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Cancer Memoirs as Narrative Strategy: Are Our Stories as Valuable as Our Breasts?

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Introduction

Gender is widely accepted as socially constructed, however as a society with certain prevalent public attitudes, no individual lives in a vacuum. As a result, gendered identities intersect with how people experience illness. The very gendered connotations of breast cancer are immersed in dominant discourse of pinkwashing of the illness. The harmful nature of homogenizing experiences of breast cancer is exposed through examining the intersection of identity and illness. The way women experience breast cancer is shaped by the social and political environment which constructs the meaning of the illness for women beyond the biomedical diagnosis. This paper will explore female identity at the intersection of cancer. This is not to exclude gender nonconforming individuals or men, nor is it to paint the experience of breast cancer as identical for all women as experiences of race, class, education and ability also impact identity. However, women who experience breast cancer face a very particular form of subjugation that forces them to perform illness narratives in a specific way when diagnosed with breast cancer. Janet Lee (1997) highlighted this writing "...women do experience gender in an embodied way: they live in and through their bodies that are marked and framed through discourses and practices of society." The hypersexuality of women's breasts is foundational to understanding the universal toll breast cancer plays on women and their respective identities (Sheppard & Ely, 2008). This paper will firstly outline how breast cancer can be debilitating to a female identity, and how breast cancer and its gendered nature forces women to feel stripped of womanhood; and then will examine narrative and counter-storytelling as a reclamation strategy, and highlight the proliferation of varied breast cancer memoirs and their importance.

Women, Breasts and Womanhood

Through both popular cultural and socio-cultural conversations women have largely been defined as being women through gendered labour and physical attributes. Arguably the most prominent physical attribute of womanhood is breasts, which even when covered are visible, unlike genitalia. In cisnormative understandings of womanhood, breasts are an essential marker of being a whole woman. Rachel Millsted and Hannah Frith (2003) poignantly tackle this pointing out that "[a]s a visible sign of women's femininity and sexual maturity, women's breasts are often treated as public property and as belonging to others (pg. 458)."

Many cultural understandings of puberty for women involve breasts emerging as a marker of leaving the world of childhood and entering the world of women, where many

coming of age stories also affix this meaning to breasts (Jones, 2004). The meaning behind breasts goes far beyond popular culture, something which is exemplified in individuals who undergo physical transition through the use of hormones or breast implants to not only help embrace a more femme female identity, but also be read by others as a woman. This performance of a gender identity through breasts is also witnessed in the absence of breasts. When individuals want to physically transition away from being read as women they may bind their breasts to make them appear absent under clothing or get their breasts removed entirely. The acts of gaining breasts to signal womanhood to the outside world and removing breasts to indicate manhood in society inform how womanhood is often determined by the physical appearance of breasts, even if this is problematic these are the cultural understandings of breasts today.

Breasts, Body-Image, and Identity in Illness

Women fear the physical changes a breast cancer diagnosis is accompanied with including balding as a result of chemotherapy, mastectomies, lumpectomies and more (Hoffman & Cooper, 1996). The disabling nature of breast cancer is linked to more than merely the physical degradation of women's bodies; it also involves a mental ransacking of body-image and purpose for women. Women with breast cancer can also be stripped of their ability to partake in domestic labour and caregiving obligations. As a result, their sense of identity and belonging is shattered as well as feelings of sexuality and attractiveness (Sheppard & Ely, 2008). Women feel shamed by not partaking in this labour that is gendered in nature (Sulik, 2007). Breast Cancer has understandably been linked to mental health concerns in women including but not limited to depression and posttraumatic stress symptom (Andrykowski & Cordova; 1998). The added mental stress as a result of body image and disablement of the female identity is aptly described by Hoffman and Cooper, (1996) "[q]uite apart from the horror one experiences at having a malignant disease, the added anxiety of possibly losing a breast, and therefore one's so-called 'femininity', is a crippling experience" (pg. 111).

Despite how problematic this marker is; breasts are often understood as a symbol of womanhood. Through this understanding it becomes easy to understand how losing a breast or having cancerous breasts goes far beyond being "sick", but rather is an attack on an identity as women worry about how a breast cancer diagnosis will impact relationships, children, and work. (Allen & Clow, 2010). Arguably these concerns are particularly stressful to women in comparison to men. Breast cancer becomes disabling to womanhood in both public and private life. This is witnessed in how breast cancer can erode previously understood roles women had in their lives, such as needs they filled for others. Breast cancer can also influence a woman's' ability to access public space without shame or stigma from being breastless. It also strips women from their understanding of their own gender identity and, by extension, performance, because if breasts are integral to being a woman, a disfigured breast, one breast, or no breasts is conceptualized as taking away from the feminine taking away from the feminine identity and embodiment.

