University of Alberta

Bodies and Texts, Spaces and Borders:
Women Re-Envision Breast Cancer

by

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For my daughters:

Emily, Elinor, and Anna,

and in memory of Elisabeth

Abstract:

This dissertation explores breast cancer experiences by predominately contemporary American women that are creative interventions into, and re-visions of, experiences in medical and therapeutic environs as well as culturally produced post-surgical bodies. During diagnoses, surgeries and treatments, and self-reflexive considerations of their altered bodies, writers and artists locate ruptures, fragments and polysemy within apparently bounded, controlled and determined spaces, relationships and cultural discourses. They pursue the implications of such states by deploying postmodernist techniques, feminist language and metaphors, and non-western literary influences. The microcosm of a single autopathography is thereby entangled in a macrocosm of cultural engagements, movements across bodies, and material and discursive transformations. The critique and re-visioning of breast cancer in a patient narrative envisions corporeal subjectivity as mutually transforming; breast cancer discourse as a commons of shared language, narratives and practices; and breast cancer itself as an ecology of human and non-human materialities, environments and texts.

I focus on four texts and four visual collections by women with breast cancer, covering a period of approximately twenty years that begins in the early nineteen-eighties. Kathy Acker and Eve Kosofsky Sedgwick are avant-garde literary figures and critics for whom the material of breast cancer, together with rhetorical strategies, produces postmodern conceptions of medical experiences.

Jo Spence (who is British), Matuschka, Hollis Sigler and contributors to *Art.Rage.Us.* create, through their unconventional images and techniques, strikingly political interventions in conventions that shape illness and aesthetics, the reception of altered bodies, the "pink campaign" ubiquitous in popular culture and private medical experiences. Janet Gilsdorf uses her medical expertise as a doctor and literary acumen to depict breast cancer as a politics of citizenship. By re-circuiting psychotherapeutic processes, "Sally" and Sedgwick each create an intimate commons of engagements with therapists, histories, relationships and texts. By using tactics and strategies, rather than developing policies and programs, the women in this dissertation produce a postmodern intervention into cultural issues saturating contemporary breast cancer that excavates and engages with an always already diverse nature of what seems to be monolithic and unassailable.

Preface:

When I first entered the disorienting architecture of the cancer clinic, I sat for more than an hour in what amounted to a hallway, wearing the patient uniform of faded blue-grey, and then waited in a bland cell-like room furnished with two chairs, a counter and an examining table. A succession of medical professionals entered a second door into the room; during the brief moments that the door was ajar I glimpsed an interior, busy world. They informed me of my medical situation, writing salient points on the whiteboard and producing statistical information on the options available to me, and left me to decide on my choice of treatments.

In the world at the center of the clinic behind the door, a group of unnamed experts had collaboratively interpreted the data, short-listed the protocols and produced my file. My assigned oncologist was the delegated narrator of my breast cancer story. I was the audience to my medical narrative. Well into my treatments, a new doctor, replacing my former oncologist, came in to the examination room, whomped my now large file on the counter and told me he "knew everything about me." Too tired at that point to challenge him on his assumptions/presumptions, we got down to the business of the state of my progress through the treatments.

During my seven months in the care of the cancer clinic, I was grateful for the competent, business-friendly staff, and I was in one of the best cancer clinics in the country. The national health care system covered the costs. I felt

lucky for this. My doctors answered my abundant questions respectfully. I was grateful for that. However, in addition to my *medical* questions, which were plentiful, about my particular cancer, its treatments and how best to deal with them, I was developing an increasing number of *critical* questions about the breast cancer culture within the clinic and hospital as well as outside it in the pink campaigns and the fundraising runs in which I willingly participated. The Q and A relationships, the pleasant chats aside, I felt a strange disconnection from the process to which I submitted. The sprawling pink world of memoirs, websites and pink products was foreign to me. How could I have breast cancer and feel so estranged from its culture within and outside medical institutions?

I needed to sort through my questions and responses. Following my own surgeries, chemotherapy and radiation treatments, I began to search out women's memoirs and artistic representations of their bodies and experiences. Increasingly, I wanted to focus on the structures of power, discourses, and subject-relations that subtended what I was seeing and experiencing. I needed the doctoral program that I had just started to help me work through the larger issues connected to, and that were shaping, my personal experience of breast cancer.

Personal breast cancer texts and art were everywhere — in magazines, anthologies and books — and they covered a range of experiences — from coping with the disease to surviving the ordeal of cancer treatments and maintaining relationships, jobs and semblances of normalcy. I read memoirs by Dr. Marla Shapiro, Dr. Janet Gilsdorf, Catherine Lord and Audre Lorde, as well as anthologies like Patricia Duncker's *Cancer Through the Eyes of Ten Women*. I

discovered a wildly imaginary work by Kathy Acker and allusive art by Hollis Sigler. Eve Kosofsky Sedgwick wove critical theories into their memoirs, and Jo Spence and Matuschka used their bodies for cultural critique, describing how gendered power, racism, obfuscating medical language and inhumane treatments produced forms of trauma. I read Samantha King, Barbara Ehrenreich, Zillah Eisenstein, Peggy Orenstein and Tempest Williams — women who have breast cancer or who write critically about the culture of consumption and gendering that is increasingly identified with it.

Women's depictions of breast cancer, I discovered, produced rich interventions into cultural discourses and practices that shape medical experiences and women's lives. More compelling yet, they envisioned breast cancer in radically new terms by gathering together a vast complex of its medical, psychological, social, cultural and environmental aspects. Collectively, they created a plastic paradigm for engagements that enabled diverse experiences, ideas and signifying practices; these interactions, however, did not solidify into unary narratives or monologic discourse, but congealed momentarily before re-circuiting and producing other semiotic relationships. Breast cancer was much more than I had first experienced or imagined.

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The dissertation-writing process is all consuming and I looked (often) to family and friends to maintain a healthy life-work balance and to support me through difficult breast cancer treatments. Additionally, they have taken an interest in what, for many outside academia, is a bewildering and strangely prolonged process. I do want to single out the following friends for special thanks: Karen and Josh Carlson; Helen and David Samm; Chris and Don Rebus; Denise Dufresne; Ingrid Urberg; Tim, Ellen, Niel and Laura Parker; Janice Trueman and her daughter Olivia.

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Copyright Acknowledgements and Information:

I would like to thank the following for authorizing my use, and providing me with jpgs when possible, of photographs and paintings crucial for my close readings of their visual rhetoric; as well, these images are essential for orientating and supporting my larger claims about the value of such breast cancer art for cultural critique. I am grateful for the opportunity to include them in my dissertation. They retain all rights to their images; permission to use them was granted for this dissertation only.

Their participation in this project is significant for another reason. Courageous women who honestly explore their experiences of breast cancer and who recognize the ennuciative power of their bodies have not only created these images, but made them public. As a survivor myself, I am thankful for such women and for those who support and publish their work.

The Breast Cancer Fund for use of its publication print of Imogene Franklin Hubbard's photo collage "Industrial Growth" (original size: 25 in. x 21 in.) in *Art.Rage.Us.: Art and Writing by Women with Breast Cancer*. Copyright: Breast Cancer Fund. I have reproduced a large portion of Hubbard's image.

The Terry Dennett Jo Spence Memorial Archive for providing copy-ready images of “Hospital Ward Rounds 1 and 2” and “Cross on Breast”

Hudson Hills Press for use of its publication prints of Hollis’ Sigler’s “I’d Make a Deal with the Devil” (original size : 66 in. x 66 in. oil on canvas, framed), “We Have Sold Our Souls to the Devil” (original size: 66 in. x 66 in. oil on canvas, framed), and “Is This Wishful Thinking? Maybe Not” (original size: 27.5 in. x 33.5 in. monoprint with painted frame)

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Introduction:

> While lying in my bed and nauseous from chemo . . . I wrote of the beauty of our medical language. . . the timeless Latin words that rumble like wooden carts through the ages . . . I wrote of the efficiency with which these lovely utterances convey complicated meaning.

Bed, body, medical language, metaphor, efficient and yet complicated meanings — Janet Gilsdorf's private bodily affect following her chemotherapy is entangled with an institutional discourse, and her illness is interconnected with rhetoric and aesthetics. Collectively, these occur within a momentary experience, lying ill in bed, but they cross time and space, materiality and discourses. A single moment is parsed into a whole spectrum of experiences, histories, expressions and attitudes; a single individual is a nexus of multiple identities, epistemologies, experiences and sites of expertise.

My dissertation examines depictions of the capacious nature of breast cancer that are anchored in individual experiences like Gilsdorf's, and it explores how these kinds of polysemous narratives collectively create an inter-disciplinary gathering of medical science, autopathographies (patient narratives), cultural theory and environmental critique. This diversity of women's writing and art reflecting the trauma, suffering, potential and transforming that are part of having breast cancer, offers important support for and contributions to medicine's ethnographic study of its methodologies and its patient-doctor

interactions described in recent articles such as G.J. Marincowitz's "How to Use Participatory Action Research in Primary Care," S. J. O'Connor's "Context is Everything: The Role of Auto-Ethnography, Reflexivity and Self-Critique in Establishing the Credibility of Qualitative Research Findings," and A.S. Pearson, M.P. McTigue and J.L. Tarpley's "Narrative Medicine in Surgical Education." This collective focus on medicine's complexity and advocacy for recognition of the diverse engagements that occur in medical work and encounters support claims made by women in this dissertation. I argue over the course of my study of women's texts and art that their expertise on the lived experience of illness and medical treatments, together with their critical work on cultural ideologies and discourses, their imaginative speculation and their multi-disciplinary engagements in their breast cancer productions will enable the transformative work in medicine advocated by a spectrum of critics on medical topics.

