

## Discussion 2

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I had not heard these papers before today, so please understand, what I am saying is extremely fragmentary. I am just picking up on particular things that were said. But what I'd like to suggest to you, first of all, is the difference between the style of work that Dr. Imao was doing where the effort of the research is to try to take two general explanatory models, and by looking at various data determine the greater adequacy of one those explanatory models. In this case, the truth so to speak is held to lie in the data themselves, which necessarily are understood as coming from within the respondent and not being a feature of the respondent's relationship with the interviewer.

Contrast that to the really lovely statements in Ms. Kawaguchi's presentation in which she says, "I just hope that as I carry on a dialogue, the patient's narrative comes to change even by a little." This is to do a completely different kind of work; there is no question here of an explanatory framework which is to be proven more or less adequate. The point is a dialog between two very particular people; Ms. Kawaguchi and whoever she is speaking to. So, I want to underscore these two very different ways of doing research and of the objectives of research that we heard today.

The second question that I'd like to raise is that when research does aim at the kind of general explanatory model that we heard during Imao's presentation; the linear model versus the circular model or cyclical model, the question we need to ask what work that model is supposed to be doing for whom. Why do we want or who wants one of these models and for whom is it important that one model be proven superior to the other model?

I'll then like to call our attention in Dr. Tagagi's presentation to this very difficult word "acceptance". For me, the word acceptance has its origins in the very influential work of Elisabeth Kubler-Ross in her famous model of the dying process that came out in the late 60s and really came to prominence in the 1970s and 80s. Elisabeth Kubler-Ross's stages are very close but not quite the same as the stages in Dr. Nehero's presentation, I think.

The question that's been raised clinically is exactly what acceptance means, and again who wants acceptance. The biggest problem with acceptance I think goes back to the notion of emotion work that I was talking about. To put it more simply, the care of the dying person or the critically ill person becomes much easier to the extent that that person does the emotion work of accepting their condition. So again, with respect to acceptance, we need to ask this question of who is doing what emotion work for whom. And as I was thinking about the actual circumstances of Dr. Kagagi's interviews, these clearly are filled with various kinds of emotion work both within the interview and outside the interview, carried over into the interview frame.

I was asking myself what are the forces in these people's lives that have created these really surprisingly positive stories that you were relating to us and could we imagine over a period of time what are the different interpretations of that; that if you were to ask different questions over a longer course of interviewing, and if you were to ask people about different aspects of their lives, could you in fact generate a different story?

All of this brings us to very difficult words that were just raised in the discussion of active and passive. And I really regret using the word passive quite early in my own presentation, which made the comment fair enough. The difficulty is that activity and passivity I think are not polar opposites in any tradition. It's not a binary opposition between being active or being passive.

In the Christian tradition, one is passive to the extent that one's life is dedicated to doing the will of God, but one has to be active in that resignation to the

will of God and in discovering what the will of God may be. And so, activity and passivity fold into each other.

In the Buddhist tradition, it takes an enormous amount of work and manuals of meditation are very clear about how ferocious one must be in that work in order to attain actively the emptiness of one's self. One does not passively become an empty self; it requires activity in order to become the emptiness that is not passivity before activity, it is passivity after activity. And so, the difficulty I think is seeing activity and passivity not as binary oppositions but as a perpetual in-folding, out-folding of one leading to the other where the new level is something different because of the way in which it was arrived at. That's complicated. It's back to you.

Just as a last line which I think gives some closure to this and closure is another very difficult word. This lovely phrase that Ms. Kawaguchi used, about people narrating in order to reclaim their denied bodies, that's what I've been trying to talk about: that illness leads to a certain denial of one's body and the point of narrating is an attempt to reclaim this. I very much appreciate you underscoring that phrase for us. Thank you.



Photo. (From left) Ms. Mitachi, Dr. Frank, Ms. Imao, Dr. Tagaki, Ms. Kawaguchi and Dr. Kojima