Reconstructing the Posthuman Feminist Body Twenty Years after Audre Lorde’s Cancer Journals

[Feminist cultural criticism is not a blueprint for the conduct of personal life (or political action, for that matter) and does not empower (or require) individuals to “rise above” their culture or to become martyrs to feminist ideals. It does not tell us what to do. [...]. Its goal is edification and understanding, enhanced consciousness of the power, complexity, and systemic nature of culture, the interconnected webs of its functioning. It is up to the reader to decide how, when, and where (or whether) to put that understanding to further use in the particular, complicated, and ever-changing context that is his or her life and no one else’s.

—Susan Bordo, Unbearable Weight

This is an essay about the feminist politics of visibility, silence, and the body. I warn you up front that there is a distinct possibility that it is a theoretical version of self-justification, a meditation on a fall from one version of feminist politics, a confession. I warn you up front that it is about the conflict of finding myself at odds with a feminism that I greatly admire and about coming to terms with not living up to Audre Lorde. I warn you up front that today, three months after my mastectomy and breast reconstruction, may be too soon for me to achieve academic distance from the body of the breast cancer patient and the politics of prosthesis, reconstruction, disability.

Invisibility and Silence: Audre Lorde and the Voicing of Breast Cancer

I wanted to be glad I was alive, I wanted to be glad about all the things I’ve got to be glad about. But now it hurts. Now it hurts. Things chase themselves around inside my eyes and there are tears I cannot shed and words like cancer, pain, and dying.

Later, I don’t want this to be a record of grieving only. I don’t want this to be a record only of tears. I want it to be something I can use [...]. something I can pass on [...]. My work is to inhabit the silences with which I have lived [...].

(Lorde 45–46)

Twenty years ago, Audre Lorde was diagnosed with breast cancer and underwent a mastectomy; The Cancer Journals is the book that came out of that experience. In addition to recording some of her actual journals, her meditations on her fury and mourning, it includes essays about the silence that surrounded breast cancer and mastectomy at that time and about the falseness of prosthesis and reconstructive surgery. The essays articulate a theory of prosthesis as a means of silence, as a way of hiding women with breast cancer from one another and therefore keeping them from being able to share their sense of rage and the knowledge they have gained from the experience. She argues further that prosthesis hides breast cancer from public awareness, allowing people to ignore its politics. She claims that prosthesis works as a lie, a way for a woman to pretend cancer did not happen to her, a way to avoid the reality of amputation. Finally, she states that the emphasis on looking normal after mastectomy works to keep women within a stereotypical femininity, treating their bodies as aesthetic objects.

As did other feminists of her generation, Lorde begins the work of giving voice to women and to women’s issues that had remained hidden, shameful, unspoken. For her, that silence is the silence over breast cancer. Her confrontation with mortality drives her to think of her silences and of the ultimate silence, death: “In becoming forcibly and essentially aware of my mortality, and of what I wished and wanted for my life, however short it might be, priorities and omissions became strongly etched in merciless light, and what I most regretted were my silences. Of what had I ever been afraid?” (19). Her fear about that
complete silence brings her to speak out about cancer and to reveal to the world the consequences of her amputation. She decided both to speak out about cancer and to exhibit her body’s difference; she decided on an ethical course of action that would turn her private experience of fear, pain, and mourning into politics. Lorde related voice to the visual and, in doing so, made the personal political.

Emerging from surgery, she realizes that one of the greatest difficulties for her is her lack of role models, the lack of a tradition that will guide her, that will tell her what to do. She asks, “Where are the models for what I’m supposed to be in this situation?,” and laments, “Where were the dykes who had had mastectomies?” (29, 50). The silence surrounding breast cancer even as late as the 1970s was startling. Cancer itself in the late 1970s was being attributed to a particular—and bad—personality type. Depression, repressed emotions, and succumbing to stress were designated as causes of cancer; thereby the patient was blamed for her illness (see, e.g., Sontag 50–57). Breast cancer carried the added weight of being not only gender-specific (though men do get breast cancer) but somehow sexual as well. Even today, some men are embarrassed about the disease (I have male colleagues who have not yet said the word cancer to me although I taught all the way through chemotherapy and surgery and they saw me almost daily). Women’s breasts, the object of such obsession in our culture, were nonetheless still unspeakable. Breast cancer, even among women, was unspoken. Lorde writes, “I needed to talk with women who shared at least some of my major concerns and beliefs and visions, who shared at least some of my language.” Her painful conclusion, though, was, “But there were none. This is it, Audre. You’re on your own” (42, 29).

