

INTRODUCTION

Women, Cancer, Writing

I am a One-Breasted, Menopausal, Jewish Bisexual Lesbian Mom and I am the topic of our times. I am the hot issue. I am the cover of *Newsweek*, the editorial in the paper. I am a best-seller. And I am coming soon to a theater near you.

—Susan Miller, *My Left Breast*

There are now nearly 10 million cancer survivors in this country, up from 3 million in 1971 and 6 million in 1986. Many live for years or decades, and it is becoming impossible to ignore questions about their lives.

—Gina Kolata, in the *New York Times*

WOMEN'S LITERARY REPRESENTATIONS of cancer provide the focus of *Fractured Borders*, which offers the first comprehensive critical analysis of contemporary writing about breast, uterine, and ovarian cancer. My study takes its title from two lines in Audre Lorde's powerful elegy, "The Night-blooming Jasmine": "death is a fractured border / through the center of my days" (*Marvelous* 52). I examine, however, writers' depictions of the borders women inhabit in living with cancer as well as those they patrol when facing death. My scholarly approach relies on close interpretive readings as well as a variety of theoretical perspectives to illumine the texts and contexts of women's cancers, including postmodern theories of the body, performance theory, feminist literary criticism, French feminisms, and disability studies. Although women published writing about cancer from the 1960s through the 1980s, this body of literature has increased exponentially since the early 1990s as growing numbers of women have faced the searing realities of this disease and given testimony to its ravages and revelations. I aim to analyze the contours of this literary phenomenon.

As playwright Susan Miller's insouciant manifesto makes clear, people of all genders, ages, ethnicities, and sexual orientations are diagnosed each year with cancer, and many of them are "in your face" about it (219). Indeed, living with cancer has become the topic of our times after

decades—some would say centuries—of evasion and misrepresentation by many physicians, researchers, and sometimes patients. In an intriguing cultural shift from twenty years ago, breast cancer, once the “silent epidemic,” receives the most media emphasis in the United States and the United Kingdom today. “THE NEW THINKING ON BREAST CANCER,” screams the 18 February 2002 cover of *Time* magazine, “The Smartest Drugs / The Gentlest Treatments / The Latest on Mammograms.” Inside, the article reports that more than two hundred thousand U.S. women learn each year that they have breast cancer, twice the number from 1980; forty thousand die annually from this disease. The article acknowledges that the American Cancer Society’s emphasis on mammograms has resulted in overdiagnoses, causing thousands of women who might otherwise live long and healthy lives to undergo invasive radiation or chemotherapy treatments for microscopic cancers and even precancerous conditions. The article further claims that tamoxifen, hailed in the early 1990s as an estrogen-based drug that could both treat breast cancer and reduce the risk of contracting it, may increase the risk of uterine cancer. At the same time the author, Christine Gorman, hails new research methods in the battle against breast cancer and glibly promises readers “a guide to saving lives.”¹

What are cancer patients to make of this complex, evolving, and sometimes conflicting information? What new knowledge has cancer research produced that is available and accessible to people struggling with this disease? Considering cancers of the lungs and breast as examples will help us reflect upon these questions, given that lung cancer kills more U.S. women each year than any other cancer, while breast cancer generates the most new diagnoses. It is widely known that lung cancer is the cause of death for more than four hundred thousand Americans annually, sixty-six thousand of them women; that more than 100 million people worldwide died of this disease between 1940 and 2000; that cigarette smoking and lifelong exposure to passive smoke are the primary culprits; that cigarette manufacturers have increasingly been held legally accountable for decades of dishonest or misleading information about their product’s cancer risk; and that while chemotherapy and/or radiation can sometimes prolong life once lung cancer has metastasized, no cure exists for this deadly disease.² Regarding breast cancer, it is well known that one in eight women in the United States and one in eleven in the United Kingdom will contract it during their lifetimes, that 75 per-

cent of all breast cancers originate as infiltrating ductal carcinomas in the lining of milk ducts, that 80 percent of breast cancers occur in women over fifty, that genetic factors account for only 5 percent of breast cancers, and that primary risk factors are age-related, hormonal, and environmental.³ Although no cure exists for breast cancer, the good news is that its death rates are declining; forty-six thousand U.S. women died of it in 1993, forty thousand in 2003 (Casamayou 15; www.komen.org).

