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Pathographies and epiphanies: Communicating about illness

To see a World in a Grain of Sand
And a Heaven in a Wild Flower,
Hold Infinity in the palm of your hand
And Eternity in an hour.
William Blake (c. 1803)

The beginning of William Blake's poem "Auguries of Innocence" illustrates one of the Romantic poets' most notable literary devices, the use of *epiphany*. In Blake's poem, the universe and eternity are accessed through the poet's depiction of the tiniest, most humble manifestations of time and space. The word epiphany – a sudden insight or wisdom – is related to vision, intuition and *tacit* knowledge. However, the difference between epiphany and the related concepts is that whereas vision, intuition and tacit knowledge are often gradual, epiphanies are "abrupt or total" (Hawkins 2005, 41).¹ Epiphanies are often initiated by a dramatic experience, one that may result in new insights. Morris Beja defined epiphany as "[...] a sudden spiritual manifestation, whether some object, scene, or memorable phase of the mind – the manifestation being out of proportion to the significance or strictly logical relevance of whatever produces it" (Beja 1971, 18). Romantic poets such as Blake, Shelly and Wordsworth considered such experiences – usually triggered by nature itself – a pantheistic result of being one with nature. However, in modern times, epiphanies may also occur within urban

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¹ Epiphany also bears resemblance to the concept of "recognition" as Rita Felski employs it in *Uses of literature*. However, Felski differentiates between recognition and epiphany in the following way: "Recognition comes without guarantees; it takes place in the messy and mundane world of human actions, not divine revelation" (Felski 2008, 50).

settings, or as a result of an intense personal crisis. An example of such a crisis may be the experience of illness (Riessmann 2002, 23, Frank 1995, Hydén 1997).

Studies of *pathographies*, that is, autobiographical illness stories, note that many patients report changes in their conduct, valued opinions and existential points of view due to their illness experience (Frank 1995, Hawkins 1999, Ezzy 2000). In pathographies, these changes may be manifest in the plot, the use of metaphors, or in the form of epiphanies. Epiphanies can be important components of pathographies because they signal an experience that is marked in the narrative as having heightened significance, a kind of peak in the plot. For most people illness represents an existential crisis, and even in contemporary Western post-religious times the need for spirituality enhances when facing crisis such as severe illness (Ezzy 2000) and the presence of epiphanies may be the manifestation of such a biographical rupture becoming beneficial. Due to the feeling of existential crisis, many patients face emotional and spiritual distress (Kvåle 2005, 321). The use of epiphanies may be one way of trying to formulate thoughts and feelings when facing severe illness.

But how do patients render epiphanic moments, why do they do it and what may be the communicative effect? I will start elaborating on these questions by defining the phenomenon of epiphany and pathography as a literary genre. In discussing pathography, I will pay particular attention to how the pathography genre struggles with the notion of coherence and authenticity prevalent in all autobiographical writings. I will argue that epiphanies include both synchronic and diachronic notions of time, proposing that this literary stratagem is well suited for depicting the experience of illness, an experience based upon a disruption of daily life. I will argue that the original affiliation of epiphany to spirituality is still present, even in the temporal orientation. I will explore these questions by looking at examples of epiphanic moments in a well-known contemporary Swedish pathography.

It has been argued that the search for epiphanies can look like a literary critic's alternative to Scrabble (White 1973, 272). However, identifying epiphanies within pathographies can be a narrative analysis with broader application than as a mere self-containing literary endeavor. A recent German study shows a marked lack of teaching medical students about emotionally challenging situations, in which dealing with existential topics was one out of seven categories (Baessler

et al 2019, 7). Paying attention to patients' epiphanic moments can be one way of approaching this topic, not only meaningful for medical students but also for the patients and their relatives, and proof of the benefits of literature and medicine interacting.