Lorde enters a world of ethical narration and becomes a model for other women facing cancer. She goes public as the dyke with the mastectomy, to talk about the experience of cancer and of living one-breasted. She undertakes a writing project that Arthur Frank, in The Wounded Storyteller, contends is at the heart of the postmodern illness narrative: claiming a voice. Frank argues that the medical experience is essentially colonizing, that the patient is forced to be passive, to leave the work of healing to the heroic physician. The person telling her illness narrative, though, demands “to speak rather than [be] spoken for and to represent [herself] rather than [be] represented or, in the worst cases, rather than [be] effaced entirely” (13). It was a sense of being effaced that Lorde encountered in the few women who did talk to her about the experience of cancer. When a representative of Reach for Re-

coversy visited her in the hospital, it was to deliver a pink lamb’s-wool prosthesis; when Lorde visited the surgeon’s office without the prosthesis, the nurse told her she should wear it, because she was bad for morale in the office. In both cases, the women were urging her to deny the reality of her loss, were suggesting that she not only could but should efface the change. Lorde writes of her visitor from Reach for Recovery, “Her message was, you are just as good as you were before because you can look exactly the same. Lamb’s wool now, then a good prosthesis as soon as possible, and nobody’ll ever know the difference. But what she said was, ‘You’ll never know the difference,’ and she lost me right there, because I knew sure as hell I’d know the difference” (42). Frank writes, “Telling stories is a form of resistance” (170), and Lorde’s story is precisely that: resistance against the effacement of her disease and loss.

Her choice to live without a prosthesis or a reconstruction is to make visible her difference. Instead of wearing a prosthesis, she chooses to wear breast cancer, to wear difference. But she makes it clear that even though such a choice is not an easy one, for her to make another choice would be a denial of who she has become:

I looked at the large gentle curve my left breast made under the pajama top, a curve that seemed even larger now that it stood by itself. I looked strange and uneven and peculiar to myself, but somehow, ever so much more myself, and therefore so much more acceptable than I looked with that thing stuck inside my clothes. For not even the most skillful prosthesis in the world could undo that reality, or feel the way my breast had felt, and either I would love my body one-breasted now, or remain forever alien to myself.

Then I climbed back into bed and cried myself to sleep, even though it was 2:30 in the afternoon. (44)

Refusing to acknowledge one’s difference, she argues, is to remain alien to oneself.

Perhaps this is the point at which much of contemporary feminist theory departs from Audre Lorde. Guided by poststructural theories, many feminists now see all subjects as essentially alien to themselves. That alienation is a condition of postmodernity, a condition of the subjectivity that is always different from itself. The earlier feminist politics that urged an acceptance of self, an embrace of self, and a move toward self-loving did not always recognize that internal difference. Lorde’s is not an unsophisticated position, but it is grounded in an understanding
of self in which one can eventually know the self and not be alien to oneself and in which one can make decisions about a relation to the body that may not be comfortable for many postmodern feminists.

"I Am Talking Here about the Need for Every Woman to Live a Considered Life":
Reconstructing the Feminist Body

Twenty years after Lorde was diagnosed with breast cancer, so was I. I had options she didn’t have, including the opportunity to just have the lump removed rather than to lose the whole breast. It was an obvious choice for me. But ten months after that first surgery and after nine months of chemotherapy, the cancer came back, and I had no choice but to have a mastectomy. What I did have a choice about (again, one unavailable to Lorde) was whether to have reconstructive surgery done, not with silicon implants but with my own body tissue. In early February, I sent this e-mail message to the group of women on whose support I depend:

At a couple of crisis points in my life, I’ve found myself singing in the shower without really stopping to think about what I’m singing. The first time was in grad school, the morning I was to start doing my written exams. Carl noticed that I was singing the Roches’ “You’re being weeded out” at the top of my lungs. Well, one morning this week I caught myself singing Laurie Anderson—“I want stereo-FM installed in my teeth. / And take this mole off my back and put it on my cheek. / And while you’re at it, why don’t you give me some of those high-heeled feet?”

Which is to say that after an agonizing weekend of decision-making, I’ve decided to subject myself to plastic surgery, and to do it at the same time as the mastectomy (next Friday, on February 19). They’ll be taking my belly off and moving it up, to build a new "breast." As the plastic surgeon put it, the silver lining to this is that one gets a free tummy-tuck. Which probably should come under the rubric of "be careful what you wish for," as any number of times I’ve looked in the mirror and wished that someone could just cut that belly fat off. Ooops. Ah, chemotherapy and steroids gave me and surgery taketh away.