The sexual meaning behind breasts that has been created is evident by the fact that the biological purpose of breasts (to produce milk) has largely been hidden, shamed and gutted

from discourse about breasts. In younger women breast cancer can cause sexual anxiety and can detrimentally impact body-image because of body disfigurement and abrupt menopause, a side effect of chemotherapy. (Fobair, P. et. al, 2006; Sheppard & Ely, 2008). These types of concerns are inevitably more prominent in women because of societal expectations and norms governing the functionality and purpose of breasts. Breasts are used as a symbol of fertility and nurture, they are simultaneously acting in socio-cultural ways to play roles in male sexual pleasure and desire. Since women's breasts act as a manufactured womanhood that is defined through sexuality and motherhood concurrently, women without breasts incomplete women. Breasts become the site of womanly identity and a site for conflicting purposes at once. If womanhood is defined by one's ability to please a man and feed children, with slogans like "breast is best," a woman's identity is inevitably always under attack when negotiating life with societal expectations around breasts (Nadesan & Sotirin, 1998). This attack evolves into an internalized civil war with breast cancer compounding the ongoing negotiation of womanhood especially when living in a society that expects so much of women and their breasts.

Women become whole again after a mastectomy is performed through the use of prosthetics to mask breasts that are removed, and by wearing wigs to replace hair that is not there (Broom, 2006; Crompvoets, 2012; Hall, 1997; Manderson, 1999). This performance especially during chemotherapy enacts a healthy identity and creates a standard by which a breastless future is not feasible while simultaneously being a complete woman. Subsequently prosthetics that simulate a breast that is gone act as a prop so women impacted can continue to play into socio-cultural cisnormative gendered scripts. Samantha Crompvoets (2012) suggests that "breast prosthesis is marketed as a device that aligns the post-surgical body with wellness and normalcy" (pg. 108). Breast reconstruction is something women who have cancer are expected to desire (Crompvoets, 2012; van der Wiel, 2013). The underlying presumption is that being breastless implicitly means being a fragment of a woman, a woman who is breastless remains unwell but also should not be visible in society without the surgery or the prosthesis (Broom, 2006; Crompvoets, 2012; Herndl, 2006). Prosthetics and reconstructive surgery serve as a way to conceal the illness in a female body (Broom, 2006). Sarah Lochlann Jain (2007) author of the article *Cancer Butch* writes "[i]t seemed implicitly like a political statement to not wear a prosthesis, even when the only 'politics' was in having neither prosthesis nor a second mastectomy rather than in any actual action. I did not want to be coded as making some permanent radical political statement .... prosthesis was uncomfortable: it was unwieldy and troublesome to keep track of ..." (pg. 512). Highlighting the expectation that although breast cancer survivors may not like wearing a prosthetic there is a public politics of being one-breasted. Barbara Pate Glacel (2002), in *Reach Out and Touch Someone,* describes feelings after her mastectomy of wanting to "look nor- mal" (pg. 47) and to "hide lopsidedness" (pg. 47). These narratives expose how some women post-mastectomy feel a type of public exclusion and social death if breasts are not restored with prosthesis or reconstructive surgery (Feather, B. L., Rucker, M., & Kaiser,1989; Herndl, 2006)

Questions of why this act of performing breasts is undertaken, and how living in a patriarchal gender binary based society informs these constructions of womanhood, are important points to keep in mind, and are things which are seldom deeply examined (Jain, 2007). In addition to this, class struggles cease to be visible when conversations of who can afford reconstruction or prosthetics presuppose everyone can, where in reality this is far from

the case. The one-breasted or breastless female subject is suppressed and observed as incomplete without having been restored to her two-breasted feminine status and by extension not being well or a whole woman again (Crompvoets, 2012; Millsted & Frith, 2003). It is presumed that all women have the aforementioned options to "restore" their womanhood while social class remains a main indicator of women's health (McGibbon, & McPherson, 2011). Women who do not have the financial mobility, access or resources to reconstruct their womanly appearance are hindered from partaking in being a "whole woman" again. With this understanding it becomes evident that for some women breast cancer manifests itself as both a biological disease and as a nuanced assault on gendered appearance. Womanliness as determined by self-image and attractiveness under male gaze is integral to being a whole woman (Lackey, Gates, & Brown, 2001). Thus, being a whole person in a patriarchal society while experiencing the precarious nature of breasts during breast cancer is to experience an identity that is constantly under distress.