How cancer patients can best parse these data remains a complicated issue. Cancer-related Web sites offer a valuable source of information, as do informal support networks.⁴ As Gina Kolata's 1 June 2004 *New York Times* article attests, 10 million cancer survivors are living in the United States today, in part because of enhanced diagnostic technologies and early detection, and millions more survivors exist throughout the world. Many of them are speaking out about "how they should be treated, what their psychological states are, and what their medical and social needs are" (A15). "What's new," claims Dr. Julia H. Rowland, who directs the Office of Cancer Survivorship at the National Cancer Institute, "is the recognition and growing attention to the fact that people are living long term" (A15). Although some of these constituents find offensive the widely contested label of "survivor," preferring to consider themselves "cured," "living with cancer," "cancer-free," or free of labels altogether, most cancer patients agree that their lives changed utterly at the moment of diagnosis. For many, notes breast cancer activist Musa Mayer, the fundamental problem is uncertainty about whether the disease is in remission, chronic, or likely to recur: "It's the not knowing that is really the critical issue" (A15). Despite the uncertainties, these cancer survivors have increasingly claimed the authority to ask questions about their lives on their own terms.⁵

As media headlines, diagnostic technologies, and survival strategies have proliferated, so have works of literature by people living with or dying from cancer. Most of this literature is written by women. Although women contract the same cancers men do, a few are gender-specific: breast, uterine, and ovarian diseases account for 43 percent of all women's cancers (Proctor 3).⁶ These three cancers provide the focal topic for hundreds of narratives, memoirs, poems, and plays written each year by women in English—works that break silence about this disease, challenge its stigmatization, and retrace its boundaries.⁷ The 1970s and early 1980s produced such important examples of "autopathography"—

life writing about illness—as Rose Kushner’s *Breast Cancer: A Personal History and an Investigative Report*, Betty Rollin’s *First, You Cry*, Susan Sontag’s *Illness as Metaphor*, Audre Lorde’s *The Cancer Journals*, and Leatrice H. Lifshitz’s anthology of poetry, *Her Soul beneath the Bone*.⁸ Some of this literature was not especially feminist; rather, it contributed to what Barbara Ehrenreich describes as an “ultrafeminine” cancer marketplace:

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. The stance toward existing treatments is occasionally critical . . . but more commonly grateful; the overall tone, almost universally upbeat. (48)

Certainly mainstream approaches to cancer literature and activism have been fruitful; they have brought valuable research and federal budget dollars as well as awareness to the cause of women’s health. But early counterhegemonic literary treatments of cancer such as Kushner’s, Sontag’s, and Lorde’s challenged the equation of illness with femininity; questioned the pathologizing of cancerous bodies; examined the politics of mastectomy, reconstructive surgeries, and prosthesis; and documented the power of women’s support networks to resist society’s discipline and punishment of the terminally ill.⁹ These narratives thus provided vital critiques of what Ehrenreich terms “the Cancer Industrial Complex” (52).

Cancer literature came into its own in part for tragic reasons, as studies revealed that while 30,000 U.S. citizens lost their lives to cancer in 1900, 538,000 died of it in 1994; that breast cancer has become the leading cause of death for U.S. and British women between forty and fifty-five; and that women suffer physically and emotionally from the “hallowed triad” of surgery, radiation, and chemotherapy—the breast cancer regimen that Dr. Susan Love has christened “slash, burn, and poison” (Ferraro 27; Proctor 1; Thames and Gazzaniga 5). Shifting cultural landscapes have also contributed to the rise in women’s writing about cancer: powerful activism by such leading organizations as the Susan G. Komen Breast Cancer Foundation, the National Breast Cancer Coalition, and Breast Cancer Action; the incursion of feminist values into public policy, institutional practices, and women’s daily lives; the rise of women’s studies in colleges and universities throughout the world. The

