Please, please forgive me. I hope to be myself one day. This is not my finest hour.
And whatever you do, whether it helps or hurts, I'll forgive you. Just don't leave me alone in this.
—Katherine Traynham (in Busch et al. 1998, 4)

Cure begins, and ends, with relationship.
—Linda Hogan (1994, 165)

I suppose it marks me as a feminist academic to say that my favorite line to date in a breast cancer autobiography is from Eve Kosofsky Sedgwick's essay “White Glasses.” She writes, “One of the first things I felt when facing the diagnosis of breast cancer was, ‘Shit, now I guess I really must be a woman’” (1999, 69). I love this line because it so clearly captures the identity problem that almost all breast cancer autobiographers raise: who am I now that I am a person with breast cancer? It also raises the question of community through biology that intrigues me as a feminist and addresses the ethical questions of telling a breast cancer story: to whom, or maybe more to the point, for whom are you telling it? What is the relationship between the woman who has/had cancer and the woman who is writing about having cancer? Audre Lorde’s Cancer Journals (1979) made an enormous difference not only in the visibility of breast cancer and in the possibilities for writing about it but also in creating an imperative: not only should one write about one's experience of cancer, but doing so is a political act, and doing so correctly is an ethical act. Many contemporary autobiographers have taken up her call. This essay explores four volumes of collective autobiography in which women who

I would like to thank my colleague Adela Licona, who read several drafts of this essay and offered helpful comments, and several members of the faculty seminar at Muhlenberg College whose responses helped me deepen my argument.
have/had breast cancer simultaneously struggle with writing a new identity and creating an ethical narrative. Overwhelmingly, writers of breast cancer autobiography construct narratives that attempt to paint a positive picture of recovery and healing, but are such narratives unproblematically true? What are their political consequences? In what ways do the body, its inadequacies, and its fragmentation become part of a new narrative identity? I come to these questions as a feminist critic who has been writing about women, illness, and narrative for more than fifteen years but also as a six-year survivor of breast cancer. In this essay I want to embody the tension between the immediate purpose (or even need) of narrative and the larger structural and cultural politics of it. To whom and to what end do critical ethics answer?

Who am I now?
The four books I have chosen are rather different in their approaches to both breast cancer and autobiography; only one includes writers who were self-consciously authors before they were ill, and only one other describes itself in literary terms as prose and poetry. The other two are clearly autobiographies but are also self-consciously advice and encouragement books. Despite their differences, the books all share some important tropes, especially the two I am concerned with here, tropes that sometimes overlap: a grappling with identity and the ethics of telling one’s story. Sorting out a new sense of self often turns into questions of the relation between self and body, and into questions of membership in a group identified largely by bodily malfunction. The problems of ethical storytelling involve writers’ attitudes toward how they will use their newly gained senses of self and community to translate a physical experience

1 I could have chosen from many others. See, e.g., Moch and Graubard 1995; Yalof 1996; Hogle et al. 1997; Smith 1997; Sherrill 1998; Stevens 2000; Delinsky 2001; Falterman, Schultz, and Trahan 2002; Tocher 2002.

2 One group of narratives not extensively represented in my selection here includes narratives with a self-consciously religious purpose.

3 I am using the critically difficult term self in this essay, even though this is an academically charged term. Debates over subjectivity, individualism, agency, and selfhood are extensive, intense, and important but beyond my scope here. In general, though I use the word self, I concur with a theory of agency that sees humans as neither entirely constrained by culture (subjects) nor independent of its power and shaping structuration (individuals); in so doing, I largely concur with writers like Gayatri Chakravorty Spivak, in her rethought (1999) version of “Can the Subaltern Speak?” or Donna Haraway, in Modest Witness (1997). For a thorough analysis of this question and an articulation that guides my thinking, see Herndl and Licona (2006).
into an ethical one. This leaves open the question of how a reader will use or respond to these narratives. In this section, I deal with the authors’ efforts to reconstruct a sense of self; later in this essay, I turn to how that reconstruction may affect readers. Before we get to these questions, though, let me briefly describe the four books.

*Breast Cancer? Let Me Check My Schedule!* (McCarthy and Loren 1997) has ten coauthors, and its chapters follow the course of the disease more than any specific woman’s experience. The narrative “I” here, so common in autobiography, is conspicuously missing; instead, there is a narrative “we.” Although two members of the writing group died before the book was published, and the women make the point that they are individual and unique, the book as a whole seems to play down the differences among the women and, perhaps, between the writers and the reader. This is not to say that the women all have the same experiences, but the narrative tone of the book suggests that these differences amount to variations on a very similar theme. The story here is of professional women facing a life-threatening illness.

*The Breast Cancer Book of Strength and Courage: Inspiring Stories to See You through Your Journey* (Panneton and Bodai 2002) comprises forty-six different, short narratives that tell only pieces of their authors’ experiences. Most of the writers are not previously published authors. While some self-consciously describe the work that they do as professional, others do not describe themselves in terms of their work at all. The structure allows for an interestingly democratic take on breast cancer: while one author staunchly defends exhibiting her baldness during chemotherapy as a political act—“We have so much to worry about, and so much to overcome, that fear of being bald should not be a concern” (Mouton 2002, 6)—another explains how her wig allowed her to “put on a happy face no matter what, and truly believe that cancer was not going to defeat me” (George 2002, 32). While some express gratitude for cancer, others deplore the “cliché” that cancer helps one recognize the “miracle of the everyday” (Goldman 2002, 121). But throughout the book, the overall message of the narratives is remarkably consistent and is perhaps best expressed by one of the authors, Shirley Pooley: “Breast cancer is a life-threatening disease, but it doesn’t have to keep a woman down” (2002, 17). True to its title, this collection offers encouragement and remains relentlessly upbeat.

