Grounded theory enables researchers to unravel the complexities of doing qualitative analysis and to understand mysteries and moments of human life. This method offers a set of flexible guidelines that demystify the analytic process and encourage researchers to stay involved in their projects. Grounded theory is a systematic yet flexible method that emphasizes data analysis, involves simultaneous data collection and analysis, uses comparative methods, and provides tools for constructing theories.

As grounded theory has gained acclaim, it has become a general method of analysis, and several of its key strategies, particularly coding and memo writing, have become part of the broader lexicon of qualitative inquiry. Grounded theory coding means applying a shorthand label to a piece of data that takes this datum apart and defines what it means. Codes arise from the researcher’s interaction with the data; they are not preconceived and applied to the data, as occurs in quantitative research. Like other qualitative researchers, we grounded theorists code to summarize, synthesize, and sort our data, but moreover, we also use codes as conceptual tools (1) to fragment the data and thus take them apart; (2) to define processes in the data; and (3) to make comparisons between data. We begin our analyses with coding but soon start to write extended notes, called memos, to discuss and analyze our codes. Certain codes account for the data better than others, so we raise these codes to tentative analytic categories to elaborate and check.

Grounded theory categories become more abstract and theoretical as we ask analytic questions of them in our memos (see Charmaz, 2006a). We write memos to explore and record as much analytic detail about the cat-
egory as we can provide. Memo writing is the pivotal intermediate stage of analysis between coding and writing the first draft of a paper or chapter. We write memos on topics such as the properties of our tentative categories, the conditions when a category is evident, how the category accounts for data, comparisons between codes and category. In grounded theory practice, we write memos throughout the research process and make them more analytic and precise as we learn about our topic and focus our research. We start writing memos during our early coding and continue until we reach our most sophisticated analysis of a category and its relationship to other categories. In short, grounded theory memo writing engages us in sustained and successive analysis of our emerging categories.

Grounded theory begins with gathering inductive data but relies on moving back and forth between data gathering and analysis. This iterative process aids in focusing data collection and in conceptualizing collected data in our memos. Thus, grounded theory strategies shape the kinds of data to collect and how and when to collect them, although this method emphasizes and explicates data analysis more than data collection. The major contribution of grounded theory to data collection is its emphasis on using tentative theoretical categories to inform subsequent data collection. Through collecting more focused data, we check and refine our nascent theoretical categories.

Through employing grounded theory strategies, we form successively more abstract, theoretical ideas about our data. The logic of grounded theory relies on its interactive character, systematic use of comparisons, and abductive reasoning (Charmaz, 2006a, 2008c). Using grounded theory guidelines keeps us interacting with our data and nascent theories by involving us in comparative analysis and writing each step along our research journey. As grounded theorists, we interact with the data, compare data with data as we code them, and check our emerging theoretical categories by collecting more data as we construct successively more abstract analyses. We use broad perspectives to begin inquiry and may start with “sensitizing concepts” (Blumer, 1969) to frame our studies, but we change our focus when these concepts do not fit what we find in the empirical world. Glaser (1978, 1992, 1998, 2003), in particular, warns researchers against preconceiving their data by drawing on existing theories and research literatures. However, few researchers, including grounded theorists, can avoid earlier theories and empirical studies in the areas of their research interests. Grounded theorists increasingly concur with Henwood and Pidgeon’s (2003) proposal of adopting a stance of “theoretical agnosticism” rather than aiming to enter their research as a tabula rasa untouched by earlier ideas. Henwood and Pidgeon’s stance demands that we subject our ideas and earlier theoretical interpretations to rigorous scrutiny. As such, theoretical agnostism shares some similarities with abductive reasoning, a type of reasoning that takes grounded theory beyond a purely inductive approach.
Abductive reasoning involves considering all possible theoretical explanations for a surprising finding and then returning to the empirical world and checking these explanations until the researcher arrives at the most plausible explanation to account for the finding (Charmaz, 2006a; Peirce, 1958; Rosenthal, 2004; Reichertz, 2007). Glaser’s strategy of theoretical sampling invokes an abductive logic. Theoretical sampling means sampling to fill out and check the properties of a tentative category, not to achieve demographic representation of those chosen for the study. Thus, theoretical sampling does not involve initial sampling of relevant populations or of the distribution of population characteristics. How do grounded theorists conduct theoretical sampling? After developing a tentative category, we return to the field setting(s) to gain specific data to illuminate the category. In an interview study, we revise our interview guides to build in focused questions about this category to develop its properties; compare it with data and codes, and assess its robustness and usefulness in analyzing the data. Theoretical sampling is a novel strategy for increasing the power and usefulness of an emergent theoretical category and constitutes a pivotal step in theory construction (Charmaz, 2006a; Hood, 2007).

What stands as a genuine grounded theory study is contested. Hood (2007) argues that a grounded theorist must engage in theoretical sampling, but few researchers appear to conduct it. Many qualitative researchers who misunderstand the method or aim to legitimate their studies claim to use grounded theory. Whether or not other scholars accept their claims, researchers need to be clear on which grounded theory strategies they use and how they use them.

Glaser and Strauss’s method for conducting qualitative research in sociology has become a general method of qualitative analysis for multiple disciplines and professions, including academic and clinical psychology (Bryant & Charmaz, in press; Charmaz & Henwood, 2007; Tweed & Charmaz, in press). The method is particularly useful for qualitative psychologists who study topics such as self, identity, and meaning. Grounded theory provides tools for developing theoretical analyses of psychological data from intensive interviews, personal narratives, case studies, and field observations. To date, almost all researchers have used the method to conduct qualitative analysis, although Glaser (see, e.g., 1978, 1998, 2008) has consistently contended that grounded theory strategies may be adopted in quantitative research.

**Developments in Grounded Theory**

Over the years Glaser and Strauss constructed independent, but inconsistent, versions of grounded theory. Glaser (1992, 1998, 2003) maintains that his version of grounded theory is the classic, that is, true version of grounded
theory. In *Theoretical Sensitivity* (1978), Glaser (1) makes his concept-indicator approach explicit; (2) shows how to develop qualitative codes and theoretical categories through comparative analysis; and (3) introduces the notion of theoretical codes as analytic codes that form vital links for integrating the researcher’s emergent theory. Strauss’s approach to grounded theory began to diverge from Glaser’s with publication of his 1987 book, *Qualitative Analysis for Social Scientists*. Strauss’s coauthored 1990 book with Juliet M. Corbin, *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, diverged markedly from Glaser and Strauss’s (1967) initial statement in *The Discovery of Grounded Theory* and Glaser’s (1978) *Theoretical Sensitivity*, although most researchers treated *Basics* as an extension of these earlier books and as the major manual for learning grounded theory.

Thus by 1990, two distinctive versions of grounded theory had emerged, Glaser’s positivist version and Strauss and Corbin’s postpositivist version. Glaser (1992) contended that Strauss and Corbin’s new techniques forced data into preconceived procedures, thus losing the fundamental grounded theory emphasis on emergent analyses. Several other researchers also saw these procedures as preconceived and rule-bound (see, e.g., Atkinson, Coffey, & Delamont, 2003; Charmaz, 2000; Melia, 1996). Since then, Corbin (Corbin & Strauss, 2008) has modified her stance on procedures and avers that they had not intended for readers to view their method as rule-bound.

During the past decade, Antony Bryant (2002, 2003) and I (see, e.g., Charmaz, 2000, 2005, 2006a, 2007a) wrote a number of works on grounded theory separately and together (Bryant & Charmaz, 2007a, 2007b). We developed “constructivist grounded theory,” a version of the method that explicitly moved it into a social constructionist paradigm. In essence, constructivist grounded theory adopts 21st-century epistemological assumptions and methodological advances and treats earlier grounded theory strategies as flexible guidelines rather than rigid rules. Bryant and I argued that earlier versions of grounded theory were built on positivist assumptions of (1) an external reality, (2) an objective, authoritative observer, (3) a quest for generalizations, and (4) a treatment of data as given without acknowledging the participation and standpoints of the researcher in shaping these data. In contrast, our constructivist approach emphasizes multiple realities, the researcher and research participants’ respective positions and subjectivities, situated knowledge, and sees data as inherently partial and problematic.

Constructivist grounded theory adopts the methodological strategies of Glaser and Strauss’s (1967) classic grounded theory but does not endorse its epistemology. Our constructivist version adopts a relativist epistemology and seeks interpretive understanding rather than a variable analysis that produces abstract generalizations separate from the specific conditions of their production, as Glaser (1998, 2003) advocates. He aims to create abstractions removed from the particularities of time, space, and situation. Constructivist grounded theorists aim to create interpretive understandings located in these
particularities and to take into account how the researcher and research participants’ standpoints and positions affect our interpretations. Constructivists also reject Glaser’s (1998, 2003) stance toward data, which does not take into account the research situation and how data are produced within it. On an epistemological level, Glaser’s view assumes a neutral observer and a conception of truth as residing in, and discoverable in, an external reality. In this view, data reside in this external world; representation of research participants is unproblematic, and reflexivity is optional. In contrast, constructivist grounded theorists view data as mutually constructed by the researcher and the researched. Neither data nor the subsequent analyses are neutral. Rather they reflect the positions, conditions, and contingencies of their construction. Constructivist grounded theorists engage in reflexivity throughout inquiry. Engaging in reflexivity and assuming relativity aids us in recognizing multiple realities, positions, and standpoints—and how they shift during the research process for both the researcher and the research participants.