Epiphanies

Today epiphany is used metaphorically as a grand insight, such as acclaiming new, innovative knowledge within different disciplines. The Greek word *epiphainein* originally meant to manifest or to bring to light, while *epiphaneia* most often describes the act of a deity showing itself plainly to human eyes. Epiphany also marks a Christian feast celebrating the 'shining forth' or revelation of God to mankind in human form, in the person of Jesus Christ.

In literary studies, M. H. Abrams identified epiphany as an outgrowth of lyric poetry, with origins in Wordsworth's *spots of time*. Others have credited epiphany to Coleridge, Shelley, and Keats, as well as Baudelaire and Rimbaud. Despite its literary birth in the Romantic era, epiphany has long been understood as a central trait of modern fiction, and figures in modern classics from Virginia Woolf, Joseph Conrad, Marcel Proust, William Faulkner, and Katherine Mansfield, among others. While the Romantics' use of epiphanies stemmed from a non-trivial nature experience, James Joyce, who is known for having re-invented the epiphany within modern prose, transported epiphany as a literary device from the spiritual into the trivial domain. It has been said that while Joyce "often described this experience as ecstatic, it is difficult for his readers to see anything other than the mere transcription of some insignificant incidents. [...] The triviality of the epiphanies borders on nonsense" (Kim 2012, 5). Joyce first used the word epiphany in connection with the short story collection *Dubliners* (1914) to describe a sudden consciousness of the "soul" of a thing. As we will see, the use of epiphanies within pathographies often differs from this modern, Joycean use and re-employs the term's original spiritual dimension.

There seems to be a need to make the concept of the epiphany less vague and more useful. Morris Beja has made an effort to improve the definition of modern epiphany by distinguishing it from similar ideas such as *anagnōrīsis* (recogni-

tion), conversion, mystical vision, literal visions of a divine being, and revelations that follow logically from direct statements of fact. Jay B. Losey further defines epiphany by mentioning a set of three different ways in which it may occur: the direct, the delayed and the dream epiphany:

One, when a character connects an event to another or when an event triggers the memory of a prior event, impression, or experience; I employ the term “delayed epiphany” to denote this occurrence. Two, when a character records a spontaneous response disproportionate to whatever causes it or when he receives a sudden illumination arising from some immediate event, impression, or experience; the term “direct epiphany” denotes this occurrence. Three, when a character records some memorable phase of a dream and makes it part of his conscious thoughts or acts upon the dream; the term “dream epiphany” denotes this occurrence. (Losey 1986, 297)

Losey’s definition is intriguing in many ways, certainly in its connection to time. Time is implied by the terms themselves and refers to three different aspects of time: past, present and future. This temporal difference is also highly relevant in interpreting illness experiences. I will return to Losey’s definition later on in discussing Kristian Gidlund’s pathography.

Pathographies

I have so far defined pathography as an autobiographical illness story. The notion of autobiography can initiate an extensive discussion on literature, truth and authenticity. Augustine’s *Confessions* (AD 397–400) introduced autobiography, or life writing, as a literary genre. Based on this classical example and its many followers, the French literary theorist Philipp Lejeune offered the following definition: “Autobiography is a retrospective prose narrative written by a real person concerning his own existence, where the focus is his individual life, in particular the story of his personality” (Lejeune 1975, 4). Lejeune’s definition is straightforward and operative. However, it holds some challenges in that he seems to refer to a fixed form of the self. In this respect, Lejeune corresponds with early students on autobiography who, inspired by anthropologist Georges Gusdorf “[...] read autobiography as straightforward and authoritative reports of a cohesive self.” (Charon 2006, 71).