feminist emphasis on health care activism, consciousness-raising, and empowerment has facilitated both the initial publication and regularly updated editions of such “sacred texts” as the Boston Women’s Health Collective’s *Our Bodies, Ourselves* and *Dr. Susan Love’s Breast Book*. These books, in turn, have informed women of all ages how to maintain gynecological, reproductive, and breast health and what to know and do if cancer strikes. Post-1960s feminism and a vibrant women’s health movement have helped creative writers generate the motivation and confidence to inscribe the cancer experience in dynamic works of literature.

In this project I explore the conceptual themes and metaphors, representational strategies, and feminist interventions offered by five genres of cancer literature: drama, poetry, popular fiction, experimental fiction, and autobiography. Since the ways in which women represent cancer in the first four genres have received little critical attention, my contribution to an understanding of dramatic, poetic, and fictional cancer texts seems timely.¹⁰ Because cancer memoirs that chronicle one woman’s struggle have been the subject of significant critical scrutiny, I focus less on such personal narratives than on other types of autobiography, particularly multicultural and environmental narratives.¹¹ Each literary genre represents the cancer experience through different aesthetic and narrative strategies; I therefore use these differences as an evaluative lens in approaching my subject. As literary scholar Ann Douglas has argued, genres “function prediscursively by forming mental templates” that allow readers room for metaphoric or creative adaptation (i). I aim to examine the new knowledge these generic templates provide about women’s representations of cancer. In addition, my perspective foregrounds issues of diversity; thus, I employ a comparative lens to probe the racial, ethnic, sexual, and political differences that characterize cancer literature. Although I emphasize writing from the United States and the United Kingdom, I consider as well works by women from Canada, India, Egypt, and Trinidad to extend the scope of this study.

During the 1990s and beyond, women writers working in all genres devised innovative representational strategies for interrogating how cancer affects women’s subjectivity, relationships, and politics of location. Plays by women have employed what Rebecca Schneider terms “explicit bodies in performance” to foreground the cancerous body’s materiality as well as its capacity to resist appropriation. (1). Breast can-

cer poetry has focused on such embodied imagery as the vulnerable nipple, the surgical scar, and the damaged or reconstructed breast tissue. Popular fiction has glorified dying heroines and rewritten the heterosexual romance plot to privilege idealized love between a cancer patient and her female supporters, while experimental fiction has traced the ways that memory measures the power of the erotic at or near the moment of a woman's death. New types of autobiography have emerged: photographic memoirs that chronicle women's deaths from cancer through visual self-representation, ecological narratives that explore links between cancer and lifetime exposure to estrogenic chemicals. Taken as a whole, this body of literature expands women's insights about cancer and pays homage to the power of their voices.

The questions I explore in *Fractured Borders* address issues of experience, representation, difference, and audience. What distinctive contributions to readers' understandings of women's lived experience does each genre of cancer literature offer? How do disability theory and feminist theories of the body enhance any analysis of these textual representations of cancer? How does cancer literature by African American and Trinidadian women differ, thematically and theoretically, from that of white women in the United States and the United Kingdom? With what concerns regarding their experience and representation of cancer do lesbians struggle that heterosexual women do not or do differently? (These questions assume particular significance when we recall that African American women and lesbians are disproportionately vulnerable to dying from cancer, especially of the breast.)¹² Where do women writing cancer literature find common ground across racial, cultural, and sexual differences? For what audiences is cancer literature written, and to what and whom does it ultimately pay tribute?