And medical subject I am, now, thoroughly. Part of the ritual humiliation of this is the “examination” at the plastic surgeon’s: my breasts and belly were hefted, measured with calipers, compared to plastic forms. Then I was photographed, naked but for my socks and a pair of paper “modesty” panties—elastic and blue paper, every designer’s dream—but, to comfort me, the doctor and his assistant assured me that my face wouldn’t be in the pictures. Though I did have to hold up a card for the first one that identified me by name and patient number. Mug shot, indeed.

But the choice I’ve made is interesting to me on a couple of levels. First, I’ve had to put my beliefs about the relationship between mind and body into practice in a way I never really expected to. But I believe that mental healing is as important as physical and I believe that having the surgery done right away, so that by May I’m recovering from both surgery and radiation, means that I can get on with my life sooner. And I believe that is important. Second, I’ve had to assess my limits. I’ve had to measure how much I can stand. And all the theorizing about the body that I’ve ever done didn’t prepare me for how I’d choose. At the same time that I’ve chosen in favor of my mind, my spirit, my emotions, I’ve also chosen to preserve as much of my physicality intact as I can, and it turns out that is important to me. It is just too Lacanian to imagine my body parts being removable. That image in the mirror is whole, after all.

To enhance the lighter side of all this, the university payroll office made a mistake on my W-2 form, and checked the box for “deceased” instead of “pension plan.”

Which may be, to conclude, a comment on just how postmodern all this is.

Looking back on this message, I don’t know if the "agonizing" in the second paragraph half covers what that week of decision making was like. (One problem with breast cancer surgery is that such decisions need to be made relatively quickly, usually within two weeks, if only because of the terror of it; I wanted that tissue out of me.) I had always assumed, before I had breast cancer, that I would choose what I thought was the feminist alternative: refusing reconstruction or prosthesis, Lorde’s choice. Things have changed since her experience—in part because of her experience. Now, living without a prosthesis is an alternative that is open, out there, always mentioned as one possibility.2 I thought it was the right choice. I thought it was the feminist choice. And I couldn’t do it. Feminist theorist fails, I told myself at first.

Then I rethought what I meant by feminist theory and realized that feminist relations to the body are different now than they were twenty years ago for Lorde and that feminist relations to breast cancer are different. I am not often in the position of thinking that feminism has
made great strides; too often I look at the sexism of the world around me, at the disavowal of feminism by a younger generation, and fall into the trap of thinking that we’ve achieved so little. But when it comes to breast cancer, the difference that feminism has made is undeniable. Lorde’s refusal to wear a prosthesis was an open avowal of something that had remained hidden; the result, I realized, was that I didn’t have to wear breast cancer in the same way.

Lorde’s resistance made possible many other acts of resistance, so that today breast cancer is no longer silent. Books on it have become widely available, and almost all encourage survivors to become vocal about the disease—about environmental toxins that are almost certainly to blame for the rising incidence of the disease, about the politics of funding research, and about the emotional issues of survival. Other artists have begun speaking out about breast cancer, about both the experience of the disease and the politics of it, often at once. For example, in a move in the visual arts that was analogous to Lorde’s literary one, the New York Times Magazine put a photograph on its 15 August 1993 cover of the photographer Matuschka, with her mastectomy scar exposed. “You Can’t Look Away Anymore,” the cover declared. The collection Art, Rage: Us: Art and Writing by Women with Breast Cancer similarly includes photographs like Diana Young’s self-portrait, One in Eight (a reference to American women’s chances of being diagnosed with breast cancer). In the photograph, Young—whose scars reveal a double mastectomy—is seated with six other women and one little girl, all of whom are topless. One doesn’t have to look far for women who have had breast cancer and who are willing to reveal it. There are breast cancer foundations, support groups, Web sites; there is Race for the Cure; the post office has even issued a breast cancer stamp. Lorde’s mission to make breast cancer visible, to give it voice, has succeeded.