*Can You Come Here Where I Am? The Poetry and Prose of Seven Breast Cancer Survivors* (Busch et al. 1998) occupies a middle ground between advice, encouragement, and self-conscious literary art. Its seven authors joined a writing group for breast cancer survivors and undertook the
writing of these pieces as therapy. Like Let Me Check My Schedule, its organization follows the cancer experience from diagnosis through treatment and into survivorship, but there is more variety of response here and there are differences in attitude, including both real anger and wry farcicality. There is more of the outright comical, often provided by Rita Busch: “Driving to the hospital for my breast biopsy, I realized I had not shaved my legs. I told my husband that I hated to go to a doctor with hairy legs. His reply: ‘If they’re that far off target, you will have more important things to worry about than hair’” (Busch et al. 1998, 45). But there is also greater acknowledgment of fear and despair.

Living on the Margins: Women Writers on Breast Cancer (Raz 1999b) is clearly the most literary of the books. Its editor, Hilda Raz, is a poet and the editor of a literary journal, and many of its authors are widely published authors or prominent literary critics. Accordingly, the pieces in this collection read much more like traditional literary texts than like advice or encouragement. In fact, the editor writes in the introduction, “None of us needed advice. We needed new models of experience. We needed new metaphors. No sinking ships. No heroic victims” (Raz 1999a, xvii). These authors are also a good deal more comfortable with writing about unpleasant events, painful emotions, loss, and anger—especially as a part of healing—than are the writers in the other collections, although the overall tone of the book, like the others, is celebratory and focused on getting through the experience.

These autobiographies share with most narratives the deep need to make some sort of meaning out of experience, to find a point or purpose to suffering, as when Tamara Jo Stevens writes, “I believe there is a higher purpose for my continuing to survive with stage 4 breast cancer. To have the ability to encourage others to remain positive and live life to its fullest despite their prognosis, I believe, is my God-given purpose now” (2002, 185). Many share my sense that the cultural narratives of illness and suffering we have are inadequate, as Raz explains in the introduction to Living on the Margins: “Conventional wisdom says that suffering ennobles. . . . Cancer patients aren’t by definition strong. Nor are we heroes. Cancer patients aren’t responsible for our illness or our recoveries, metastases, remissions, or deaths. Conventional wisdom suggests that breast cancer patients have access to death control just as women are supposed to have access to birth control, and if we slip, well, we weren’t careful. . . . Until now. What now is our human responsibility? Like all the writers gathered together in these pages, we have a human responsibility to live our lives out loud, in our work, as we can” (1999a, xvii). The move Raz makes here—from trying to understand to feeling obliged to make her
new understanding public—is shared by most of the writers in these four books.

One function of these narratives is simply to restore a sense of self to the author. Paul John Eakin, in a recent essay in *Narrative*, suggests that “what we are could be said to be a narrative of some kind” (2004, 124), a claim that he connects to recent research in neurobiology. Such a claim is not far off from poststructural claims that one becomes a subject linguistically when one assumes the subject position of “I.” But when we assume this position, we assume as well another person whom we are addressing. That claim is at the heart of Kelly Oliver’s argument, in *Witnessing: Beyond Recognition* (2001), that taking up the position of one who witnesses (to) trauma—that is, one who is both an eyewitness and one who testifies—is an ethical act. Oliver contends that in witnessing, we both represent ourselves and represent another whom we construct as “response-able”; we assume the responsibility of telling, but we understand the other as one who can, will, and should respond to us (15, 88, 91). Oliver argues—and I think she is right—that this constructs a relationship between self and other that is built on connection and reciprocity rather than subordination. When breast cancer autobiographers reconstruct a sense of self, I think they are doing so implicitly with this notion of “response-ability” in mind; their sense of “living out loud” is in part to reconstruct a sense of self, but that relation of self and body becomes a model for a relation between self and other.

In autobiography, Eakin suggests, writers are able to maintain a stable sense of identity through bodily and temporal change (2004, 129). But the writers of breast cancer autobiographies often incorporate (I am using the bodily metaphor intentionally here) the communal into this new sense of self. In coming to terms with a changed body, they come to connect to a community that is defined by its relation to the body: the community of women with breast cancer. Attitudes toward the body as a site of identity and understanding, of course, vary. But Susanna Egan, in *Mirror Talk: Genres of Crisis in Contemporary Autobiography*, argues that one distinctive feature in contemporary autobiography is the “emphatic presence of the body” that she sees as signifying a “cultural paradigm shift that revalorizes the body as a significant component of identity” (1999, 5). Drawing on the work of Sidonie Smith and Elizabeth Grosz, Egan claims that the “permeability of the body challenges notions of autonomy or identity” and that women’s and disabled people’s autobiographical writing in particular foregrounds the body as a source of knowledge (6). There are numerous scenes in these narratives of coming to terms with one’s body and trying to understand the relationship between that body and one’s
identity. Sometimes this comes in the form of misrecognition and a separation of body from self. Katherine Traynham, in *Can You Come Here Where I Am?* writes, “I don’t know whose body this is. . . . I wish I were beautiful to me. I wish my breasts looked like they are mine. I don’t care if they don’t match, but I don’t know whose they are” (in Busch et al., 1998, 131). Other times, writers try to reclaim their bodies; Alicia Ostriker describes her process: “As soon as I am able to touch it, I resolve to caress this flatness. . . . letting it know that I am not angry, that it is still my body, that I still love it. I tell a friend that I am doing this, caressing the place where there is no longer a breast, for which there is no name. . . . My friend is surprised. But if I cannot love my body, I cannot heal” (1999, 195). The third person referent that both Traynham and Ostriker use here, even though one is distant and one close, “my body” rather than “me,” represents a separation of mind, or at least self, and body, that remains relatively constant throughout the autobiographies and is in fact something that many of the narratives gnaw at: how do I (can I?) accept my body as part of my identity when it is trying to kill me? This may be more acute with cancer narratives than with other disease narratives, since cancer is so often described as one’s own cells being out of control, as opposed to some cellular (bacterial or viral) invader from outside. It may also be more central to women’s autobiographical narratives, since women have for so long been associated with the body and have had to fight to be recognized as having a right to being seen as intellectuals. Trusting the body’s knowledge, then, and trusting its role as “a significant component of identity” (Egan 1999, 5) can be hard.