The idea of autobiographical writing changed fundamentally in the 1960s

when the idea of a fixed, stable self was questioned. Jacques Derrida's famous term *différance* combines the two meanings of the French word *différence*, namely "difference" and "deferral", thereby implying both the relatedness and the opposition between concepts as well as individuals. Paul de Man went so far as to de-construct the concept of autobiography altogether: "But are we so certain that autobiography depends on reference, as a photograph depends on its subject or a (realistic) picture on its model?" (de Man 1979, 929). Autobiography about illness is a genre that gives rise to some peculiar challenges, considering that the genre is not only autobiographical but also has as its central theme the experience of being ill. The illness experience itself may be difficult to explain to anyone who is not ill themselves, and the epiphanies hold an even more private meaning. As such, the call for coherence that every story issues may be particularly difficult to achieve within pathographies:

Central to my argument is the assumption that pathography is not a factual record but an interpretation of what actually happens during a particular illness. For the act of writing down an experience, as critics of autobiography have pointed out, gives it a coherence and a unity which were never a part of the original "real" event. [...] To achieve this coherence the remembered material is subjected to the fictionalizing process of selection of certain facts (and omissions of others) and arrangement of those facts in a particular sequence. The autobiographical act not only confers but also gives it meaning and value. (Hawkins 1984, 232)

Pivotal to the autobiographical genre is the notion of truth or *authenticity*. Whereas early studies of autobiography rested on the notion of truth, claiming that the author was capable of rendering a universal, objective depiction of his or her own story, postmodern studies tend to use the concept of authenticity. The difference between these two notions is valuable in psychoanalytic practice. Sigmund Freud used the word *probability* to demonstrate a subjective element in the interpretation of reality and the same has been said of authenticity:

Like Freud's use of "probability", authenticity in reconstruction differs from truth in that it lays no claim to undisputed certainty. Both probability and authenticity are distinguishable from truth in that neither seeks to demonstrate a sole objective certainty. (Collins 2011, 93)

For a story to be autobiographical the writer and the reader must agree upon the authenticity of the text. This is crucial to the division between *faction* – the retelling of non-fiction events using the techniques of fiction – and fictional texts

(Haack 1971, 127). Whereas factional texts claim some sort of authenticity, fictional texts do not. Another prominent trait in the division between faction and fiction, drawing on Käthe Hamburger, is evident in connection to the calling forth of a concrete space and time. The use of words such as *here, now, tomorrow* and *yesterday* refers to a given time and a concrete space in faction texts while within fiction texts such adverbs only give meaning within the text as a self-referential unit.

As we see, both the division between a split and a coherent self and the difference between truth and authenticity are important in autobiography as a non-fictional genre. So is the division between fiction and faction itself, which is illustrated when an autobiographical story turns out to be a fraud. This was the case with the Australian woman Belle Gibson who reported that she had cancer on her blog from 2013-2015 and received wide attention and fame for her bravery. Gibson's story turned out to be a fraud in regard to the illness perspective, yet it was still an authentic Belle Gibson writing her daily reports as a part of her life and experiences at a certain moment in time.² After the fraud was revealed, Gibson admitted it was all lies resting upon her incapability to distinguish between truth and fabrication: "No. None of it's true. I am still jumping between what I think I know and what is reality. I have lived it and I'm not really there yet" (Douglas 2017). Gibson's story is reminiscent of an earlier story of Swiss author Benjamin Wilkomirski who in 1995 published his autobiographical account of his childhood in the concentration camps Maidanek and Auschwitz. Three years later Wilkomirski was accused of fraud, as irrefutable facts proved that he never experienced the Holocaust directly. In both cases the literary classification of non-fiction remains despite the contextual change:

Faked autobiographies still remain, albeit in a parasitic way, within the realm of factual texts. [...] The violent reactions, created from a sense of betrayal, which inevitably arise once a faked autobiography is disclosed as such verify quite clearly that the reading public does distinguish not only between fact and fiction (i.e. factual and fictional discourse) but also between fake and fiction. (Martínez and Scheffer 2003, 229)

² Belle Gibson's fraud generated much public attention but is not unique. Faking disease in return for online fame is now a recognized medical condition called *factitious disorder* – the intentional feigning of disease in order to assume the role of a sick person.