My (almost) unconscious evocation of Anderson’s postmodern music was an indicator of some of the marks of that change. The 1990s have seen the emergence of the “posthuman.” While in 1979 Lorde could choose to love her one-breasted body as an alternative to remaining alien to herself, postmodern art and theory during the 1980s and 1990s have challenged the idea that any of us are ever anything but alien to ourselves; in fact, they celebrate the alien within us. Donna Haraway’s “Cyborg Manifesto” is a call not to return to the pretechnological body but to embrace the simulacrum body:

From one perspective, a cyborg world is about the final imposition of a grid of control on the planet, about the final abstraction em-

bodied in a Star Wars apocalypse [. . .], about the final appropriation of women’s bodies in a masculinist orgy of war [. . .]. From another perspective, a cyborg world might be about lived social and bodily realities in which people are not afraid of their joint kinship with animals and machines, not afraid of permanently partial identities and contradictory standpoints. (155)

It is both, of course, but accepting that doubleness is to embrace partiality and contradiction. My choice to have reconstruction was to leap with both feet into the posthuman, the partial, and the contradictory. My new “breast” reflects that: it is me to the extent that it is my own tissue, but it is alien because it has been moved, reshaped, and changed by technology. I am now partial, because a part of me is missing—I keep using scare quotes around “breast” as an indicator that this flesh is not an actual breast, doesn’t feel like one now and never will—and because my choice reveals a partiality for a normal appearance.

Of course, to say that I chose to become posthuman is a lie. From the moment that I began my interaction with technology (And when was that? I ask myself. When I had the first mammogram? When they did the first surgery? When they installed a plastic fitting under my skin to do chemotherapy more easily? When I was born?), I was already posthuman. Is my new “breast” any less a visible sign of my interaction with technology than a mastectomy scar would be?

To a certain extent, yes. It is certainly less visible to other people when I am wearing clothes. This invisibility of what happened to me is at the heart of Lorde’s resistance to prosthesis. Hiding the amputation of mastectomy is, she argues, a way to deny what has happened, to try to pretend that nothing has happened:

After a mastectomy [. . .] there is a feeling of wanting to go back, of not wanting to persever through this experience to whatever enlightenment might be at the core of it. And it is this feeling, this nostalgia, which is encouraged by most of the post-surgical counseling for women with breast cancer. This regressive tie to the past is emphasized by the concentration upon breast cancer as a cosmetic problem, one which can be solved by a prosthetic pretense.

(56)

For the posthuman feminist, Lorde’s claims have a double edge.

First, although I had what might be called by some cosmetic surgery, cancer was never a cosmetic problem to me. The treatment for cancer was the cosmetic problem. Covering my bald head while I was undergoing chemotherapy was a cosmetic issue. Deciding whether to present
myself to the world as one-breasted or not was a cosmetic choice. But cancer, with or without reconstruction, goes to the bone. It cannot be solved or cured by a visible change in my body. Prosthesis is technology, and it never lets me forget. Its artificiality is palpable. I am alien to myself forever. I will never be able to pretend this didn’t happen to me.

Second, despite my alieness to myself, I do have to confront the fact that what I have done makes it easier for other people to dismiss the reality of cancer or at least to think that it is something that can be taken care of easily. Cancer will never and can never be cosmetic for me, but that doesn’t mean that other people can’t miss that.

I thought when I made the choice to have the reconstructive surgery that I could still follow part of Lorde’s lead and make breast cancer visible by talking about it, by claiming the identity of a woman with breast cancer, and that would outweigh my choice to make cancer less manifest to others. I thought that my voice would outweigh the visible. And so I openly talk about breast cancer to lots of women. I describe what has happened to me and talk about the statistics, the state of cancer research, what we know and don’t know about prevention. That voicing of breast cancer, though, doesn’t always work.

After I had surgery, I was in the beauty shop and talking about it. One of the cosmetologists was listening eagerly. (The importance of setting and character has not escaped me, by the way.) I thought she was with me, understanding how it felt to live posthumanly, to have one’s skin lifted, to have tissue removed and rearranged, to have over nineteen inches of scars across my abdomen and “breast.” I thought she heard me talking about the pain, about spending five weeks on narcotics, about the fact that two months later I still couldn’t use my stomach muscles to sit up. Instead, what she said was “Maybe I could get that surgery. They could cut off all this flap on my belly and make my boobs bigger!” The guilt I spiraled into was overwhelming. What had I done? Had my belief that the voice could belie the visible been self-delusion? Had I let my secret wish for a tummy tuck and a cosmetically enhanced body rule my choices? Was I that wrong?