The body’s apparent betrayal of self can sometimes liberate identity from bodily constraints. Sedgwick does not find her discovery of being a woman something that lasts through treatment, for instance. As she makes her way through the drastic physical changes wrought by medical interventions, she realizes that they can free her from gendered and even ethnic states that are typically determined by that body’s appearance: “A dizzying array of gender challenges and experiments comes with the initiations of surgery, of chemotherapy, of hormone therapy. Just getting dressed in the morning means deciding how many breasts I will be able to recognize myself if I am wearing (a voice in me keeps whispering, three). . . . I have never felt less stability in my gender, age, and racial identities, nor—anxious and full of the shreds of dread, shame, and mourning as this process is—have I ever felt more of a mind to explore and exploit every possibility” (1999, 71).

Amy Ling, whose cancer seems to her to represent the alien status of her own position as an Asian immigrant in American culture, also uses
the occasion of chemotherapy side effects to experiment with ethnic identity by buying three wigs, one that looks like her own straight, black hair, but two that do not: “The wig I called Cher was also black, but had loose curls falling halfway down my back. My favorite, Annie, was short, curly, and . . . strawberry blond. As a child, like Toni Morrison’s Pecola Breedlove, I’d longed to be a blond; as an adult, I recognized such longings as self-rejection and intellectually rejected them. But as a cancer patient, I wanted to pamper myself and satisfy an irrational craving. I didn’t care if I was being politically incorrect” (1999, 129). These women experience the body’s betrayal as a chance to go beyond identities conscribed by that body, even as they are realizing that it is the bodily experience of change that is allowing—or perhaps forcing—this exploration. At its best, this new relation to one’s own identity as fluid can open up channels for connection to people who are different from oneself.

While I can point to many examples of women writing to reclaim their bodies, trying to understand why their bodies betrayed them, or learning to accept the changes and mutilations of their bodies, I cannot point to a single narrative in these books that simply accepts the body as an inseparable part of the self. Perhaps the emotional work of preparing oneself for and dealing with amputation makes that necessary. Elaine Greene makes the logic of this clear when she thinks about what happens to the breast that was removed and taken to the pathology lab: “Did they put it in a plastic box? A Baggie? Did they put it on a plate, like Saint Agatha’s in Italian martyr paintings? . . . And how exactly did they determine there were no more lesions? They sliced me like a side of smoked salmon is how. Don’t think sliced me, I say to myself. It wasn’t me any more. Body parts do not have a soul” (1999, 281). Her claim—it wasn’t me any more—is representative of these narratives, but so is the lingering sense that it still is, somehow. I think of this as dismemberment.

Dismemberment. Mastectomy, but even the less extreme surgery so inelegantly named lumpectomy, is a taking apart of the body, taking away part of the body. You have to get used to the idea of a piece gone. I was never quite able to make the reality of “dissection” mentioned in the pathology reports actually apply to me. I don’t think I ever adequately dealt with the idea of being in pieces. Greene’s speculation about her breast on its way to the lab is the most explicit consideration of this that I’ve seen. But I think it lurks throughout most of these small autobiographies and haunts these narratives in their use of the third person to refer to the body.

Re-membering. At least one function of the narratives I am examining here is to reconstruct a self from the pieces that have come apart. This is
both an act of memory and an act of construction. But it may also be an act of joining a group: becoming a member of a group of women who have lived through the experience and redefining oneself through membership in that group. As with any act of joining a group, this does not involve a complete loss of who one was, but it does involve taking on a new identity. The realizations that one both is and is not one’s body, and that one’s bodily identity and integrity can be severely compromised, may open up new possibilities for understanding oneself as part of a group rather than simply as an individual. Writing about witnessing to human rights abuses, Kay Schaffer and Smith discuss the ways that such testimony can rebuild a sense of self but also build a sense of community: “In the midst of dislocations and relocations, personal and collective story-telling can become one way in which people claim new identities and assert their participation in the public sphere. It can also become a way of maintaining communal identification in the face of loss and cultural degradation. . . . Storytelling functions as a crucial element in establishing new identities of longing (directed toward the past) and belonging (directed toward the future)” (2004, 6). Like testimonies of trauma or abuse, narratives of breast cancer rebuild a sense of self by building that self into a community. In writing that self into a community and assuming a “response-ability” to the audience, these writers move toward a new identity that is much less individualistic than those one sees in much traditional autobiography.

**Narrative as recovery**

Recent theories of life-writing about illness and disability have raised questions about the role of individualism and community. In a forum in *American Quarterly*, David Mitchell critiques disability autobiography for downplaying community, claiming that disabled autobiographers “often fall prey to an ethos of rugged individualism” (2000, 312). This seems a kind of polar opposition to the autobiographical narrative that Robyn Warhol and Helena Michie (1996) describe in their study of group-therapy programs like Alcoholics Anonymous. They argue that within such groups the identification with a master narrative of relative sameness marks one’s progress toward health. Breast cancer narratives seem to fall somewhere in between such individualized and group narratives, perhaps because the treatment for the disease is not primarily narrative in form, though recovery may well be.