Gilsdorf's passage provides a snapshot of this interdisciplinarity. A doctor diagnosed with breast cancer, her memoir *Inside/Outside: A Physician's Journey with Breast Cancer*, from which the passages are extracted (206), produces complex and polysemous insights as she "journeys" with her disease. Her title is a case in point; it proliferates with multiple associations — of space and boundaries and the liminal "/", and of movement that suggests exteriority and interiority simultaneously. It also captures the tensive relationship between being "inside" medicine as a doctor and "outside" as a patient when "inside" medical environs. In the excerpt above, for example, her bed proliferates with material and metaphoric associations: it recalls the chemotherapy bed of the past

experience and is haunted by the possibility of a future deathbed. It suggests embedded and enfolded signifying relationships of separate yet interconnected domains, shared sites of multiple semantic significations and polysemous subjects. Gilsdorf presents these signifying relationships with the quiet tone of reflection, but the bodily feelings of nausea resulting from her chemotherapy read together with the movement of carts through streets suggests volatile movements across time, space and language. Gilsdorf, as a doctor with breast cancer, feels the effects of medical treatments, is professionally aligned with those who perform them, and is able to read her professional language for its rhetorical richness. Her memoir does not simply describe feeling ill, but in the midst of her personal trauma offers a sophisticated reading of breast cancer as an assemblage of multiple discourses, materialities, practices and affects.

This dissertation includes breast cancer experiences by predominately contemporary American women who, like Gilsdorf, offer complex visions of their experiences within medical and therapeutic environs as well as of their post-surgical bodies. While their diagnosis of breast cancer produces the individual as a patient, and their focus considers medical treatments, options, statistics and probabilities, decisions about reconstruction, and living in the liminal status of the survivor, some women use these experiences as part of ongoing experiments with language, narratives and visual productions. During diagnoses, surgeries and treatments, and later when viewing their altered bodies, they locate ruptures, fragments and polysemy within apparently bounded, controlled and determined spaces, relationships and cultural discourses. They

pursue the implications of such states by deploying postmodernist techniques, feminist language and metaphors, and non-western literary influences. The microcosm of a single autopathography becomes an entangled macrocosm of engagements, movements and transformations. Breast cancer discourse becomes a commons of shared language, narratives and practices, and breast cancer itself an ecology of human and non-human materiality, environments and texts.

With the shadow of shame and fear lifting from this disease,[1] cultural critics began to raise awareness of cancer's historical and cultural aspects and its place within institutional structures of power. As Susan Sontag describes in *Illness as Metaphor*, cancer can be understood as a cultural phenomenon that shapes and is shaped by circulating and dominating motifs, metaphors and narratives, a view expressed elsewhere in discussions about cancer and, more generally, about disease itself.[2] Breast cancer, like other forms of disease, is also a phenomenological experience incorporating patient's perspectives with those of the medical professional.[3] As Deborah Lupton's *Medicine as Culture: Illness, Disease and the Body in Western Societies* outlines, class, perspectives, power relations and feminism shape and interact with medical culture. Gilsdorf's text,

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[1] See, for example, histories of breast cancer such as Barron H. Lerner's *Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America*, and James Olson's *Bathsheba's Breast: Women, Cancer and History*.

[2] See, for example, Jackie Stacey's *Teratologies: A Cultural Study of Cancer* and Deborah Lupton's *Medicine as Culture: Illness, Disease, and the Body in Western Societies*.

[3] See, for example, Janice Thibodeau and Joan MacRae's "Breast Cancer Survival: A Phenomenological Inquiry," Anne Flood's "Understanding Phenomenology" and Kristin Langellier and Claire Sullivan's "Breast Talk in Breast Cancer Narratives."

rather than privileging one critical approach over another, brings them together into an interdisciplinary gathering.

This gathering work by women like Gilsdorf drives the investigations in my dissertation; they seem to throw caution to the wind in their expansive inclusiveness, yet they exert rigor and precision in their exploration of breast cancer experiences. Lupton cautions that "it can be very difficult to know where to draw the boundaries" in interdisciplinary approaches (*Medicine as Culture* 2). Yet lack of concern for boundaries, even the purposeful troubling of them, shapes some women's depictions of breast cancer treatments and experiences. As we saw in the passage from Gilsdorf, the personal experience of breast cancer treatments is, in fact, a vast site of intersecting and competing bodies, subjects and discourses. By depicting it in this unbounded fashion and by inserting their insights into breast cancer discourse and practices, women offer compelling suggestions for contemporary explorations of breast cancer that reflect how it is variously understood and situated.

Arthur Frank argues "[t]he *postmodern* experience of illness begins when ill people recognize that more is involved in their experiences than the medical story can tell" (*Wounded Story-Teller* 6). All of the women in this dissertation have the unique, although undesirable, privilege of seeing medical and therapeutic cultures from its inside, a situation Frank describes as "negative privilege" ("Negative" 67). His term "negative privilege" signifies a state of vulnerability and horror experienced in an environ of "arrogant" medical staff and precipitated by the "horrific effects of . . . cancer treatments" (68). I argue

that the works in this dissertation, in addition to their recognitions of illness as more than "medical stories," are immanent interventions into Frank's "horrific effects" occurring when women are physically inside medical culture and subjected to grounding discourses and practices that alienate them from their experiences and their own bodies. Unlike cultural critiques generally or medical critiques specifically that address medical discourse and practices from a critical distance, these women are intimately subjected to them. Their interventions are not isolated intellectual engagements; they result from bodily experiences to medical treatments, described in troubling terms from states of abjection to silent compliance to professional anger. Whether presented for rhetorical effect or as unmotivated descriptions (if, of course, that is possible), medical experiences in which women feel excluded or violated become occasions for addressing what Barbara Ehrenreich calls "ideological forces" ("Smile or Die" 44) that shape institutional experiences as well as cultural practices specific to breast cancer, such as the creation of a breast cancer survivor profile, the reconstruction of breast cancer bodies and the corporatization of a breast cancer culture through pink-identified products often directed to women and that consolidate women as domesticated and compliant objects of male desire.

While women's depictions of medical treatments echo those by Frank, I want to pursue a somewhat different line of enquiry. I argue that women use their traumatic experiences in order to develop new forms of conceptualizing and transforming discourses and practices that produce traumatic effects. Unlike the many books, magazine articles and websites that reinforce narratives of triumph

over illness, finding wisdom within trauma or developing personal character out of suffering,[4] the women I have selected for analysis use their personal experiences as interventions in the structures of power that make their medical experiences difficult and even traumatic. Difficult surgeries and treatments demonstrate the fortitude, courage and resilience of women with breast cancer as well as unexpected support, surprises and victories. In the texts in this dissertation, they are also springboards for interventions into breast cancer culture within medical institutions and circulating within general culture. These women are not willingly compliant and unquestioning. When they hear their diagnoses, undergo chemotherapy and/or radiation treatments and enter operating rooms for lumpectomies and mastectomies, they are disturbed both by the traumatic consequences of having breast cancer and by the powerful forces in which they are immersed in order to receive medical attention.

I use the term "immanent intervention" to emphasize the nature of women's creative opposition to the effects of medical experiences and responses to their breast cancer bodies. It reflects both the work their texts and art performs within medical experiences and distinguishes their productions from conventional forms of critique. Cathrine Egeland argues, and I think with some merit, that the practice of intervention

> is to describe the object of critique neither from the 'outside' of the object, nor from a perspective that is limited by the criteria defining the object. Critique as intervention can thus be conceived

[4] Arthur Frank discusses these types of narratives in *The Wounded Story-Teller.*

> of as a strategy aimed at describing, redescribing, combining and recombining elements of knowledge that may have critical *effects*. ("Sexing-Up" 269)

Much as Egeland describes, women use description and re-description, combining and recombining, to articulate the critical effects of medical culture. Their interventions are strategic and innovative, untrammeled by the demarcations required by identifying medicine as irredeemably Other. Because the women in this dissertation do not create programmatic critiques, but invent strategic, material forms of postmodern opposition, my particular use of immanent intervention occurs in two forms: in the relationship first, to a material, ideologically constructed space and second, to a "calculus of power," a term I borrow from Eve Kosofsky Sedgwick (*Between Men* 21) and use throughout my dissertation. Specifically, the former refers to being physically inside medical institutions and the latter signifies the asymmetrical relationship of authority created by medicine's discourse and practices. Entering clinics and hospitals, the women in this dissertation are subjected to discourses and practices that inscribe their bodies and produce compliance;[5] they represent this experience as an intensification of cultural gendering and monologic discourse.

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[5] "Compliance" is an important factor in measuring treatments for breast cancer, as attested by thousands of essays on this topic in my University's library database. It signifies both conformance to rules and yielding to force as well as "accord, concord, agreement; amicable relations" (*OED*). I suggest that both are in play in breast cancer – women experience both during their treatments, depending on the intrusiveness of "ideological force" and their docility at a particular moment. Michel Foucault in *Birth of the Clinic* and Louis Althusser in "Ideology and Ideological State Apparatuses (Notes Towards an Investigation)" each respectively describe patient or citizens as compliant, self-regulating subjects.

Others, like Gilsdorf, are inside medicine as doctor and patient simultaneously; they are exposed to a complex, ambiguous and overlapping set of experiences when colleagues no longer treat them as doctors, and familiar practices at which they are competent are moments of disempowerment, dehumanizing objectification and trauma. Using complex narratives and art they reflect the complexity of their lived experience within environs focused on their bodies' pathological state.[6]

Ad hoc, spontaneous and intuitive inventions proliferate in women's texts and art forms. Ross Chambers proposes that oppositional practices feature a local focus and emphasize tactics rather than strategy (*Room for Maneuver* 6-14). Such practices, he argues, do not "*seek* change, although [they] may produce it, because [they] do not perceive the power [they are] opposing to be illegitimate" (9). Chamber's argument is true in varying degrees for the women I discuss. In the midst of their experiences, women express feeling alienated, objectified and traumatized by their relationships with doctors and nurses, the hierarchy of

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[6] Evidence-Based Diagnostic Medicine (EBDM), now a standard for medical clinicians, emphasizes scientific methods as the basis for treating patients. As Champagne, François, Louise Lemieux-Charles, and Wendy McGuire describe in "Introduction: Towards a Broader Understanding of the Use of Knowledge and Evidence in Health Care": "evidence is produced by researchers in scientific laboratories (or other controlled settings) and then distributed to clinicians, who evaluate it with rigorous criteria — including a research project's methodological strengths, level of effectiveness demonstrated, and utility for particular clinical problems — and apply it appropriately in clinical practice" (Champagne 4). However, the paradigm upon which EBDM (or EBM — Evidence Based Medicine) is based is not without its detractors. Some argue that "[g]reat clinical insight may come from complex pattern recognition, or inspired non-linear reasoning, rather than the orderly sequence of a decision tree" (Lewis 167). Steven Lewis' provocatively titled work "Toward a General Theory of Indifference to Research Based Evidence" suggests that the current influence of research style on clinical practices may be a trend that at the very least deserves critical attention for its artificial limitations and at its extreme, indifferent reception as a means by which to develop new models that generate inspired insights.

power that excludes them from participating in discussions about their disease in ways that are meaningful for them, and the presence of coercive pressures to reproduce a normative body. While some women's oppositions target medical and cultural authoritative claims for their legitimacy, others develop their immanent interventions through the practices that Chambers articulates, at the doors to the operating theatre, during a biopsy, while wedged in a mammography machine, in radiologist's images and in their relationships to post-surgical drainage tubes.

