad moments but will ultimately have an uplifting tone. A story that ends in death can have its happy moments but will ultimately end with a sorrowful or angry tone.

The outcome of the story can often predict the author of that story. Pathographies that deal with death are often written by another person as is usually the case with small children and famous people. These authors want to share with the world the incredible person they knew and

that person's achievements as well as untimely end. A patient who recovers can feel the need to share her experiences and what it was that helped her to cope and survive.

By Authorial Motivation

The genre of pathography can also be differentiated by the reason the author is writing the pathography. The motive of a pathography can be anger, promotion of an alternate treatment, or testimonial.⁸ This is a more specific categorization of the pathography because it takes into account the tone of the subject and shows the reader more of the author's emotions.

Angry pathographies are often written by people who are dissatisfied with the United States medical practices, a specific mistake, or God. This type is often used as an exposé of some atrocity that has occurred to the author while he/she is in a healthcare situation.⁹ With the advancements in modern medicine, the physician is becoming increasingly detached from the patient, treating the disease instead of seeing the patient behind it. This subcategory appears to have begun in 1980 with Martha Weinman Lear's *Heartsounds*.¹⁰ Martha's husband died after a series of avoidable medical mistakes. These mistakes include refusal to help the patient with inflammation from a needle that turns into an infection, not providing liquids with a potassium prescription causing Mr. Lear severe irritation in his stomach lining, and not providing anesthesia until after a coronary angiograph. Martha Weinman Lear writes with a tone of devastation and anger that leaves the reader with sympathy for this woman whose husband died in a medical system that she portrays as incompetent and uncaring.

As is the case with *Heartsounds*, most angry pathographies are written by a person other than the patient. Most pathographies that are written in the third-person are those in which the patient dies. The authors are angry because something went wrong and caused the loss of someone that is important to them. In the case of angry third-person pathographies the author is

usually a close family member or friend. While the anger is usually directed at the medical system it can also be directed at the person's religion. The person will direct their anger at God for not saving the patient from the disease.

The second category is those that promote an alternative method of treatment. The pathographies in this category are similar to angry pathographies in that the patient is dissatisfied with or does not trust the conventional healthcare system. The dissimilarity is that, instead of denouncing the conventional physicians and healthcare system, the narrative focuses on the finding and/or promotion of an alternate treatment.¹¹ This type of pathography is most commonly written by the patient and details the diagnosis and treatments prescribed by the practitioner of the alternative medicine. It may also include an overview of what the conventional practitioner diagnosed and prescribed and the differences between the two treatments. These pathographies promote the alternative medicine choice as being superior to the conventional medicine because of factors such as religion, a more caring physician, or a more natural cure.

This subcategory appeared in 1979 with Norman Cousins' *Anatomy of an Illness as Perceived by the Patient: Reflections on Healing and Regeneration*,¹² in which he prescribes himself large doses of laughter and vitamin C to treat *ankylosing spondylitis*¹³, a degenerative disease that causes the breakdown of collagen. Norman Cousins was upset with the few months he was given to live and checked himself out of the hospital and into a hotel where he treated himself with vitamin C and large doses of laughter. He felt that it was reasonable for physicians to recognize that science may not have all the answers to problems of health and healing.

The third type of pathography is the oldest of the three; the testimonial pathography. The testimonial pathography is an evolution of the traditional conversion story, which was a "public

profession of faith that bore witness to the truth and strengthened other believers by relating an experience of spiritual trial or conversion.”¹⁴ The evolved narratives focus on the mental and emotional healing as well as the physical healing. This is unlike the other two categories that focus on the treatment and/or curing of the disease. Conventional medicine uses symptoms and test results to diagnose and treat diseases. Patients, however, are not just carriers of diseases; they all have thoughts, feelings, and experiences. It is these qualities that are the primary focus of the testimonial pathography. The thoughts as a patient learns that they are dying, or the feelings that chemotherapy gives them, and the activities that they do to prepare themselves for life or death, are just a few of the common themes that are used in these pathographies. This category is also the largest of the three with several thousand books, collections of poems, and even websites devoted to the telling of illness stories.

By Disease

In a story there is a hero and an antagonist; in the pathography the hero is the patient and the antagonist is the disease. The pathography is often categorized based on the hero; however, the antagonist has a major impact on the direction the pathography will take. Every disease is different just as every patient is different. Diseases have their own set of symptoms, diagnostic tests, prognosis, and treatment. The major diseases associated with pathographies are cancer, heart disease, diabetes, and AIDS. Other diseases that are of significance are mental illnesses, Alzheimer's, neuromuscular disorders, and autoimmune disorders. The disease that the patient is afflicted with has a major impact on the themes present in the pathography.

There are several hundred pathographies written about the disease cancer. Cancer is a “family of diseases in which tissues grow and spread unrestrained throughout the body, eventually choking off life.”¹⁵ Cancer is primarily a disease of older adults and the second

leading cause of death in the United States. Prostate, breast, lung, and colorectal cancers are the most commonly occurring in the United States.¹⁶ When someone hears the diagnosis of cancer the first thought is that they are going to die. Breast cancer and leukemia are the most common cancers that pathographies are written about.¹⁷

With a disease like cancer many different themes can arise; such as life, death, and faith. The themes of life and death seem like complete opposites yet both can occur in a pathography. A patient that knows that he is dying will try to live life for everything its worth. Tim McGraw's song "Live like you were dying" has been adopted by many terminal patients who choose to experience everything that they can before the cancer takes them. Faith is a major theme in cancer pathographies as many of them deal with religion. Some pathographies that incorporate this theme are *When God and Cancer Meet: True Stories of Hope and Healing*¹⁸, *The Odds and my God*¹⁹, *Cancer and Faith: Reflections on Living with a Terminal Illness*²⁰, *Why Me? Why Anyone?*²¹ and *Coming to Terms with the Potter*²².

Cardiovascular or heart disease is the leading cause of death in the United States. This category of illness encompasses many different disorders, some congenital and others acquired. Specific disorders that may be presented more than others include heart attacks and birth defects. These pathographies usually deal with life style changes to recover from an acquired heart disorder. However, they can also relay stories of rebirth after being resuscitated. Third-person pathographies tend to be angry, for example Martha Weinman Lear's *Heartsounds*. The parents of children that are born with heart disorders write angry pathographies that blame themselves for not doing something right, the physician for not catching the problem, or God for giving them something that causes so much physical and mental pain.

Pathographies on diabetes are rarer than those on cancer and heart disease; however, it represents an illness that is more long term. There are two different types of diabetes. *Diabetes insipidus* is a disorder of water metabolism resulting from a deficiency of circulating vasopressin, also called ADH or antidiuretic hormone. This type is usually associated with children and young adults.²³ *Diabetes mellitus* is a chronic disease of absolute or relative insulin deficiency or resistance characterized by disturbances in carbohydrate, protein, and fat metabolism. This type of diabetes is differentiated into four types: type 1, type 2, other specific types, and gestational diabetes.²⁴ The type 1 and type 2 diabetes in this category are the most commonly known and the ones that are presented in pathographies.

The themes of these pathographies are long term survival with a chronic disorder and adjustment of lifestyle. First-person angry pathographies that fall under this category include those of patients with type 2, or acquired diabetes. Type 2 diabetes mellitus is most associated with a poor diet and the author can show angry with himself that he let himself get to the point where he has hurt his body.

The last disease that is prominent in pathographies is AIDS, or Acquired Immunodeficiency Syndrome. AIDS is a “serious secondary immunodeficiency disorder caused by the human immunodeficiency virus (HIV).”²⁵ The human immunodeficiency virus is spread via body fluids and associated with risky behavior. Of the more prominent diseases associated with pathographies this is the only one primarily associated with the behaviors of the patient.²⁶ In pathographies associated with other diseases the patient will often ask what they did to acquire the disease; however, AIDS patients will often discuss what events led up to their contraction of the disease. The fact that AIDS is absolutely incurable also sets it slightly apart from other pathographies. A diagnosis of AIDS is a death sentence for the patient however, as are diagnoses

of some forms of cancer. Cancer is one disease that comes close to AIDS as a death sentence. The amount of time between diagnosis and death for cancer is similar to that for AIDS. An HIV patient can live up to 10 years before developing full-blown AIDS and can then live another 5 to 10 years. For cancers the amount of time between diagnosis and death can range anywhere from months to 10 or more years.

By Media

Pathographies can take on any shape and size. The most common type of pathography is the narrative, however; this category can be broken down into fiction and nonfiction. Another written form that the pathography can take is poetry. Pathographies can also be films, either directly into film or film adaptations of written pathographical narratives. A different medium for pathography is in art, including painting and sculpture.

The illness narrative is by far the most common structure taken by the pathography. However, according to John Wiltshire, “contemporary illness narratives are rarely self-consciously and exclusively about illness: pathography appears in different forms, nestled into a book about something else, disguised as novel, philosophical meditation, or sociological treatise, or offered as instructional handbook.”²⁷ Patients find it easy to keep a journal of their thoughts, feelings, and experiences as they go through different aspects of their illness. These journals are then published as is or reformulated into a narrative. While most illness narratives are nonfiction, real accounts of a person’s illness, they can also be fictionalizations. The patient may be more comfortable disguising their experiences as a novel by changing names, dates, and locations. A person’s autobiography can also include a pathographical section. While the narrative is about the person’s whole life it also includes a narrative of illness experiences.