A common moment in breast cancer narratives is the expression of frustration over loss of control. Contemporary American women are steeped in a culture of control, especially self-control. Magazines contin-
ually tell us that we can have it all if we just learn to manage ourselves, our time, our bodies, our children, our careers correctly. Much contemporary popular medical writing extends this to our medical situation; diet, exercise, and self-care, we are told, can outweigh genetics, family history, cultural demands, environmental degradation, or life situations. So when a woman is diagnosed with breast cancer, the shock of it comes in part because it seems a thing one cannot control as well as something that one’s efforts heretofore should have prevented. Breast Cancer? Let Me Check My Schedule! begins with a chapter called “The Shock of Diagnosis”:

“For as long as we can remember, we have taken charge of our lives. . . . Control is a fundamental part of our natures. . . . The feeling of being in control deserted us in an instant when we received our diagnoses of breast cancer” (McCarthy and Loren 1997, 2). Several critics of autobiographies that deal with illness, disability, or trauma argue that the work of such life-writing often serves to restore a sense of self-control to the writer. Thomas Couser probably puts it best when he writes, “bodily dysfunction is perhaps the most common threat to the appealing belief that one controls one’s destiny” (1997, 9). This threat, he argues, can be to some extent ameliorated by writing: “In its form (point of view) as much as its content the breast cancer narrative asserts women’s control of their bodies” (39). He concludes that “published illness narratives may be in some significant sense healing. Although they may be unable to relieve the symptoms of the body, they may help to relieve the suffering of the self” (289). Like most illness narratives, breast cancer stories include at least some narration of medical treatment, but almost all of them focus on the narrative of recovery. I am distinguishing here between the narrative of the physical interventions, almost always enacted by medical personnel, and the narrative of the psychic and psychological recovery, almost always enacted without professional treatment but in the company of loved ones or fellow cancer survivors. This narrative self-healing works by fundamentally redefining that self in two directions: first, the writers reshape themselves into members of a community of women, and second, they rewrite themselves as helpers who are offering relief to other sufferers. They are recovering a sense of self in contrast to the self who has cancer and who needs the assistance of others.

Often the insistence on one’s identity is explicit. Annette Williams Jaffee describes her own inability to reconcile her sense of self with her diagnosis:

4 In The Wounded Storyteller (1995), Arthur Frank describes this self-reclaiming as postcolonial; while this description is problematic in its inattention to history and race, it is suggestive.
“I suddenly panic. I cannot do this. I am too young, I am wearing blue jeans, I have a Bloomingdale’s charge card” (1999, 51). In almost every autobiography that I’ve read, there is a moment in the narrative when the writer insists that, despite the diagnosis, she remains herself. Mouton, for example, writes, “Then I looked in the mirror. I screamed! . . . I looked again. . . . That’s when something amazing happened. I saw myself! My hair was gone, but I was still there—and still beautiful” (2002, 6). But there is also almost always a moment when the writer recognizes that she is different as well. Traynham writes, “I had begun to think of myself as ‘someone who has/had cancer.’ And worse, I began to act like it. I wanted everyone to know that things were different now. And in case they hadn’t made the connection, I made it for them. ‘Well,’ I’d sneak into a perfectly innocuous conversation, ‘I felt that way, too—UNTIL I HAD CANCER!’ . . . It’s as if everyone not on the Cancer Enlightenment Program was slightly retarded” (in Busch et al. 1998, 95). Using a remarkably similar verbal structure, Carole Simmons Oles writes, “Yesterday, lying on the couch resting before setting out to try to teach [my] Women Writers course, imagining myself sharing my story with students and surprised to start crying at my own news as if hearing it for the first time myself. Now, indecisions and actions taken—at least temporarily—I recognize with my whole awareness that I have/had cancer” (1999, 88). Here she negotiates the tension between who she was/is—someone who teaches, who tells stories to her students—and the sense of herself as the subject of that story. Interestingly, it is in the moment of telling her story that she comes to terms with who she is now. This does an interesting job of maintaining a stable sense of self that Eakin (2004) sees in autobiography, in that it is a self that incorporates self as other(s).

This revision of a sense of self follows what Smith has described as the dialogic nature of contemporary women’s autobiography; for her, the traditional autobiography is written by someone who assumes a universalized version of the self that is all intellect: “Unique, unitary, unencumbered, the self escapes all forms of embodiment” (1993, 6). Smith argues that many (though not all) women autobiographers find it impossible to assume this disembodied identity. She writes about women who find themselves more in the mess of life, who realize that their identity is hardly unitary (they have identities as daughters, mothers, wives that are not separable from their identities as writers, and often identities as women of color that are and are not separable from other aspects of identity) and who realize that their identity is in conflict with the traditional notion of “woman.” She sees them as engaging dialogically and thereby challenging
the cultural scripts that would write them into one singular identity (1993, 21).

Smith sees writers engaging a complex dialogue, a conversation among their own multiple identities, and an interrelated one with the narratives that our culture tells about women. Breast cancer autobiographers do this as well, but there are some added layers to their assumption of complex identities. First, there is a temporal difference of self: one was oneself, but postdiagnosis, one is someone else. The second layer arrives in the form of the intense physicality of the disease itself and the realization that both the disease and to a lesser extent one’s body parts are separable. The third layer appears not so much in any individual narrative but in the interactions among the narratives and in the high level of identification that exists between the author and her implied reader. This reader is almost always assumed to be another woman with breast cancer or someone close to a woman with breast cancer. When a woman writes her story of breast cancer, then, she is almost always aware at some level that she is writing someone else’s story too. Sometimes this becomes explicit in the way that the narratives blur into advice. But despite engaging in overt acts of advice, it is rare that any of these autobiographers directly assert that a reader should behave in a specific way. When I describe these narratives as dialogic, I mean that they project the reader as someone with the authority to author her own life.