Pinkwashing and Womanhood

Due to the fact that breasts are so intrinsically linked with understandings of womanhood, social constructions of women and what defines women inform understandings of how pink became the color affiliated with the illness. With breast cancer being the most commonly diagnosed female cancer, it is understandably a cancer that is at the forefront of organizing efforts and campaigns (Broom, 2000). In this same way the illness that is the most common form of female cancer has also become prone to corporatization perhaps because of its relatability and arguably marketable nature (Ehrenreich, 2001; Elliot, 2007, Sulik, 2012). This very serious illness has almost become romanticized by campaigns that are founded in hues of pink and very gendered in nature (Koller, 2008). Victoria Pitts (2004) described the websites about breast cancer as having:

> extensive imagery, and most are visually themed with the color pink. The pink ribbon, of course, is the most widely recognized symbol for breast cancer awareness. Pink is also a traditionally feminine color, and many sites include other girlish symbols, such as balloons, hearts, angels, cherubs and rainbows. (pg.50)

Today, a quick scan of websites proves to be no different beyond more high resolution graphics and perhaps less cherubs. Although counter campaigns have arisen, so have more pink and inherently gendered campaigns. Although much of the efforts are good intentioned, they are nevertheless misguided. Barbara Ehrenreich (2001) author of the essay *Welcome to Cancerland* has tackled the use of pink as distracting from root causes of breast cancer prevention. Ehrenreich (2001) addresses such issues in *Harper's Magazine* writing:

> You can, if you look hard enough, find plenty of genuine, self-identified feminists within the vast pink sea of the breast-cancer crusade, women who are militantly determined to 'beat the epidemic' and insistent on more user-friendly approaches to treatment…[b]ut today theirs are discordant voices in a general chorus of sentimentality and good cheer; after all, breast cancer would hardly be the darling of corporate America if its complexion changed from pink to

> green. It is the very blandness of breast cancer, at least in mainstream perceptions, that makes it an attractive object of corporate charity and a way for companies to brand themselves friends of the middle-aged female market...Cindy Pearson, director of the National Women's Health Network, the organizational progeny of the Women's Health Movement, puts it more caustically: 'Breast cancer provides a way of doing something for women, without being feminist.' (pg. 48)

She continues to examine what she refers to as a "cult" of pink manifesting as a mainstream movement that is clouding critical understandings of breast cancer, "[i]n 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 (Ehrenreich, 2001, pg. Pg 48)." Various bodies of work have illustrated that the pinkwashing of the illness is a foundational backbone to the weighted and multifaceted gendered implications women specifically exhibit as a result of the illness (Koller, 2008). Rather than challenging the ways in which breast cancer and its treatment force gendered constructions of womanhood upon its patients, the breast cancer industry takes part in these gender binaries through its use of traditional models of femininity marketing them to women as restoration to being a whole and healthy woman during and after breast cancer.

Narrative Medicine, Narrative Ethics and the Breast Cancer Memoir

Medicine has wonderfully adapted to a rapidly changing world and is iterative in its process to continually diagnose individuals and their illnesses biologically. Yet as Rita Charon (2006) highlights, doctors still have not mastered empathy or treating the very real human and identity related implications of illness. Charon (2006) writes, "[a] scientifically competent medicine alone cannot help a patient grapple with the loss of health and find meaning in illness and dying (pg. 3)."

Knowledge of how healthcare providers can better assist women facing breast cancer in ways that are not overtly biomedical is largely erased and subsequently non-existent in academic and non-academic literature (Allen & Clow, 2004). The detrimental impacts which women face that are identity related are found in cancer memoirs, online forums, and other informal venues. Social sciences literature has begun to lift from these sources, that are considered informal, to understand implications that are psychosocial and image altering, in addition to qualitative research, for women experiencing breast cancer. One example is the impact of tattooing for radiation, a practice that Allen and Clow (2004) discuss as being given little attention despite the fact that tattoos do have psychosocial impact that can trigger survivors of cancer. The marks made for radiation therapy can negatively impact identity and trigger negative emotional responses however, potential alternatives to the pre-radiation tattooing of breast cancer patients is still not explored in depth. In addition to this the standards of tattooing women pre-radiation vary between institutions, this proves that it is feasible to re-examine the practice but the psychosocial impact linked to the markings are perhaps not taken as seriously as they should be (Allen & Clow, 2004).