This project thus entails two primary tasks: interrogating how cancer operates in cultural and literary representation and examining exemplary textual sites that reveal how cancer's multiple meanings are constructed. Chapter 1, "The Night-Side of Life': Analyzing Cancer Literature from Feminist Perspectives," establishes the sociohistorical contexts and literary significance of this body of women's writing and discusses the merits of feminist literary, body, and disability theory as methodological tools. Analyzing a wide variety of texts written between 1960 and 2003, I argue that contemporary women's cancer literature has represented ill bodies in five distinctive ways: as *medicalized*, *leaky*, *amputated*, *prosthetic*, and

(not) dying. I claim as well that, counterintuitively, such representations enhance rather than diminish female subjectivity. Among the theoretical narratives of cancer that I engage in this chapter are Susan Sontag's *Illness as Metaphor*, Audre Lorde's *The Cancer Journals*, Jackie Stacey's *Teratologies*, and Zillah Eisenstein's *Manmade Breast Cancers*. I examine such literary works as Mahasweta Devi's "Breast-Giver," Gini Alhadeff's *Diary of a Djinn*, and poems by Sylvia Plath and Adrienne Rich.

Chapter 2, "'Skinned on the Left Side Like a Girl': Embodying Cancer on the Feminist Stage," analyzes four plays from the 1990s that represent women's cancer from feminist perspectives: Margaret Edson's *Wit*, Susan Miller's *My Left Breast*, Lisa Loomer's *The Waiting Room*, and Maxine Bailey and Sharon M. Lewis's *Sistahs*. The first three playwrights are white women from the United States; Bailey and Lewis are Trinidadians living in Canada. I argue here that women's performance narratives differ from other cancer narratives by employing explicit bodies onstage to mark cancerous breasts, ovaries, and wombs as transgressive sites of social meaning; by challenging the capacity of a spectatorial gaze or an objectifying stare to appropriate women's ill or disabled bodies; and by fostering reciprocity among playwrights, actors, and audience. To elaborate on these points, I examine diverse representations of body politics and medical politics in these plays and consider how the playwrights integrate such issues as cultural genocide, ethnicity, and lesbian sexuality into their explorations of cancer. For its theoretical orientation, this chapter draws upon the "explicit body" performance theory of Rebecca Schneider and Jeanie Forte and the feminist disability theory of Rosemarie Garland Thomson.

Chapter 3, "Entering 'the House / of Lightning': Resistance and Transformation in U.S. Women's Breast Cancer Poetry," explores sustained, dynamic poetic sequences—from meditative clusters to book-length volumes—that feature breast cancer as their dominant theme. These sequences focus on the shock of cancer diagnosis, the Amazonian imagery of one-breasted warriors, and the symbolic dimensions of the scar that results from lumpectomy or mastectomy. Familiar poetic motifs—the epic journey, the conflict with mortality, the rituals of healing—intersect with newer motifs: the effects of mastectomy on female body image, the ambivalence many women feel toward prostheses. Examining sequences by two African American poets, Audre Lorde and Lucille Clifton, and two Jewish American poets, Alicia Suskin Ostriker

and Hilda Raz, I argue that these poets move beyond abjection (emotionally) and beyond elegy (formally) to map vibrant metaphors of resistance and transformation for themselves and other breast cancer survivors. In mounting its argument, this chapter draws upon feminist poetry criticism by Melissa F. Zeiger and Lynn Keller and upon essays by the poets themselves.

Chapter 4, “Dying into the Lite: Popular Fiction, Cancer, and the Romance of Women’s Relationships,” argues that certain mainstream U.S. cancer novels employ ultrafeminine and sometimes infantilizing themes to forge an updated version of the nineteenth-century domestic novel. Domestic fiction from that century emphasized separate spheres for women and men and a “cult of true womanhood” that required purity, piety, domesticity, and submission. Today’s popular cancer fiction revises domestic and romance literature in representing idealized love between a woman dying of cancer and the female supporters who surround her. Analyzing novels by Patricia Gaffney, Elizabeth Berg, Anna Quindlen, and Jayne Anne Phillips, I consider how these writers sentimentalize relationships between best friends or between dutiful daughters and their terminally ill mothers as well as why this fiction is so popular among women readers (as revealed through publishers’ Web sites). To interrogate representations of cancer in popular culture, I draw upon Barbara Ehrenreich’s analysis of the “pink kitsch” of the U.S. “cancer marketplace.” To theorize romance and domesticity, I build upon Janice Radway’s criticism of the romance novel, Michelle Masse’s study of women’s narratives and masochistic desire, Jane Tompkins’s insights into sentimental fiction, and Nancy Chodorow’s theories of mother-daughter symbiosis.