The constructivist quest for interpretive understanding aligns the method with Strauss’s (1959/1969, 1961, 1993) legacy of symbolic interactionism, which informs his early writings and last theoretical treatise, *Continual Permutations of Action* (1993), more strongly than his coauthored methods manuals with Corbin (Strauss & Corbin, 1990, 1998). Like Glaser (1992), constructivists disavow Strauss and Corbin’s (1990, 1998) prescriptive technical procedures because they undermine creating emergent theoretical categories. Glaser emphasizes emergent categories but has also become prescriptive in how to develop them. Constructivist grounded theory treats methodological strategies as heuristic devices that researchers may adapt, and thus rejects prescriptions in both of the earlier versions (see Charmaz, 2006a, 2008a).

Adele E. Clarke’s (2003, 2005, 2006) extension of grounded theory complements the constructivist approach and demonstrates that researchers can use it to study organizations, social worlds, and policies beyond the individual level of analysis. Constructivist grounded theory has gained proponents among researchers in diverse fields (see, e.g., Galvin, 2005; Hallberg, 2006; Madill & Shirley, 2000; Mills, Bonner, & Francis, 2006a, 2006b; Reich & Brindis, 2006; Scott, 2004; Torres & Hernandez, 2007; Ville, 2005; Whiting, 2008; Williamson, 2006). Consistent with recent trends in qualitative inquiry, constructivist grounded theory places the researcher as well as the researched within the field of inquiry.

**Constructing a Grounded Theory of Loss and Regaining a Valued Self**

My portrayal of using grounded theory strategies to analyze our project data aims to fulfill the following objectives: (1) to show how I developed initial ideas about the data through using grounded theory methods; (2) to link
these ideas to my subsequent analysis of losing and regaining a valued self, the two major processes that I defined in the project data; and (3) to present the product of my analysis, a grounded theory of losing and regaining a valued self. Here the term self, refers to an unfolding social and subjective process, the experienced self, as contrasted with the self as stable structure, the self-concept (Gecas, 1982). Self-concept refers to an organized set of consistent definitions of self, attributes, sentiments, values, and judgments, through which a person knows him- or herself (Turner, 1976). A self is fluid, multiple, and emergent in experience. In contrast, the self-concept has relatively stable boundaries but may become permeable under certain conditions (Charmaz, 2006b). Throughout the following analysis of losing and regaining a valued self, I emphasize the experienced self but note relationships between self and self-concept at telling points.

My analysis of losing and regaining a valued self arose from using grounded theory guidelines to construct an inductive analysis of our project data. I addressed meanings, actions, and processes that I defined in these data. In order to construct a fresh theory from the data, using grounded theory necessitates being as open as possible to what is happening in the data and beginning inductive inquiry from that point. Hence, grounded theory leads the researcher to ask: What is most significant in these data? When I read the data for our project, loss of self jumped out as the overriding issue these women faced.

Grounded theory directs researchers to study the most fundamental process in the field setting and to construct a fresh theoretical analysis of it. A Glaserian (1978) ground rule of grounded theory is that extant concepts must earn their way into the analysis; they should not be applied to it. Thus, I could not begin analysis with the concept of resiliency; it was too specific. As a constructivist grounded theorist, however, I am keenly aware that my standpoints and starting points influence how I see the project data and what I see in them. Chronic illness has touched my life through myriad personal and professional experiences (Charmaz, 2009). During a brief sojourn as an occupational therapist in physical medicine, I saw firsthand the havoc that serious illness can cause. What I witnessed decades ago still lingers in memory. In addition, my background in sociological social psychology informed how I viewed the project data, and my earlier research about the experience of chronic illness (Charmaz, 1983, 1991, 1994, 1995, 1999, 2002) influenced the analysis below. The data we analyze here fits the kind of illness experience that Ciambrone (2007) calls an assault on the self and Scambler and Scambler (2010) view as assaults on the lifeworld. Both of these conceptions contain assumptions about the relative stability of prior selves and worlds and presuppose that consistency is possible. In addition, Teresa’s illness amounts to a “biographical disruption” (Bury, 1982) yet occurs within the conditions of her life. As an independent young American woman, Teresa long struggled
against her South American father to have a voice, while her traditionalist Filipina mother did not. Such struggles may foster articulation of one’s views and actions long before taking command of medical decisions.

Our data for this project consist of written stories and interview accounts about a marker event, rather than direct observations of it. Giving the two research participants names accentuates their distinctive voices and assists readers in envisioning them and their worlds. We don’t know what Teresa and Gail left unstated or how they experienced the original event, yet they give us compelling retrospective accounts of their experiences. A major difference between my analysis here and conducting a full-scale grounded theory study is in having sufficient data for checking the analysis against new data and developing the ideas. Such checks enable a researcher to see patterns in the responses and to make comparisons between them, as well as to discern variation in the studied process. If interviews were the only source of data, a sample of 30–40 interviews would provide a solid foundation for a detailed analysis.

Had my analysis drawn on a larger grounded theory study, I would have returned to Teresa and Gail and included other participants to follow up on key ideas that emerged in this analysis. As it turned out, I did make some comparisons with data from people I had interviewed for earlier projects, but not as many nor as systematically as I would be able to do in a grounded theory study in which I had conducted the data collection and focused it as the analysis ensued. I did interview Teresa once after writing the following analysis, although none of the data from this interview informs this analysis. By that time, all five researchers had decided to stick with the original data. Had we included further data, I would have liked to clarify blurred chronology, such as the extent to which Teresa was involved in and committed to her new intellectual life when her voice returned. Additional interviews would have also helped me to follow up on the unstated—to the extent that each woman expressed feeling comfortable in delving into it. What did gymnastics mean to Gail in her life after college? How central a place did it hold in her life? Was Teresa so rational as her statement suggests when her beloved voice teacher said, “Why don’t you just stop coming?” What happened when her pituitary tumor was discovered? What did Teresa think, do, and feel then—and now?

Further questions could have also extended and deepened the analysis. How might the ways in which Teresa and Gail reconstructed their pasts influence their present selves? Time is an elusive phenomenon for which we have a limited language. I would have liked to have gone back to Teresa and Gail and asked questions about their turning points and telling moments. What more can these telling moments in their stories teach us about intentionality and transformation? If each woman remained willing to explore her experiences, I would have also attempted to gain further information to make my analytic categories more precise.
These data gave us much to think about and demonstrate that a respect-
ful, receptive, but inexperienced interviewer can draw out important themes. If I had conducted follow-up interviews, I would have tried to keep my ques-
tions more open-ended than this interviewer’s queries. I aim to learn about research participants’ concerns from their perspectives rather than to impose a preconceived structure on them and, thus, would listen to their stories and use more “Tell me about” and “How” questions to foster open-ended responses.

By being as open as possible to what we discern in our data, we grounded theorists cannot ascertain in advance where our analysis will take us. Using grounded theory is an emergent process that relies on interacting with our participants, the data we gather, and how we develop our nascent ideas, as well as what we know and who we are. Grounded theorists move across data and compare fragments of data with each other, then data with codes, codes with categories, and categories with categories. Each comparative step success-
vively raises the level of abstraction of the analysis. The category below, “loss of self,” is considerably more abstract than many of my codes, such as “drawing on lessons from the past.”

Grounded theory favors constructing theoretical analyses of significant processes in the data, rather than analyzing a participant’s narrative in all its richness (although it certainly is possible to compare and categorize whole narratives, if a researcher has a substantial number of them). I used line-by-
line coding (Charmaz, 1983, 1995, 2006a; Glaser, 1978) as a tool for early analysis. Line-by-line coding entails coding each fragment of data. Research-
ers use it as heuristic device for becoming involved in the analysis, shedding their preconceptions, and seeing the data anew. When conducting line-by-
line coding, grounded theorists look for what is happening in the data and, to the extent possible, label in it short, active terms. We use gerunds, the noun form of the verb, because gerunds preserve action and promote seeing processes that a language of topics and structures minimizes. I had read Gail and Teresa’s accounts earlier, as we all had, but my initial line-by-line coding forced me to engage these data in detail (see Figure 6.1).

Note that many of the codes in Figure 6.1 describe and summarize what I defined was happening in the data. I viewed the last codes in Figure 6.1 as having overriding significance for rendering these data and thus pursued as the categories of losing and regaining a valued self. Grounded theory relies on the researcher’s grappling with the data and interpreting them. Other grounded theorists might have developed similar or somewhat different cat-
egories from the data, depending on the content and direction of their coding.

Some grounded theorists conduct incident-by-incident coding as their first analytic step. I have, however, found initial line-by-line coding helps to illuminate processes and problems that I had not otherwise seen in interview
Examples of Codes

- Enduring recovery
- Remembering first instant of consciousness
- Measuring surgery in hours
- Finding unexpected (?) spread of tumor
- Explaining effects of anesthesia

Waking up wailing
Hearing a better voice
Feeling jubilant about surgical results
Being in pain
Increasing the excision
Stopping the spreading tumor
Being immobilized
Feeling miserable
Being forced to stay with parents
Wanting distance—dad

Continuing conflict complicating voice problems
Externalizing her inability to speak coherently
Experiencing altered speech
Defining certain impairment
Receiving no definitive explanation; not asking why; info withheld?
Reciting possible loss
Implying distress

Defining permanent loss
Experiencing forced loss
Voice and self merge; losing valued self
Acknowledging suffering

<table>
<thead>
<tr>
<th>Initial Narrative Data to Be Coded</th>
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<td><em>Could you talk about the ease . . . Maybe . . . or difficulty . . . in the actual physical recovery?</em></td>
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It was horrible. I remember the instant I woke up from the surgery. And the surgery was supposed to take, maybe, 3 hours . . . it ended up taking something like 6, maybe 7 hours, because they didn’t expect to find the spreading. I woke up . . . and . . . well, anesthesia has an interesting effect on people. I’d seen people come out of anesthesia before, and it’s funny sometimes . . . people just start bawling and talking gibberish. Naturally, I wake up and I just start wailing, crying. But I realize, first thing, that my voice is coming out much better than it had before surgery, so I thought, “Yeah, this is great!”