Attempts to soften medical environs with humanizing touches seems to only cover over the difficult experiences women undergo. Alan Radley describes "the appearance of the unthinkable in the guise of the innocuous" (783)[7] when, as in Frank's elaboration of Radley's observation, "the utterly pleasant civility" of cheerful volunteers pushing tea trolleys coerces a set of social gestures that belie the horror of anticipated chemotherapy treatments ("Negative" 67). As Radley argues, the horrific experience is "made more terrible by virtue of the way it is portrayed, not in the way that it is explained" (784). While horror is certainly emphasized in some of the passages I analyze, the response of abjection generates a more compatible signifying practice that reinstalls women as portrayers of their own experience.

I have selected works by contemporaries who, for the most part, live or lived in the United States and were part of its breast cancer culture (which for me, is a capacious term including medical treatments, programs such as "Reach

[7] Also quoted in Frank ("Negative" 67).

for Recovery" and "Look Good Feel Better," and the pink culture of breast cancer fundraising. They deploy avant-garde, postmodern, and deconstructionist skills. Using multiple literary modes of representation, their works are allusive and inter-textual, rich in metaphors, myths and poetry. Their material realities are reproduced in self-identified liminal states represented by exilic figures, hybrid citizens and queer subjectivities, and through movements and forces traversing across porous bodies and subjects. They experiment with categories, excavating a material semiotics and deploying images associated with women's bodies.

Kathy Acker wrote *Eurydice in the Underworld* and died in 1997 at age 50. Eve Kosofsky Sedgwick, who wrote *A Dialogue on Love*, died in 2009 just before her 59th birthday. Jo Spence included her breast cancer photographs in *Cultural Sniping: The Art of Transgression* and *Putting Myself in the Picture: A Political, Personal and Photographic Autobiography,* dying in 1992 at 58. Hollis Sigler produced a collection of paintings about her breast cancer in *Hollis Sigler's Breast Cancer Journal*; she died in 2001 just before her 59th birthday. Matuschka (diagnosed in 1991) is a model and photographer who uses her body artfully to perform and destabilize conventions of race and gender. In *Inside/Outside: A Physician's Journey with Breast Cancer*, Janet Gilsdorf (diagnosed in 2000) casts a critical eye on her own profession, in which she is herself heavily invested, when she becomes a patient. The literary nature of her writing and critique makes substantive connections with the creative works by Acker, Sedgwick, and Sigler. I also include the story of "Sally," told by her

therapist Jane Hollister Wheelwright in the 1981 publication *The Death of a Woman*, as a companion piece to Sedgwick's dialogue with her therapist. "Sally's" story exemplifies the therapeutic case study in which the destabilizing actions and silent resistance of a terminally ill woman deconstruct a highly controlled and constructed document. Her interventions share common features with Sedgwick's more overt deconstruction of professional relationships. In addition to these solo works, I also examine photo murals and collages from *Art.Rage.Us.*, an exhibition of breast cancer art, first mounted in San Francisco, that critiques disempowering and traumatic medical experiences and coercive sexist forces in pink breast cancer culture.

Theorizing Breast Cancer Texts and Art

Because the works in this dissertation represent the experience of breast cancer by developing material discourses, intervene in medical practices by exploring porous and intersecting subjectivity, expand the understanding of breast cancer by developing sites of shared discursive engagements and transform breast cancer by conceptualizing a vast interconnecting system, they can be productively read through three theoretical lenses: material and corporeal feminism, pre-capitalism's economy of the commons and ecological intra- and inter- connections (that is, connections occurring within and between entities or systems).

Feminine writing based on the material body provides metaphors through which to conceptualize relationships of inside and outside, either and or, in the

diversity of perspectives that are brought to an architecture, relationship, event or body. Women throughout this dissertation deploy maternal reproductive economies that articulate individuals growing together, mutually affecting, yet unable to consolidate the other as such. Bracha Ettinger's work on the matrixial borderspace offers a material and feminine model that supplies critical tools by which to parse this economy. Simply put, her concept refers to the site at which mother and *in utero* child each coexist as an/Other[8] on either side of the tissued wall of the uterus as becoming-subjectivities fundamentally unknown to each Other. Material feminism's work on relationships between human and non-human bodies and the mutual engagement between the material and the discursive as articulated by Stacy Alaimo and Karen Barad are useful for my discussion on material discourse and women's bodies in breast cancer texts and art.

If the same material object can be multiply represented and experienced, displaced onto other bodies and body-sites, as Sedgwick in particular suggests, then it functions less as an object, and more like Martin Heidegger's "thing" prior to signification in his essay of the same name. This signifying mobility occurs in Gilsdorf's bed and words, and in women's visual representations as they suggest the "thingness" of their bodies. As the body is altered in breast cancer treatments, it becomes a site of material discourse, both a site of inscription by medical and cultural discourses and an action of enunciation. By

[8] In *The Matrixial Borderspace*, Bracha Ettinger uses the form "an-other" (see, for example 63, 65). I use the "/" rather than the "-" as I feel it visually represents the border qualities more vividly than the "-." Moreover, the "/" becomes an important signifier in discussing Janet Gilsdorf's *Inside/Outside* in Chapter Two.

producing complex relationships between mastectomies and other material sites and discourses, their bodies are "thinged" as sites of potential. Rather than closing down their bodies as grotesque reminders of what has been lost to them, the horror of their bodies is excavated for its new, emerging language. Their body as "thing" becomes a canvas, a site of intervention, an oppositional force, and a mobile ecological engagement.

From these critical engagements, I identify two critical models emerging in this collective work. First, breast cancer culture is made up of multiple engaging subjectivities; multiple signifying practices, narratives and discourse; and ambiguous, fluid bodies that include the non-human. Human engagement is articulated as a commons of shared, diverse resources that are both complementary and competing. Breast cancer resembles an ecology, a macro-system of movements and flows, of transformations and engagements. It includes micro-systems: genetics, individual bodies, inter-connected bodies that are both human and non-human, human cultural and social ecologies, urban ecologies and global ecologies. Both the commons and the ecology are grounded in matter: the commons is a communal site of shared resources, originally a shared material space, and ecology conventionally describes a material world, whether "natural," urban or human (all, admittedly, contestable categories). However, neither concept is limited to matter alone: resources and ecologies include, for example, epistemologies, concepts and discourses. These models provide supportive language and concepts for my analysis of women's immanent interventions into breast cancer and their experiences of breast cancer culture.

Moreover, my close readings of women's texts and art will demonstrate the important contributions they make to further develop theoretical understandings of relationships between bodies and discourse, engagements and oppositions and human disease in more-than-human ecologies.

Critical Terms

I want to spend some time at this point clarifying terms that recur throughout this dissertation. *Environs*, *environment*, *ecology*, *commons* and *capacious* collectively represent large values consolidated by women in this dissertation: openness and adaptivity. They express real desire for both in their treatments for breast cancer and when they return to their former/new worlds as survivors. I do not require a highly nuanced set of definitions; however, I do wish to establish why I have chosen these particular terms.

Throughout the dissertation I refer to medical *environs*. I do so to indicate that environs are local systems within an environment. As S.R. Borrett and M.A. Freeze define environs, the former are "the directed (input and output), within-system environments of species in ecosystems" and the "operationalization of environments that let us study their organization and activity" ("Reconnecting" 2393). This definition works well in my discussion of medical culture as an internal site with relationships to external culture such that each informs and shapes the other. The *environment* is the larger context within which the inputs and outputs of environs occurs; as Borrett and Freeze put it, the "environment is used to mean the surrounding physical, chemical, biological,

and sometimes social systems that intersect at a given location of interest" (2393). I understand it in terms of my argument as the larger terrain in which medical culture is situated. Environs and environment are structured contexts in which to study intersecting forces.

While *ecology* shares some features of these terms, I want to utilize it to refer to a capacious space of movements and interactions that coalesce and flow without having a single or central site of focus, or what Borrett and Freeze call "the focal entity" (2393). It has micro-systems within it, but these are always part of a larger dynamic field of engagements. The main distinction that I want to make is that it is fundamentally without a center, except for pragmatic moments in which a constructed focus is required, and in these cases, we are working in the context of environs or the environment. Ecology for the purpose of this dissertation refers to the interconnections among matter, signifying practices, institutions and professional practices. I use the term ecology to focus on movements and relationships, porosity and flows, as well as contained sites and boundaries, rather than environment that suggests a contained and defined site. Ecology includes human and urban micro-ecologies; I incorporate rhetorical and textual ecologies as well.

The *commons* is a human site of engagement in which all share resources. This has historical and contextual shadings, depending on whether one is referring to pre-capitalist, capitalist or post-capitalist versions, as George Caffentzis demonstrates in "THE FUTURE OF 'THE COMMONS': NEOLIBERALISM'S 'PLAN B' OR THE ORIGINAL DISACCUMULATION

OF CAPITAL?" Again, for my argument I want to distinguish the commons from exchange of commodities in a capitalist market system because this better reflects the nature of women's descriptions and so I use it in the sense of a site of shared and accessible resources. Ecology has much in common with the commons and I believe they are each productive critical paradigms on their own as well as in their interconnections. The capacious and inter-relational features of ecology and commons are also iterated in their mutual engagement in theorizing breast cancer culture.