The challenges in connection with autobiographical texts concerning subjectivity and truth also hold for pathographies. The story of one's own illness is highly subjective even if it is based upon medical facts. Its subjectivity may also be rendered by the use of literary devices: "[T]he utilization of devices which used to be (and sometimes still are) taken to be specific to fictional discourse which we find, e.g. in the New Journalism, does not alter the truth claim of such texts and hence its essentially factual status" (Martínez and Scheffer 2003, 231). Susan Sontag has written about the frequent use of metaphors when it comes to rendering illness, and the metaphoric map she outlines in connection to cancer still seems relevant. Anne Hunsaker Hawkins has noted a catalogue of metaphors used in pathographies that demonstrate that there are mutual and common themes within a plotline in writings about illness. Most frequent are violence-related metaphors (Semino, Demjén and Demmen 2018, 233). While they may imply that the patient is active and empowered, much focus is placed on these metaphors leading to a feeling of being unsuccessful and giving the patient responsibility over their illness. An epiphany can be said to be an extended metaphor, which is also more demanding to identify. Due to their impermanence, epiphanies are less easy to transfer from one pathography to another and therefore stand out as more subjective than metaphors.

Pathographies and epiphanies

The Canadian professor in sociology Arthur Frank, who in his book *The Wounded Storyteller* (1997) explores the plot structure of different sorts of illness narratives, states that some common illness narratives include a specific turning point (Frank 1995, 115). These are the so-called quest stories where the patient depicts his or her illness experience as a journey in which he or she experiences a change during the travelling. The quest is a search for new meaning, a new definition of oneself. Quest narratives are about finding a certain insight where illness is used as the means for the ill person to become someone new. Some have tended to call this journey an epiphany in itself, like Lars Hydén:

The illness becomes an epiphany, that is to say, a repetitive event around which all change resolves and where cause is situated. In some respects, it could be said that in this kind of

illness narrative, life is seen in the light of the illness. The illness is the vantage point from which all other events are viewed and to which all other events are related. (Hydén 1997, 57)

But unlike the sudden epiphanic moment, the quest narrative of Frank and this prolonged epiphany of Hydén are gradual and involve a form of duration which the epiphanic moment lacks. The use of epiphanies involves a movement out of realistic areas. The plot moves “[...] beyond real-world notions of time and space, thus taking us to the most remote territories of conceptual possibilities” (Alber et al. 2014, 114). Pathography, as a genre, is based upon a temporal peculiarity, as it challenges the traditional structure of order and continuity. Pathographies tell the story of physical or mental disintegration where there is no distance between the teller and the tale (Nesby 2017, 111). Including epiphanies within pathographies, the temporal complexity of the genre is further emphasized as an extra layer of temporality is introduced.

However, the idea of both Frank and Hydén to look at the illness experience as a turning point is crucial and striking. Anne Hunsaker Hawkins writes in *Reconstructing Illness. Studies in Pathography* (1999) about how this turning point is pivotal to the pathography genre and a crucial factor in explaining the genre’s popularity over the last 50 years. Hawkins argues that this description of change and potential for personal growth is something pathographies share with older religious conversion literature:

Perhaps the most striking similarity between pathographies and autobiographies of conversion is that both, with their focus on extraordinary or traumatic experience, give special prominence to myths about personal change. The myth of rebirth, which is central to autobiographies about conversion, is also the organizing construct for a good many pathographies. It turns on the belief that one can undergo a process of transformation so profound as to constitute a kind of death to the “old self” and rebirth to a new and very different self. (Hawkins 1999, 33)

In this broad historical image of the development of pathographies, time is a crucial factor. The change, the death of the old self and the rebirth of another self, is an answer to the human claim of coherence and continuity. Being ill includes a disruption which, following the illness experience, results in the collision of different temporal dimensions:

Continuity, in my opinion, is one form of coherence, and the one that is specifically related to narrative, since it operates in time, time being a basic constituent of narrative. Continuity is a

chronological linkage between three temporal dimensions: past, present and future. It is this linkage, characteristic of both stories and “narrative identity” that is destabilized by illnesses of the kind with which my study is concerned. And it is the implicit or explicit assumption of continuity that underlies the experience of disruption as one of the traumatic aspects of illness. (Rimmon-Kenan 2002, 12)