Forever Alien to Myself: Aesthetics, Disability, and the Feminist Body

Cancer is not a cosmetic issue, but prosthesis and reconstruction are. For Lorde, a statement like this one is a lie, a misunderstanding of the interconnection between cancer and the placebo of replacement. Worse,
embodiment of difference what it takes to make one different? Is the choice of a cosmetically created normality a sign that one is giving in to the cultural demands for a specific femininity, or is it a disavowal of the whole idea of the normal? In *Extraordinary Bodies*, Rosemarie Garland-Thomson writes:

My intention is to [...] disclos[e] how the "physically disabled" are produced by way of legal, medical, political, cultural, and literary narratives that [comprise] an exclusionary discourse. Constructed as the embodiment of corporeal insufficiency and deviance, the physically disabled body becomes a repository for social anxieties and such troubling concerns as vulnerability, control, and identity. [...] I intend to counter the accepted notions of physical disability as an absolute, inferior state and a personal misfortune. Instead, I show that disability is a representation, a cultural interpretation of physical transformation or configuration. [...] Disability, then, is the attribution of corporeal deviance—not so much a property of bodies as a product of cultural rules about what bodies should be or do. (6)

Disability studies challenges that myth of the "is" as well as the myth of the "should." In the era of the posthumanist body, there cannot be a "blueprint for the conduct of personal life" (Bordo 30).

Paula Rabinowitz, in an essay on the posthuman and the feminist, has argued that the voices of posthuman bodies are "only accessible through vast networks of mediation prone to recuperation and misinterpretation at best," that "the posthuman, alien and marginal [...] probably cannot speak because it is always spoken through stories that someone else has already told" (98). This may be true. Certainly my own attempt to speak the posthuman at the beauty shop was subjected to misinterpretation. But that experience will not keep me from continuing to try to speak it. Lorde is right: "Any woman who has had a breast removed because of cancer knows she does not feel the same." And the ethical imperative of breast cancer is that I must continue to try to voice that difference, from myself and from the normal.

When Lorde made her choice to live one-breasted without the mask of the prosthesis, she wrote, "I must consider what my body means to me. I must also separate those external demands about how I look and feel to others, from what I really want for my own body, and how I feel to my selves. [...] Every woman has a right to define her own desires, make her own choices." I like to think that even though she added to this the caveat "But prostheses are often chosen, not from desire, but in default" (67), she would understand what I did, she would see that I am living my difference and that the difference between my voice and my visible self is part of that difference.

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NOTES
1. I am comparing Lorde's work on silence with that of Tillie Olsen in *Silences* and Adrienne Rich in *On Lies, Secrets, and Silences*.
2. Admittedly, though, it is an option that is often mentioned but then immediately marked as different. For instance, Susan Love (in the book usually thought of as the bible of breast cancer, *Dr. Susan Love's Breast Book*) quotes Audre Lorde, mentions the artists Matuschka (whose photographic self-portraits reveal her mastectomy scars) and Deena Metzger (who covered her amputation with a tattoo of a tree), and writes: "Having the self-confidence to feel comfortable without the appearance of a breast is wonderful, but most of us are products of our culture and need to feel that we are cosmetically acceptable to the outside world. In some cases, there are actual penalties for failing to appear 'normal.' If your nonconformity will cost you your job, for example, you're likely to want to wear a prosthesis [...] at least part of the time or choose reconstruction* (385–86).
3. There are too many breast cancer resources on the Internet to list them all. Here are a few of the better sites. The NABCO (National Alliance of Breast Cancer Organizations) site is a good repository of information and links to other sites (**www.nabco.org**). The *New York Times* site *Women's Health* includes many links about breast cancer and other women's health issues (**www.nytimes.com/specials/women/whome/)**. Though I share many of Lorde's reservations about the American Cancer Society's politics, its site, the *Breast Cancer Network* (**www2.cancer.org**), provides some good information about the disease and about activism. A good site for women's stories about breast cancer is the *Breast Cancer Lighthouse* (**www.breastcancerlighthouse.org**). The breast cancer support group Y-Me has an excellent site listing resources for both women with the disease and for survivors (**www.y-me.org**). One thing that almost all these sites have in common is an activism component. I take that as sign that feminism has made a difference in women's relation to the disease.
4. The term *posthuman* comes from an exhibit curated by Jeffrey Deitch in 1992. In *Bad Girls and Sick Boys*, Linda Kauffman defines the term: "*Posthuman* signifies the impact technology has had on the human body. Any candidate for a pacemaker, prosthetics, plastic surgery, or Prozac, sex reassignment surgery, in vitro fertilization, or gene therapy, can be defined as posthuman" (2). In their collection, *Posthuman Bodies*, Judith Halberstam and Ira Livingston locate the posthuman body in postmodern, poststructural theory and claim, "*Posthuman* bodies are the causes and effects of postmodern relations of power and pleasure, virtuality and reality, sex and its consequences. The posthuman body is a technology, a screen, a projected image; it is a body under the sign of AIDS, a contaminated body, a deadly body, a techno-body; it is, as we shall see, a queer body" (3).