I deploy the term *capacious* throughout this dissertation as a descriptor for how medicine might be re-conceptualized. I use it in the sense of "having the capacity of or to," "able to hold much." "Capacity" also refers to "holding power" whether as a conductor or as a storage facility; it "provide[s] accommodation." It refers to physical and mental attributes as well as forces. And finally, capacity refers to "capability" and "possibility." It is a rich term, as the *Oxford English Dictionary* capaciously enumerates. This term, moreover, is used in Stacy Alaimo's work on material feminism and it is there that I became aware of its utility for my own critical investigation. Her work, like mine, examines the porosity of culturally constructed barriers. She advocates "more capacious epistemologies . . . to forge ethical and political positions that can contend with numerous late twentieth-and early twenty-first-century realities" (*Bodily Natures* 2). My use of capacious is also a means of opening up medicine. As gender is increasingly contested and politicized, as women move into positions of power, and as diverse knowledge of the material world that Alaimo

and others describe shapes scientific discourse, medical science has the potential to develop its epistemology by becoming more attentive to those who excavate and work with it. Moreover, as pharmaceuticals profit from status quo breast cancer treatments, mammograms generate a lucrative industry, and fundraising campaigns become increasingly tied to corporate interests, we must ask hard questions about what "breast cancer" really signifies. Medical culture, caught up within this entangled set of cultural forces, needs the perspicacity of those who experience it differently in order to transform and improve both its understanding of, and interventions in, such a contested term.

Chapter Summaries

This dissertation is essentially made up of two parts. In the first part, comprised of Chapters One and Two, I look at women's profound sense of dislocation and alienation when undergoing medical treatments, heightened and reproduced by their negative representations of institutional structures and practices. In these first two chapters medical institutions are depicted as alien sites inhospitable to women in their most vulnerable states. Institutional violence produces ontological and existential traumas. In my discussions I am particularly interested in how women amplify their negative experiences in medicine, apply pressure against its ideological force and use both as means by which to locate internal mechanisms for transforming breast cancer experiences. I trace how survival practices become generative through creative narratives and mobile language producing material subjectivity and inter-subject relations, and

depicting institutional space as porous and permeable. Moreover, their negotiations of institutional experiences and breast cancer trauma become critical interventions in cultural ideologies that permeate medical discourse and practices.

Each chapter addresses two quite different responses. *Chapter One* asks critical questions about the narrativity of power, about the absent presence of *écriture féminine* in medical discourse, and about the possibilities for *de-limiting* paradigms to represent *delimiting* medical experiences. I examine how Kathy Acker's writing produces a material discourse congruent with the body's experiences by locating *materia* to generate narratives supportive of women's experiences. Polysemous language, narratives and movements — themes and motifs taken up by corporeal feminists such as Luce Irigaray, Bracha Ettinger and Elizabeth Grosz — offer means by which to consider institutional structure as flexible and transformable. Moreover, her traumatizing experiences, represented as expulsions and exile, develop into critical interventions and strategic oppositions. Narratives of movement enable exiled women to become mobile subjects generating their own terms of engagement with breast cancer. This chapter focuses on how women express and enable mobile subjectivity within institutional gaps made visible through their body writing and use of feminine images.

Chapter Two continues to explore how cultural paradigms intensify ruptures in women's understandings of themselves, their medical experiences and their altered lives. When the profound sense of dislocation for women that

medical institutional experiences precipitate is suggested as that of the displaced citizen in a foreign state, the individual's re-conceptualization of her experience of breast cancer takes the form of mobilized hybrid citizen with qualities similar to that described by theorists on contemporary citizenship such as Homi Bhabha and Daiva Stasiulis. This chapter foregrounds and renegotiates the inside/outside paradigm in Janet Gilsdorf's memoir as it structures her medical treatments. It considers how the sovereignty of cultural norms and their reproduction in medical culture's material sites are re-articulated through the literary qualities inherent in medical discourse. Through her literary skillfulness Gilsdorf creates a porous territory of subjectivities that acknowledge complex subject relations with themselves and with others. As both chapters illustrate, even when bodies are inscribed by discourse, women can mobilize corporeal capacities and medicine's literary potential to transform its discursive structures and practices into navigable spaces for women with breast cancer.

In the second part of the dissertation, comprised of *Chapters Three* and *Four*, I examine works that develop an interdisciplinary material discourse and articulate breast cancer as an ecology of intersecting micro-systems spanning discourses and material bodies. Rather than constructing bodies as sites of inscriptions and regulation that consolidate women as Difference and Othering, women deploy their inscribed and regulated bodies to speak to gender, privilege, asymmetrical power, and environmental issues. The pink campaign collectively invigorates cultural ideologies of women as Other to men and as objects of their gaze. It publicly symbolizes women as domestic consumers of pink cosmetics

and kitchen products, while men participate in circuits of knowledge and commerce. The women in this part of my dissertation use breast cancer to challenge cultural conventions that demobilize women from making breast cancer congruent with their own values, experiences and perspectives.

Just as in the first two chapters women use literary skills to expand medicine's narrativity, reinsert themselves into breast cancer narratives, and transform medical culture from within, in these final chapters women depict their breast cancer by challenging conventions that circulate within and outside medical culture. Postmodern techniques become mechanisms for expanding the terms of breast cancer from its local occurrence in women's bodies to an ecology that involves freely engaging interdisciplinary perspectives.

Chapter Three investigates how a diverse array of forces, including professional relationships addressing the affect of breast cancer, is deployed to conceptualize breast cancer so that it reflects current understandings about bodies, discourses and growing insights in human and non-human commonalities, non-linear thinking and complex open-ended relationships. Moreover, the potential suggested in Chapters One and Two for medicine to use its internal capabilities to engage with women's experiences of their breast cancer becomes enacted as a mutually transforming experience. By using postmodern ruptures and fragments — images of brokenness rather than consolidation — and by foregrounding the ennunciative materiality of bodies, texts and voices, Eve Kosofsky Sedgwick and "Sally" each expand professional therapeutic conventions by developing the intimacy of their therapeutic

relationships into commons of engagements — sites of shared resources and open borders. In doing so, they develop means by which to engage more fully with their worlds. I want to suggest that, by entering into porous interconnections with their therapists, demonstrating the fluidity of local and non-local and by establishing ragged open narratives and dialogues, these women together with their therapists open up the practice of understanding bodies, illness, subjectivities and connections, and producing meaning from and out of them. In so doing, Sedgwick and "Sally" each are able to bring their unique situations and perspectives into their processes and to explore varieties of ways to understand their lives.

In *Chapter Four*, women use their breast cancer bodies to speak to constricting cultural practices that control women's participation in their treatments, their representations of their experiences, and that discipline "deformed" breast cancer bodies through regulatory ideologies of gendered and raced bodies. Jo Spence, Matuschka, Hollis Sigler, and contributors to *Art.Rage.Us.* create strikingly political representations through unconventional images. Their bodies are canvases deployed to create fluid subjects and to challenge conventional responses to deformed bodies. They are de-formed and re-formed; Margaret Stanton Murray's body opened up by incisions and tubes is shown as always already open and porous. The horror of medical treatments is interwoven with aesthetics, producing the body as a site of transforming and mobility, inscribed by experiences both good and ill. Kit Morris, Deena Metzger and Matuschka challenge cultural receptions of the de-formed body, most

markedly consolidated in the pink campaign's depiction of the normative survivor and the growing tendency to consider reconstruction as the final breast cancer surgery. Matuschka's asymmetrical body performs multiple races and genders, offering a vivid challenge to assumptions of stable categories. The intra-connection between breast cancer and environmental degradation is made by Imogene Franklin Hubbard's photo collage. Hollis Sigler's suite of paintings is, in the case of the latter, also part of general global connections. These women collectively challenge cultural assumptions by creating a commons of shared resources and breast cancer as an ecological system.

Chapter One:

Narratives Within Medical Spaces

Introduction

In this chapter I explore how and where women seek out narratives and language that express the incommensurable and material experiences of their particular breast cancer more fully, to reprise Arthur Frank's words, "than the medical story can tell" (*Wounded Story-Teller* 6). The insufficiency of the "medical story" identified in this chapter lies in two general areas: 1) its non-utilization and non-inclusion of other available narratives, and 2) the resulting alienation of the woman-as-patient from the "medical story" narrating her breast cancer. The former creates breast cancer as a narrowly considered medical phenomenon and the latter demonstrates the tyrannical force of limited and exclusionary narratives. Both are taken up in Kathy Acker's critical and creative text *Eurydice in the Underworld*. The first part of this chapter will provide background information on critical interrogations of medical culture's counter-productive environs and practices. The following, more extended discussion will be devoted to a close reading of her text. It will consider how *Eurydice* locates in medicine's narrativity an underlying problematic of women's traumatic experiences during medical treatments and develops a language and a postmodern myth that, while at odds with medicine's focused and precise

diagnostic practices and the institutional culture, nevertheless are intimately enfolded within medical experiences.

Acker's postmodern text, a vividly imaginary and unconventional breast cancer memoir, depicts a dehumanizing, constraining and hostile medical culture. Her mythological character Eurydice is traumatized during the pre-op for her mastectomy and the doctor's appointment that follows it. However, at the nadir of her experiences in the hospital and the clinic and in her greatest moments of weakness, by deconstructing the structures that she experiences as tyrannical, she enters an alternative yet connected world where she becomes mobilized rather than constrained and generative in the midst of her terminal illness. Just as Michel Foucault declares that modern medicine is "about space, about language, and about death . . . about the act of seeing [and] the gaze" (*Birth of the Clinic* ix), Acker's text incorporates images of space, language and the gaze into Eurydice's medical experience. However, they are also re-imagined in a women's language and a narrative of their breast cancer.