This attitude toward the reader may also be at the heart of the narratives’ ethical stance. In one piece of his work on narrative ethics, James Phelan postulates that positioning—the relations between characters, narrators, authors, and readers—sets up dynamic interactions that allow for ethical writing and reading (1998, 320). His reading of *Beloved* turns on the idea that Toni Morrison so respects her readers and her characters that neither she nor the narrator forces a specific ethical conclusion but allows readers to decide for themselves. One could say, using Oliver’s language, that Morrison treats her readers as “response-able” for their own ethical conclusions. Breast cancer narratives often follow this same pattern, though they may be more explicit in their positioning of the reader as a member of the community she is in the process of joining (and perhaps of constructing).

To be honest, autobiography has never been my favorite genre. Reading Smith’s discussion of traditional, canonical autobiographies (one thinks of Saint Augustine, Jean-Jacques Rousseau, Benjamin Franklin), I understood better than I ever had before why: I distrust the monologic and unitary voice. Even more, I distrust a sense of self that sees itself as a
model for others to follow. “Be like me” has never been a rhetorical move that appeals to me. The beauty, for me, of these collections of autobiography is that they are not only in dialogue with their readers, assuming an authoritative audience, and not just in dialogue with the culture and its mythologies about women’s bodies and about cancer, but they are also in dialogue with one another. Writers within the same collection contradict one another. They offer different ideas about treatment, suggest different strategies for coping, tell different stories about how they made it through the process. And they do all this with remarkably little negative assessment of people who make other choices. It is as if the processes of coming to terms with a changed sense of self and a membership in a group they would never have willingly joined have opened them up to the possibilities of diverse ways of being in the world that they might never have entertained before. For me this is where the deeply ethical nature of these narratives lies and where we can see these narratives manifesting the kind of ethical stance that Oliver connects with witnessing.

Breast cancer and the sense of no ending
This wide variety of attitudes makes it all the more surprising, then, that there should be such consistency in breast cancer autobiographies’ endings. Couser examines several single-author autobiographies in Recovering Bodies and argues that these breast cancer narratives usually conform to a comic narrative of recovery. He points out that they are written only by survivors and usually written only when the narrator is well enough to sustain the lengthy project of writing a book. He demonstrates that “the master plot, then, of the breast cancer narrative, like that of autobiography generally, is a comic one; it ends ‘happily,’ with some significant recovery; the narrators are healed, if not cured. Without exception, then, the narrators are, or claim to be, better off at the end than at the beginning” (1997, 39). These newer narratives seem to resist that structure to some extent, insisting on their in-between-ness: their endings are neither tragic nor comic, neither individual nor collective. Typically, these narratives do end on an upbeat note, but often that tone is shown to be provisional, subject to unpredictable change. (This is a point at which the books I am considering differ. The Breast Cancer Book of Strength and Courage is not as open-ended as the other three, and I will consider it separately in the next section.)

Frequently these narratives actually begin with their ending, which is to say they often begin with the author’s assurance that she is still alive
and doing well. For instance, Ostriker begins her narrative with this ending:

Nobody will believe me if I say this. Whenever I think of my mastectomy, I find myself smiling. As if it were a comedy. Is it simply because I survived, and six years later I am still glad to taste the preciousness of life? Is it that I feel like the hero of my own drama, taking my bows?

Is it that I wrote a sequence of poems about my mastectomy and they turned out to be such good poems that I am grateful to the cancer? . . .

Or do I smile in order not to collapse in guilty grief at the thought of the dead? (1999, 175)

With this comedic ending therefore assured, Ostriker has the leeway to have a real conclusion that is much more open-ended. These endings often tend outward, to a sense of community with other women. Can You Come Here Where I Am? gets at this open-endedness with a chapter titled “It’s Never Over, Is It?” in which the writers ask, “How do you start to ‘get over’ what happened? Can you?” Jana Morgana writes, in “Shower,” “Remember I have had fine nerves cut / Large muscles and nerves / Stretched and traumatized / For my own good / To remove cancer and test for spread / My body and emotions / Have not gotten that message” (in Busch et al. 1998, 128). Lesley Tyson reminds us, “the vigilance must continue / and the iľar never truly recedes” (in Busch et al. 1998, 129). Throughout this chapter, the authors try to come to terms with their new identities once cancer treatment is over, identities complicated by the sense that it is not really over.

In autobiography written as “we,” this open ending can allow for multiple outcomes, as in Breast Cancer? Let Me Check My Schedule! which begins with a dedication to the two (of ten) authors who died before the book was published and ends with a meeting of the authors just before the first death in the group. Even with the acknowledgment up front of an ending that is hardly comedic, the narrative ends similarly to Ostriker’s beginning, with a chapter called “The ‘Gift’ of Cancer,” where the authors describe various positive changes in their lives. They write, “All of us want to help other women deal with the terrifying possibility or reality of breast cancer” (McCarthy and Loren 1997, 204), and then they list all the work they are doing (in addition to writing the book) to help women cope with cancer. Even Donna Cederberg, one of the authors who died, discusses writing her own obituary; she states, “I wrote that my death was
from complications of breast cancer. I want breast cancer in the obituary because I want it to reflect that breast cancer is killing women” (in McCarthy and Loren 1997, 229). In this, she undertakes autobiography—even in the form of obituary—as an ethical and political act. These authors seem to me to be providing an ethical narrative directed not inwardly but outwardly. It becomes an act of reclaiming one’s own story as a way of empowering others. Collections of different autobiographies that allow for open-ended and fragmentary confusion may be less reassuring than individuals’ narratives that end on a happy note of recovery, but they also seem more honest about the contingent state of healing from cancer and may therefore provide better models for readers than narratives that end on a completely positive note.\(^5\)

The absence of models for dealing with breast cancer that troubled Lorde in the late 1970s is no longer a problem. Today’s breast cancer patient has no need to look further than her nearest library or bookstore.\(^6\) Had Lorde’s goal simply been to make breast cancer visible, she would have succeeded beyond her wildest dreams. But Lorde had more at stake. As William Major puts it, she wanted to make “manifest a utopian ideal: a well-informed ‘army’ of single-breasted women . . . ready to break with medical and social codes of normalization” (2002, 52). Simply joining a sisterhood of breast cancer patients is not enough to enact political or ethical change. Encouraging someone through dark days of sickness and fear are important acts, but we have to think about the direction of that encouragement.