In an article from 2005, Hawkins discusses the relation between epiphanic thinking and medicine. She writes about how medical decision makers need to both accept and approve of the importance of epiphanic knowledge, i.e. tacit and spontaneous understanding, which however needs to be supplemented by “decisions arrived at by deductive, analytic thought processes” (Hawkins 2005: 45). The reflections on clinical decision making are interesting. What is even more intriguing about the communicative view addressed by my argument is Hawkins’ claim that identifying and being able to understand patients’ epiphanies could improve both the clinical encounter and the outcomes. Referring to the researchers Branch and Malik who call this “windows of opportunities” (Hawkins 2005, 42) and an article by Levinson et al., she states:

These authors find that patients frequently offer “clues” or hints during an interview about some aspect of their inner world, which the physician either responds to or else ignores. Responding to these clues deepens the therapeutic relationship and potentially enhances clinical outcomes. In both essays, the authors observe that, overwhelmingly, physicians tend to miss these windows of opportunities or patient clues—perhaps because they did not even recognize them. (Ibid.)

These clues or opportunities can be observed in the patient’s non-verbal behavior, or in “the offhand phrase or the elliptical comment” (Ibid.). They can also manifest themselves in the epiphany, in the extended metaphor that tells a story or creates an imagery, which is seemingly not directly relevant to the illness story of the patient. I will move on to identify and discuss three such “windows of opportunities” from a pathography by Kristian Gidlund.

I travel naked through space

The Swedish journalist and musician Kristian Gidlund’s pathography *I kroppen min – resan mot livets slut och alltings början* [In my body: The journey towards the end of life and the beginning of everything] was based upon Gidlund’s much

visited blog established when he got stomach cancer in 2010. Gidlund ended the blog when he was seemingly cured in October 2011, but continued writing when he became ill again in September 2012. The blog was published as a book in May 2013, half a year before Kristian Gidlund died four days short of his 30th birthday.

The book consists of two parts, covering Gidlund's two periods of illness. The first part is marked by outspoken anger, pain and frustration over the author's situation of being ill, including frustration over the Swedish health care and social system. The second half of the book, however, is told from the point of view of an author knowing he will die from cancer and a mode of tranquility eventually takes over. There are altogether three epiphanies; the first one is in the first part of the book and the remaining two in the second half. Gidlund's first epiphany is depicted as a glimpse of hope and comfort in the middle of a sleepless night:

But suddenly, I thought I understood why my body acted as it did. I felt life coming towards me. I saw it in glimpses. How it stirred in the darkness beyond my bed. I saw how it rushed towards me. How for the first time in a while — even though this is not passed, even though nothing is safe or done with — it was within reach. I saw it come rushing. (118)

The epiphany is announced by the word “suddenly”. Gidlund describes how life has materialized and somehow returned after months of anguish and despair. Even though it is experienced in the middle of the night, it is not a dream. The epiphany can be categorized in Losey's terms as a “direct epiphany” in which “he receives a sudden illumination arising from some immediate event, impression, or experience [...]” (Losey ~~xx~~). He experiences this epiphany at the end of the summer and shortly before he is declared cured, and the epiphany first and foremost serves as a prolepsis, giving notice of a positive turn. The epiphany gives him hope and vigor.

The second part of Gidlund's book is told in a narratively more challenging prose, reflecting both the anguish and desperation of the author, but also the tranquility of coming to terms with having a deadly disease. Gidlund characterizes himself as a messenger and a visitor, directly referring to a visit at his sister's house just after he has learned that the cancer has returned. But he is also a messenger depicting the reality of illness, and the outskirts of this reality, as seen through the epiphanies he experiences. The feeling of hope of recovery which was present during his first epiphanic experience is replaced with epiphanies of tranquility. In both the epiphanies Gidlund renders in this part, he experiences

a future in which he will not exist. Through the epiphanies he transcends the present situation and lets go of the past and the present. The majority of the chapter “Black Summer” is the rendering of a dream. This chapter comes near the end of the book, i.e. late in the illness phase. In this dream epiphany, Gidlund depicts an idyllic scene that he is not going to experience in real life:

I see my children running towards me. It’s hot. It’s summer. They wear swimsuits. One of them has a diving mask. One of them has a net. I pick them up, one in each arm. They cling to my side. They smell, I suppose, like only one’s own children can. The woman approaches from the other side of the street. We walk to meet. Staying in the middle of the cars. Traffic drones. Someone honks. We embrace each other.