Eurydice depicts women's potential to open medicine's "medical story" through poesis. Within/beneath a deadly medical culture lies a crypt, Eurydice's mythic world, in which women access non-verbal *materia,* where they compos/t/e, that is, where they compose and decompose poetry.[9] By locating disruptions within medical culture and excavating feminine motifs, women's bodies become sites of enunciation as well as inscription, their "ancient"

[9] In this word-contiguity, I play on *compos mentis*: "in one's right mind," compost: a "composition" or "compound"; "a literary composition" and "a prepared manure"; and compose: "to make by putting together parts or elements" (*OED*).

language a resource for expressing the complexity of their breast cancer and recourse to the constraining discourse and practices that keep women, in Acker's view, silenced in medical environs and estranged from their experiences.

Acker's text begins this dissertation by creating breast cancer as a world more than a "medical story" that, to adopt Foucault, reduces women to "a portrait of the disease . . . the disease itself" (*Birth of the Clinic* 16). Eurydice's text shares much in common with *écriture féminine*'s rehabilitation of women as the true Other to the phallogocentrism's[10] universal masculine. Women have the ability to create material poetry; through this activity, breast cancer is returned to women. It becomes part of *écriture féminine*, which in turn frees women to become mobile subjects even when most constrained by terminal illness. I suggest that such creative work can assist in the transformation of medical culture to reflect contemporary understandings of this disease's interconnections with other discourses and practices, of the capacious relationships between materiality and discourse, and of the expertise of the patient.

[10] Rosi Braidotti works in gender, pain and feminist epistemologies. I use her working definition for my dissertation, as I do not need to work through its nuanced history in Derrida and Irigaray. Braidotti states that phallogocentrism "refers simultaneously to the fact that, in the West, thinking and being coincide in such a way as to make consciousness coextensive with subjectivity: this is the logocentric trend. It also refers, however, to the persistent habit that consists in referring to subjectivity as to all other key attributes of the thinking subject in terms of masculinity or abstract virility (phallocentrism). The sum of the two results is the unpronounceable but highly effective phallogocentrism" ("Sexual" 299). Her website lists her publications; see http://www.let.uu.nl/~rosi.braidotti/personal/index.htm.

Narratives of Illness in Medical Spaces

Eurydice examines the architecture that brings together patient and doctor, and explores how it and the subjects within its spaces can be re-presented through multiple narratives. Other writers make similar observations. Tania Katan, who produced both a book and a stage play of *My One-night Stand with Cancer*, describes the scene of her first diagnosis (she had two occurrences over ten years): "This office is hot and beige and small and suffocating. I need air. I need to breathe" (62). Leaving her doctor and mother behind, Katan discovers a courtyard outside, but finds that it contains "gray stones with dead weeds. . . [and] a crumbling, dried out fountain that has reached artifact status" (62). The dead space of the office recurs in a dead garden space; medicine's world is a dead one, a motif important in Acker's text as well. Katan's architectures of enclosures and the existential qualities of her environs, rather than whether they are urban or "natural" (a distinction that Katan contests in its urban and constructed qualities), are also taken up by Acker to describe her medical experiences. The only form of life and vibrancy available to Katan in this excerpt is mobility, even when it occurs as response to terror. Like Katan, Eurydice runs from medicine's dead world to a lively world discovered "under" it.

In her unconventional diary *The Summer of Her Baldness: A Cancer Improvisation*, Catherine Lord, a professor of studio art at the University of California at Irvine, describes, like Katan, her experiences in the hospital following her ultrasound as movements through space:

> I got dressed and wandered the hallway. (Wrong. Women are supposed to stay in their cubicles until released by the proper authorities.) I bumped into the radiologist by accident. We need to talk, he said. The architect had apparently forgotten to design a room in which to deliver bad news, so the radiologist borrowed an office and moved someone's lunch off the desk chair. (6)

Lord places photographs of medical scenes between each chapter, underscoring the nature of medical architecture. They include images of white boards with cancer information (29), partial shots of IV stands (63), toilet seat covers with a sign "If you are currently receiving chemotherapy, please double flush the toilet" (95), biohazardous waste receptacles with a framed landscape print above (161), and open filing cabinet draws filled with files (223). The medical environ is sparsely furnished; it is a utilitarian space with few signs of other human productions. Yet, in Lord's passage the medical environ is actually a site of mis-matches, accidents and mistakes. Despite the hospital's authorization of movement and its specialized spaces, there is literally no room for medical engagements. In the slippage, rupture and contiguity of out-of-step dress changes, borrowed offices and moved food, Lord and her doctor together create an enclave within which to engage. The controlled spaces of the hospital are easily trespassed and transgressed. Important discussions occur after chance encounters during her wanders through the hospital. The structured institutional space becomes a site of accidents, discoveries, transformed spaces and re-negotiations. The patient becomes a traveler, her medical event an adventure.

The doctor is the figure that provides unexpected special knowledge. Space that is starkly realistic in her photographs is mysterious and shape-shifting in her text. Lord's medical event becomes an allegorical pilgrimage, an anti-version of John Bunyan's *Pilgrim's Progress*, in which Christian seeks relief from his burden of sin through a penitential journey. Lord's transgressive world of engagements is closer to Acker's wild story of Eurydice.

Illness as Narrative

According to Frank, patients' accounts of illness like those by Katan and Lord suggest that "more is involved" than simply medical facts focused on specialized knowledge of the body (*Wounded Story-Teller* 6). There are, however, important points of similarity between the two accounts. Both "medical story" and patient memoir are organizing constructions of a sequence of moments made to correspond with a calculus of meaning. As Foucault suggests in his chapter "Signs and Cases" in *The Birth of the Clinic*, the diagnosis, through medicine's epistemological framework, determines the evidence, or signs, provided by the body as symptoms organized by its discourse. The diagnostic event's narrative features are also evident in this moment: the diagnosis emplots symptoms, creates a history, has a medical narrative voice and involves characters. So, too, the patient's memoir may incorporate all or any of this information within her narrative framework, or she may focus on affect, dialogic engagement, and extra-medical information, creating yet another account of the same event.

This attribution of meaning to a moment produces what Jonathan Culler describes as the "text as event";[11] that is, the text attributes to these moments a reality prior to its constituting them as such. The texts suggest that moments occur as events prior to the creation of the text; their meaning, which the text reveals, was there waiting for the textual event to bring them into human awareness. The text thus has an indexical aura[12] because it is understood to transparently represent an event rather than to construct it. However, although both the patient's memoir and the medical story produce selected moments as events, and are therefore similar projects in this sense, they do not have the same reception as medical narratives. Medical texts are at the center of medicine's discourse, while patient narratives circulate at its margins, with occasional

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[11] I deploy the expression "texts as events" from Jonathan Culler's *The Pursuit of Signs*. In his discussion on narrative and discourse he explains that "every narrative operates according to [a] double logic"; that is, it "present[s] its plot as a sequence of events which is prior to and independent of the given perspective on these events, and, at the same time, suggest[s] by its implicit claims to significance that these events are justified by their appropriateness to a thematic structure" (198). Moreover, Culler continues, these "structures of signification, [these] discursive requirements, work to produce a fictional or tropological event" (201).

[12] I use indexical in the sense that Charles Saunders Peirce describes (except in Chapter Three, where I use the term in the sense suggested by Lauren Berlant in her discussion of intimacy, although her focus on its affective features overlaps with Peirce's semiotics). For my purposes, I understand Peirce's use of "index" as outlined in the following:

1. "Those whose relation to their objects consists in a correspondence in fact, and these may be termed Indices or Signs" ("On a New List of Categories" W 2:55-56);

2. "[T]he index asserts nothing; it only says "There!" It takes hold of our eyes, as it were, and forcibly directs them to a particular object, and there it stops. Demonstrative and relative pronouns are nearly pure indices, because they denote things without describing them; so are the letters on a geometrical diagram, and the subscript numbers which in algebra distinguish one value from another without saying what those values are" ("On the Algebra of Logic: A Contribution to the Philosophy of Notation" W 5: 162-3). Both definitions taken from "Commens Dictionary of Peirce's Terms."

invitations to enter into its dominant discourse.[13] Eve Kosofsky Sedgwick's term "the calculus of power" (*Between Men* 21) is a useful metaphor to depict the calibration of relative authority and consequent reception of each narrative. The calculi within medical culture and within the culture of patient narratives may be arrived at quite differently. The issue for my dissertation is, however, the rupture that these divergent paradigms create, resulting in a lack of engagement that medical humanities programs attempt to address through projects on medicine, literature and the arts. Breast cancer itself is diminished by such divergence; as Frank argues, illness cannot be captured by medicine's narrative alone.[14]

This narrative tension between medical and patient accounts is shaped by the rise of institutional medicine and the diagnosing physician's separation of disease from the individual. As Foucault describes, in the diagnostic practice of modern medicine "[i]f one wishes to know the illness from which he is suffering, one must subtract the individual, with his particular qualities" (*Birth of the Clinic* 15). Moreover, he argues, "the medical reading must take him [*sic*] into account only to place him [*sic*] in parentheses" (7). This dissociation of the patient from the disease continues to be the case in contemporary analytical medicine according to some of its critics. Alan Bleakley, a medical doctor and

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[13] Here I am thinking particularly of medical humanities courses and programs that invite medical faculty and practitioners to consider the merit of patient observations in ongoing discussions of improving doctor-patient relationships and medical environs.

[14] Women's texts with medical themes are included in medicine and literature courses offered in medical humanities programs. See, for example, The Program in Narrative Medicine, College of Physicians and Surgeons, at Columbia University (http://www.narrativemedicine.org). Rita Charon, Marsha Hurst and Sayantani DasGupta are faculty members in this program and have published works on illness narratives (see my *Works Cited*).

leading researcher in medical humanities,[15] echoes Frank's arguments, remarking that medicine's"[a]nalytical methods tend to lose the concrete story and its emotional impact to abstract categorizations" ("Stories as Data" 534). Both suggest that the "medical story" is one of lack because the trajectory of medical discourse turns inward into its system of codification, thereby rendering the patient as a whole extraneous to its narratives.