The following weeks, I was in a lot of pain, primarily because of the nature of the surgery. For a thyroidectomy, there’s a period of healing, of course, but my surgery was different because they had to go to the side of my neck where the tumor had begun to spread. As a result, I couldn’t walk, could barely move. I was in bed for a good 3 weeks. I’m not the sort that can be bedridden easily. So I was miserable, and more unfortunate, I had to stay with my parents. My mother was fine . . . she doted on me a bit too much for my taste, but it was no surprise. But I could have done without my dad being there, and he was there plenty. And my condition didn’t mean we didn’t argue, which just complicated things with my voice. Following the surgery, there was a notable inability to speak well for about a month, when my phonation was very definitively affected. Slowly, it started coming back here and there, but something had definitely changed. I got everything checked, but no one could tell what changed. It’s been theorized that the surgery was responsible for shifting some things around, so things were just going to be different from that point on. That was difficult . . . healing physically and coming to terms with the fact that things would have to be so different from then on. I wasn’t even myself anymore after that.

My voice was gone, so I was gone, and I’d never been anything but my voice. So, yeah, that was really hard.

**FIGURE 6.1.** Initial grounded theory coding.
data and personal accounts. The line-by-line coding in Figure 6.1, for example, explicates the progression of events and of loss. Throughout the analysis, I attempt to connect specific data with larger substantive processes and theoretical interpretations. By invoking comparisons, I also position analytic points against other possible interpretations. In a full-fledged grounded theory study, the iterative logic of the method would take me back to the field (or further in subsequent data collection) to check out these interpretations.

The following analysis reflects what I found to be most significant in these data. Other qualitative researchers or grounded theorists might stress other areas of significance. My analysis rests on an interpretive rendering of key points in the data, rather than an objective report. As a grounded theorist, selecting the most significant and/or most frequent codes served as my criterion for defining an analytic focus. In this case, I saw *losing a valued self* as the most significant code that brought other codes together in a coherent analysis. When I coded Teresa’s statement, “My voice was gone, so I was gone, and I’d never been anything but my voice,” I was struck by its power and poignancy. I had to pursue Teresa’s loss of voice and, by extension, loss of self, which was the central category in a fundamental process.

From that point, I constructed an analysis of the category “loss of self” and the process of losing self. I began writing memos to explore, define, and analyze this category. Memo writing is a pivotal grounded theory strategy that prompts the researchers to engage in early data analysis and writing about their emerging categories. Memo writing also helps grounded theorists to see what kind of additional data they need to seek to fill out the category. The following early memo in Figure 6.2 gave me a direction to pursue and shaped the entire analysis.

In the memo, I began to examine Teresa’s statement and to explore its meanings. She connected *voice* and *self*; I tried to explicate these connections and their magnitude. I also tried to situate her statement in time. Grounded theorists delineate the properties of their categories and define the category from these properties. In this case, the properties constituting the connection between voice and self in Teresa’s narrative included (1) its essential merged nature, (2) the degree of this merging: voice and self are indistinguishable, and (3) the necessity of voice for the unity and expression of self. Teresa’s story also told of regaining another valued self. I saw connections between the two processes, but the accounts provided more material about losing self. Loss of self in serious illness is a topic that has long engaged me. Might I have imposed it on these data and preconceived the subsequent analysis? Perhaps. If, however, this analysis renders our project data in useful ways and resonates with these women’s stories, then a focus on losing and regaining a valued self is worthwhile.

Rather than beginning my analysis with Teresa’s agonizing moment in the surgeon’s office, I began with what happened to her after surgery. Poten-
tial loss had become actual loss at this point and thus formed the core of my analysis. As is typical of grounded theorists, I tried to conceptualize the larger category of loss of self and treat it in relation to the process of losing a valued self as well as analyze the concrete precipitating event. The themes of loss of self, suffering, and meanings of time in this paper certainly resonate with my earlier work. Yet the category of loss of self—voice—resounds with remarkable clarity in these data. Consistent with grounded theory strategies, I wrote my analysis before using other material. Reading my coauthors’ analyses of these data; reviewing earlier work, including my own; and attempting

In her statement above, Teresa (Participant 4) revisits a defining moment of 11 years before. She describes this moment as though it occurred yesterday. The meaning of the event hits her full force. “My voice was gone.” A voice merged with self. Indistinguishable from self. All of her self. Teresa knew her life had changed at this moment and with it, the self she had been in the past. Perhaps time collapses as Teresa returns to the defining moment. Perhaps we see the self of the 30-year-old woman become again the 19-year-old girl who faced losing the only self she had known and valued.

Meanings of time permeate Teresa’s narrative. The past, present, and future take on intensified meaning, as Teresa’s story unfolds. She had recounted the incident earlier in her story and in her statement above describes the surgery as a point in time. Teresa treats having thyroid cancer as a defining event that separated past and present. Her surgery becomes a benchmark of time and demarks her changed self. It marks the reality of loss of the voice that had defined her and shaped her life. As Teresa struggles with losing her voice, she juxtaposes the event against her past and future. Her story goes beyond an account of an “unfortunate event.” Rather, Teresa tells a tale of devastating loss and of regaining a revised but valued self.

For Teresa, her cancer, surgery, and lost voice merge into an overwhelming experience that forced loss of self. The past shaped the force of the event and the life-changing spiral of events that rapidly followed. Yet she had gained both a stance and skills in the past that turned her tragic narrative into the beginnings of a positive new direction.
to integrate material from the literature all came later. A few references came
to mind while I was writing this draft, so I simply noted them to check later
while revising the paper.

The classic grounded theory texts (Glaser, 1978; Glaser & Strauss, 1967)
instruct readers to discover a fundamental social or social psychological pro-
cess about which to theorize. Unlike much of my work, two fundamental pro-
cesses, losing and regaining a valued self, stood out in Teresa's story. After I
defined the properties of the core category, loss of self, the phases of the pro-
cess were readily identifiable in other codes. The subsequent analysis essen-
tially consists of memos about phases in the process.

My construction of this analysis does not end with a theoretical rendering
of loss and regaining self. It also resides in my arguments, selected excerpts,
chosen words, and crafted mood. We can talk about using grounded the-
ory strategies to construct an analytic tale. But how we write this tale is yet
another story.

Losing and Regaining a Valued Self:
A Constructivist Grounded Theory Analysis

“I’d never been anything but my voice.” So begins my analytic story of Teresa’s
portrayal of experiencing a devastating event that occurred 11 years earlier
when she was a 19-year-old college student. Teresa’s astonishing talent as an
opera singer had already set her apart from other voice students and destined
her for stardom. But tragedy intervened. A rapidly growing lump in Teresa’s
neck turned out to be a deadly cancer that required delicate surgical exci-
sion. Consider Teresa’s story as she seeks to account for what happened to
her voice:

“It’s been theorized that the surgery was responsible for shifting some
things around, so things were just going to be different from that point
on. That was difficult . . . healing physically and coming to terms with the
fact that things would have to be so different from then on. I wasn’t even
myself anymore after that. My voice was gone, so I was gone, and I’d never
been anything but my voice.” (emphasis mine)

Through these words, Teresa revisits the tumult of 11 years before when she
experienced the reality of loss of her voice, self—a life. This earlier moment
becomes an irrevocable turning point in a story sprinkled with such instant-
aneous turning points. Teresa describes the moment as though it had hap-
pened yesterday. Its meaning had ripped through her consciousness and had
torn apart the self she had known and valued. “My voice was gone.” A voice
merged with self. Indistinguishable from self. All of her self.
Voice is a metaphor for self. Voice unifies body and self. Voice conveys self and expresses its passions. Before having cancer, Teresa’s voice had structured her college days and shaped her future as a professional mezzo-soprano. Her life irrevocably changed the instant she realized that her voice was gone and with it, the self she had been in the past. This pivotal moment simultaneously revealed and foretold tragic loss. Such loss of self is a “searing disruption” (Charmaz, 1997) of how one knows the world and oneself (Bury, 1982; Charmaz, 1991). Perhaps time collapses as Teresa returns to the crucial event. Perhaps we catch a glimpse of the 30-year-old woman becoming again the 19-year-old girl who lost the only self she had known and valued.

At 30, Teresa’s clear reflective voice amplifies the story of losing her singing voice and, therefore, her self. Her loss of voice was involuntary, uncontrollable, and irrevocable. She felt like she had lost control of her life. Teresa’s cancer, surgery, and lost voice merge into an existential crisis that forced loss of self and resulted in enormous suffering (Charmaz, 1983, 1999, 2002). The past shaped the force of the crisis and the life-changing spiraling events that rapidly followed and still echo through her life today. An ominous cancer lurked in the background of her life, ever present, usually quiescent, but there. Yet Teresa had gained both a stance and skills in the past that turned a tragic narrative into a tale of hope, courage, and positive growth.

Meanings of time permeate Teresa’s story. She looked back at the past through the prism of the present (Mead, 1932; Ross & Buehler, 2004). As Teresa’s story unfolds, the past, present, and future take on intensified meaning. Her story also teaches us about meanings of moments. Telling moments mark and symbolize tumultuous changes. Teresa had earlier recounted how her ordeal unfolded before she made the stunning statement about losing her self. The moment when Teresa learned that she might lose her voice became the defining event in her life. The news separated the present from her past. This moment marked the shattering of Teresa’s self. What could life be without singing?

After Teresa’s surgery, potential loss became actual loss. Discord disrupted the rhythm of the past. As Teresa struggled with losing her voice, she juxtaposed these events against her past and future. Her story surpasses an account of an “unfortunate event.” Instead Teresa told a tale of devastating loss of self and of regaining a revised but valued self. The specter of death enters this tale, although we cannot ascertain when or how because, as Teresa divulged, “I try to play things off like there’s nothing wrong.”