This is how love feels. (312)

In the next paragraph Gidlund tells about his present life, how he has isolated himself and abused alcohol to forget about his situation until his parents and sister came and brought him home. He writes about this for some length before returning to the dream epiphany depicting what his own family life could have been like. He portrays a family reunion where he is not physically present, but occurs like a ghost:

I’m behind.

I’m very close

And that may sound banal, but I’m the one who later takes care of washing up the dishes when you have fallen asleep on the couch, just this evening when our siblings and their children are visiting. You will wake up surprised. Thinking. Maybe it was ... Or was it?

It was me. (313)

Gidlund’s switching between dream and reality is done in a refined literary manner. It shows the need to interpret epiphanies in the context of the life of the patient. Just as in Losey’s definition of the dream epiphany, Gidlund’s dream affects his reality as a patient. The epiphany marks a way of withdrawing from a brutal and harsh reality into a world that is dreamlike yet set in familiar surroundings. The dream epiphany’s most obvious function is to comfort Gidlund in the last phase of his illness, giving him strength and creating an image of a non-spiritual afterlife. However, the dream epiphany also makes him dare to express his need of having others around him and being part of a social setting. The epiphany teaches him to involve others when what he most seems to want

is to withdraw. Through the epiphany Gidlund refers to the importance of being close to others in times of crisis and sorrow, not only via writing as he actually does, but through physical presence. The epiphany touches upon what hurts the most: not being able to start a family.

In the end of his book he writes about an epiphany he has had concerning his own death:

In the darkness of the nights, in the days of slumber, among tears and amazing calm, I have woven an image. An illusion that grew ever stronger. And what I see gives me comfort. Makes me feel tempted.

Curious

Death comes.

It sweeps its arms around me. Takes me along. I slowly close my eyes. Darkness. Like sinking down into a hot bath. The whole body in an orgasmic intoxication. Trembling. Shivering. An unknown caress.

Slowly I open my eyes again. I travel naked through space. See star dust, unknown planets, and galaxies without names. Everything sweeps past. Hastily. Slowly. In this state there is room for everything. Colors explode in front of me. A voice, an essence, a feeling communicates straight into my interior. Without speaking, I get answers to everything I've ever wondered about. The riddle about why I was sick of disease is erased. Something whispers and stills my worry about those I leave behind. In my death, there is no danger. (319)

Through this epiphany, Gidlund seems at ease with death waiting. Chance and risk are giving way to meaning and control. He depicts it in the shape of someone caring for him; gone are the fear and aggression with which he has previously confronted death. By using this epiphany, Gidlund shows how he is capable of turning death into something vital and meaningful which seems to give him ease and comfort and the possibility of communicating with others about an experience of extreme subjectivity. Gidlund seems to become more spiritual, as was the original purpose of epiphanies, as his illness gets more serious. Also, he experiences more of what Losey terms “dream epiphanies”, i.e. “when a character records some memorable phase of a dream and makes it part of his conscious thoughts or acts upon the dream” (Losey 1986, 297). As already mentioned, Losey’s dream epiphany is set in the future tense, as are Gidlund’s epiphanies, both those implying that he will recover and those resting on the knowledge that the illness is incurable.