Moreover, medicine's practices reflect its "medical story." Its *techne* further erases the humanity of the patient from the medical account; considering this de-humanizing of medicine, physician and writer Oliver Sacks imagines a dystopic medical future where "diagnostic medicine could be entirely carried out by the rote application of rules and techniques, which a computer could undertake as well as a doctor" (ftnt. 226). However, whether medical events are organized as technological procedures or collected as data collected by a computerized diagnostician, they are nonetheless fundamentally literary structures. They create meaning from moments by transforming them into *a priori* "events." The body's symptoms, extracted out of a complex context, are assembled and organized into a conventional medical and pathological narrative reflecting medicine's orthodox protocols and values. This is most evident in visual diagnostics; we believe that we "see" the symptoms, rather than considering that the image enacts a particular discursive structure of meaning. As Janet Gilsdorf's text will demonstrate more fully in the chapter that follows, it is, in effect, a visual story, performing meaning like the textual account.

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[15] Bleakley's work on medical education and in medical humanities reflects his diverse expertise in areas such as cultural studies, literature and biology.

Case histories, clinical studies, and data collections function like literary genres and therefore influence reader reception and interpretation. James Hunter Wood argues that the physician leaves "hand prints" all over the patient's history; however, he claims, medical students are "often admonished to 'Sell [their] diagnosis.' That is, they are encouraged to organize the history and physical in such a way that the conclusion or diagnosis seems inevitable" ("Interventional Narratology").[16] This appearance of indexical reliability is further underscored by the increasing use of electronic clinical records to capture patient data. However, as E. Byrne *et al* suggest, arguments are made in systematic reviews of patient history coding that "there are aspects of the clinical encounter that structure and code sets are not rich enough to capture" ("Benefits and Risks" 198). These aspects, when part of a patient's structure of meaning, may either support or form a quite different story than the ones captured in either data systems, diagnostic imaging or persuasive histories designed to sell diagnoses.

Just as the doctor makes decisions about what to include and exclude in a patient history, and what must be emphasized or minimized, so too, patient narratives are structured to reflect their experience according to their own contexts. These are reflected in narrative decisions made by the patient. In *The Wounded Story-Teller* Frank argues that contemporary autopathographies are organized as narrative structures, which he categorizes as narrative paradigms:

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[16] See also David H. Flood's "Development of the Physician's Narrative Voice in the Medical Case History."

restitution narratives, chaos narratives and quest narratives.[17] In these projects, he argues, the events of medical experience are transformed by narrative structures in order to produce particular effects and meanings. In "restitution" stories, the true subject is the remedy — the drug or the physician (115). In "chaos" stories, the subject is lost because of inability to overcome lack of order (115). And in "quest" narratives, the most popular of the three (115), illness becomes a journey to locate meaning from suffering.[18] The patient's rhetoric of persuasion is, however, no different than that of the doctor who diagnoses. Both want to convince the reader, to gain sympathy or support in a variety of forms. The kind of stories produced in medicine is controlled by medical protocols and rhetorical desires, or, as Foucault argues, a form of dogmatism (*Birth of the Clinic* 34). However, Wood's analysis suggests, "the patient, the student, and the reader are in a triangular relationship in which each leg of the triangle is a story with the meeting of the memories of the persons occurring at the vertices" ("Interventional Narratology"). This triangular relationship occurs within patients as well, as they "continually revis[e] their own narrative constructions

[17] Regarding the restitution narrative, Frank writes: "The restitution narrative not only reflects a 'natural' desire to get well and stay well. People learn this narrative from institutional stories that model how illness is to be told" (78). The chaos narrative is the opposite of the restitution narrative: "its plot imagines life never getting better. . . . If the restitution narrative promises possibilities of outdistancing or outwitting suffering, the chaos narrative tells how easily any of us could be sucked under" (97). Finally, quest stories "meet suffering head on; they accept illness and seek to *use* it. . . . What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that something is to be gained through the experience" (115).

[18] Frank refers to John Donne's use of his illness as an occasion for spiritual journeying (116). One need only look at Donne's famous "Devotions upon Emergent Occasions" to witness his skilful development of illness into an argument on the human condition and its existential and spiritual need to recognize the benefit of connections, understanding and transformation.

according to experience [and] enter into a triangular relationship with themselves, as readers, and what they perceive as reality" ("Interventional Narratology"). Acker's experiment with narrative bears much in common with Wood's more recent discussion, but unlike Wood's three points of intersection, Acker develops a world of intersecting forces without the dogmatism of a geometric narrative, and in focusing on the effects of medicine's discourse, is able to move with less constraint than what is possible in Wood's schema.

Locating an Alternative Writing

Breast cancer is a disease of unknowns, as tentative medical statements about its origins, treatments and futures attest. This epistemological lack ironically results in a peculiar sort of proliferation according to Susan Sontag. "Any important disease whose causality is murky, and for which treatment is ineffectual," she comments, "tends to be awash in significance" (57). Sontag's visual metaphor of "murky" diseases suggests the utility of writing that articulates breast cancer's opaque features and is equipped to explore them critically and creatively. Most of the women in this dissertation deploy *écriture féminine*, or women's writing, in order to express the effects of having breast cancer in medical and general culture, and it is a strong presence in Acker's text. Its significations of fluidity, porosity and varieties of inter-relationships enable the capaciousness required for expressing the significance of "murky" breast cancer experiences that the "medical story" of breast cancer pathology excludes.

The metaphors and motifs of *écriture féminine* resonate with the experience of the body with breast cancer. Luce Irigaray's mobilization of women's body-folds and openings as invaginations, and her material/semantic doubling in her "two lips" argument[19] to realize woman as a subject contiguous with, rather than subjected to, the masculine, demonstrates how women's bodies provide signifiers by which to represent breast cancer in multiple ways. As Elizabeth Grosz, a feminist who writes on the body, time, space and materiality, similarly describes,

> [t]he two lips can be seen as a third movement in the process of deconstruction — the creation of a third term occupying an impossible middle ground of binary oppositions. This third term simultaneously participates in both categories of the opposition, defying the demand for one or the other. . . . oppositions may be seen as, for example, poles within a continuum. (qtd. in Whitford 100)

Using Grosz' deployment of Irigaray's metaphor of the two lips, we can see that women's bodies' plasticity and mobility make ideal material metaphors to express the complexity of breast cancer's disruption of the body, the consequences of altered bodies, its opaque qualities, and the liminal existential state of women with breast cancer.

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[19] See Irigaray's chapters "This Sex Which is Not One" (23-33) and "When Our Lips Speak Together" (205-218) in *This Sex Which is Not One*. Margaret Whitford's essay "Irigaray's Body Symbolic" provides a useful overview of critical reception to the varieties of applications of Irigaray's material metaphor.

Moreover, female morphology can be applied to represent the complex engagements within medical culture — the pedagogical, affective and material relationships between doctors and patients and the hybrid relationships between women and machines, women and breast prostheses. Jacqueline Julien, a breast cancer survivor, argues that "anti-language" as a "nocturnal writing" (67) of darkness, dreams and emotions provides the means by which to describe her breast cancer. Her story's title "Sweat" suggests Hélène Cixous' use of feminine fluids, that is, menstrual blood and breast milk, to describe women's writing.[20] It also reminds one of Julia Kristeva's "natural language" which "allows for different modes of articulation of the semiotic and the symbolic" and "non-verbal signifying systems that are constructed exclusively on the basis of the semiotic" ("Revolution" 92-3). As a collective of material anti-language, the proliferation of sweat, blood and milk suggests these modes and signifying systems. The body's semiotics is not constrained by signifying relationships. It produces instead material enunciations that, in their fundamental non-signifying, are conducive to representations of horror and abjection in breast cancer experiences. Medicine's signifying protocols, its quest for precision, is inept in such representations. Yet, women's experiences of abjection and horror necessitate some form of expression that reflects their natures. Medical culture seems to lack the elements required for such projects; Katan must find "air" unavailable at the clinic and Julien seeks a darkened world in which anti-language can flourish. Like Katan, Acker's Eurydice must flee an inhospitable

[20] See "The Laugh of the Medusa."

realm and like Julien, she develops her own form of "nocturnal writing" by leaving the ultra-lighted space of the hospital to descend into an earthy Underworld.

While the medical world silences her, in the earthy crypt Eurydice engages in non-verbal semiotic experiences when poetry is exchanged in the form of dirt.[21] In so doing, she grounds (literally and figuratively) women's "concrete" (Bleakley 534), or better, their "murky" narratives of the "scarcely communicable" (Sacks ftnt. 225) in a non-linear, dis-oriented structure of anti-logic. By enfolding this experience within the "natural" language of medicine's narrative in her depictions of medical experiences, Acker's text is able to incorporate multiple signifying processes into her semiotic experience of breast cancer.

Through a pastiche of narratives *Eurydice* interrogates how breast cancer narratives exclude women's stories by disallowing women's full participation, on their own terms, in breast cancer treatments. Women endure profound loss — of the recognition of their agency and subjectivity, of their *parole* or unique use of the spoken word (*langue*), of their bodies as more than objects and of their affective and social engagements as part of breast cancer experiences. For Eurydice, this state of loss distills into an experience of abjection and existential crisis, which we can productively read through Julia Kristeva's *Powers of Horror: An Essay on Abjection*. As Kristeva writes, "what is *abject* . . . the

[21] This image of moving from the real to the sur-real is central to Acker's creative work. She states in an interview: "My favourite genre in those days [when she started writing] was tales beginning realistically, then shifting to a world of wonders through a rabbit hole, magic door or space ship" ("Public Interview").

jettisoned object, is radically excluded and draws [one] toward the place where meaning collapses" (*Powers of Horror* 2). This, as we will see, is Eurydice's experience in the clinic and the hospital. Abject, Eurydice, to use Kristeva's language, "lies outside, beyond the set, and does not seem to agree to the latter's [the superego's] rules of the game" (*Powers of Horror* 2). According to Kristeva, in existing "on the edge of non-existence and hallucination" (2) the abject, "give[s] birth to [oneself] amid the violence of sobs, of vomit" (3). These violent motifs of edges, hallucination, birth and fluids flow through Eurydice's experience of medical culture and, translated into movements inflected by the mythic narrative, become her medical story, but on quite different terms.