Although not as prominent as the narrative, poetry is another classic medium for pathography. Poems about illness are common in poetry collections and easily found on personal web pages and in books like Reader's Digest. The poem is often metaphoric illustrations of experiences developed to share what was going on mentally as the patient learned of their illness, went through treatments, and learned of their prognosis. An individual pathographical poem will focus on one aspect of the patient's overall experience; one thought, one feeling, one experience. Patients may also assemble these individual poems into a compilation so that all thoughts, feelings and experiences are together in one book.

Any poetic style may potentially be used as a pathography; however, the most common are lyric and ode. A lyric is "any fairly short poem in which a speaker expresses intense personal emotion, a state of mind or a process of perception, thought and feeling rather than describing a narrative or dramatic situation."²⁸ An ode can be defined as "a long lyric poem that is serious in subject and treatment[s], elevated in style, and elaborate in its stanzaic structure."²⁹ According to these definitions, lyrics and odes are the perfect poetry mediums to find experiences of illness. Acrostic and free verse are less common poetic forms in which pathographies have been found.

A common occurrence in the world of film is to adapt books into feature length movies. The translation from book to movie is quite easy because both tell a story, have a plot, and can be separated into the same type of genre categories. Drama is the most common genre where a pathography can be found. Some examples of pathographies in the drama genre include "Awakenings,"³⁰ "A Beautiful Mind,"³¹ "Heartsounds,"³² and "A Walk to Remember."³³ The film "A Walk to Remember" is based on a fictional novel while the films "Awakenings," "A Beautiful Mind," and "Heartsounds" are based on nonfiction narratives.

Art is a more creative medium for pathography and includes drawings, paintings, sculptures, and computer generated designs. Art is different for children than it is for adults. Children love to color and draw and often their subject is whatever is really important in their life. Art by children is more literal and realistic than symbolic or metaphoric. Art pathographies by children are about people and events rather than their state of mind. Adults have a better grasp on the symbolic and metaphoric images that they can use to represent their state of mind.

By Religion

Religion can play a major role in the pathography and the pathography is a solid link between religion and medicine. Religious categorization of pathography breaks up the genre into seven main categories: Hindu, Buddhist, Jewish, Christian, Muslim, and other. The first five categories represent the five major world religions and the sixth category titled other includes some of the less commonly known religions, such as Sikhism, Jainism, Mormonism, Wicca, Shinto, Taoism, and Confucianism. The seventh category includes agnosticism and atheism and how they differ from pathographies that do not mention religion. To understand what differentiates pathographies by religion one must understand the basics of those religions, therefore, before discussing how to write religion into a pathography the origin and background of each religion will be discussed.

The Hindu religion, consisting of more than 800 million members today, is the third largest religion in the world and originated in the Indian subcontinent. Hinduism is the name of a collection of Indian religious ways that do not fall under the categories of the unified religious systems. Hindus, themselves prefer to call their religion *Sanatana Dharma*, which translated means eternal or ageless religion.³⁴ Hinduism has been regarded as both polytheistic and henotheistic. Hinduism is polytheistic in that it has many Gods or deities that are called devas,

which are controlling forces in the cosmos and consecrate every part of life. However, some Hindus that are henotheistic focus their praise and worship to just one of the deities while still acknowledging that the others exist.

Religious texts include the *Vedas*, *Upanishads*, *Mahabharata*, *Bhagavad-Gita*, *Ramayana*, and the *Puranas*. The Vedas are the religious texts that are often referred to as the foundations of Sanatana Dharma and comprise four parts. The earliest being the *Samhitas* which is a collection of hymns of praise and worship of deities. The next to appear were the *Brahmanas* which were directions about the performances of ritual sacrifice to deities. The third part is the *Aranyakas*, or “forest treatises,” these were written by people who went into the forests to meditate as recluses. The final part is the *Upanishads* which consists of teachings from highly realized spiritual masters, and explains the personal transformation that results from psychic participation in the ritual process. This text is often regarded separately from the other Vedic scriptures because of its focus on inner experience as the path to realization and immortality.

The Ramayana and the Mahabharata are the two great epic scriptures, which present the supreme as Vishnu, who intervenes on Earth during critical periods in the cosmic cycle. The focus of the epics are the eternal play of good and evil symbolized by battles involving the human incarnations of Vishnu. They also teach examples of a virtuous life including the responsibilities to others as defined by social roles above responsibilities to the individual. The Ramayana is a long poetic narrative, attributed to Valmiki, which is thought to have been compiled between approximately 400 BCE and 200 CE. It depicts the duties of relationships by portraying ideal characters. The story revolves around the virtuous prince Rama, who is Vishnu incarnated to kill the ten-headed demon king of Sri Lanka, Ravana the kidnapper Sita, Rama's wife. The Mahabharata is a Sanskrit poem of more than 100,000 verses. The plot of the story is a

civil war between the sons of a royal family competing for control of a kingdom. The teachings of the story are the importance of sons, the duties of kingship, the benefits of ascetic practice and righteous action, and the qualities of the gods. This epic shows all sides of human nature in contrast to the idealized characters of the Ramayana.

The Bhagavad-Gita and the Puranas are considered the popular³⁵ scriptures. The Bhagavad-Gita is the eighteenth book of the Mahabharata, and may have originally been an independent mystical poem. Translated, the word Bhagavad-Gita means “Song of the Supreme Exalted One.” This scripture is a dialogue between General Arjuna and his charioteer, who is the deity Krishna incarnate. Arjuna is having trouble with the idea of fighting against and killing his family members and Krishna is telling him that he has to fight because it is his duty. The Puranas are poetic Sanskrit texts that narrate the myths of ancient times. There are six written about Vishnu, six about Brahma, and six about Siva for a total of eighteen. These narratives give concrete form to the more abstract philosophical teachings in the Vedas and Upanishads thus popularizing them.

Major religious beliefs include the *Varna system*, *karma*, *samsara*, and *moksha*. The Varna system is a way of measuring the social caste of a person. The castes include *Brahmins*, *Kshatriyas*, *Vaishyas*, and *Shudras*. The Brahmins include the priests and philosophers. The Kshatriyas are the nobility, such as kings and warriors. The Vaishyas include the farmers and merchants. The Shudras are the manual laborers and artisans, also known as the untouchables and the lowest social caste. Karma is the concept of actions and consequences: every action has a consequence that will affect the caste level that is attained in the next rebirth. Samsara is the continuous cycle of birth, life, death, and rebirth while moksha is the escape from samsara.

Buddhism, with more than 300 million members, is the world's fourth largest religion and originated in northeastern India. The Buddhist religion is based on the life and teachings of Siddhartha Gautama, more commonly known as the Buddha or enlightened one. However, the Buddha, or Siddhartha Gautama, is not worshiped as the God of Buddhism, the religion is considered to be nontheistic because of its belief do not refer to a personal deity, but rather an unchanging and unseen reality. The Buddha's life is an example to follow to reach Nirvana, or liberation, "the goal of the spiritual effort."³⁶ The Buddha taught about Earthly suffering, its origin, and its cure.

The basis of the Buddhist religion is the Four Noble Truths and the eightfold path of enlightenment that the Buddha set forth in the Deer Park Sermon. The First Noble Truth is the existence of suffering and frustration, also called *dukkha*. This suffering includes grief, unfulfilled desires, sickness, old age, physical pain, mental anguish, and death. This truth deals with the impermanence of life and self. The Second Noble Truth gives the origin of this suffering as desires. These desires include the desire for sensory pleasure, for fame and fortune, for things to stay as they are or become different, and are attachment to ideas. The desires lead to suffering because the person does not understand the nature of the desire and that everything is constantly changing and nothing remains the same. The Third Noble Truth states that if desires cease so will suffering, the illusion will end, and Nirvana is revealed. The Fourth Noble Truth states that the only way to realize Nirvana and extinguish desires is by the Eightfold Path of Enlightenment.

The Eightfold Path of Enlightenment is represented by an eight spoke wheel; these eight spokes represent the eight principles of Buddhism. By following these eight principles one will achieve enlightenment, or *Nirvana*. The eight principles are Right Understanding, Right Thought, Right Speech, Right Action, Right Livelihood, Right Moral Effort, Right Mindfulness,

and Right Meditation. Right Understanding encompasses the understanding of the nature of suffering in the world. Right Thought is the desire to practice Buddhism. Right Speech is the avoidance of lies and slander, while Right action is the shunning of extramarital sex and acts of cruelty. Right Livelihood means refraining from immoral or unsuitable occupations. Right Moral Effort is a cultivation of a peaceful and good state of mind, while Right Mindfulness is self-awareness. Right Meditation involves quieting the mind, focusing on the moment, and feeling fearless.