A social psychological analysis of Teresa’s story illuminates the process of losing a valued self, an embodied self, and suggests ways of regaining a valued self while living with uncertainty. For analytic clarity here, my rendering of her story (1) treats losing and regaining self as two ends of a continuum of reconstructing self, (2) emphasizes the conditions under which loss of self develops, (3) describes those conditions necessary to effect intentional
reconstruction of self, and (4) links intentionality with meanings of moments. When I use similar data to trace biographies over time, I find that these processes are seldom singular and linear. Instead people move between, through, and around these processes, depending on the vicissitudes of health and life (Charmaz, 1995).

What is loss of self? How might it be related to a disrupted self and a changed self? Which experiences contribute to suffering loss of self? How do people who suffer loss of self regain a valued self? I address these questions in this chapter and show how a grounded theory perspective guided my analysis. I concentrate here on Teresa’s story but offer some comparisons with Gail’s account of her gymnastics injury to clarify analytic points. Teresa and Gail speak as graduate students in a psychology class who are asked to write about an unfortunate event in their lives and subsequently answer a classmate’s interview questions about this event. Thus they have shaped their written stories for an imagined audience and coconstructed their interview responses with an acquaintance with whom they could share a sustained connection.

The very methods of collecting data position these two young women as heroines of their own stories (Mathieson & Stam, 1995; Ricoeur, 1991). Interviews and autobiographical accounts place the storyteller on center stage. What we analyze is predicated on this positioning, which may have shifted or distorted their experienced locations and relationships with other people. I note this point but treat their narratives as revealing telling personal disclosures to analyze.

The context of forming the accounts, the purpose of producing the accounts, and the availability of the accounts to the instructor and class all affect Teresa and Gail’s construction of their narratives. They both highlight their heightened awareness of crucial moments and their reverberating effects. Each woman’s story reflects her interpretation of past events and present situations and the imagined self she wishes to present. These women may have told a tale that supports or expands the identity they had previously claimed in their class and graduate program. Versions of each woman’s story likely change as time unfolds, perspectives shift, and audiences vary. Nonetheless, grounded theorists treat such data as plausible accounts from which we can begin to theorize.

What Is Loss of Self?

Defining Loss of Self

Loss of self symbolizes more than bodily losses. It means loss of the ways people know, define, and feel about themselves. Their identifying attributes are gone. The foundations of their lives have weakened or crumbled. Loss of self
alters how people compare themselves with others and locate themselves in their worlds. It means losing their way of being in the world—and, moreover, in its most intense forms, losing their personal and collective worlds (Ciambrone, 2007; Charmaz, 1983, 1997; Mathieson & Stam, 1995). Chaos erupts. Communities disappear and lives irrevocably change.

Loss of self resides at the far end of a continuum of reconstruction of self, with regaining a valued self at the other end. Both are played out in a situation that ranges between certainty and uncertainty (see Figure 6.3). Loss of self makes life uncertain and chaotic; regaining a valued self fosters a sense that life has become more predictable and manageable. Hence, regaining a valued self also implies that the person has reestablished a stable self-concept, although it may be based on new attributes and values.

The depth, extent, and existential meaning of loss define loss of self. Such losses are devastating, uncontrollable—overwhelming. These losses impose uncertainty, portend permanence, undermine autonomy, and cause grief and suffering. Teresa’s tale of wrenching loss suggests the suffering that she endured. She lost what had made her distinctive, given her solace, and formed a way of life. When her interviewer asked about her relationship with God, Teresa revealed how losing her voice reverberated through her life.

**FIGURE 6.3.** Effecting intentional reconstruction of self: Losing and regaining a valued self.
“Singing was my prayer. That was my connection. That was my big gift. I was a fat kid with no friends for as long as I could remember, but I could sing! That was the ‘in’ for me. When I lost that, I lost my connection with God, I lost all my friends, I lost my calling in life, I lost my passion in life, I lost my trump card . . . the thing that was gonna get me out of being that fat kid with the oppressive dad, and whatever . . . that was going to be my ticket out. I lost my ticket! So I lost my connection to God. Gone.”

Loss of voice spread throughout Teresa’s life as she lost relationships, her passion, and her purpose—and one identity after another. The prospect of possible loss of function can initiate loss of self. For Teresa, loss of self began with the threat of losing her voice. Her suffering was immediate. The instant the surgeon said “You may not be singing anymore after this,” Teresa understood how fragile her voice and her world had become. With the force and clarity of his statement, Teresa experienced this moment as one of immediate, piercing awareness that the unsuspected catastrophe was real. Teresa recalled feeling shock and anguish overtake her during this defining traumatic moment.

“I froze. I couldn’t breathe, couldn’t move, couldn’t even blink. I felt like I had just been shot. My gut had locked up like I’d been punched in it. My mouth went dry and my fingers, which had been fumbling with a pen, were suddenly cold and numb. Apparently picking up on my shock, the surgeon smiled a little. ‘We’re going to save your life, though. That’s what counts. And you know what? The other surgeon working with me is a voice guy. We’re going to do everything we can not to be too intrusive.’ I started to breathe a little, very little, and I felt myself trembling. I tried to say something meaningful, expressive . . . all that I could manage was, ‘Man . . . I was actually pretty good.’

“Then, all of me let loose. I was sobbing, but there was no sound; just a torrent of tears, and the hiss of crying from my open mouth, pushing through the pressure from the accursed mass.”

Within seconds, the tempo of conversation had quickened to a crescendo of crisis—and with it, profound loss. The defining moment may come quickly, but the pain and suffering it causes feels timeless. The immediacy, force, and severity of misfortune intensify the sense of loss of self when people recognize what is happening to them. Sudden thudding awareness of immediate, extensive, and life-threatening loss is overwhelming, particularly when people are young. Critical illness is out of synchrony with the rhythm of their lives. Thoughts of dying may be unimaginable. Teresa’s tumor had appeared suddenly. Not only had she been without warning, but also her two earlier
diagnoses of merely having a goiter made the threat of losing her voice all the more shocking.

“I was sure this [the surgery] was no big deal. After all, this was just a thyroidectomy, and only affecting one lobe . . . people have their thyroids taken out all the time. I was actually just taken up in the whole strangeness of suddenly being on the verge of surgery. ‘Wow,’ I thought. ‘My first surgery . . . weird.’”

Being absorbed by immediate but minor troubles, such as Teresa’s initial concentration on her impending surgery, deters redefining symptoms and hence intensifies shock. In turn, shock amplifies suffering and feelings of loss of control. The sounds of sorrow alternate with the silence of numbing shock. At this point, suffering consumes the person and drains the self. The self-concept of the past crumbles in the exigencies of the present. Teresa experienced losing its very substance—a death of self.

“I was completely drained, like a ghost of my former self. I felt as though the biggest and best part of me had died in that office. Cancer wasn’t as frightening to me as never being able to sing again. Singing had been my life for as long as I could remember; the one thing I could excel at, the only thing I knew. It had been my solace in all my times of distress, through every hardship . . . this would be the most grueling hardship of all, and I wouldn’t be able to sing my way out of it. Literally. Worst of all, I still had to tell my mother.”

After the actual loss occurs, suffering increases as the effects of loss spread (Charmaz, 1999). Loss of voice hurled Teresa out of the familiar present into a foreboding future. The music stopped. She foresaw being deprived of consolation. She foretold the end her relationship with her beloved voice teacher:

“If I couldn’t sing, I was going to lose this guy. As far as I was concerned, not being able to sing would destroy not only everything that we’d worked toward that past 2½ years, but also our relationship . . . professionally, personally, you name it. And I just couldn’t deal with that.”

Did Teresa’s suffering become silent at this moment, silenced by the daunting events? Can words express what she felt then? Could she voice her sorrow? How did this moment of realization influence her subsequent actions? Realization of overwhelming loss may flash in an instant, but its meaning may henceforth pervade one’s consciousness. If an illness is episodic, such mean-
ings may linger only to ignite again when disturbing symptoms arise. By losing her valued self, Teresa suffered a psychological death that overshadowed the sudden fragility of her life.

Objective misfortune merges with subjective meaning when people experience loss of self. Nonetheless, not everyone is aware of physical changes or their implications. Not everyone views symptoms or impairment as reflecting a body in trouble (Mairs, 1986)—and therefore as symbolizing a precarious or lost self. One’s imagined self may not be the person that other people see. Meanings of body and self frame responses to illness, loss of function, and disability—of those who witness such changes as well as of those who experience them. Lack of bodily control or impaired function, however, makes physical loss tangible and undermines a person’s earlier images of self (Charmaz, 1995). Some people can distance themselves from their now erratic bodies, but most cannot. For them, body and self are intertwined.

In Teresa’s case, body and self had merged and were expressed by the beauty and emotionality of her voice. Without her body working smoothly to sustain her voice, she could not function. Teresa’s present and future self depended on her trained throat muscles and controlled vocal chords. Here, body and self are markedly intertwined and unified. Nevertheless, this unity of body and self may not have included all of Teresa’s body—but likely centered on the parts and functions that she used in singing. These bodily attributes had tempered and superseded being “a fat kid,” for they gave her the tools of the trade and a “ticket” to an identity.

Loss of self increases as one’s life purpose dissolves. The zeal with which Teresa had pursued realizing her dream made losing it all the more unbearable. The identity and relationships gained in the voice program had shaped who she had been and would become. Envisioning a singing career meant more than pursuing an elusive youthful fantasy. Teresa’s quest for voice training transcended a fervent college pursuit. Instead, singing was her calling. Through her voice, Teresa’s spirit could sing. She could make her most authentic self audible—a reality. Teresa had enacted a plan to fulfill her dream, created a path, and found the requisite training and support in her teacher.