**The ethical dilemmas of “strength and courage”**

In *Recovering Bodies*, Couser examines one collection of short autobiographies like those I am discussing here, Deborah Kahane’s *No Less a Woman: Ten Women Shatter the Myths about Breast Cancer* (1990). He critiques the collection for its creation of a “composite Superwoman” who “appears to survive breast cancer as a result of her initiative—her decision and her ability to take charge of her life. Thus the book implicitly characterizes illness as a test of character” (49). Worse, he argues, Kahane’s

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\(^5\) In *Illness and Culture in the Postmodern Age*, David Morris argues that the postmodern illness narrative is one that “contains painful moments of breakdown and failure” (2000, 278) and that the contemporary experience of illness is one of fragmentation and contradiction.

\(^6\) For that matter, she need not even go to the bookstore; there are numerous Web sites out there with survivors’ stories and more every day. Typing “breast cancer survivor stories” into any search engine will yield hundreds of results.
collection “sometimes resorts to a rather facile formula for recovery; in doing so it makes implicit (and finally irresponsible) claims for the power of mind over malignancy” (49). There is certainly a component of this kind of mythmaking and implicit blaming the victim in all the collections that I am examining here, but it is most pronounced in *The Breast Cancer Book of Strength and Courage*.

I feel compelled to offer some disclaimers before I go further. *The Breast Cancer Book of Strength and Courage* is probably not meant to be read as autobiography, probably not meant to be read at one sitting, and probably not meant for people who are not closely tied to the breast cancer experience. To be honest, it may not even be meant for someone at my stage of recovery, or, more to the point, for someone who studies narrative for a living. Knowing this makes writing this part of this essay excruciatingly hard, partly because I have mixed emotions about the texts. Some things I find myself most critical of are those that I have found (or would have found at one point during my illness) most moving. The emotional aspect of these texts has not been the only stumbling block, though. I am also finding the role of critic (in the sense of faultfinder, not of educated reader) hard. To the extent that I distrust the autobiographer who says “be like me,” I distrust myself as the critic who would find the right way to talk about breast cancer, activism, and the ethics of illness narrative. What follows is an opening up of a question, not the last word. It is, I hope, a discussion between people who mean well about how best to tackle the project of moving from illness into an ethical orientation to the world.

Many of the essays in *The Breast Cancer Book of Strength and Courage* include statements to the effect that the writer wants to be a model for others: “I hope I can inspire others to do the same—to set their sights, chart their courses, and realize their goals” (Murray de Prieto 2002, 139). They often talk about the lessons that breast cancer has taught them about being a better person and how they feel they need to share that lesson, as Becky Richards does when she writes, “People need to know about breast cancer, and it’s important to tell them you don’t have to die from it” (2002, 29). This collection is full of stories about women who either beat cancer or can laugh about it or have found a way to live with advanced forms of the disease. I know that during some of my darkest days I would have found these stories remarkably helpful; during the weeks I really did think were my last, I would have welcomed stories of hopefulness, however trite they might seem to me now.

Reading these from a narrative ethics standpoint raises some interesting problems for me, though. Can one read these as truthful narratives? Cer-
tains they represent at least one truth for these women and represent a truthful outcome for each writer, at least as she was at the time of publication. But when someone writes, “you don’t have to die from [breast cancer],” that is not really truthful. About a quarter of all women diagnosed with breast cancer do die from it. To present the disease as an issue of will and of one’s recovery as a matter of attitude is to indirectly claim that those who do die from the disease just had the wrong attitude. When someone acknowledges that she was terrified, that she cried, but talks about getting beyond that point, does that do justice to the power of the painful emotions? In a desire to be encouraging, do we play up the courage aspect at the cost of acknowledging the lost-soul part? On the other hand, do we really want (or need) to read narratives about women who have lost their way after a diagnosis of breast cancer? I do not think I can solve the problem of the ethics of telling a breast cancer story here, but I am interested in how these ethics play out in terms of identity and in terms of the community-building challenge to individualism that I see at work in these autobiographies.

The selves that are built in many of these autobiographies, but especially in The Breast Cancer Book of Strength and Courage, are the selves encouraged by dominant-culture women’s magazines; many of the essays sound like the sort of little human interest stories that one might read during breast cancer awareness month in Cosmopolitan, Glamour, or Ladies’ Home Journal. They promote an ideology not only of self-sufficiency but also of maintaining a positive attitude. This may be best expressed by Kathy Bryan Swim, who writes, “Sometimes I feel that before I had breast cancer, I let the world around me dictate what I needed to be and do. I listened too much to the outside voices: . . . always give of yourself and take care of others even when you feel you can’t. If you work at it hard enough, you can create a perfect little world and achieve eternal happiness. After breast cancer, it was time for the real me to awaken” (2002, 97). Even while admitting that she cannot build the “perfect little world” just by working hard enough, Swim writes about learning to be selfish about her time and learning how “to nourish [her]self” (98). Colette LaRoche, in “Eat Ice Cream for Breakfast,” claims that her illness has taught people around her to be less focused on material consumption: “My cancer has changed other people’s lives to the point where I have started to believe

7 Theories of autobiography have focused a great deal on the problem of autobiographical truth. For a thorough discussion of the critical debates over whether autobiography is true or a fiction of the self, see Gilmore (1994).
that things really do happen for a reason. I was the chosen one. What happened to me was a gift, of sorts. People started telling me it was a wake-up call. They started to live their lives in an unaffected way” (2002, 141–42), but she concludes the essay by telling us that when she was diagnosed with a recurrence just before a trip to France, she went out and bought ten pairs of designer shoes in Paris.