In his last epiphany, Gidlund associates his current proximity to death with depictions of the outer galaxy found in a book he once received from his grand-

mother. Instead of losing his life, it seems that he is gaining something and that his world is widening. It is a paradox, yet it is also some sort of spiritual renewal in that Gidlund sees himself as transformed into something larger than he used to be. The notion of time is also transformed within this last epiphany. Gidlund, who several times has written about the sadness of not having children, saying “my line is vanishing with me” (319) now raises himself above this feeling of loss and closure. Instead, the epiphany expresses a feeling of reaching eternity. Through illness the harmony of time is destroyed and split. By living through a biographical disruption, as Mike Bury states, “[...] the structures of everyday life and the forms of knowledge which underpin them are disrupted” (Bury 1982, 169). But by narrating about the illness experience as Gidlund does, life can become sound and whole again: “Narratives offer an opportunity to knit together the split ends of time, to construct a new context and to fit the illness disruption into a temporal framework” (Hydén 1997, 53). By implementing epiphanies in the pathographies Gidlund is transcending the here and now and the feeling of loss, and rendering something that is to come, even after illness puts a closure to life. The epiphanies convey an insight gained despite life fading out.

Epiphanies and communication

Studying the epiphanies in Kristian Gidlund’s pathography demonstrates that the identification and interpretation of epiphanies within illness stories can be a means of formulating thoughts on life and especially what happens after death. The original link of epiphanies with spirituality still exists, and gives an opportunity in a post-religious era for verbalizing something transcendental. Anthony Giddens argues that chance and risk are central to the lives of individuals in high modernity (1991, p. 108). Yet, facing severe illness brings forth an enhanced spiritual interest implying meaning and security. An Australian survey from 2000 found that an HIV diagnosis resulted “[...] in an increased likelihood of religious belief” (Ezzy 2000, 608). Even Kristian Gidlund, who was a non-religious person, found himself at the end of his life rendering epiphanic experiences transcending the here and now. There seems to be a development in the meaning of Gidlund’s epiphanies, moving from a more pragmatic stand to a more spir-

itual dimension. In a secularized world, one still needs a literary device to formulate wonder, unpredictability and non-rational experiences. Epiphanies may have this function to identify and formulate the extraordinary, just as religion had in former literary periods: “A number of critics have remarked that modern epiphany is an aesthetic substitute for religion” (Kim 2012, 17). Others, however, claim that the use of epiphanies need not signal anything else than a peak in the plot, something extraordinary compared with the more prosaic experiences formulated elsewhere: “[E]piphanies are simply an intense moment in a fictional text” (Neuhold 2009, 12). However, as seen in Kristian Gidlund’s non-religious use of epiphanies, they still hold a spiritual dimension in terms of having a surplus of transcendental meaning still vital to many people. While many ill people of today lack an overt spiritual belief, the experience of illness often calls for an existential quest in which the epiphanic moment is at the core.

Epiphany rests on a strictly subjective experience and does not pretend to have any general outreach like religion or some political beliefs. Epiphany is linked to a personal experience: “subjectivity, the luminous trace of a singular being” (Kim 2012, 2). This subjectivity is shared by both pre-modern and modern ideas, while the mode of the epiphanic content differs. Pre-modern man experienced epiphanies as subjective in form, but with content based on a common, shared set of beliefs. Modern man, however, may experience epiphanies that are subjective in both form and content. The subjectivity of the ill person and the awareness of this in modern times is one of the challenges of modern medicine. As doctors search for general and objective diagnoses, modern patients become more aware of their own uniqueness: “As patients seize, or at least claim, more authority over their treatment, they may also be more inclined to narrate their stories, to take their lives literally into their own hands in part to reestablish their subjectivity in the face of objectifying treatment” (Couser 1997, 11). This is perhaps the main reason for the growth of pathographies during recent decades. It may also result in the need to find a more subjective, idiomatic manner in which to formulate the illness experience. Turning towards epiphanies is one stratagem for maintaining this subjectivity in both form and content.