Chapter 5, “Floating Out on a Yacht Called Eros’: Memory, Desire, and Death in Women’s Experimental Cancer Fiction,” uses French feminist theories of embodiment to analyze three cancer novels that, explicitly or implicitly, employ such theories in the service of their narratives: Carole Maso’s *Ava*, Susan Minot’s *Evening*, and Jeanette Winterson’s *Written on the Body*. Indebted to Virginia Woolf’s stream-of-consciousness technique as well as postmodernism’s privileging of textual lacunae, Maso and Minot “write the bodies” of bisexual and heterosexual women dying of cancer at midlife, while Winterson, equally indebted, “unwrites” the lesbian body. In this chapter I analyze the metanarratives, pastiche, temporal ruptures, and fragmentation that characterize this

fiction stylistically; I consider as well these writers' tracings of the ways that memory measures the power of the erotic at or near one's moment of death. The primary theoretical lens I employ to examine these texts is that of *l'écriture féminine* as developed in Hélène Cixous's "The Laugh of the Medusa."

Chapter 6, "'Entering Cancerland': Self-Representation, Commonality, and Culpability in Women's Autobiographical Narratives," reconfigures an activist paradigm established by sociologist Maren Klawiter to interrogate three types of cancer memoirs. Personal narratives focus on an individual's diagnosis, treatment, and recovery or decline; multicultural narratives emphasize identity politics and community as critical factors in women's experience of cancer; and environmental narratives argue or imply a causal connection between cancer and exposure to pesticides and other toxins. As exemplary personal narratives I analyze Katherine Russell Rich's *The Red Devil* and Ruth Picardie's *Before I Say Goodbye*; as exemplary multicultural narratives, two works that focus on cancer and sexual orientation: Sandra Butler and Barbara Rosenblum's *Cancer in Two Voices* and Eve Kosofsky Sedgwick's *White Glasses*. Because environmental cancer narratives as a subgenre have received little feminist scrutiny, I examine, as paradigmatic intertexts, the letters of Rachel Carson (who died of breast cancer) and her landmark treatise *Silent Spring*, which posits that cancer and carcinogens are linked. I then analyze two contemporary environmental memoirs: Sandra Steingraber's *Living Downstream: An Ecologist Looks at Cancer and the Environment*, which describes the writer's cancer experience and links cancer prevention to ecological vigilance; and Terry Tempest Williams's *Refuge: An Unnatural History of Family and Place*, which probes the relationship between the death of the author's mother from ovarian cancer and 1950s nuclear testing in the Nevada desert. I argue that taken together, these environmental narratives constitute an innovative, hybrid form of autobiography and construct new knowledge about cancer, ecology, and women's relationships.

In my conclusion, "The Cultural Work of Women's Cancer Literature," I consider what this body of writing *does* as well as what it means and explore a series of synthesizing questions. What has emerged from bringing together these analyses of the various literary genres? How might the themes and theories that illuminate women's writing about cancer be usefully engaged by women—and perhaps men—who actu-

ally are living with cancer as they read? How might these texts work against ill women's stigmatization and provide strategies for resistance, healing, and commemoration?

My goal in this project has been to create a scholarly study of women's writing about cancer that appeals to a wide audience of readers, from cancer survivors and their families to health care activists to medical practitioners, from literary scholars and feminist theorists to teachers of cultural studies and women's health issues. I want *Fractured Borders* to make a difference to at least a few people in the real world; thus, I have attempted to write a book that I consider theoretically grounded yet widely accessible. I hope that my analysis of women's representations of cancer will be intellectually and emotionally engaging to other women's studies scholars and that you will find sustenance, as I have, from reflecting upon these galvanizing works of art.