There are two distinct branches or denominations of Buddhism called Theravada Buddhism and Mahayana Buddhism. Theravada Buddhism is the form that most closely adheres to what it considers the original teachings. Theravada is translated into English as “Way of the Elders.” The countries where it is most prevalent include the Southeast Asian countries of Sri Lanka, Myanmar (formerly Burma), Thailand, Cambodia, and Laos. Mahayana Buddhism is the prevalent form in Nepal, Tibet, China, Korea, Mongolia, Vietnam, and Japan. Mahayana translates into English as “Greater Vehicle,” because its followers believe that theirs is “a bigger raft that can carry more people across the sea of samsara than the stark teachings of the Theravadians.”³⁷ While Theravada Buddhists study the early scriptures in *Pali*³⁸, honors the life of renunciation, and follow mindfulness meditation teachings, the Mahayana Buddhists also follow innovations in thoughts and practices beyond the Pali scriptures.

The Jewish religion consists of 14 million followers worldwide making it the smallest of the five major religions.³⁹ Followers of Judaism believe in one God; the creator of Heaven and Earth. God gave revelations to prophets and patriarchs, these revelations have been compiled into the *Tanakh*, or Hebrew Bible. The Torah, the first five books of the Tanakh, is called the law because this is the section that gives the rules and guidelines of the religion. These are rules for

how to live daily life including dietary restrictions. In Judaism, laws, regulations, morals, and ethics are all integral parts of the life and their validity flows from the Torah.

The second part of the Hebrew Bible is the *Nevi'im*, or the prophets. This section was also broken down into two categories: the Major Prophets and the twelve Minor Prophets. The books by the Major Prophets are Joshua, Judges, I Samuel, II Samuel, I Kings, II Kings, Isaiah, Jeremiah, and Ezekiel. The books by the twelve Minor Prophets are Hosea, Joel, Amos, Obadiah, Jonah, Micah, Nahum, Habakkuk, Zephaniah, Haggai, Zechariah, and Malachi. These books were written after the split between the tribe of Judah and the other eleven tribes. The messages are from either Israel or Judah to either Judah or Israel to warn the people to follow the laws set forth by God in the Torah and to warn them of impending takeovers and exiles.

The third part of the Hebrew Bible is the *Kethuvim*, or the writings. This section is subdivided into two categories: the historical books and the poetical and wisdom books.⁴⁰ The historical books include Joshua, Judges, Ruth, I Samuel, II Samuel, I Kings, II Kings, I Chronicles, II Chronicles, Ezra, Nehemiah, and Esther. The poetical and wisdom books include Job, Psalms, Proverbs, Ecclesiastes, and Song of Solomon.

In Judaism, God created the world in six days and rested on the seventh day. Exile is also a common theme in the Jewish tradition starting with the exile of Adam and Eve from the place of paradise called the Garden of Eden. The Jewish people have continually been exiled from their spiritual homeland throughout history and were constantly seeking to return to it. Jewish theology has a unique belief that was introduced as the idea of a special covenant between God and the Jewish people. The covenant requires obedience to God on the part of the Jewish people and the granting of special favors to the Jewish people on the part of God. This covenant stems from the agreement made between Abraham and God on behalf of the Jewish people.

The original Judaism was based on sacrifices to God made in a special temple. When this temple was destroyed it was thought that the religion would also be destroyed. The religion survived through the switch to devotion to prayer and reading and studying the Tanakh. There were two different groups of Jews that survived with this switch. The first group is the Rabbis, who were inheritors of the Pharisee tradition. They founded what is known as Rabbinic Judaism, the form of Judaism that has defined the major forms of Jewish practice over the last two thousand years. The second group that survived is the Messianic movement that had formed around Jesus of Nazareth, which would later become known as Christianity. Between these two groups the teachings of the Tanakh have been kept alive, however, each has used the document to develop in their own individual ways.

Christianity is the largest of the five major religions with over two billion followers worldwide. Christianity has its roots in Judaism; originally a cult, it soon out grew its parent religion to include gentile converts. With the replacement of circumcision with baptism more gentiles converted. Christianity spread further when Constantine, the first great Christian emperor, took power and sent out missionaries. Christianity is a faith based on the life, teachings, death, and resurrection of Jesus Christ.

In the Christian tradition, Jesus is the son of God born to the Virgin Mary. He proceeded to live a sin free life and preach the word of his Father to the world. He had 12 Apostles; the original were Simon, Andrew, James, John, Philip, Bartholomew, Thomas, Matthew, James the Younger, Thaddeus, Simon the Zealot, and Judas Iscariot. After Judas betrayed Jesus for thirty pieces of silver, Matthias was chosen to bring the number back up to twelve. He was crucified for the sins of the world on a hill in Jerusalem called Calvary (or Golgotha). The “sin” that he was crucified for was blasphemy, after he replied, “You have said so. But I tell you, hereafter

you will see the Son of man seated at the right hand of Power, and coming on the clouds of Heaven” to the High Priest, Caiaphas’ question, “I put you under oath before the living God, tell us if you are the Messiah, the Son of God.”⁴¹

The Christian Bible consists of the Old Testament and the New Testament. The Old Testament is the Hebrew Bible, thus reflecting their Jewish patronage. While the Old Testament has the same books as the Hebrew Bible, only the first five books, also known as the Pentateuch, remains in the traditional order. The New Testament consists of the four Gospels, the Acts of the Apostles, the twenty-one Epistles, and the Revelation to John. The Gospels contain the stories of the birth, life, and death of Jesus. The Acts of the Apostles contains the stories of the apostles after the death of Jesus. The Epistles are letters written by the apostles to churches to correct behavior and teach them how to be Christ-like. The Revelation to John is the story of the apocalypse and the second coming of Jesus.

Islam is the second largest religion in the world with just over one billion followers. These followers regard the revelation to Muhammad as the original path of monotheism that also developed into Judaism and Christianity. Muhammad is considered to be the last in a long line of prophets and the revelation to him the final revelation from God to man. The main creed of the Muslims is their proclamation of monotheism, or *Shahadah*, “There is no god but Allah, and Muhammad is his messenger.” Muhammad, however, is not the primary focus of the Islamic religion; Allah (God) is the focus and sole authority. Like Christianity and Judaism, Islam traces its ancestry back to the patriarch Abraham and his son Ishmael. Muslims believe that it was really Ishmael in the story of where God asks Abraham to sacrifice his son. Muslims also believe in Jesus, however, to them he is a prophet not the son of God. They also believe that he

prophesied the coming of Muhammad in John 14:16, 26 when he promised that the *Paraclete* (advocate) would come to assist humanity after him.⁴²

The Muslim scripture is called the Quran; it is a collection of the revelations Muhammad received over 23 years of his life. The first of the revelations were affirmations of the unity of God and woes unto those who did not follow his message. Later messages started dealing with the social lives and organizational needs of the Muslim community, also replacing some earlier messages. The Quran is composed of 114 *suras* (chapters). The first *sura* is called the *Fatiha*, which reveals the essences of the Quran. Many Muslims believe that the recitation of the Quran has a healing and soothing effect and can bring protection, guidance, and knowledge.

The main principles of Islam are represented as pillars, five official pillars and one that is unofficially considered a pillar. The first pillar is called *Shahadah*, or belief and witness. It is profession of the statement, “there is no God but Allah, and Muhammad is his messenger” and the obligation to tell others about Islam. The second pillar is daily prayer, the performance of a continuous round of prayers. Prayers are to be said five times per day and preceded by ritual ablutions with water. They must face Mecca and recite a series of prayers and passages from the Quran while bowing and kneeling. The third pillar is *Zakat*, or spiritual tithing and almsgiving. All Muslims must donate at least 2.5% of their accumulations at the end of every year to needy Muslims. The fourth pillar is fasting which is recommended to be done frequently and required during Ramadan. The fifth pillar is *hajj*, or the pilgrimage to Mecca, that must be completed at least once during the lifetime. The unofficial sixth pillar of Islam is jihad, meaning “striving” and commonly mistranslated as “holy war.” There are two types of jihad, greater and lesser. Greater jihad is an inner struggle against forces that prevent God-realization. Lesser jihad is the struggle against outer barriers to establishment of divine order.

The individual qualities that differentiate these religions have an impact on the focus and themes of the pathography. Jewish, Christian, and Muslim pathographies differ from Buddhist and Hindu pathographies. The western, monotheistic religions of Judaism, Christianity, and Islam tend to focus more on themes of faith in God and his plan. They differ when it comes to specific laws, rituals, and beliefs. The eastern traditions of Buddhism and Hinduism differ from the western traditions in the fact that they are either polytheistic or henotheistic. Faith in deities or Gods does not play as big of a role in Buddhist and Hindu pathographies. A major theme of Buddhist and Hindu pathographies is the cycle of birth, life, death, and rebirth.

While each of these religions has many fundamental differences, broad themes overlap all of them. The theme of rebirth is seen in Hinduism, Buddhism, and Christianity. The context is different yet the generalized content is the same. Hindus and Buddhists believe in a literal rebirth while Christians believe in a spiritual rebirth. The theme of rebirth can also overlap into secular pathographies where it is seen in cases where the patient is cured or where he awakens to a realization. The theme of battle or journey is seen in all types of pathographies. The battle theme is usually directed at the disease being the antagonist. The journey theme is a metaphorical search for reason, meaning, and even faith. Seeing as they view death differently, the theme of death naturally differs between the eastern and western religions. For the eastern religions, death is an important part of life and is necessary to get to the next life or hopefully escape from samsara. For the western religions, death is a more fearful time. Patients of certain branches of Christianity that believes in salvation and eternal life with God are less scared about dying as they will get to go to heaven.

