

Existential reflections on identity: Gerard in his final year of life

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“One is still what one is going to cease to be and already what one is going to become. One lives one’s death, one dies one’s life.” – Sartre, Saint Genet, Actor and Martyr

In this short tribute to Gerard Duveen—my mentor and friend—I wish to explore some personal experiences with Gerard in his final year of life, which I believe are also revealing in regards to understanding representations and identities. I found the life-affirming attitude Gerard took toward his diagnosis of terminal cancer highly admirable, though it also perplexed me. He said to me openly and in full composure, not long after the diagnosis, something to the effect of “we all have to die some time. I’m glad I know when my time is.” Gerard used the remaining six months of his life to positively transform himself and his relationships to others. The question I want to take up here is: how was Gerard’s life-affirming attitude and positive transformation of self possible?

Research on social representations of illness has found that people usually experience a dislocation of self upon being diagnosed (e.g. Koh, 2010). The illness is “other” from self, and thus there is a major rupture when one finds oneself in the social position of being ill. Gerard’s case is entirely different from this. He told me his experience was one of relief! His ruptured identity had come earlier. For months before the diagnosis he had had trouble articulating his thoughts aloud, which had been interfering with his identity as well-spoken Cambridge academic. Thus, rather than *de-stable* him, the diagnosis in a way *re-stabilized* him by providing

him with an explanation for the change, which others would also recognize. But there is more to the story than this.

The social position of illness also offered possibilities for transforming his social relationships. Gerard had always been incredibly private about his personal life. When he first was taken to the hospital in June, after collapsing during a department meeting, there was enormous concern from his friends, family and colleagues. The nurses said they did not know where to put all the flowers he received and were not accustomed to seeing so many people come to visit a patient. Gerard said to me that “most people go through their whole life without experiencing the kind of genuine care and concern from others that I am experiencing now”. His illness thus brought people from different parts of his life together for the first time—for example, this is the first time I meet anyone from his family. Gerard told me he did not know why he had been so private about his life and again there seemed to be some relief in opening up.

We all carry with us some resistance to being openly cared for by others and openly caring back. This is perfectly natural given the vulnerability of being in this position, yet we also lose something of central importance to our life when we avoid this risk. Gerard certainly had many who cared for him but it was during the time of illness that these relationships fully blossomed. In my own relationship with Gerard, it was only at this time that he openly discussed personal thoughts and feelings about his life, introduced me to his family and girlfriend, and welcomed physical closeness—for example, sitting next to his bed holding his hand. The latter became increasingly important to communicate as his verbal abilities deteriorated.

The social position of ill is then not only stigmatized but can also bring with it sympathy and care from others. Even more, the individual has some agency in negotiating the meaning of the position, in constructing it to serve their needs. In other words, identity is an ongoing constructive process, whereby we are not only identified by others but also must ourselves make something of those identifications (see Duveen, 2001). Gerard was willing to have a kind of “living funeral” at Corpus Christi College months before his death, in which friends from different periods and parts of his life came together from all over the world. This is not something he had to do – in fact, it was even a bit unusual – but it provided him with a means to (re)connect with the different relationships of his life.

In sum, ruptures of identity and adoption of new identity positions (even stigmatized ones) can be catalysts for personal development and reintegration of self in social relationships.

But something must also be said for the role of a lifetime of intellectual pursuits in providing the “symbolic resources” (Zittoun et al., 2003) to face death with dignity and composure. Zittoun (2006) describes how individuals draw on books, movies, films and images to help them through life transitions. The most important intellectual influences on Gerard’s thought were undoubtedly Piaget and Moscovici. However, his knowledge and interest was much broader, encompassing many areas of philosophy and social science—he could discuss, for example, Sartre’s philosophy eloquently. I imagine these kinds of resources enabled him to see the final months of his life as one of *possibility* rather than simply closure.

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