“I wanted very much to be an opera singer, and do it well, to the best of my ability . . . the only way to do that was to be around this man [her voice teacher] 24/7 . . . .I had very monocular vision when it came to my goals in life, which contributed to me being very intimately involved with working in the studio and with my teacher . . . and which is why it was so devastating when all of this happened.”

Teresa went from having a benign goiter to an “accursed mass.” She plunged from being absorbed by the prospect of having her first surger into
the abyss of losing her voice and therefore her self. What had looked like a minor disruption had become a devastating loss of self. If Teresa just had had a goiter, she might instead have experienced a disrupted self.

**Distinguishing between Loss and Disruption of Self**

The magnitude of losing a valued self becomes apparent when we compare it with experiencing a disruption of self. Here continuity of self is broken, but not irretrievably. Loss of self shares certain properties with a disrupted self but also has some significant differences. As I analyze them here, experiencing loss of self and a disrupted self both (1) result from misfortune, (2) typically cause distress, and (3) impose immediate changes in daily life. In addition, each may affect the person’s sense of purpose, require sustained effort, and perhaps elicit questions about the person’s prior actions or judgment. Whether and to what extent people are aware of what has happened to them affects what they say, do, and feel about it.

The immediacy of disruption of self may elicit similar feelings as arising with loss of self. Similarly, a person may feel cast adrift. As Ville (2005, p. 332) points out, following injury, “the broken body occupies the entire field of experience.” Gail recalled what she felt after dislocating her elbow during gymnastics practice. “When I got home that evening . . . I felt like my life lost some of its purpose. I felt handicapped and I really felt the physical pain. . . . It was nice that a lot of the girls [teammates] came over, but I felt really horrible. I was upset, I was disappointed, and I was still a little shocked.”

Feelings of disappointment and depression accompany the experience of a disrupted self. Yet loss of self reaches deeper and extends further. Loss of self is the end point on the continuum of reconstructing self. Experiencing a disrupted self resides closer to the middle of the continuum between loss and regaining a valued self, but it is not neutral. Rather the “unfortunate event” interferes with how people live their lives and delays their ability to realize valued goals.

In short, experiencing a disrupted self is temporary. The event encompasses a discernible period of time with boundaries—beginning and ending points. From the start, Gail’s time projections shaped her expectations and reached beyond the time horizon enforced by her injury. She said, “The cast would heal the bone chip and the good news was that I would be casted for only 3 weeks.” The uncertainties caused by the precipitating event are more specific and limited than those experienced with loss of self. The promise of realizing a valued self remains, although finding ways to achieve it may not be clear. Gail mentioned, “Of course I was upset . . . but at the same time I knew that my career wasn’t over. It wasn’t like what am I going to do? It was, just how do I move on?”
Loss of self means at least relative permanence, if not lasting change. Life is irrevocably altered. No possibilities of regaining the lost self exist. No alternative paths to realizing it appear. The force, intensity, and uncertainty typifying loss of self distinguish it from experiencing a disrupted self. Teresa’s comment below not only suggests the magnitude of loss that occurs when people’s lifelong dreams are smashed but also their acute awareness of this moment and its meaning:

“I’m not the only one walking around, thinking, as a singer, ‘That’s my voice, and without my voice I have nothing.’ It’s a huge step for a singer to say, ‘Eh . . . maybe I’ll try this career change.’ That’s huge. It’s almost as big as religion. It may be bigger. Because for a musician to devote themselves that completely to their art and to even consider the thought of straying from that path, even for a moment . . . that moment is very pivotal for a singer. Whenever you hear about people who have degrees in music and do completely different things . . . there was a big choice that took place there. In my case, it was forced on me.”

The event leading to a disrupted self can take several forms, including an unexpected setback, a distressing interruption along a life path, or a personal defeat while pursuing this path. These unfortunate events may force a time out from usual pursuits; however, such events rarely preclude a return to these pursuits. Granted, some individuals may abandon efforts to resume their former lives. But the possibility is there.

In this case, the precipitating event may be inconvenient, frustrating, and embarrassing, but it does not force reconstruction of self. Rather, this event impedes and delays actions to realize a valued self. The event strikes a dissonant chord now but will eventually pass and reside in the past, and perhaps be forgotten. Reminders of this event fade because it no longer intrudes on daily life. While experiencing the disruptive event, however, its relative significance may assume large proportions. If so, objective assessments of its impermanence, lack of dangerousness, and the like, may not allay a person’s thoughts and feelings about either the unfortunate event or self. Gail said:

“On the one hand, it was just a bone chip and dislocation. I did not have to get surgery, and after 3 weeks, rehabilitation could start because my cast would come off. The coaches were optimistic that I’d be able to condition myself back to shape in a few months and still be able to compete this season. Their hope kept my hopes up, because it seemed as though they hadn’t given up on me yet. On the other hand, I had been in such great shape before the injury. This was supposed to be my year. And there I was . . . handicapped. These thoughts kept running through my head.”
A disrupted self may be shaken. Losing a valued self is shattering. The cast permitted Gail’s arm to mend, but surgery silenced Teresa’s voice.

**Facing Loss**

Facing loss is a prerequisite for intentional reconstruction of a valued self after an unfortunate or devastating event. Typically people must understand what has happened to them, so that they can act to change its effects. In some situations, however, individuals can move forward without realizing what could happen to them in the future. Because the self is a process as well as an object to assess (Blumer, 1969; Strauss, 1959/1969), construction of self continues, although not everyone engages in intentional, focused reconstruction of self. Life goes on, time passes, things happen, and people may change without realizing it. Teresa and Gail, however, had to face what happened, and both were determined to exert control over their fates. Which conditions foster facing loss? What does it entail?

**Discerning Loss**

Teresa and Gail each evinced tangible, audible—and visible—signs of bodily difference from their known, “normal” bodies and from those of other people. They did not have to strain to listen to their bodies. Their bodies spoke but did not sing. Gail heard the sound of her elbow tearing apart. Teresa recalled, “Following the surgery, there was a notable inability to speak well for about a month, when my phonation was very definitively affected. Slowly, it started coming back here and there, but something had definitely changed.” By saying “there was,” Teresa distanced herself from her body and treated it as an object to observe. Her word choice might symbolize the sudden lack of unity between body and self that she felt during the experience.

An injury may occur so quickly that it collapses time into a surreal second, but simultaneously this moment stretches before the instant of impact expands and engulfs the person. Gail recounted her growing awareness of her injury:

“I was so high, but too far away from the high bar to catch it. I’m coming down fast. Even though it was so fast, I felt that moment take forever. All of a sudden I hear a crack. Or was it a tear? It sounded like the Velcro that holds the mats together ripping apart. I almost turned to see what it was. Wait. Something feels funny. Wait. Something doesn’t feel right. I was on the floor kneeling down underneath the high bar. I feel my right elbow with my left hand. Something feels very, very wrong. There was no elbow anymore, my arm was contorted. I couldn’t feel that bony part of my
arm. It was bent the wrong way. I panicked. *That Velcro sound was from my elbow?* Then it hits me. Look at what happened to me, in a split second. I thought about my competitive season . . . going down the drain. I thought about sitting out all those meets . . . again. I thought about the doctor. I thought about surgery. I panicked more when I thought about surgery. I remember the shock. When I felt my elbow, I said ‘Oh my God! Oh my God!’ in panic and disbelief that something so intense could happen in a split second. Then, as it all started to sink in and the panic came over me, I kept saying, ‘No!! No!! No!!’ first in denial and passionate, then through sobs and a feeling of defeat and frustration.”

Both women were attuned to their bodies and had attended to learning from them. Both realized what the moment portended while experiencing it. Visible symptoms prompt awareness of change.11 Gail saw her contorted arm. Teresa’s “large, two-or-so-inch long bump” appeared in one day. She saw it and began her diagnostic search. As it grew, Teresa realized that she was “singing against something that was causing pressure on my vocal apparatus,” although its seriousness eluded her. Gail could not ignore the look and feel of her twisted arm, nor could Teresa normalize her distorted neck and difficulty in singing.

**Receiving Bad News**

Receiving bad news can wreak such havoc in people’s lives that it reaches into their selves and situations. Bad news catapults them into unwelcome categories and situations. Someone may, however, receive bad news without believing or accepting it. If so, and should events prove the news to be consequential, facing loss may occur months later. A person may lose the optimal time and opportunity for subsequent reconstruction of a valued self.

Time shrinks between receiving a discouraging diagnosis and accepting it when a person already feels uneasy about alarming bodily changes (Char- maz, 1991). Gail needed no diagnosis to know that she had suffered an injury. Teresa’s endocrinologist had withheld crucial test results from her. Nonetheless clues had begun to accrue. A scary biopsy. “Inconclusive results.” Surgery in 2 days. And then the fateful visit to the surgeon.

Note the speed with which the surgeon imparted clues that broke through Teresa’s initial surprise and confusion and how he moved from “you” to “we” and thereby enlisted her cooperation. She recalled:

> “The surgeon seemed to have gotten very angry with something I’d said. ‘Damn it,’ he grumbled. ‘I hate when they do this. I hate when they make it so that I’m the one that’s saying this right before surgery.’ For the first time, I was stunned, confused. There wasn’t anything that made sense for
me to say, so I couldn’t say anything. Then, the surgeon sat down across from me at his desk. ‘Do you want your mother to come in?’ Instantly, I declined. He asked me again, looking a bit puzzled. Again, I said no. Then he shifted a little in his seat and leaned in, resting his elbows on the desk and looking intently at me. ‘I don’t know why your endo didn’t tell you this. Your biopsy wasn’t inconclusive. You have anaplastic carcinoma. That’s thyroid cancer. We’ve got to get that thing out of there right now.’ ”

The speed, clarity, and form of imparting the news matter. Teresa and Gail each felt the immediate impact of Teresa’s bad news. They went from being caught unaware to a heightened awareness of their situations. Clues about what had happened to them appeared in condensed form, one after another. These fleeting but inescapable moments locked them into the present. The surgeon’s repeated question, body positioning, and intent gaze set the stage for his candid announcement of carcinoma. However unwittingly, he subsequently imparted further clues of its seriousness, and then broached the surgical risk and ended with Teresa’s devastating prognosis.