The first of the less commonly known religions is Sikhism and it is the fifth largest of all world religions with 23 million followers.⁴³ Many Sikhs do not see their path as another

sectarian religion but rather as “a statement of the universal truth within, and transcending, all religions.”⁴⁴ Sikhism made its appearance in the fifteenth century with the emergence of Guru Nanak. The name comes from the word “Sikh” meaning disciples, students, and seekers of truth. The major focus of the religion is loving devotion to one God, who they recognize as the same One worshipped around the world known by many names. Their description of God is a formless being that goes beyond time and space, is the only truth and the only reality.

The second religion that is less commonly known is Jainism, with approximately 4.2 million followers.⁴⁵ This religion is one of the several religions born in India that does not follow the Vedas. It is a minority religion in India and was, until recently, little known throughout the rest of the world.⁴⁶ Its global survival is attributed to its ascetic teachings. Recognition is given to it for its complete and fruitful path which is uplifting human awareness and indoctrinate high standards of personal ethics. Its teachings recognize the imperfection of humans, but hold that through strict control of out senses. Like Hindus and Buddhists, the Jains believe in samsara, the wheel of birth and death. The first major principle of Jainism is a principle also seen in Hinduism and Buddhism, karma the principle that actions influence the course of the current life and the rebirth in the next life. Another major principle is ahimsa, or the principle of non-violence. They are strict vegetarians and treat everything with great care. Non-attachment is another central principle and pertains to both things and people. The third central principle is “relativity,” or the avoidance of anger and judgmentalism. They try to remain open-minded by remembering that any issue can be seen from many angles, all of them partially true.

The next religion is Mormonism, also known as the Church of Jesus Christ of Latter-Day Saints. It is known as a variation of mainstream Christianity with the distinction that not only do Mormons believe in the Bible but also in the scripture, The Book of Mormon.⁴⁷ Greater than 8.2

million of the more than 2 billion Christians world wide consider themselves to be Mormons.⁴⁸

Mormonism has the distinction of being born in the United States, one of very few that has actually not only survived but grown. In 1822, Joseph Smith, with the help of an angel, found The Book of Mormon in New York. The book is supposedly an account of several of the lost tribes of Israel, who became ancestors to the American Indians when they crossed the ocean, and the appearance of Jesus to them. The Mormon theology is continually evolving due to its theology of continued revelation, where any member may receive revelations from God.

The popular tradition known as Wicca is partly traced back to the writings of Gerald Gardner in 1940s England.⁴⁹ The official church of Wicca website defines the religion as “a new religion that emphasizes growth through harmony in diversity, knowledge, wisdom, and exploration.” It also lists four religious doctrines: (a) God (deity) is imminent and transcendent, (b) every living entity has a spirit which is connected to and part of every other spirit, humans are part of nature, (c) divinity manifests itself through all living beings, nature itself is divine as is the Cosmos and each person, and (d) God and goddess images are recognized as aspects of a greater divinity that is unknowable. Wiccan ethics comes from one single statement: “If it harm none, do what you will.”⁵⁰ Wicca is listed as a neo-pagan tradition and is included in the one million followers.⁵¹

The Shinto religion is indigenous to Japan and is closely tied to nature and the unseen world. Like Hinduism, Shinto is not a cohesive, self-conscious religious tradition; however, it is not as big with only four million followers. It is considered an overarching label applied to any way that honors the spirits in nature. Shinto is unique in that it does not have a founder, a religious text, or an ethical code. There are three central aspects of the Shinto path, which includes affinity with natural beauty, harmony with the spirits, and purification rituals. Today the

Shinto tradition is practiced only in Japan and in places where the Japanese have settled, such as Hawaii and Brazil. This is due to the fact that Shinto followers do not seek to convert others.⁵²

Daoism and Confucianism are two major religions that developed in Eastern Asia. The number of followers of both religions falls under the category of Traditional Chinese Religions and account for a portion of the 394 million followers.⁵³ While they started out primarily Chinese they later spread to Japan and Korea. Daoism, also known as Taoism, is often called the way of nature and immortality. It influenced the Chan (or Zen) Buddhist tradition. Religious Daoism is often an amalgam: the natural way of life and meditation as its base, with the influence of Confucian virtues and health disciplines, as well as Buddhist rituals, and immortality as its goal. Confucianism is often called the practice of virtue. It centers on Confucius and his teachings and originated in the sixth century BCE. However, he did not set forth original ideals. The ideals are based on the ancient Chinese beliefs in the Lord on High, the Mandate of Heaven, ancestor worship, spirits, and the efficacy of rituals.⁵⁴

Agnosticism and Atheism are listed under the category of secular/nonreligious traditions; 1.1 billion people considered themselves to be in this category.⁵⁵ An agnostic is a person who admits that they do not know if God or any other supreme being exists. However, they also clarify that if the divine does exist it is impossible for humans to know it. The term was coined by T. H. Huxley, who stated its basic principles as “a denial of metaphysical beliefs and of most... Christian beliefs since they are unproven or unprovable.”⁵⁶ Atheism is the straightforward belief that there are no deities, gods, or divine. There are essentially two types of atheism: the Marxist view of religion or the personal internal rejection of divine. The Marxist view of atheism is discouraging or suppressing religious belief in favor of a secular faith in altruistic government. His message was embraced by all faiths as collectivism instead of the

dehumanizing modern industry and the oppression of religion. The second form of atheism is the one that most people would recognize. This form arises from experiences that give the person reason to believe that there could not be anything more to this life than is visible, or scientifically provable.⁵⁷

My Interpretation

I see the pathography as the patient's search for meaning in a physical medium. Patient's often ask questions like, "Why me?" and "What did I do to deserve this?" and the pathography can be considered a tool that they can use to look for the answers to the questions. I also see the pathography as a way to help others look for the answers to these questions. By reading about the answers, thoughts, feelings, and experiences of someone else in the same situation, a patient can find a way to cope with what they are experiencing.

I feel that there is not one best way to classify pathographies. There are so many elements that make a pathography that to choose any one classification technique would be ignoring so many other major themes and key details. Differentiation based on the author or the outcome is way too broad and generalized. While the differentiation based on motive is much more descriptive it leaves out important themes and lumps many pathographies into the testimonial category because they do not fit into the other two categories. Differentiation based on the disease or the medium does not take into account any of the content, major themes, or significant events in the course of the illness. Differentiation by religion does take into account some of the major themes but not all of them or any of the significant events outside the religion.

How Does One Write A Pathography?

The Generalized Outline

Pathographies can take on many structures and media with the illness narrative being most common. The most generalized outline of a pathography includes signs and symptoms, diagnosis, treatment options, prognosis, and cure/death, interspersed with non-medical thoughts feelings and experiences. There are three routes that the pathography can take with this outline: technical, artistic, and in-between. Technical pathographies focus on the medical details of the illness in the five categories listed in the above outline. In the artistic pathographies the patient focus is on thoughts and feelings about the medical experiences. The in-between category uses both techniques in a balance of art and technology. Some areas will focus on medicinal aspects and some on artistic aspects, yet these are less extreme than the pathographies that choose one method over another.

At the beginning of a pathography, the patient may detail the signs and symptoms of their illness. They may list them or speak of them metaphorically or incorporate them into stories. The list of signs and symptoms may indicate a more medically oriented pathography while metaphoric may indicate a more artistic structure. Incorporating the signs and symptoms into stories is the most common methodology in narrative pathographies. The stories are generally about the first appearance of a particular sign or symptom or how they are affecting daily life and activities.

Diagnosis can become a major section of the pathography, especially in patients where it is not certain what they have and they have to go through a battery of tests. More medically oriented pathographies tend to over-focus on the technical aspect of the tests and less on personal views of them. Diagnostic tests are another area that artistic pathographies can turn metaphorical. These metaphors integrate thoughts and feelings about the experience. It is more common for the patient to not mention every test that is performed. Many patient authors limit the tests included

to the ones that were significantly stressful or important to a part of the story. Learning the final diagnosis is just as important, if not more so, than the tests that lead up to it. Upon learning the diagnosis the patient is often devastated and concerned about what that means for her life.

The treatment options are most commonly discussed in more technical medically-focused pathographies. In most pathographies only the prescribed treatment is discussed. In more artistic pathographies the treatment can be discussed metaphorically. Most commonly, it is not the treatment but the side effects that is discussed. Treatment is proportional to prognosis; a serious or critical prognosis will lead to a stronger, more aggressive treatment, while better prognoses have a lighter treatment. In technical pathographies, prognosis can be discussed at length. The patient might discuss his odds in accordance with his treatment options to decide which course of action is better. In artistic pathographies, the patient might focus on the prognosis and change the themes that she discusses to take into account the new information. Many of the in-between pathographies by patients that receive a good prognosis will continue to focus on the role of the illness in the every day life, while patients with a poor prognosis will shift the focus to family and death.