Kathy Acker's Medical World

Kathy Acker's experience of breast cancer was deeply tragic. Unable, economically, then unwilling philosophically, to undergo chemotherapy and radiation treatments, she chose to have a double mastectomy and then sought out a variety of alternative, and ultimately unsuccessful, treatments. A productive literary figure, Acker incorporated the theme of breast cancer into three of her works: "The Gift of Disease," an article written for *The Guardian* in 1996 and two postmodern texts, *Eurydice in the Underworld* and "Requiem," both published in 1997. I discuss "Gift" briefly and *Eurydice* more extensively in this chapter because both offer treatments of the same events. In "Gift" Acker describes the hospital as an institutional setting softened by homey decorating and populated by caring professionals. Transported in a wheelchair through

hospital halls, she notices that the "walls and decoration around [her] were lovely: wood and dark red colors." So too, the hospital environ where she undergoes the double mastectomy is "warm and safe" with "conveniences" such as a TV and a private bathroom. The nurses are "both kind and friendly." In this account, Acker claims that she "want[s] to describe as exactly as possible what it is like to experience conventional cancer medicine." However, a comment of hers abruptly shatters the article's tone; after her mild and pleasant depiction of the hospital Acker suggests that something lurks within it that cannot be shared, ominously warning her readers: "I am omitting the more horrific details." These omissions will, however, be taken up subsequently in *Eurydice,*[22] which, unlike the *Guardian* article, is a postmodern text reconstructing medicine's homey façade into a tyrannical environs, laying bare a repressed, surreal culture of torture and terror not unlike that suggested by Radley's and Frank's descriptions referred to, respectively, in the Introduction and previously in this chapter.

Unlike the coherent, linear style of the newspaper genre, *Eurydice* is composed as a multi-genre assemblage of narratives, produced originally in serial form,[23] a style that reflects Acker's overarching postmodern literary

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[22] Acker also produces this technique of multiple narratives emerging from a single event, so that the real account remains unrecoverable, or even non-existent, in other texts. As Victoria de Zwaan points out, Acker's *Empire of the Senseless* produces two versions of Abhor's sexual experience with her parent. In one, she is raped by her father; in the second rape is attempted by her stepfather but stopped by her mother. The name of Abhor, de Zwaan observes, closely resembles Acker, so autobiography also enters into the narrative's play. It becomes impossible to know what really occurred and where (16).

[23] According to Catherine Rock, Acker's original serial format represents a "progressive unveiling of the process of dying" ("Kathy Acker's Radical Performance" 202).

commitments. An experimental writer influenced by Black Mountain poets and the avant-garde movement, she deploys their numerous techniques, including cut and paste, gender changes and schizophrenic voices to produce jarring and fragmented narratives, throughout her work.[24] In the depiction of her medical horrors, Acker leaves behind the more conventional writing style in her *Guardian* article for a fragmented text that includes the genre of a dramatic production and that of a diary.

Eurydice thus turns away from the coherent, conventional narrative structures that Frank identifies in his patient accounts and expands upon the intra-connections that Bleakley enumerates in his essay. "I construct a world," claims Acker in a 1991 interview, "I'm not concerned with what that world means, for to mean is to be something other" ("Paragraphs" 92). Elsewhere she comments that "I do not write out of nothing, or from nothing, for I must write with the help of other texts, be these texts written ones, oral ones, those of memory, those of dream, etc." ("Writing" 101-102). "Acker's texts" as Victoria de Zwaan argues, "are built explicitly around 'other texts,' which provide familiar stories the protagonist can use to construct her own life-story, and also her identity" (*Interpreting Radical Metaphor* 13). Acker assembles a pastiche of sources in her early work,

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[24]Acker is associated by others, and associates herself, with William Burroughs, Charles Olson and Jackson Mac Low in particular. See "Bohemian Ink: Kathy Acker" at http://www.levity.com/corduroy/acker.htm. See also "Kathy Acker" http://www.spiritus-temporis.com/kathy-acker/

arguing that she "[tries] to make a text . . . an 'environment' rather than a centralized, meaningful narrative" ("Paragraphs" 89).[25]

The "medical story" in *Eurydice* is, however, narrated as a constrained and practiced drama. Medical professionals and patient alike have stage names, and their words and activities are scripted. Eurydice becomes YOU, her lover Orpheus is truncated to OR and her doctor takes on the moniker DOC. In using playful nicknames based on the first syllables of their off-stage names and designations, Acker deftly foregrounds the performative nature of medical relationships. In order to receive and provide medical treatment, one must enter a medical theatre and assume a name that is familiar and yet also estranging. The artificiality of this experience is covered over by the appearance of normal social practices suggested by the resemblance of medical names to the cultural practice of nicknaming one's intimates. Moreover, the familiarity of the diminutive has, in the medical drama, ominous implications. Despite their nicknames, each role in fact, is far from familiar or homey; on stage, they speak designated parts and move about in accordance with stage directions. Through this complex entanglement of names, roles and identities, Acker confronts the audience/reader with the performative nature of medical culture that requires their compliance with the demands of the genre and is necessary for the treatment of their breast cancer.

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[25] *Eurydice*'s resources are also taken from motifs that circulate throughout Acker's other works. In her poem "A Country That I've Never Seen" she assembles a range of images that occur in *Eurydice*: outlaw life, labyrinths, travelling, rooms leading to other rooms, stairs leading to rooms and more stairs, "knowing and comprehending [as] ambiguity" ("A Country").

Nonetheless, despite the tensive relationship between familiar nickname and stage name, the actors' stage-managed roles proliferate as the specificity of their names expands into universal and multivalent signifiers. The word YOU mirrors Eurydice's role back to the audience; OR suggests the either/or of ambivalence as well as the acronym for the Operating Theatre, a boundary of inside/outside; and DOC creates a comedic and homey signifier for an actor required by the stage directions to look "*like a movie star*" (5).[26] The "event" in the *Guardian* text is now, in *Eurydice*, a narrative that performs the "event" yet simultaneously troubles its project through the "murky" polysemous signifying of its actors.

Because of the inherent polysemy suggested by the individuals who gather within the medical space, medicine is opened to the presence of an/Other. This opening occurs onstage, among the acting ensemble, and also offstage where an ambiguous figure hovers in the wings. The presence of polysemous Others as lover, patient, doctor, universal signifier and non-human signifier creates a complex circuitry. In depicting the fundamental polysemy of the actors' roles, however, Acker displays the interconnecting nature of "the" gaze circulating in the enclosed space. In the relationship between doctor and space, as Foucault observes, "the medical gaze circulates within an enclosed space in which it is controlled only by itself" (*Birth of the Clinic* 35). By using the controlled performance of theatre as a narrative of medical culture, Acker

[26] In her reference to the movie actor doctor, Acker may well be gesturing to *Dr. Kildare*, a popular 1960s medical television show. Thank you to Christopher Bracken for suggesting this allusion.

displays the gaze as a performance. The fundamental polysemy of the actors, however, interconnects the circuitry of the medical gaze with other optic relationships occurring in the disrupted enclosure of the stage.

YOU *wordlessly* opens up this space still further. The stage directions indicate that the doctor's room where YOU will be told her cancer is terminal is a "cell" with a "small paned [pained?[27]] window" (5).[28] The enclosed medical space described by Foucault is ruptured, and now has a deconstructive potential that YOU's body will silently enact. The audience glimpses a naked YOU waiting for the doctor to arrive, her/YOUr back toward the audience as well as to the other characters. This turning away is not simply a disavowal of the stage on which she/YOU stands and the scene in which she is placed. It is not simply a NO, a refusal to act her/YOUr part. It is a turning to opening: toward an/Other. Her/YOUr back to us, *through* the clinic's window she sees "*a naked man dancing on a rooftop*" (5). YOU opens up the clinical scene by positioning herself/YOUrself towards another performance, not staged in a room before an audience, but one occurring on a rooftop setting contiguous to the center of the stage. When the small pane/pain ruptures the staged enclosure of the clinic, the naked breastless patient becomes optically hinged to both the medical gaze

[27] Thank you to Heather Zwicker for making this connection.

[28] Foucault's description of the mythic origins of the clinic offers a stark contrast to the cell in which Eurydice meets with her doctor: "It is often thought that the clinic originated in that free garden where, by common consent, doctor and patient met, where observation took place, innocent of theories, by the unaided brightness of the gaze, where, from master to disciple, experience was transmitted beneath the level of words" (*Birth of the Clinic* 61).

"enclosed" inside the examination room as well as to the naked man un-clothed outside it.

Actors onstage and offstage as well as the audience are hinged in multiple ways at the transparent boundary of the windowpane/pain. This prop, simply by YOU's standing before it, becomes a material border that, in being connected both to the naked YOU and to the naked man through their mutual proximity, suggests a tissued border functioning in similar ways to Bracha Ettinger's matrixial borderspace of transforming and mutually affecting non-verbal subjects. In both Acker and Ettinger, these two subjects act contiguously without the tyranny of Difference as Same. As the window suggests, there is a boundary that is also its own space, a limit that is also spacious. Ettinger describes the matrixial as "a trans-subjective psychic sphere. Here, another kind of gaze, uncleft yet not fused with the subject or with the Other is unfolded in psychic life" ("Wit(h)nessing" 90). YOU and the naked man never touch; they do not converse; there is no recognition of YOU by the man. Each sees, but in multiple ways; each sees, but what exactly is it that is seen? The wordlessness of YOU creates an environment prior to narrative that transforms the enclosure of medicine's discursive "cell" into a psychic space of viewing without creating an object; YOU's activity is, to use Ettinger's language, a "linking with the Other" (90). In this linking at the window, the window-as-borderspace, both remain an/Other to each Other.