“He asked, ‘So, you’re a college student . . . what’s your major?’ I told him it was vocal performance, and his face went white. He looked grimmer now than he had at any point in our conversation. ‘Look,’ he said very gently, ‘because of where this thing is and what we’re going to have to do, there’s a chance you won’t be able to even speak the same way again. You may not be singing anymore after this.’” (emphasis mine)

The surgeon’s grim expression and blanched face attested to the truth of his pronouncement. The intrusive, expanding lump on Teresa’s neck affirmed its authenticity. He cut through her sorrow and gave her hope when he predicted, “You’re going to beat this. You’re young, and you’re going to beat this thing. And you’ll get your voice back, and you’ll be singing at the Met. And I want tickets, so don’t forget me.” But did he tell her anything more about anaplastic carcinoma?

**Telling News**

Receiving unsuspected bad news sets in motion a chain of spiraling events and actions. Foremost among them is telling one’s family and close friends and doing it quickly enough to control information. Telling reaffirms the reality of the situation—to self as well as others (Charmaz, 1991). People must look at their loss, if only taking one glimpse at a time, and hear themselves acknowledge it. Telling the news over and over again pounds the bad news into the person’s consciousness.
Telling the news tests emotional fortitude because the person’s shock, fear, anger, and sorrow may erupt while imparting the details (Charmaz, 1991). In addition, a teller may need to assuage the other person’s grief and disappointment. Telling can recast or end a significant relationship and elicit considerable distress and dilemmas for all involved. Because Teresa viewed her mother as emotionally fragile, she reproduced similar strategies in telling her mother as she had experienced with the endocrinologist:

“I told her they might have to do a full thyroidectomy, and that the lump . . . I basically pulled the same game that the other doctor did . . . that the lump was probably cancer. That they didn’t know exactly what it was. I left it at that, but that was enough . . . she lost it . . . I made the executive decision to moderate her amount of knowledge at that point.”

Observe who takes control of this situation. Teresa assumed that control over her body, life, and decisions resided with her. She had no difficulty in withholding certain facts. What facts did she have? How did she obtain them? Teresa’s strategy of information control with her mother aimed to control her mother’s emotions but likely amounted to information delay. Despite her mother’s emotional vulnerability, Teresa knew her mother would see her through this crisis and remain in her life, no matter what happened.

“I didn’t tell my voice teacher before my mother, but, for whatever reason, it was a lot harder to tell him. Where my father lacked, my voice teacher sort of picked up the slack. He was very supportive, he was about the right age to be my dad . . . he was, um . . . he understood my passion for singing, and believed in it, whereas my father, quite frankly, thought it was a pipe dream, and I ought not give money and time to a university to learn how to sing.”

Such difficulties in telling news arise when the individual being told symbolizes the tie to one’s actual or potential loss. Teresa’s image of her teacher as an ideal father further complicated her tie to him. Losing her voice and therefore losing her teacher left Teresa without the validating counterpoint to her father’s view of a singing career as a pipe dream. She would now have to contend with her father on his terms. Thus, losing her voice intensified her conflict with her father rather than muting it. She said, “I lost my identity. I lost myself. And now I didn’t have a leg to stand on, like, with my dad, because I’d always fought him on being a good enough singer to make a living. Well, now he had me. So that was horrible.”

The telling did not end but instead took another turn. Teresa became the object rather than the source of the telling. She received tacit identity reminders and overt identity pronouncements about whom she had become.
Everyone knew that Teresa’s voice had sustained severe and lasting damage. Friends disappeared. Fellow students could see the unmistakable gash on Teresa’s neck, hear her speak, and witness her struggles to regain her voice. Teresa could no longer compete much less get the coveted solos. The students’ visible awareness of her new status imparted constant identity reminders of her now marginalized position (Charmaz, 2008c). The audience for sound had become an audience for sight—and dismissal. Teresa recalled how other voice students had acted, “So when this happened to me, it scared the crap out of everybody . . . scared the crap out of everybody. And I even had a couple of them tell me how tragic it was . . . like I was dead, and they were telling me about it. It was weird. But essentially, I was dead. To them.”

Each similar incident became another identity pronouncement. The telling forced Teresa to face her loss and simultaneously allowed others to affirm her social death. If she could not resume her role as the star soprano, she no longer existed. A person may not be able to avoid such encounters and escape the ensuing identity pronouncements and reminders. While trying to get her voice back, Teresa endured hearing her teachers repeat renditions of her story as a tragic narrative for them to ponder.

“Having been called in by every single professor and conductor in the music school, to sit down and have a moment with me in their offices . . . just to reflect on life, and how tragic it is for this 19-year-old kid with so much promise to be taken out by cancer. I mean . . . again, being spoken to as though I was already dead.”

These pronouncements and reminders portrayed Teresa as a symbol of death. She had become a ghost of her past self and an outcast from her world. Teresa cast no blame on the students because she understood their discomfort about including her. She no longer could participate in the voice program. Perhaps Teresa minimized the effects of fellow students’ identity reminders and pronouncements. She could not, however, ignore the image of herself reflected in her voice teacher’s tears. The most powerful identity pronouncements occur not with words but through a beloved person’s telling emotions. Teresa said, “My voice teacher, who was like another father to me, greeted me in tears each time he saw me afterwards. . . . Seeing the dreams we had built together go to pieces the way they did was just too much for either of us, and we spoke very little after that.”

**Regaining a Valued Self**

After facing loss in the concrete world, what can a person do? How can he or she reverse the present situation and the unwelcome identities inherent in it?
What does regaining a valued self entail? Each woman tried to make a comeback, reclaim her competitive edge, and thus regain the self she had valued. How did they accomplish their goals? For Gail, making a successful comeback meant doing the hard work to realize her goal. For Teresa, the path was more complicated. They each drew on lessons from the past but, Teresa also had to discover an audible new voice and live with continued uncertainty.

**Making a Comeback**

For people with the residuals of serious illness or injury, making a comeback means reclaiming the valued identity while still under duress (Charmaz, 1973, 1987; Corbin & Strauss, 1988). A plan to make a comeback implies that misfortune has caused the lapse of time since the person had held this identity. Making a comeback takes more than asserting identity claims. It means taking control. It takes planning and effort. It is more than a mere return after an imposed time out. These two cases indicate the ingenuity and effort required to make a comeback and therefore to effect intentional reconstruction of self.

Time constraints may determine how long a person can take to make a comeback. As this time period shrinks, the present tightens like a vise clamped between past and future selves. Gail’s slowed recovery belied her earlier optimistic time estimates and, to her chagrin, the competitive season started without her. She recalled:

“I was determined to get back as fast as I could, but it was as if my body wasn’t prepared to.

“It took another two doctor visits until I was cleared to put pressure on my right arm. By this time, it was halfway through the competitive season. I had my work cut out for me. I was so focused at this time. I was determined to make the fastest comeback ever.”

Gail made a comeback through her systematic work to strengthen and retrain her arm. Teresa also worked hard to regain her voice, despite lack of progress and her teacher’s tears.

“I just couldn’t handle that, you know? I mean, I really cared about this guy, and I was just bringing him way down. And then one day, I was leaning on the piano in the studio, and he was sitting at the keyboard, and we were having this sad lesson . . . and he just looked at me and said, ‘Why don’t you just stop coming?’ And I said, ‘You’re right.’ And that’s the last time I went to the studio.”

Teresa relinquished having a voice, her voice, the voice that identified her and made her unique. The overriding question in her life had shifted during
this moment. What could life be without singing? What would life be without singing?

**Drawing on Lessons from the Past**

The effort involved in making a comeback directs consciousness and orders life. What does one do when hopes of making a comeback have been dashed? The ominous present tightened like a vise after Teresa was locked out of her anticipated future.

“As soon as the voice was gone, I had to find something or I was going to die. I really felt that I was going to have to die, or kill myself . . . or hold my breath until it ended. Anything but feel like that. It was miserable and painful, and terrible. I can’t explain in words how awful it was.”

Teresa’s wording, “the voice,” suggests that by this time, she viewed herself as changed, now separated from that which had defined her in the past. The foreclosed future left an empty present. Although the pain of devastating loss consumed Teresa, it also spurred her to seek new directions and to reconstruct a new self.

Teresa’s voice was gone, but the principles she had gained from earlier voice lessons lived on. All of Teresa’s self was not gone. Parts of her former self continued. Teresa’s handling of her diagnostic search showed her initiative and ability to take control over her life at an early age. Her willingness to struggle and fight poor odds had long exemplified her stance toward the world. Her father’s outbursts had taught Teresa to temper her emotions and to follow her own path, despite his displeasure. Through pursuing her dream, she had learned the value of taking action, persevering, and feeling well-earned pride in her progress. Teresa had learned to control her physical tensions, keep her emotions in check, and retain her focus.

“Being in a very emotional household also contributed to the emotional-ity of my performance . . . . When you’re emotional, you get physically tense . . . and . . . that kind of messes with what you’re doing vocally . . . and that’s what was happening to me. So getting away from that emotionality and reminding myself why . . . which, of course, takes logic . . . was actually very instrumental in the long run, not in quashing my emotions . . . I still listen very much to my emotions . . . but understanding that they’re just a part of what needs to take place in order to help me function in a given scenario.”