The last step of this particular outline is just like that of many other outlines: what is the outcome of the illness? Is the patient cured, dead, or in remission? Does that pathography end before the story ends? Medically technical pathographies will answer these questions; the pathography will end with a conclusion of the disease. Most pathographies written from a medically technical point-of-view will be first person narratives in which the patient is alive at the end. The patient may not be one hundred percent cured but at the end the reader knows that the disease is either in remission or incurable. Artistic pathographies end in any of these situations; it is how the patient portrays the situation that is important to the methodology. The

patient may likely turn to metaphors: journey for a long-term or chronic illness or battle for an acute or more intense illness. Pathographies can be split equally between those where the patient lives and those where the patient does not. When considering just first-person pathographies, the scale tips towards stories where the patient lives. Just as with the medically technical pathographies the patient is not always cured, the story ends before the reader can find out what will happen to the patient.

Common Themes and Metaphors

As with any type of literary genre, there are common themes and metaphors that make a narrative a pathography. The list includes rebirth, battle, journey, cure, and death. It is not required to have all of these in one pathography as it is apparent that some of them are mutually exclusive. The themes of death and cure will not commonly be seen in the same pathography, whereas the combination themes of cure and rebirth or rebirth and death might be seen. The combination of battle and journey has also been seen in pathographies.

The metaphor of rebirth is exactly as the word suggests: being born again or becoming a new person. This does not necessarily have to mean a Christian rebirth. It is often used in secular pathographies to mean an awakening of a new personality. In correlation with the theme of cure, the rebirth is the new attitude with which the author has developed from going through that particular illness experience. The theme of rebirth is also seen in association with the theme of death. This may seem an odd combination since the patient ultimately ends up dying. The rebirth is the new way of seeing life as she goes through the process of dying. A perfect example of the link between the themes of rebirth and death is the song “Live like you were dying” by Tim McGraw.

The battle metaphor is a commonly used theme in stories about illness. It is used to describe the medication fighting off the illness or as the patient fighting against symptoms or side effects. Just as with the rebirth theme, the battle theme can be associated with either death or cure, thus determining the outcome of the battle. A battle pathography that ends in a cure is considered a victorious battle, while a patient that dies is considered to have lost his battle with the illness. The journey theme is similar to the battle theme in that it is also metaphorical. The journey that the patient goes on is different for each one. Some journeys end with rebirth; a new life after cure or new attitude towards living while dying. Other journeys end with a battle, a fight for life, love, or happiness.

A cure is the most desired thing among the common patient. A cure can mean so many things, such as freedom from illness or even just freedom from an old attitude towards the illness. The patient wants to be free of the pain and suffering associated with the illness however, a complete medical cure is not always possible. Unfortunately, death is a very common theme in the medical world and thus in pathographies as well. In a pathography, death can be either a theme or metaphor. It is thematic when discussing the actual physical death, whereas the death of an old attitude or lifestyle is a metaphoric representation. By combining these themes and metaphors in different ways each author is able to create something uniquely their own and beneficial to every reader.

By Author Identity

The identity of the author plays a large role in how the pathography is written. In a pathography that was written by the patient the stories come from actual experiences dealing with the illness. The thoughts and feelings presented in the pathography are centered on the patient's experiences with the illness and how it affects everyday life. In following the general

outline previewed above, the pathography written by the actual patient includes all of these steps. The patient has a first hand knowledge of the signs and symptoms and how they affect daily life and decisions. The diagnosis is personal for the patient and even though she tells other people about it this burden is different for her. A patient's decision on treatment is also personal; however, he may consult friends and family on what to do.

The patient's prognosis plays a major role in the progression of the pathography. A pathography in which the patient is given a good prognosis focuses on the joy of living, fighting the disease, and remaining in a normal everyday life. The pathography in which the patient is given a poor prognosis focuses on the little things, family and friends, and what to do as the end approaches. A pathography can only end in two ways: the patient lives or the patient dies. If the patient lives the focus tends to be on how life has changed because of the illness and brush with death. If the patient is the sole author, then the pathography usually ends with the patient alive. If the patient dies then the pathography is most often written by both the patient and another.

Pathographies that are written by a person other than the patient can have any or all of the general characteristics from the outline. If the author is a really close friend or family member then he might have first hand knowledge of the progression of the signs and symptoms. More likely is that he will only have second hand knowledge from either talking to the patient or knowing the progression of the disease. More often than not the author will not be present at the diagnosis and will likely tell the story of how the patient told him of the illness. Final decisions about treatment options are left up to the patient except in the case where the patient is unable to. If the author was in charge of the medical decisions for the patient then the author will focus more on the treatment of the patient and the possibility of taking him/her off of life support.

The patient's prognosis is also a focus of pathographies written by close friends and family members. The knowledge that someone the author loves is going to die provokes a myriad of emotions and thoughts. Since most pathographies in which the patient dies are written by another part it can be inferred that in most of these pathographies the author knew that the patient would not live. The emotions and relief surrounding the knowledge of a favorable prognosis make a good anecdote in those pathographies where the patient lives. The fact that someone else is writing the story of another person's illness implies that the patient cannot write it herself. The most common reason for this is death. Parents, however, often write pathographies about their child's illness no matter the outcome.

A distinction between pathographies written by the patient and those written by another person is the questions they may ask themselves in the process of writing. The most important question that they ask is universal, "what do I include." Both types of author must determine what is and is not significant and the author must take into account what and how much the reader is willing to read. With a limited amount of space the author needs to determine what the reader must know and what information is extraneous. Questions that the patient may ask himself include: "why me," "what did I do to deserve this," "what can I do to overcome this," and "how do I live with this." Questions that may be included in a third-person pathography are "how do I help my friend get through this," "what will I do without her," and "what did I learn from this experience."

Age can also play a major role in how a pathography is written. A pathography that is written by an adult will be more likely to follow the generalized outline. The patient's signs and symptoms will be explained in scenarios where they disrupted an everyday event or a special event. These signs and symptoms will also more be explained more clearly and possibly in

medically technical terms. The story of the diagnosis will be quite literal and sometimes include an expression of simile. While the author will likely dictate the doctor's diagnosis verbatim he will compare the emotions to something else to clearly depict the shock to the readers. An example would be comparing the shock of the diagnosis to being blindsided by a semi truck. Treatment can be a major topic in adult pathographies because the author is typically either the main or sole decision maker.

In the pathography written by an adult the prognosis plays an important role because it is better understood. An adult has many years of experience in life and has more likely seen others go through an illness. This gives the adults an advantage and disadvantage when it comes to the prognosis. The advantage is that she knows what to expect from a prognosis and it helps her to set realistic goals and come to terms. The disadvantage is that with these many years of life experience she knows what she is losing and what she will never have. The disadvantage with adults is that hope is harder to maintain. When looking at the outcomes, neither one is over expressed in pathographies written by adults. It is more common for a third-person pathography to be written by an adult. This can indicate that when the outcome is death it is more likely that the author is adult. However, there are also many first-person pathographies that are written by adults.

Pathographies by children will not likely contain all of the topics in the generalized outline and will be presented in different ways from adult pathographies. The inclusion of signs and symptoms is much more simplistic than those included in adult pathographies. Most children do not know medical terminology and when describing what they feel the detail is not how it hurts but where it hurts and how bad. A child can tell the doctor that his head hurts but will not likely describe the pain in extensive similes or metaphors. For a child the diagnosis is also very

simplistic, they will not likely know what any of the big words the doctor uses are and bases their reaction off of their parent's. Minors are not in charge of making treatment decisions. In pathographies written by children treatment is discussed in terms of how it makes them feel.

Understanding the prognosis is not a major theme of childhood pathographies. In situations where children do not know what is going on they base their reaction on their parents or other adults around them. If they see their parents upset their reaction can either be to get upset as well or try and comfort their parents. It is a common occurrence for children to tell their parents they are going to be okay even in the face of insurmountable odds. Pathographies by children usually have a happy ending whereas pathographies about children can go either way. There are also cases where the child co-wrote with a parent and the outcome can also be life or death. The death of a child can be more painful than the loss of an adult. The child's innocence and inability to experience some of life's joys makes the death more sorrowful. For parents, the loss of their child is met with much anger and sorrow because no parent expects their child to go before them.

By Motive

The reason for writing a pathography will dictate what information and stories are included in that pathography. Motive is categorized according to Anne Hunsaker Hawkins pathography classification system.⁵⁸ The three categories are anger, alternative treatment, and testimony. The tone and focus for each one of these categories are completely different and follow different progressions through the generalized outline. Each category focuses on a different level of the outline.

The first category is the angry pathography; which as the name suggests focuses primarily on the patient's anger and frustration. The levels of the outline that the patient focuses

on are diagnosis, prognosis, and the outcome. The source of the patient's anger dictates which of these the primary focus is. Some patients have to deal with a multitude of tests before a diagnosis is made and sometimes they have to go through many wrong diagnoses and treatments before finding the real ones. This can cause dissatisfaction with the doctor or even the entire United States healthcare system. A poor prognosis can also cause feelings of anger in the patient and be the focus of a pathography. The patient will often try to place blame somewhere and will choose the doctor, the healthcare system, or even God. When facing death the patient can feel as though God is taking everything away from him.

When the pathography is written by the patient the anger associated with the outcome almost always falls under the heading of prognosis. The patient can not write in the present tense about dying because it has not happened yet, therefore the topic would fall under the prognosis title. Pathographies written by another person, usually a close friend or family member has the anger focused on the death of the patient. The author's anger can be directed at the doctor, the healthcare system, God, or even the patient. The authors of angry pathographies want to blame someone for what is happening. In the third-person angry pathographies the author may become angry at the patient for becoming ill and/or dying.