In a creative and broad understanding of the concept of pathography, Joyce Carol Oates stresses the negative drive of the stories being rendered:

Its motifs are dysfunction and disaster, illnesses and pratfalls, failed marriages and failed careers, alcoholism and breakdowns and outrageous conduct. Its scenes are sensational, wallowing in squalor and foolishness; its dominant images are physical and deflating; its shrill theme is "failed promise" if not outright "tragedy." (Oates 1988)

Much could be said of Oates' understanding of pathography, yet her emphasis on the tragic element of pathography is interesting. Not every illness story is characterized by a positive core or the possibility to find meaning and hope. Some reveal more fragmentation and anger than continuity and epiphanic moments. Arthur Frank has written about the "chaos stories" in which the linear structure is abandoned and where hope seems absent. Narratologist Schlomith Rimmon-Kenan makes an important statement, when she requests readers "[...] to make room for illness narratives without epiphanies and for writing that does not overcome chaos" (Rimmon-Kenan 2002, 24). It is important to be aware of these possible negative responses towards illness, as patients conveying negative attitudes tend to be treated differently than "well-adjusted patients": "Medical students, residents and early-career physicians often label patients as "difficult", and struggle with caring for patients who are angry, uncooperative or in extreme pain" (Baessler 2019, 2). Other patients may not show anger or distress, but are just not interested in talking about their feelings to doctors, nurses or relatives: "Findings in various studies suggest that cancer patients often prefer to keep the conversation ordinary and normal rather than having emotionally intense conversations about the possible negative outcomes of their situation" (Kvåle 2007, 320). It is important to respect this stand, and not force the patients into an emotionally challenging conversation that is not asked for.

However, there are still many patients that have the need of talking about different aspects of their illness. Some patients, like Kristian Gidlund, even blog about it and are thus explicit about the beneficial elements of health communication that they experience. In regard to consultations, some general advices are formulated: "Examples of these techniques include active listening, using open questions and emotional words, responding appropriately to patients' emotional cues, and use of a patient-centred consulting style" (Ryan et al. 2005, 13). But how to respond to the specific utterances of patients about emotional distress? The epiphany is one privileged example of this; one may identify epiphanies within illness stories and treat this literary device as a fruitful tool in com-

munication with patients on life, illness and death. For patients experiencing serious illness, the experience of epiphany may give way to comfort and hope. Rather than solely stressing the loss and sadness of being ill, the presence of epiphanies represents a positive counterpart. Epiphany is connected to a state of being which formulates something positive out of a harsh illness experience.

“Physicians who are aware of the epiphanic dimension of their work — the profound but often latent meanings in ordinary interactions with patients — will be better able to recognize ethical issues embedded in a patient’s narrative” (Nelson 1997, 158). By identifying epiphanies in pathographies, anyone having contact with ill people has the possibility to pinpoint the unique experience of the writer-patient. Perhaps seemingly trivial, such epiphanic moments may be of great importance to the ill person and by identifying them, the reader or listener may piously enter into a conversation about existential matters. Instead of a gap between the ill and the healthy, the use of epiphanies in connection to illness stories may serve as a bridge for expressing the innermost feelings on being ill to someone who is not. A way to diminish the difference between healthy and sick people is to learn how to interpret utterances by the sick person – not taking them for granted as simple facts about a dramatic situation, but seeing the potential of these utterances for expressing a sick person’s inner feelings and thoughts. Good communication skills are an important quality in doctors along with their professional skills. Communication may be difficult in general as a result of the asymmetry of the doctor-patient relationship or differences in age, gender or ethnicity. But communication can be particularly difficult when patients experience fear, pain and uncertainty. These feelings are especially common in unresolved, chronic or terminal diseases:

Communication becomes challenging in situations of psychological, emotional and spiritual distress, which is common among patients with life-threatening conditions such as cancer. Doctors often miss patients’ perspectives and may respond by explaining concerns in biomedical terms. (Baessler 2019, 3)

Knowing how to identify epiphanic moments can make doctors and relatives able to share these feelings and insights. The identification and interpretation of epiphanies may enhance health communication. The awareness of the presence of epiphanies in the patients’ talk and stories can make relatives and medical

personnel better prepared and more able to communicate with patients about existential matters and emotional distress.

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