Even the essays in Living on the Margins have an element of the learning-to-care-for-yourself or learning-to-love-your-body mentality that mainstream women’s magazines self-consciously promote (even if their ads and photos promote a less healthy body image). Feminist writers have been urging women to learn to care for themselves, to love themselves and their bodies, for decades. So why do these moments of self-care make me uneasy? In part it is because these essays are promoting selves that are dictated by the parameters of American commercial culture. In a breast cancer essay that appears in a feminist collection about the body, Judith Hooper (1994) writes about the way that the Look Good—Feel Better program of the American Cancer Society encourages women to see cancer as a cosmetic problem, and in this way echoes Lorde’s (1979) critique of Reach for Recovery. Describing the program as “Beauty Tips for the Dead” (the title of her essay), Hooper asks, “Does the American Cancer Society imagine that a woman with a deadly disease will really feel a whole lot better once she gets some expert cosmetological advice?” (1994, 110–11). Several of the writers in The Breast Cancer Book of Strength and Courage would answer yes to that question. Barbara Pate Glacel, in “Reach Out and Touch Someone,” offers an anti-Lorde take on Reach for Recovery; she describes her intense anxiety after her mastectomy because she wants to “look normal” (2002, 47) and to “hide [her] lopsidedness” (47) lest she embarrass her teenage daughter by going home with “half a flat chest” (48–49). For her, the visit from Reach for Recovery was a moment of healing, one she decides to continue by becoming a volunteer for the organization herself.

The focus on shopping, prostheses, and nourishing one’s self is not necessarily contrary to feminist or ethical goals, of course. The ethical complications, for me, at least, arise from the fact that these essays rarely move out into that “well-informed ‘army’ of single-breasted women . . . ready to break with medical and social codes of normalization” (Major 2002, 52) that Lorde imagined. There are few challenges here to either medical or social codes. This book promotes the idea of an individual self even as it establishes a community of women, yet that community is not outward looking but intensely privatized. Even in essays about the need
for other women and the importance of community, that community is defined by what one gets from it rather than what one gives to it. Further, the idea of what is normal is never challenged.

More disturbing to me, however, is the absence of a political sense of the disease from these essays. I mentioned earlier that the claim that “you don’t have to die from it” ignores the fact that a quarter of all women diagnosed with breast cancer do die. What I did not mention was that the statistics reveal that women of color and poor women are the ones who die the most often. Euro-American women and educated women are diagnosed more often, but they have the best survival rates, almost certainly because they have superior health care and better access to options for managing their treatment. It is a lot easier to have a good attitude toward your body and your prospects for recovery when you have adequate means to treat the disease. Even when these essays do urge political involvement, the action they advocate most often falls squarely within dominant institutions that do not challenge the status quo.

Barbara Ehrenreich’s essay on her own experience of breast cancer, “Welcome to Cancerland,” makes the political quiescence of most breast cancer activism clear. Claiming that “there is nothing very feminist—in an ideological or activist sense—about the mainstream of breast-cancer culture today” (2001, 47), she points out that breast cancer has become a popular cause for corporate sponsorship, in part because companies can be seen as doing something for women without having to challenge patriarchal ideology. As she explains, some of the components of breast cancer awareness and activism are infantilizing; she despises the pink ribbons that have become the symbols of the disease and bemoans the marketing of breast cancer teddy bears. She is most troubled by the way women who have had the disease direct their energies only toward a cure, or toward coping with the disease, rather than mounting serious political challenges to its causes: “In the mainstream of breast-cancer culture, one finds very little anger, no mention of possible environmental causes, few complaints about the fact that, in all but the more advanced, metastasized cases, it is the ‘treatments,’ not the disease, that cause illness and pain” (48). Participating in some online discussion groups, Ehrenreich finds a group ethos that demands having the right attitude, an attitude that does not include anger at medicine or at environmental polluters. Acknowledging that cheerfulness and positive attitudes do play a role in healing,

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8 According to the American Cancer Society (2004), ethnic and socioeconomic disparities in cancer survival have risen since 1975.
she nonetheless concludes that the imperative to maintain a good outlook has serious consequences:

The effect of this relentless brightsiding is to transform breast cancer into a rite of passage—not an injustice or a tragedy to rail against, but a normal marker in the life cycle, like menopause or graying hair. Everything in mainstream breast-cancer culture serves, no doubt inadvertently, to tame and normalize the disease: the diagnosis may be disastrous, but there are those cunning pink rhinestone angel pins to buy and races to train for. Even the heavy traffic in personal narratives and practical tips, which I found so useful, bears an implicit acceptance of the disease and the current barbarous approaches to its treatment: you can get so busy comparing attractive head scarves that you forget to question a form of treatment that temporarily renders you both bald and immuno-incompetent. (2001, 49)

In its worst form, she argues, “the breast-cancer cult serves as an accomplice in global poisoning—normalizing cancer, prettying it up, even presenting it, perversely, as a positive and enviable experience” (53). Ehrenreich’s essay comes very close to representing my own reaction to the way that the rage about breast cancer is (mis)directed in this country.9 There are two points, however, that I would like to take up to reorient her objections. The first is whether normalizing breast cancer is necessarily such a bad thing; the second is to ask why the breast cancer “cult” is so focused on only the one disease.

Ehrenreich’s fears of normalization are that we will take breast cancer to be something we just cope with rather than something we try to prevent. Her worry is that accepting it as normal will mean that we ignore the environmental hazards that most of us believe cause cancer. I completely agree with those worries. My question, though, has to do with the whole problem of the normal. Is illness not a normal part of living? Should we not be teaching people that expectations of bodily perfection and control of our physical destinies are unrealistic? As long as we think of illness as an abnormal part of life, we will continue to discriminate against the people who represent that abnormality; we will continue to see them as people who have somehow failed in the task of maintaining a normal state of health.