When anger is involved the person's judgment is often called into play. Anger easily clouds judgment and may cause the person to do or say something that they will later regret. In third-person angry pathographies where the author is angry at the patient for getting sick or dying when it is not necessarily that person's fault is a case of clouded judgment. However, the writing of the pathography may serve as a cathartic release so that the author does not share these feelings with the patient thus upsetting them. Anger at the doctor or health care system for giving a poor prognosis is also a case of clouded judgment. The progression of the disease is not up to

the doctor who diagnosed it nor is it the health care system's fault that there are not treatments for every disease.

Pathographies that promote an alternative method of treatment deal mainly with the treatment options category in the generalized outline. However, they may also discuss topics in the areas of diagnosis, prognosis, and outcome. The decision to treat a disease with alternative medicine usually stems from dissatisfaction with the conventional health care system. This frustration can come from the areas of diagnosis, prognosis, or treatment options. The area of diagnosis has many ways of creating frustration; from the tests run to a misdiagnosis. In writing a pathography the patient relives the experiences, every test and every minute waiting for the results. It is these tests that sometimes lead a patient to an alternative method of treatment. The prognosis is also a reason for a person to opt for an alternative treatment. A poor prognosis will have a patient considering any option that will give him just a little more time.

The National Center for Complimentary and Alternative Medicine (NCCAM) defines complimentary and alternative medicine as a group of medical and healthcare systems, practices, and products that are not presently considered to be a part of conventional medicine. Complimentary, integrative, and alternative medicine are different in how they are practiced relative to conventional medicine. Alternative medicine is used to completely replace conventional methods. The patient is choosing not to follow the advice of their conventional physician and seeks a second opinion from a practitioner that is not medically licensed for a treatment that is not Federal Drug Administration (FDA) approved. Complimentary medicine differs from alternative medicine in that the therapy is used simultaneously to the conventional treatment. A patient praying for health or following a special diet while still receiving the conventional treatments from their physician is an example of complimentary therapy.

Integrative medicine is similar to conventional medicine in that it is used concurrently with mainstream medicine. However, it differs from complimentary and alternative by having some high-quality scientific evidence of safety and effectiveness. A patient in a clinical trial or trying an experimental treatment is an example of integrative medicine.

Pathographies that are based on promoting an alternative method of treatment will start by describing what the technique is and why it is better than conventional medicine. For a pathography to be effective in its goal to persuade the reader of the validity of the treatment the reader must know all the pertinent information. The topics that the author should focus on are the background, the methodologies, and what makes it better than conventional medicine. While these topics are important to giving the reader sufficient evidence to believe in the treatment it is also necessary for the patient to include personal thoughts and feelings about their experiences. It is these personal touches that make the writing more than a technical review of the treatment.

The testimonial pathography is a much more general category. This can be both the easiest and the most difficult of the categories to write because it is so broad. The patient must not only decide what is most important to discuss according to the generalized outline but also according to what is most important among the thoughts, feelings, and experiences. The patient must prioritize to include the most important events and the most crucial events. If too much is added then the reader can get lost or bored by the excess information. However, if too little is added the reader will be confused by random events or lost by incomplete events.

When writing about symptoms it is easy to add too much information. By over explaining every symptom the reader can get bored by the technical nature or disgusted by the detail. However, the counter of not including symptoms may be just a detrimental to the story if the author is telling the story from prior to the diagnosis. A symptom summary is not necessary if the

story starts after diagnosis, such as with the beginning of treatment. If the story of the diagnosis is included it may help the reader if at least the major symptoms are included. The inclusion of the symptoms is best done in context rather than list-like and may also help the reader to identify better with how the author feels.

The inclusion of the diagnosis story is an excellent way to draw the reader into the story; to let them feel what the author is feeling as she learns for the first time what is going on and what to expect. As previously mentioned, it is a good idea to include the symptoms into a story where the diagnosis story is given because otherwise it would appear to come out of nowhere. There is one case however where it is okay not to include the symptoms and that is when the narrative starts with the diagnosis. When discussing the diagnosis it is also common to include the treatment that the patient will undergo. However, descriptions of treatment options are rarely the focus of testimonial pathographies because the descriptions are often more technical while the testimonial is supposed to focus on emotions. The inclusion of treatment options is appropriate in cases where the decision of the course of treatment has a major impact on the patient mentally as well as physically, such as choosing between aggressive chemotherapy and palliative care in cancer patients.

Prognosis and outcome are important parts of the testimonial pathography because there is a great amount of emotions surrounding them. The prognosis can sometimes be a turning point in a pathography because there is an air of finality associated with it. A good prognosis will almost immediately turn the story excitable; the reader wants to rejoice with the patient. A poor prognosis can affect the pathography in two ways. The first outcome is that the story turns sorrowful and the reader feels sympathy for the patient throughout the story to the end. The second outcome is that it turns sad momentarily then uplifts the reader with a triumph; this

occurs when the patient takes the bad news and does something meaningful with it. The outcome of the story also affects the overall tone as well as the author and written end. A pathography that ends with the death of the patient is usually heartbreaking. The author may choose to counter balance the sorrow of the ending with joyful stories of when the patient was not ill. As with every category, any pathography that ends with the death of the patient is usually written by another person. If the patient is the author of a pathography and he dies the end may be written by another person or end sometime before the patient dies.

By Religion

In the previous section on religion the focus was on the religion itself, detailing origin and main principles. This section will detail how these principles can be incorporated into a pathography. Religion is an important part of a person's life, especially when ill. It is not uncommon for the author's religion, its principles, and rituals to be incorporated into the illness narrative. Each of the religions discussed previously have their own principles and ideals that the patient turns to when ill; some religions have their own complimentary and alternative practices. The addition of these personal religious beliefs allows the reader to become even closer to the patient in what she is going through.

Hindus can be either polytheistic and believe in many deities or be henotheistic and believe in one deity while accepting the existence of other gods. The author of a Hindu pathography will include his beliefs on theism. If he is polytheistic he will include information on all of his gods. If he is henotheistic he will include information only about the god that he believes in. All Hindus believe in samsara, the continuous cycle of birth, death, and rebirth. This topic is a traditional subject to be included in a pathography as it shapes the author's reaction to

death. If the patient feels that he has lived a good enough life to achieve a higher rebirth status or moksha then he will usually have a better outlook on dying.

The Hindu practice of yoga will often be added to the pathography. There are four types of yogas: Raja and Jnana are the elite yogas while Karma and Bhakti are the popular yogas. The elite yogas are practiced by meditative people and is called a path of mental concentration. The purpose of Raja yoga is to attain the highest concentration and liberation. Jnana yoga is for the rational people and is called the path of rational inquiry. This type employs the rational mind rather than trying to transcend it. Ignorance is considered to be the root of all problems by followers of this type of yoga. The person must also be seeking to develop spiritual virtues and have an intense longing for liberation.

Karma yoga is for naturally active people and considered the path of right action. Those who practice this type of yoga provide services without any regard to benefits or any personal sense of giving. Bhakti yoga is considered to be for emotional people and is called the path of devotion. This is the path that is embraced by most Indian followers of Sanatana Dharma. The word Bhakti means “to share” and Bhakti yoga is means to share a personal relationship with the Supreme. The relationship between the bhakta, or devotee, and the supreme is one of intense love.

The Buddhist pathographer will often first provide for the reader which branch of Buddhism she belongs to, Theravada or Mahayana. While Theravada Buddhism is strictly traditional, Mahayana Buddhism embraces practices outside the Pali Scriptures. This distinction in practices also makes the pathographies written by members of each distinctly different. The life and teachings of the Buddha are also common topics introduced into the Buddhist focused pathography. The outline of the Four Noble Truths is a good structure for the Buddhist

pathography. In ways it is similar to the generalized outline, the differentiating factor is that it pertains to spiritual health rather than the physical health.

In Mahayana Buddhism a higher goal than liberation is to become a bodhisattva, or a being dedicated to attaining enlightenment so that they might help others to attain enlightenment. Inclusion of this principle would not be seen in the pathography of a Theravada Buddhist, while the inclusion of the Four Noble Truths would be seen in either. By determining what practices are discussed in the pathography one can determine which of the two branches of Buddhism the author follows. Samsara is also a common theme seen in Buddhist pathographies, both Theravada and Mahayana. The goal of every Buddhist is to attain enlightenment to be liberated from samsara. The pathography can be used as a form of meditation to help attain enlightenment and help others in the same situation to achieve their goal of enlightenment.

The Jewish pathographer will often quote the Bible (Tanakh) and use stories from it to relate how they are feeling and what they are thinking. The main focus of Judaism is God and monotheism, the ideal that there is one God and He is supreme over all. In the Torah God put forth a long list of commandments which his people must follow. The Jewish pathographer will include these laws in their narrative; especially kosher laws. There will likely be the inclusion of stories on remaining kosher as the author is staying in the hospital.