Throughout her ordeal with and beyond the surgery, Teresa invoked the same kind of dispassionate logic with which she had once analyzed her voice.
Not only had she relied on logic, but she also had established a partnership with the surgeon to address the problem in her now objectified body. She said:

“I remember thinking that panicking wasn’t going to do any good. I remember thinking that the best thing to do at that point was to be just as methodical and professional as he had to be, and sort of remove myself from my physical self, as it were . . . to look at the problem as though I was a cohort of his, trying to analyze the problem . . . trying to take on my own role in this cancer battle we were about to embark on. It was the best possible thing I could do to, for one, maintain my sanity at that moment in time, because that’s a little heavy, and two, to just get it done.”

Perhaps this pragmatic stance later helped Teresa to realize that she couldn’t recapture the past and led her to pursue another path.

Discovering an Audible Voice

Discovering that one can claim an audible voice derives from the convergence of individual factors and social circumstances. Life circumstances matter. When an assault on the self occurs in an otherwise stable world, possibilities exist for reconstruction of self and life. Youth and opportunity ease the challenge of taking another path. Affluent college students can change majors and pursue new fields. Taking an extra year in college while young differs from taking a year without income to retrain when middle-aged. In addition, college offers students a world with multiple possibilities to develop their untapped potentials.

Reaching a point of readiness for change allows people to relinquish their past selves. Teresa had reached that point. Her voice had not allowed her to make a comeback, and she knew it. The mutual distancing between Teresa and her fellow students made it easier to leave the voice studio for an unknown future. As the voice students receded from the present into the past, she viewed them as vapid. Teresa’s comparisons of the voice students with her interesting new friends kept her earlier compatriots in the past and validated the superiority of her present new world.

A long history of functioning autonomously, seeking achievement, and managing time and resources to realize goals seldom ends with critical illness. Moreover, a life-threatening crisis can refocus a person’s outlook. If so, then people pinpoint their priorities, embrace life, and live intensely during a condensed period of time. By the time she left the voice studio, Teresa had a heightened awareness of time passing and quite possibly of a foreshortened life. She disclosed:
“Because what if this thing comes back? I won’t have done anything important if it were to come back today. I better get on with it. Yeah, it took a long time to come to terms with not being an opera singer . . . maybe two years of straight misery. Then, in my senior year of undergrad, my voice started coming back. And that was terrible.”

The felt pressure to live a full life pushes the person to act. Teresa’s grief over her lost self had faded without her awareness as she flourished in her new life. Getting a second chance to reclaim one’s lost self is shocking, especially after one’s self-concept has changed. This second chance divides the person between past and present selves and reinvokes the sorrow of loss. Reconstructing one’s earlier self may seem to require giving up the gains reflected in one’s new self. Getting a second chance may, however, permit a person to stand between past and present and the identities given in them. For Teresa:

“That’s when I started doing auditions, doing the professional opera chorus gigs . . . and still, I realized I had kind of gotten used to the idea of not being an opera singer . . . and it wasn’t that bad. And I was kinda smart . . . and my friends who weren’t musicians were a little less vapid.”

Teresa found a new voice and with it a new self. Her voice had begun singing in a new key, singing a new song. Teresa’s pleasure in her new life and pride in her intelligence becomes a counterpoint to her tragic narrative.

**Learning to Live with Uncertainty**

Living with continued uncertainty is the reality for many people with chronic and life-threatening illnesses. Teresa revealed her awareness of continued uncertainty when she compared herself to her mother-in-law, who died of cancer. She said, “The same thing could have happened to me . . . that it might still happen to me.” People in Gail’s position, however, experience a temporary disruption that delimits the period and content of the felt uncertainty.

Lengthy intervals between episodes of illness may quell some people’s sense of uncertainty. Conversely, other people experience relentless signs of an uncertain future. Their symptoms multiply, occur with force and frequency, and defy escape. People who have suffered a serious first episode likely consider the possibility of another. If so, they may keep uncertainty in the foreground even though overt signs of illness have receded into the background. Teresa said, “There was always a bunch of ‘what if-ing,’ and it never really went away. With cancer, it doesn’t go away. So you always have to wonder . . . you know, if it’s going to come back. Or if it never left. Or if they haven’t caught it all.”
Surviving against the odds adds to the “what ifs.” Uncertainty hovers over one’s life. The threat of recurrence remains. Identity reminders reemerge. An actual recurrence catapults the person into crisis and raises the specter of experiencing loss of self, loss of life, all over again. Uncertainty escalates. Teresa not only faced a recurrence but also alluded to what its dangerous location meant.

“The last year of my undergrad, they found another tumor, and this time it was a pituitary tumor . . . this time, it was a freakin’ brain tumor. And it was inoperable, so we just sit around and watch it. It doesn’t do any tricks . . . it just kind of sits there. I mean, it grows, and it shrinks, but it’s not doing anything amazing. But what can you do? So that sucked. ‘Here we go again,’ is what that was. It was a little scarier, because of it being in the brain, but whatever. What can you do? Me, I turned to logic. So I ended up doing my undergrad thesis on the psychological side effects of pituitary tumors. I figured that, if I had to have this thing, I may as well get something out of it.”

Uncertainty floods life when metastatic cancer persists. People’s actions toward uncertainty suggest the meanings they hold of it. To talk about it at all reveals the continued significance of illness. Some people who live with uncertainty struggle to change it. They enlist collective effort to struggle against the illness and may resist thinking of death or decline. They believe that such thoughts will erode hope. This stance often occurs during the first crisis of illness and may be invoked during subsequent crises as well. Yet other people believe that they can never fully share their periods of greatest uncertainty. The experience separates them from ordinary reality and even from their beloved spouses (Frank, 1991). In her comment below, Teresa speaks to the consequent loneliness and the effects of illness and uncertainty on her husband:

“When you go through something like that, it’s very lonely, very isolating, no matter what you do. I mean, even other cancer patients didn’t know what it was like, because the cancer I had was so weird. Anaplastic carcinoma is a weirdo cancer that can kill you in a couple of weeks. And then the thing in my brain . . . well, that’s just a lot for a new spouse to handle. So I certainly don’t hold it against him . . . he was definitely standoffish.”

Teresa’s explanation of the inherent loneliness in having anaplastic carcinoma offers a glimpse of the kind of uncertainty she faces. The future may be foreboding. Unsettled emotions may lurk beneath the surface of her story, as frequently occurs in interviews of people whose lives have been torn apart (see also, Lillrank, 2002).
Realizing the Dream

Intentional reconstruction of self after loss takes work. It likely takes even more work when one is forced to construct a new dream. Teresa’s new goal emerged during the course of her involvement in new pursuits and was a logical outcome of them. The continuity of Gail’s goal before and after her injury helped her to maintain focus. For those under duress, realizing their dreams means overcoming fear and doubt.

Before their respective precipitating events, neither woman had fully realized her dream. Everyone had treated Teresa as the contender slated for stardom. Gail had to work to become a contender. Her performance before the accident, in contrast, had neither matched her expectations nor her coaches’ standards for the team. Gail said, “I hadn’t done as well . . . competitively and I hadn’t impressed my coaches enough for them to have enough faith in me. I still had to prove myself. I needed to be in there more.” For Gail, realizing her dream meant more than making a comeback to her prior performance. Instead, she had to surpass it. She had begun to make substantial progress just before her accident, but it was not enough. To be chosen for the team’s starting lineup required much more. Only making the lineup would affirm Gail’s competitive value and validate that she had reached her goal.

Gail worked to achieve her interrupted performance goals and previously unmet expectations. She had to deal with the disadvantages of slow healing, lost time, and lack of strength. The help, support, and empathy of her teammates spurred Gail on and a coach’s proclamation, “She’s going to be back,” inspired her. One teammate’s systematic assessments of what she had to achieve each day helped Gail manage her frustration. Yet her greatest challenge was overcoming the fear of falling again. The image of witnessing a teammate fall in a similar way that she had became etched on her mind.

With support Gail persevered and managed to overcome obstacles while grappling with fear and frustration. The effort she made and the distance she traveled gave her an enormous sense of accomplishment (see also, Galvin, 2005). She said, “During these few meets, I truly enjoyed every moment of competition. Even though I had been competitive for 13 years, never did my performance feel so significant.” Paradoxically, her determined struggle to excel, despite the setback imposed by her injury, perfected her performance and placed her at the top of her game. She observed, “What had once been my weakness now became my legacy. Three years later, I continue to strive for excellence on the Uneven Bars, as my focus carries me closer to my dreams of athletic success than ever before.”

Teresa also made great gains, perhaps not as immediately visible as Gail’s but nevertheless discernible. Teresa’s transition to a new life coincided with her husband’s entry into her life. His view of her was not tied to her singing. He complemented her newfound intellectual interests. Teresa revealed
that she now had dual sources of reference: the “more intellectual crowd” and “other cancer patients.” By becoming involved in her new academic pursuits, Teresa discovered an intellect she had not realized that she possessed. As a cancer patient, she stated, “I’m proud of what I’ve done. . . . Feeling like, ‘Okay, for a cancer patient, I’m kind of doing okay. I’m doing stuff.’”

As she regained a valued self, Teresa also gained a new voice and venue as a singer. She repositioned the place of singing in her life, and now it is only part of her self-concept. Rather than seeing her current involvement in music as indicative of loss, she attributes less importance to being an opera singer. Still the shadow of cancer persists. However, Teresa will bring her experience of the past 11 years to whatever the future holds. Having endured losing her self in the surgeon’s office 11 years before has given her the strength to face what lies ahead. Teresa has come full circle. She sees herself as a cancer patient who has realized new potentials and lives fully. Body and self are again unified; the devastating experience of loss has become part of her.

“I can sing my own music now, so I’m a singer in an entirely new way. I’ve officially been in remission for over a year now, and, since my type of cancer is an angry sort, I have to go in for scans twice a year. As I see it, though, if I could get through that day in the office with that surgeon (who, by the way, I fully intend to invite to my first breakthrough gig, whatever style of music I’m singing at the time), I suppose I can get through just about anything.”