Understanding the cultural views breasts have, symbolized in both ancient and contemporary literature and popular culture, can illuminate the detrimental impacts such understandings have on breasts (Jones, 2004). Understanding that all women also experience the body dysphoria and repercussions of how society sexualizes breasts as racialized is also important to keep in mind, the colonial gaze of breasts on women of color, specifically black women has defined breasts as sexual just like white peers but has also created a nuanced difference with race and understandings of breast cancer and identity (Allen & Clow, 2004; Jones, 2004; King,2001; Lorde, 1997)

Breast Cancer Memoirs: Negotiation of Womanhood in Memoir and Storytelling

Eve Kosofsky Sedgwick writes in her essay *White Glasses* "[o]ne of the first things I felt when facing the diagnosis of breast cancer was, 'Shit, now I guess I really must be a woman'" (1993, pg. 262). The memoirs that proliferate mainstream discourse are often happy conquering narratives of women who are arguably palatable but many stories have informed and disrupted such dominant breast cancer narratives. Arthur Frank (2004) asserts that stories can "remoralize" medicine. Thus a stretch beyond biomedical diagnosis is needed to better understand the interlocking nature of health and illness. There is however a continued need for counter-storytelling in the canon of breast cancer memoirs. Counter-storytelling is a critical tool for writing back to white, racist, sexist and or classist meta-narratives that rely on layers of assumptions about race, class and gender. Women are often forced to re-map their lives, sense of sexuality, and body-image after a diagnosis, where many feel insecurities and that pinkwashing of the illness softens the very real and justified anger women should have as a result of the illness (Ehrenreich, 2001; Lorde, 1997; Nielsen, 2010, 2013).

Solorzana and Yasso (2002) in their article "*Critical race methodology: Counter-storytelling as an analytical framework for education research,"* identify three sources of counter-storytelling: personal stories or narratives, where the researcher's story is used, other people's stories where a research subject shares a personal narrative or narratives and composite stories or narratives. Storytelling is a crucial component of lived experiences of illness, and at the same time society must not fall into the trap of exploiting stories or losing their content and importance through corporatization (Karpinski, 2010; King, 2001). Karpinksi (2010) highlights the dangers the breast cancer industrial complex has created by pointing to how the cancer memoir has "literally turn[ed] … into mass-mediated, technologically multiplied representation of personal crises." (pg.110) Renee van der Wiel's (2013) qualitative research also highlights stories of resisting reconstruction that rarely infiltrates the popular breast cancer memoir canon.

Very rarely is the queering of breast cancer witnessed, nor the rightful anger at the disease and its root causes. Kaprinksi's examination of three Canadian examples of the breast cancer memoir highlights the heteronormativity some of these narratives reinforce and the exclusion queer women facing cancer have continually faced. Kaprinski (2010) identifies how Lesbian documentary maker Gerry Rogers memoir is "challenging the heteronormative gaze" (pg. 114). Audre Lorde also embodies counter-storytelling to the lack of anger Ehrenreich (2001) noted as persistent in the mainstream canon of pink cult breast cancer narratives. Lorde (1997) emphasizes countering the whole woman defined by whole breast narrative

throughout her book *Cancer Journals*, where she piercingly writes "I refuse to have my scars hidden or trivialized behind lambswool or silicone gel" (pg. 60).

Emilia Nielsen (2013) argues that women like Lorde and Ehrenreich illuminate counternarratives of illness which perform resistance. Their stories of battling breast cancer have the potential to disrupt the dominant narratives of docile women who are restored with a simple prosthesis or who wear pink and do not deeply care about the environmental hazards which the corporations they purchase pink products from cause (Lorde, 1997; Ehrenreich, 2000). Companies that have exploited breast cancer narratives by selling into the cult of pink are never questioned for the contaminants and carcinogenic chemical exposures they produce, narratives like those of Lorde (1997) and Ehrenreich (2000) contest this. Lorde and Ehrenreich reclaim their own narratives of rightful anger with illness (Nielsen, 2010, 2013). Jo Spence's use of photos is also notable as they highlight the need for understandings of memoir narratives to go beyond oral and textual (Bell, 2002). Narrative research as a method in qualitative research is impactful; Coral Pepper and Helen Wildly (2009) reflect that narrative "...permit[s] rich insights into the experiences of participants… [n]arratives provide a means for participants' stories and experience to be honoured and given status" (pg. 24). As illustrated in the aforementioned snapshots from women who had breast cancer and countered dominant perceptions of the illness and womanhood, an array of vast and rich memoirs of women experiencing breast cancer exists. Even if these marginalized libraries that are counter to dominant narratives are not popular, they hold power. The libraries of such memoirs should be lifted from the margins and centered. Perhaps if women are viewed only as valuable as our breasts, we are also only as valuable as our stories. Ultimately, the gendered link of breast cancer and female identity can be better understood through narrative storytelling and reclamation, these are necessary to better comprehend and recognize breast cancer patients needs and desires.

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