Prayer is also a major practice in the Jewish faith. The author of a Jewish pathography can include prayers for health or strength as he goes through the difficulties of the illness. It may also include stories about others who are praying for the author. There are two types of prayers that the author may include angry prayers or praise. The author may be angry at God for allowing something bad to happen to him and will pray with question like “how could you” and “what did I do wrong.” These pathographies can end angrily if there is a poor prognosis or praise

if there is cure. The other type of pathography is one full of praise, or testimonial. The author accepts what God gave her with joy and grace whether the prognosis is good or poor.

A pathography written by a Christian is similar to one that is written by a Jewish person. They both believe in God, prayer, and following the commandments. Christians, however, also believe in Jesus and the Holy Spirit, the other two members of the Trinity. A unique feature of the Christian religion is Trinitarian monotheism. God, Jesus, and the Holy Spirit will be included in a Christian pathography. Just as a Jewish author will include stories from the Hebrew Bible (Tanakh) the Christian author will include stories from both the Old and New Testaments. Jesus' parables, miracles, and sermons are a common addition.

Prayer is a major aspect of Christianity and is commonly included in pathographies as the author prays for healing and perspective. While most people pray for healing, others pray that they will learn from their illness or use it for the glory of God. As with Jewish pathographies the Christian pathography can be angry or testimonial. Some authors are angry at God for inflicting them with the illness while others use what God has given them to glorify him and minister to others. The author's denomination will also affect the aspects of the religion that are presented: a pathography by a Catholic author will present differently than a Protestant author. There are also a large number of Protestant denominations that focus on different aspects of the religion and will value different traditions.

Followers of the Islamic religion believe in the same monotheistic God as Judaism and Christianity. The name they give God is Allah, meaning "the God" in Arabic. This name itself is a proclamation of monotheism, saying that God is the one and only, The God. A pathography written by a Muslim, like the Christian pathography, focuses not only on God. The Muslim pathography will also mention Muhammad, his teachings, and the Quran. The inclusion of

stories from the Quran and how they impact the author's life are included in the pathography as well.

The religion of Islam is so engrained into its follower's lives that it would be impossible for a Muslim to not include it in a pathography. The five pillars of Islam are perfectly integrated into the life of the Muslim that they are a fixture in the pathography. The author may choose to begin and end with the Shahadah (first pillar of Islam) as it is common practice the first and last words that are heard. Prayer is also a major addition to Muslim pathographies because of the second pillar of Islam, daily prayer. The ritual of fasting is required during Ramadan except for those who are pre-pubescent and infirm. Muslims may include in their pathographies whether they are able to fast during this time. For a terminal patient the fifth pillar is most important. If the author has not participated in the hajj, he might do this as a way to prepare for death and include this ritual and his thoughts and feelings surrounding it in the pathography. Greater jihad may be included in a pathography where the patient is struggling with why God allowed him to get sick.

By Media

Up to this point in the "How to" section the focus has been on the written pathography, or illness narrative. However, with the wide expanse of media in the world the pathography can be so much more. Even the category of narrative is broader than previously mentioned. An illness narrative can be either non-fiction or fiction and the category of fiction can be broken down into more narrow subcategories such as action, adventure, comedy, or drama. Any fiction where the main subject matter is the illness of the main character can be considered a pathography, even if the novel is not based on a true experience. However, it can be easier to use a real life event to base a novel on because the author is writing what he knows. Fictionalizing gives the author

more artistic freedom. Turning a non-fiction into a fiction is as easy as changing the names of the characters, an event, or even the outcome of the story. The author can also add events; things that she wished had happened or thought were better than what really happened. Fictionalizing allows the author to romanticize their life make it better or just different than it really is.

Poetry is another medium in which the author tells the story of an illness. As mentioned previously, each poem focuses on a major event rather than the entire experience. The author is forced to prioritize the events allowing the reader a more in depth look at the character of person. There is a large variety of poetic forms that can be used, including acrostic, free verse, lyric, and ode. The lyric and the ode are two styles that truly represent what a pathography is. To write a pathographical poem the person must first pick out what he feels are the most important events. Not everyone can write in every style, so the next step is the author must find what technique works best for him. Finally, the author must decide if he wants to make a compilation of works or just one poem. A single poem allows the author to write about the most important event whereas a compilation gives the opportunity for telling about more events.

Producing a film pathography requires the most work of any medium. The first step is writing the script which can be based on an existing illness narrative or a free-standing work. If the film is based on a book it will require editing to only include the most important events. Movies are relatively short; converting from a novel may require excluding the trivial. Next, it is necessary to find a director, camera crew, cast, and location. Also, the money required to produce a film is exponentially greater than all of the other media.

Art is the freest of all of the media that a pathography can appear in. The options include painting, drawing, and sculpting. The use of computers for designing has also opened up the category. The abstractness of art makes its content subjective. As mentioned in the previous

section on art there is a difference in the work done by adults compared to what is done by children. An example compares “Starry Night” by Vincent Van Gogh to “My ABC Book of Cancer” by 10 year old Shannin Chamberlain. In “Starry Night”, Van Gogh uses the swirling lines of the sky to represent his mental state while he was in an asylum. He used his paintings to explain his madness, how he struggled against it, and his interpretation of the spiritual essence of man and nature. Ten year old Shannin Chamberlain wrote and did her own illustrations for *My ABC Book of Cancer*, an acrostic poem using the alphabet.⁵⁹ Her designs were simplistic and realistic representations of the objects that went along with the letter. While Van Gogh’s painting is more metaphoric and abstract, Chamberlain’s illustrations are literal and simplistic.

The Future of Pathography

The Johns Hopkins University Press publishes a journal called Literature and Medicine which is “devoted to exploring interfaces between literary and medical knowledge and understanding.”⁶⁰ The journal covers medical issues, such as illness, health, medical science, violence, and the body, from the viewpoint of literary and cultural texts. In the spring of 2005, Literature and Medicine had a special issue on Narrative, Pain, and Suffering in which articles were published about illness narratives, ethics of the representation of disabled in literature, pain and suffering in literature, psychoanalysis in literature, and narratives of ethics and illness. The existence of this journal shows a shift in the practice of medicine to treating the whole person instead of just the disease.

The future of the pathography is bright as more and more people are writing them and students at medical schools are studying them. However, the pathography is not only a tool for doctors and patients; it is a tool for religion to make its way back into mainstream medicine. The publication of religious pathographies puts religion and medicine together where many people

may see and come to believe. People reading religious pathographies may become inclined to follow similar paths when they become ill. Most non-religious people don't put religion and medicine together until they are ill; the religious pathography is able to get to people before they become ill.

¹ As stated in "Extinguishing Empathy" written by Martin B. Van Der Weyden in *The Medical Journal of Australia* in 2002 issue 177;401. The roots are most likely Greek in origin, however, Van Der Weyden does not mention where he got the information.

² Anne Hunsaker Hawkins is the author of *Reconstructing Illness: Studies in Pathography*. It is in this book that she states this interpretation of the term pathography on page 1. Hawkins is a professor of humanities at the Pennsylvania State University College of Medicine and the author of a book on conversion stories and articles on the humanities and medicine.

³ David Kinsley is the author of *Health, Healing, and Religion: A Cross-Cultural Study*. It is in this book that he describes pathography as a personal account of illness and the voice of the patient on page 186. Kinsley is a professor at McMaster University in Ontario. He has developed several new Religious Studies courses including one that this book is based upon.

⁴ This quote is from an editorial by Martin B. Van Der Weyden for *The Medical Journal of Australia* entitled "Extinguishing Empathy" in 2002 issue 177;401. He defines pathography as a tool for medical education to teach compassion and empathy in a profession that is being drained of its enthusiasm and empathy.

⁵ This is Johann A Schioldann's response to Martin B Van Der Weyden's editorial opening that contemplates the definition of pathography. The article in *The Medical Journal of Australia* is titled "What is Pathography?" and is in issue 178(6); 303.

⁶ This is Johann A Schioldann's definition referenced in the "What is Pathography?" article; however, it was originally stated in *The Life of D. G. Monrad, 1811-1887: Manic-depressive Disorder and Political leadership*, published by Odense University Press in 1988.

⁷ John Wiltshire is the author of "Biography, Pathography, and the Recovery of Meaning" published in *The Cambridge Quarterly*, volume 29, number 4, in 2000. Wiltshire is a professor at LaTrobe University in the English Department. He is also an International Contributing Editor on the journal *Literature and Medicine*.

⁸ This categorization is given by Anne Hunsaker Hawkins in *Reconstructing Illness: Studies in Pathography* on page 4. I am using this system of classification because I feel that these three categories represent a differentiation in pathography that helps readers understand what a pathography can encompass.

⁹ This definition of an angry pathography is my interpretation of a statement by Anne Hunsaker Hawkins on page 6 of her book *Reconstructing Illness: Studies in Pathography*. Hawkins' definition reads, "Angry Pathographies are intended to expose and denounce atrocities in the way illness is treated in America today."

¹⁰ Anne Hunsaker Hawkins defines this book as the first appearance of an angry pathography. *Heartsounds*, written by Martha Weinman Lear was published in 1980 by Simon and Schuster in New York.

¹¹ This is the description set forth by Anne Hunsaker Hawkins on page 9 of *Reconstructing Illness: Studies in Pathography*.