Will Teresa’s voice give rise to a joyous song or a melancholy refrain? Her story has not ended. The music soars and stills and yet a distant melody lingers on.

**Implications**

The above analysis has theoretical implications for how we view relationships between inner and outer defining attributes of self and identity and their relative visibility or invisibility. How these relationships are played out become conditions that foster either the losing or regaining of a valued self. For both these young women the relationship between visibility and invisibility became inverted. Both women had achieved visibility in their respective worlds because of their talents and skills. The illness and injury changed all that.

The evident displacement of Gail’s elbow proclaimed her unmistakable injury. Simultaneously, she lost all her earlier efforts to make the team. The speed in which changes from visible performance to invisible status occur heightens loss of self. Teresa’s past performance had made her recognizable
to all in her world. What had been visible and envied had become silenced and invisible. Subsequently the contrast made her disability all the more apparent and pronounced. The singer that she had been receded into the past to be replaced by the obvious scars of her surgery and the jarring sounds of her struggles to sing and to speak. In addition, the stark contrast alone between her current disabled self and her fellow music students magnified her loss. Teresa’s scars and voice may not only have marked her loss of self but also symbolized it. Subsequently these symbols rendered her vulnerable to further loss as she sensed other students’ stigmatizing identifications of her.

In both situations, these young women realized their loss of crucial bodily function and, by extension, their selves. They each had a heightened awareness of her body, and each predicated her self-concept on it, albeit in different ways. Hence, neither of them could ignore or minimize the losses she had sustained. Loss of self is more masked when people gradually relinquish valued pursuits or when their lives become less demanding at the same time they experience diminished physical functioning (Charmaz, 1991).

Regaining a valued self for Teresa meant leaving the world of her inspiration and her aspirations. She relinquished her hopes and her ties, both of which had been vital parts of her self. What are the conditions under which someone can relinquish such a valued part of one’s life? How does a person give up those aspects of self that had uniquely defined him or her? Teresa attempted to make a comeback, but her efforts came to no avail within a time frame that she and her voice teacher could accept. Certainly a marker event can propel relinquishing the past and with it the past self. Surely the words and actions of significant people influence relinquishing a self, particularly when a person’s self is already so vulnerable. Experiencing multiple moments of heightened awareness and intensified meanings of loss fosters relinquishing the past self. Teresa’s voice teacher’s question, “Why don’t you just stop coming?” could have marked not only the end of her quest to become a mezzo-soprano but also marked a symbolic death and separation from the past. From Teresa’s account, she readily agreed. If people have experienced their inability to recapture a lost self and recognize it, then they more likely accept relinquishing the past self.

Such recognition and acceptance indicates awareness of one’s plight and altered self. People with a heightened awareness of loss may come to relinquish their past selves yet continue to seek to control their lives. If so, then they may make similar efforts to reestablish a new life and self that they had given to their earlier pursuits. Perhaps Teresa’s awareness of her situation enabled her to reach the point of readiness to relinquish the past and move to a different future. Perhaps she gained strength from knowing that she had tried to make a comeback and had not easily given up.

The conditions that make loss so overt and overwhelming also support regaining a valued self. These two young women’s sense of purpose, commit-
ment to action, and pride in achievement gave them the fortitude to perse-
vere after loss and devastation. Gail moved closer to the world in which she
aimed to achieve. She had the supportive help of teammates and coaches to
move beyond where she had been before the accident. Teresa, in contrast,
received constant messages of devaluation and difference. The students sepa-
rated themselves from her as though she personified death, and the faculty
treated her as if she were dead.

The suffering caused by such loss of self cannot be denied. Yet suffering
and loss occur within a social context that may or may not support regaining
a valued self. Many poor people have lives beset by crises, and many elderly
individuals have few, if any, possibilities to reconstruct a new life and self after
serious illness. Teresa had such possibilities, and Gail apparently could afford
the needed time to return to the team and surpass her earlier performance
level. In their respective ways, both Teresa and Gail experienced an assault on
the self but not a destruction of their lives. Gail immersed herself in training,
and Teresa plunged into a new world where she found acceptance and oppor-
tunities. Not surprisingly, she found this world preferable to her former life.
Teresa emphasized the positive gains she found in this world and viewed the
voice students negatively in contrast to the people in her new life.

Quite possibly, the greater the loss, the greater the emotion work (Hoch-
schild, 1979) in which people engage to loosen their self-concepts from the
moorings of their previous life. Perhaps Teresa’s negative views of the voice
students let her relinquish what she had so greatly cherished. Teresa’s hierar-
chy of values had shifted to fit her new life and, by contrast, the voice students
failed to measure up.16 Forming a revised, critical view of the voice students
might be one way Teresa could neutralize loss and, simultaneously, realign
herself with new sources of identification. If so, then criticizing the voice
students likely helped solidify Teresa’s belief that her life had taken a better
direction and perhaps quelled lingering regrets she might have had. By this
time, Teresa’s intellectual companions and other cancer patients provided
her with new frames of reference and new measures of self. Both negative
judgments and positive measures give an individual the comparative material
to articulate a new narrative of self with fresh purposes. In sum, the person’s
subsequent sense of coherence and feeling of growth allow him or her to sepa-
rate self from the chaos of the past.

Notes

1. The short explanation of grounded theory in this chapter summarizes points in
earlier writings. For more detailed portrayals of the history and logic of grounded
theory, see Bryant and Charmaz (2007a, 2007b) and Charmaz (1983a, 1990,
2. Curiously, Strauss’s pragmatist heritage does not come across as strongly in his coauthored grounded theory manuals with Corbin as it does in his and their empirical works (Corbin & Strauss, 1988) and in his early and final works (Strauss, 1959/1969, 1961, 1993).

3. My definition of self derives from sociological social psychology in which analytic distinctions are made between concepts of self, self-concept, personal identity, and social identity. These terms may hold somewhat different meanings in psychology. In sociology, personal identity refers to the way an individual defines, locates, and differentiates self from others (see Hewitt, 1994), whereas social identity means those definitions, attributes, and social locations that others confer on the individual. Because of the fluidity and multiplicity of the self in process, the term self-image includes fleeting images given in experience that may or may not be congruent with the person’s self-concept (Charmaz, 1991).

4. What is most significant in a study seldom is as explicit as I read these data to be. Often researchers struggle to explicate liminal processes. Grounded theory provides tools for such tasks, but ironically many grounded theorists analyze overt rather than covert processes and assumptions.

5. These properties define the loss of self that Teresa experienced and serve to define the category, “losing a valued self.” I chose not to present them as formal properties because I wished to reproduce the power of the experience in the writing of it.

6. I have long argued that the quest to find a single basic social process forces a preconceived frame on the data analysis. By now, Glaser (2003) also sees this quest as derailing researchers.

7. Anaplastic carcinoma of the thyroid is a rare, fast-growing cancer that has typically metastasized by the time most patients discover the growth on their neck. Survival rates are low; fewer than 10% of those diagnosed live longer than 5 years. Health professionals describe it as an “angry” form of cancer. For more medical information about anaplastic carcinoma, see Konstantokos and Graham (2006).

8. We don’t know whether Teresa was told or realized that having anaplastic carcinoma meant a struggle against death when she first received the news. Her story indicates that she realized it was a struggle against cancer but not necessarily against imminent death. Throughout Teresa’s account of the unfortunate event, she emphasized loss of voice; however, she become more explicit about clinical projections of her type of cancer as the interview proceeded. Perhaps Teresa became more willing to indicate its seriousness as her rapport with the interviewer built. What she knew, when she knew it, and what meanings she attributed to it may form a silent frame around her story. She might have known the poor prognosis for some time and, of course, after learning it, she might have thought that she could beat it. Because other thyroid cancers are seldom lethal, Teresa may have had some latitude about disclosing specifics of her case. Yet the treatment she received from students and professors in the voice program suggests that they may have known which kind of cancer she had and its usual outcome.
9. Figure 6.3 diagrams the process of losing and regaining a valued self as I saw it in Teresa’s data, outlines conditions for regaining a valued self, and introduces comparisons with experiencing a disrupted self.

10. Of course, the extent to which body and self are intertwined varies. A person may have long placed emphasis on other aspects of him- or herself than the functions or body parts he or she has lost. Some women who have mastectomies, for example, see themselves as much more than their missing breasts, whereas others view their femininity, sexuality—and selves—as irretrievably diminished (see, e.g., Gross & Ito, 1991).

11. For an analogous depiction of how people with mental illness define change and come to see themselves as different than other people, see Karp (1996).

12. These events and actions may include distressing medical procedures. Teresa’s surgery was already scheduled, but its meaning had changed from a routine to a risky procedure that imperiled her voice.

13. Teresa’s strategies resemble how professionals once controlled what patients knew about their cancer and prognosis (Quint, 1965).

14. Note that she took responsibility for his emotions. We don’t know if this incident symbolized a culminating event or if the prospect of the changed relationship with her teacher suddenly sent her away. Was she shying away from facing yet another enormous loss head on? Was this incident the final impetus for acknowledging permanent loss of voice? We don’t know. Either possibility is theoretically plausible.

15. Frail elders sometimes insist on remaining in their homes despite professionals’ judgments that they cannot handle self-care. When these elders attempt to live independently but know they have failed, they become more amenable to institutional placement (Hooyman, 1988).

16. Teresa’s situation is reminiscent of Festinger’s (1957) treatment of cognitive dissonance. Teresa likely experienced profound dissonance as she tried to establish her new path as better than that of becoming a singer. Other individuals, such as injured athletes who are forced to seek other careers, may evince similar responses as Teresa’s. Andrew Roth studied marathon runners and found that those who quit the sport describe other runners in pejorative terms. Roth heard them make derogatory statements such as, “All runners care about is their times” (personal communication, October 11, 2007).

References