9 While raising funds to find a cure is certainly a worthwhile effort, I question whether cure is a better goal than prevention and alleviation would be and wonder whether fundraising via merchandizing products is really the right way to allocate funding for medical research.
At my angriest, most cynical moments, I have thought that the treatment for breast cancer can be construed as punishment: you did not protect yourself adequately, our culture says, so we will make you bald, nauseous, tired, and burned. That'll teach you. Of course this is not what I honestly believe (fully aware as I am of the professional skepticism about honesty in personal narrative), but I think it would bear investigation to examine the ways that the medical establishment assumes that we will endure discomfort, pain, even what might amount to torture, in order to get back to normal. When the treatment is the only thing standing between us and death, perhaps that is right. But narratives that portray enduring radical treatment as a kind of heroism may contribute not to an acceptance of the normality of illness and disability but to the need to undergo “normalizing” treatment at any cost. Writing about the cases of adult conjoined twins who do not want to be separated but who are convinced that they need to be, Rosemarie Garland-Thomson argues that such medical treatments can be seen as mutilations, prompted not by benefit to the patients but as a way to “expunge the kinds of corporeal human variations that contradict the ideologies the dominant order depends upon to anchor truths it insists are unequivocally encoded in bodies” (2002, 14). We carry this to the point that we focus “on changing bodies imagined as abnormal and dysfunctional rather than on changing exclusionary attitudinal, environmental, and economic barriers. The emphasis on cure reduces the cultural tolerance for human variation and vulnerability” (14). Cancer and disability are often not the same in regard to the level of life threat, but narratives that extol the virtues of endurance and the necessity for cosmetic cover-ups contribute to, rather than challenge, a cultural assumption that only certain appearances are normal. Breast cancer autobiography could go much further than it does to question our assumptions about what is and is not normal, about what we should and should not force ourselves to endure.

I think we need to look outward from this experience, and this is where almost all the breast cancer narratives I have examined fail. Ehrenreich is right to call it a breast cancer cult, if only to point to the ways in which the survivors of the disease become myopic about breast cancer: writers rarely move outward to thinking even about other forms of cancer, much less other diseases and disabilities. When they talk about the cure, it is for this one disease. When they talk about losing a breast, there is no discussion about the relationships between mastectomy and amputation. When they discuss learning to care for themselves and to recognize their own limits, there is no answering discussion of learning to recognize and accommodate other people’s physical limitations. In other words, the
community that is being built in these narratives is a small one; it includes women who have the means to deal with breast cancer physically, the mental space to deal with it with the “right” attitude, and members of the medical establishment seeking the cure. It does not move out, as Ehrenreich argues, to people who take up an environmental protest. It does not move out very far to people who challenge the medical analysis of the disease. And it certainly does not move out to embrace the disability movement and its challenge to the idea that there is only one form of healthy embodiment.

One of the lessons that breast cancer autobiographies could teach is that identity is inherently unstable. As the whole first half of this essay shows, the struggle with “Who am I now?” turns on the idea that we are not always the same. But too often the notion of recovering an identity is to recover only one identity, not to embrace a multiplicity of identities; it is to claim the identity of a survivor or a woman who is healed rather than to embrace the transitory nature of embodiment. “Our collective cultural consciousness emphatically denies the knowledge of vulnerability, contingency, and mortality,” Garland-Thomson argues (2002, 21). But breast cancer autobiography could change that. Representing disease as a normal thing that we all have to cope with sooner or later, rather than as a heroic facing down of an enemy, could open the door to understanding many kinds of physical differences. It could open the door to empathy and to political change focused not just on ending breast cancer but on recognizing the fullness of other lives that might not from the outside appear to us as lives we would want.

We need to bear in mind how we tell our stories. Oliver warns that not all testimony is true and urges us to maintain a strong sense of vigilance when we listen to or perform witnessing (2001, 133). In Vulnerable Subjects: Ethics and Life Writing (2004), Couser takes up the question of writing memoirs about people who are especially vulnerable—people who are ill, children who are disabled, people who for one reason or another cannot defend themselves against the claims of the memoirist. He wants to develop an ethical criticism that takes the possible harm a memoir can do into account, but he also acknowledges the problems with using criticism as a policing mechanism if it means that the critic has to function as censor. He suggests a different perspective on policing, though, one that he hopes can serve as “a different metaphor for ethical criticism of life writing. One function of the police—in theory if not in practice—is to protect the vulnerable from harm, abuse, and exploitation” (202). I want to suggest here that we think of autobiographies of breast cancer in relation to vulnerable readers, and that the criticism of them I engage
in here is meant to help protect the vulnerable from harm. If the writer-reader relationship is one of strong identification when we are dealing with these autobiographies, then writers, even though they themselves have been (and certainly still are) vulnerable, have a special ethical responsibility. To be fair, I believe that every one of the writers I have discussed here would accept that claim, and every one of them has endeavored to fulfill that obligation. But we need a larger discussion. We need to rethink our attitudes toward illness, recovery, identity, and community. We need to become bigger, more multiple, selves. We need to expand our community.

Of all the essays and narratives I have discussed in this chapter, Sedgwick’s is the one that comes closest to calling for the kind of expansive community I am imagining here. Urging an identification between people with breast cancer and people with AIDS, she argues that she has learned how to embody the ethical sick role from a friend with AIDS: “From Michael I also seem always to hear the injunction... ‘Include, include’: to entrust as many people as one possibly can with one’s actual body and its needs, one’s stories about its fate, one’s dreams, and one’s sources of information or hypothesis about disease, cure, consolation, denial, and the state or institutional violence that are also invested in one’s illness. It’s as though there were transformative political work to be done just by being available to be identified with in the very grain of one’s illness” (1999, 68). There is, indeed, transformative political work to be accomplished with a new sense of self-identity, if that new self is genuinely transformed.

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