¹² Anne Hunsaker Hawkins describes this book as the first appearance of a pathography that promotes alternative methods of treatment. *Anatomy of an Illness as Perceived by the Patient: Reflections on Healing and Regeneration* written by Norman Cousins was published in the *New England Journal of Medicine* in 1976 before being published as a book in 1979.

¹³ *Ankylosing spondylitis* is a chronic, usually progressive inflammatory disease that primarily affects the sacroiliac, apophyseal, and costovertebral joints along with adjacent tissue. There is no treatment that reliably stops or reverses the progression of the deterioration. This definition is found in the eighth edition of the *Professional Guide to Diseases: An Up-To-Date Encyclopedia of Illnesses, Disorders, Injuries, and Treatments*. This book was published in 2006 by Lippincott Williams & Wilkins.

¹⁴ This is Anne Hunsaker Hawkins definition of a conversion story. Hawkins has written a book on conversion stories; however, this definition comes from *Reconstructing Illness: Studies in Pathography* on page 4.

¹⁵ This definition is given by Lewis J. Kleinsmith in the text book *Principles of Cancer Biology* on page 2. This text was published in 2006 by the Pearson Education Inc. publishing as Benjamin Cummings.

¹⁶ These statistics were reported in *Professional Guide to Diseases: An Up-To-Date Encyclopedia of Illnesses, Disorders, Injuries, and Treatments* on page 47.

¹⁷ The prevalence of these two cancers may be the reason that they are the most commonly written about. Breast cancer is the most common cancer in women and while cancer in children is relatively rare leukemia is the most common cancer that is seen in children.

¹⁸ *When God and Cancer Meet: True Stories of Health and Healing* is a book of powerful stories about cancer patients and their families who have been touched by God in Miraculous ways. The book is written by Lynn Eib and cancer survivor and patient advocate and was published in 2002.

¹⁹ *The Odds and my God* is the story of Reverend Bennie L. Randle and his battle with Hodgkin's Lymphoma. This book tells of victory in his battle with cancer, in which faith in God's power and love is essential for anyone desperately seeking divine healing.

²⁰ *Cancer and Faith: Reflections on Living with a Terminal Illness* was written by John Carmody after learning that he had terminal Multiple Myeloma. It is a collection of over forty reflections on facing cancer and death with faith.

²¹ *Why Me? Why Anyone?* is the story of Rabbi Hirshel Jaffe as he struggles with Leukemia. The book is co-authored by James and Marcia Rudin.

²² *Coming to Terms with the Potter* is Robert Christopher Brown's story of his struggles to reconcile God's purposes with his own as he recovers from his battle with leukemia.

²³ The information on diabetes insipidus was presented in *Professional Guide to Diseases: An Up-To-Date Encyclopedia of Illnesses, Disorders, Injuries, and Treatments* on page 832.

²⁴ The information on diabetes mellitus was presented in *Professional Guide to Diseases: An Up-To-Date Encyclopedia of Illnesses, Disorders, Injuries, and Treatments* on page 864.

²⁵ The information on Acquired Immunodeficiency disorder was presented in *Professional Guide to Diseases: An Up-To-Date Encyclopedia of Illnesses, Disorders, Injuries, and Treatments* on page 393.

²⁶ I say primarily here because it is not the only disease that is caused by the patient's behaviors. There are pathographies on lung cancer associated with smoking; however, they are not as prominent as the AIDS pathographies.

²⁷ This description is given by John Wiltshire in his article, "Biography, Pathography, and the Recovery of Meaning" that was published in *The Cambridge Quarterly* volume 29, number 4 in 2000.

²⁸ This definition for the term "lyric" comes from the Poetry Corner, a section of a webpage set up by Christy Desmet and Susan Tamasi professors at the University of Georgia for the English 4830: Writing for the World Wide Web class. The Poetry Corner page includes a list of definitions of common poetry terms.

²⁹ This definition for the term "ode" comes from the Poetry Corner, a section of a webpage set up by Christy Desmet and Susan Tamasi professors at the University of Georgia for the English 4830: Writing for the World Wide Web class. The Poetry Corner page includes a list of definitions of common poetry terms.

³⁰ "Awakenings" (filmed in 1990, by Columbia Pictures Corporation) is based on the nonfiction book of the same title by Oliver Sacks. The book is based on Oliver Sacks patients that have been catatonic since an encephalitis epidemic years prior. Robin Williams plays the role of Dr. Malcolm Sayer, who was based closely on Oliver Sacks.

³¹ "A Beautiful Mind" (filmed in 2001, by Universal Pictures) is based on the story of John Forbes Nash, a math prodigy that suffered from Schizophrenia. Russell Crowe plays the part of John Nash and Jennifer Connelly plays his wife, Alicia Nash. This film was based on a book with the same title.

³² The film "Heartsounds" (filmed in 1984, by the American Broadcasting Company, ABC) is based on the angry pathography of the same title. Mary Tyler Moore plays the lead character, Martha Weinman Lear who was the author of the original book. James Garner plays Harold Lear the heart attack patient in a hospital that does not seem to care.

³³ "A Walk to Remember" (filmed in 2002, by DiNovi Pictures) is based on the Nicolas Sparks fictional novel with the same title. It is the story of a teenage Christian girl with leukemia and how she, her faith, and her illness affect those around her, especially the "bad boy" lead male who falls in love with her.

³⁴ This description is from the section on Hinduism in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* on page 69.

³⁵ The word "popular" in this sentence does not refer to the one most liked by the Hindu people, but rather as the one that is most widely available to all castes of people.

³⁶ This description of Nirvana is found on page 135 in the section on Buddhism from Mary Pat Fischer's textbook *Living Religions: Sixth Edition*.

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- ³⁷ This is a direct quote from page 142 of Mary Pat Fischer's textbook *Living Religions: Sixth Edition*.
- ³⁸ Pali is an Indian dialect that was first used for preserving the Buddha's teachings. This definition is found in a footnote on page 131 of Mary Pat Fischer's textbook *Living Religions: Sixth Edition*.
- ³⁹ Judaism is considered one of the five major religions of the world because of its role in the origin of both Christianity and Islam. The patriarch of all of these religions is Abraham, who is considered the first true monotheist.
- ⁴⁰ These subdivisions were taken from *The New Oxford Annotated Bible: Third Edition*.
- ⁴¹ The quotes from Jesus and Caiaphas are from Matthew 26:63 to 26:64 taken from *The New Oxford Annotated Bible: Third Edition*.
- ⁴² Information on Islam was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 10, pages 362 to 416.
- ⁴³ The statistical information was found on www.adherents.com, a website that I found through Regents University, <http://www.regent.edu/general/library/subjects/divinity/statistics.cfm>.
- ⁴⁴ Information on the Sikh religion was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 11, pages 417 to 439.
- ⁴⁵ The statistical information was found on www.adherents.com, a website that I found through Regents University, <http://www.regent.edu/general/library/subjects/divinity/statistics.cfm>.
- ⁴⁶ Information on Jainism was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 4, pages 116 to 128.
- ⁴⁷ Information on Mormonism was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 12, pages 453 to 456 and 472.
- ⁴⁸ The statistical information was found on www.adherents.com, a website that I found through Regents University, <http://www.regent.edu/general/library/subjects/divinity/statistics.cfm>. The exact number of followers was not quoted on the site. The number presented comes from adding the totals for the top 10 nations with the largest communities.
- ⁴⁹ Information on Wicca was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 12 on page 60. Due to the limited information other sources were also used.
- ⁵⁰ This information comes from <http://www.wicca.org/church/define.html>. It from an outline called "A Definition of Wicca." The points I included are from "Explicit Religious Doctrines," "Ethics," and "A Brief Definition."
- ⁵¹ The statistical information was found on www.adherents.com, a website that I found through Regents University, <http://www.regent.edu/general/library/subjects/divinity/statistics.cfm>.
- ⁵² Information on the Shinto Religion was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 7, pages 207 to 221.
- ⁵³ The statistical information was found on www.adherents.com, a website that I found through Regents University, <http://www.regent.edu/general/library/subjects/divinity/statistics.cfm>.
- ⁵⁴ The information on Daoism and Confucianism was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 6, pages 176 to 206.
- ⁵⁵ The statistical information was found on www.adherents.com, a website that I found through Regents University, <http://www.regent.edu/general/library/subjects/divinity/statistics.cfm>.
- ⁵⁶ This quote and the information on agnosticism was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 1, page 7.
- ⁵⁷ The information on atheism that is presented here was found in Mary Pat Fischer's textbook *Living Religions: Sixth Edition* chapter 1 on page 7.
- ⁵⁸ The classification system mentioned here is the same one that is used in the "What is a Pathography" section. See footnote 8 for description and page 4 of *Reconstructing Illness: Studies in Pathography*.
- ⁵⁹ *My ABC Book of Cancer* was written and illustrated by Shannin Chamberlain; it was published in 1990 by Synergistic Press. Shannin suffered from stage IV metastatic Rhabdomyosarcoma, a tumor of the soft tissues that can arise in any part of the body.
- ⁶⁰ Information on the Literature and Medicine journal was found on the Johns Hopkins University website. Site was accessed on 12/13/2007. http://muse.jhu.edu/journals/literature_and_medicine/.