Before advancing further, I want to provide the following extended passage from Ettinger's *Matrixial Borderspace* to contextualize key terms used throughout this chapter and the dissertation as a whole:

> Matrix is based on feminine/prenatal inter-relations and exhibits a shared borderspace in which what I call *differentiation in co-emergence and distance in proximity* are continuously rehoned and reorganized by *metramorphosis*. . . created by and further creating relations without relating on the borderspace of presence/absence subject/object, me and the stranger. In the unconscious mind, the matrixial borderline dimension, involved in the process of creating feminine desire and meaning both co-exists with and alternates with the phallic dimension. (47)

The naked man affects YOU's naked body wordlessly, suggesting the "*differentiation in co-emergence and distance in proximity"* of "prenatal inter-relations" that Ettinger describes. YOU experiences *something* by viewing another naked body without there being either material contact or dialogue. The unknown man provides YOU with a body language prior to the Oedipal Symbolic that YOU does not, cannot, narrativize. Acker's "naked man" is Ettinger's "*non-I*" (qtd. in Pollock 33), the radically Other that exists as separate subjectivity. In so existing, he reminds YOU of her own state of "*non-I*" in a culture she reads as othering and in which she will soon feel the full impact of abjection when the doctor inscribes her as hopelessly terminal.

Just as the optics of the performance entwine multiple characters (including the audience) and bodies, so too, in Acker's linguistic play with Eurydice as the character YOU, Catherine Rock argues, "the text's imagery becomes in a way part of our own imaginary" (*Sign of the Wound* 236). Following along from Rock's insight I propose that the image of the naked dancing man be considered part of an imaginary in which we, as the audience, are called to participate. This "anti-language" moment invites us to see what Eurydice sees — a wordless, dancing body. Yet we cannot know what, exactly, *she* sees. We *cannot* know. By deflecting our eyes away from her breastless form to the dancing man, she invites us into a world, not of the signifier, but of Kristeva's fluid semiotics in which meaning collapses.

Moreover, because we do not see Eurydice's face in this moment, we cannot know her affective or desiring response to this figure, whether she feels love, anger, lust, longing, disavowal, or a complex combination of these. We do not know if her eyes are closed in refusal, disavowal, withdrawal or pain, or whether they are open in recognition, wonder or amazement. This moment is deceptive, slippery. How we see this double setting and these double/d figures, how we signify it/them is put forward as a radical challenge to experience this as an *environment* or to produce meaning and, with it, a world of othering. Even my close reading of this scene cannot produce an orthodox interpretation, cannot turn it into the "text as event."[29] It can only describe tenuously, without

[29] See footnote 11 above for an explanation of Jonathan Culler's term.

smoothing over ambiguity or proliferating signifiers; it cannot say what this moment means for certain.

As YOU's body suggests, women's writing environment exists outside language. In "Outside the Law, Which is Language," a poem recorded on her album *Redoing Childhood* (1999), Acker proclaims: "life doesn't exist inside language"; her statement sounds much like Culler's claims that moments become events through the imposed and imposing text. Language for both Acker and Culler has performative functions as a set of pronouncements that, in speaking, bring matter "into" narrative. To create an environment that is free from language-as-text, the latter term understood in Culler's sense, Acker pushes her writing project to radical limits. By composing poetry during masturbation,[30] the fluidity of language is birthed in, is, the vaginal, the fluid and dark spaces of genital arousal. After enfolding language and orgasm together, Acker comes up with the following observation: "This language [of orgasm] seems to be architectural: it has spaces . . . language seems to look like shifting spaces, many halls and walls and doors" (92).[31] It is therefore no coincidence that YOU's non-verbal experience occurs at the architectural perimeter of the clinic. The body's

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[30] Lynne Huffer discusses masturbation and writing in "Masturbating Dykes: Cixous, Irigaray, Leduc." Her comment that "Masturbation marks both the frustration of uninspired, purely mechanical acts of sexual release and, at the same time, the latent promise of the potentially transformative, orgasmic production of ever new forms" (157) captures the paradoxical writing of some women with breast cancer who hold both the deadening experiences and the new forms in productive tension.

[31] Acker also asserts that "the main impulses in [her] work early on were actually coming from outside literature altogether," citing Bob Marley as a strong musical influence ("Paragraphs" 89). See also her essay "Against Ordinary Language: The Language of the Body."

ecstasy in orgasm is suggested by the solo dancer, expressively communicating through his body just as Acker does in her masturbatory activities. Body, affect, language, narrative, and architecture are all deeply implicated and intra-connected in Acker's experimentation with expression. The implied difference between Acker's language and language as law appears to lie in the mobility and liveliness of the former, where "seems" is tentative rather than constitutionally constantive, suggestive rather than scripted performative.[32]

However, moving away from the window and back into "the Law, which is Language," YOU re-enters institutional space in which she is now subjected to a gaze that Foucault describes as "no longer . . . of any observer," such as she was herself only moments prior, "but that of a doctor supported and justified by an institution, that of a doctor endowed with the power of decision and intervention" (*Birth of the Clinic* 109). The entrance of the doctor into the cell follows YOU's borderspace experience and ushers in a social order that in Acker's text consolidates objectification in medical encounters. While OR is on stage with YOU when she is at the window, he is remarkably absent from the scene. We are not aware of his place or actions during this time. He is absorbed into the audience with us. However, when the doctor enters, the cell houses two men and one woman. Following the traumatic discussion YOU has with her doctor and lover about her poor prognosis, she sinks into a state of abjection while they discuss her as if she were not present.

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[32] I use these term from J.L. Austin, in which constantive statements declare that something is true or false (e.g. "the dog is barking") and can be subjected to verification and performatives in which the statements themselves perform (wedding vows such as "I do") and are illocutionary acts, that is, either successful or unsuccessful. See Austin, *How to Do Things with Words*.

During this same moment in "Gift," Acker transforms to a hopeless object and finally to a puppet. In *Eurydice*, an analogous regression occurs as YOU devolves from a patient questioning her doctor to an abject form when she literally falls to the floor. While the discussion between DOC and YOU about her breast cancer about her treatment options and her "sixty per cent chance of non-recurrence" (6) progresses, YOU's strength, literally, diminishes. The trauma of the words that announce YOU's impending suffering and death precipitates the more immediate death of her own subjectivity. Her reduction, in physical strength, in powers of speech, and emotional stamina, however, does not fit neatly within the conventions of the distraught woman. The stage directions indicate that YOU "*scrunches herself up into more than a child*" (6). Acker, by creating a paradoxical event in these words, yet again opens medical narrative up to its rupture through the deconstructing presence of a naked woman who is also a child, thereby internalizing the matrixial borderspace within YOU rather than situating it beside her at the window.

In a double deconstruction, Eurydice, reduced to a child, is less mobile, less agential; however, by amplifying this as "more than," this state of diminution and reverse chronology is at the same time greater than the reference to the child suggests. YOU circles back to her child-form and we are reminded of the wordless, material communiqué of the naked woman antecedent to the speaking male subject in the clinic's examination room. YOU re-produces, re-

sources herself.[33] As with the naked woman and the dancing man, here we are not told what "more than a child" signifies. Yet, by piecing the two scenes together, we sense that the material events deconstruct what YOU considers to be a narrative of othering. With her body's movements, YOU dislocates herself first from *logos* and then from a regulatory narrative by returning to their antecedents located within medical narrative.

Eurydice's collapse onto the floor and Orpheus' inability to rescue or comfort her underscores her plight as that of a child. The transformation of the woman Eurydice into the figure of a child produces a double version of the descent. As a child figure, Eurydice invokes the myth of Persephone/Kore.[34] This second myth has important connections for Acker. The Persephone myth was the basis for Marina Tsvetaeva's poem cycles about her daughter Ariadna who, as Laura D. Weeks describes, was "her mother's constant companion during the years of war [*sic*] communism" (569). Acker, in fact, devotes a section of *Eurydice* to a brief biography of Tsvetaeva's life, describing her wildness, her androgynous look, her personal suffering and final suicide (19-20). In *Eurydice* Tsvetaeva is associated with night and the color red; Eurydice reads her works at "[n]ight, when the roses here are red," in an Underworld where "[t]here's only red" and where "[r]ed's alive" (19). This red room, with its association to Jane Eyre (19) and with Tsvetaeva's poetry, inspires Eurydice to

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[33] I take this form of "re-source" from Dianne Chisholm. She argues that in *Eurydice*, "for women to come into their own in language, they must *do more with* language than mime phallogocentric discourse. To rediscover material of its own, woman's writing must be *mimetically re-sourceful*" ("In the Underworld" 53-54).

[34] For an explanation of the myth, see Kahn-Lyotard's "Persephone," 109.

claim, "[p]oetry is only a physical phenomenon" (20). In this red room Eurydice/Persephone, Charlotte Bronte and Tsvetaeva are symbolically encircled together. Acker's Eurydice's abjection is inextricable from that of other women, whether they are historical or literary. Moreover, by understanding the material falling and the literal isolation as also embedded in a vast literary tradition of women's writing, Eurydice's experience is transformed into a material and vaginal "anti-language."

It is helpful to read YOU's oppositional act of withdrawal, her "more than" child paradox in its allusive connections to other girls, through Kristeva's idea of abjection. YOU, in Kristeva's words, is an abject figure that "neither gives up nor assumes a prohibition, a rule, or a law; but turns them aside, misleads, corrupts" (15). In leaving the medical space, with her back turned towards the audience and the interior of the cell (for the second time), YOU transforms from an object that, using Kristeva's language, "settl[ed] . . . within the fragile texture of a desire for meaning" (*Powers of Horror* 1-2) that is, the doctor's discourse of breast cancer, into a figure of abjection that is no longer under the law, but antecedent to it and immersed in women's writing.

As a child YOU re-enters the pre-Oedipal maternal relationship — the red room/womb — prior to language that Irigaray describes in her work on *écriture féminine*. YOU, the wordless child, is, to use Kristeva's words, "radically excluded . . . [drawing] toward the place where meaning collapses" (*Powers of Horror* 2). Reading *Eurydice* through both Kristeva and Irigaray, I argue that this moment is an entry point to the maternal under-world, Acker's

world prior to meaning. Moreover, Eurydice's literal collapse on the floor demonstrates that her state of abjection is fully material; precipitated and amplified by her doctor's ellipses, and silent performance, she physically falls under the "weight of [their] meaninglessness" (Kristeva, *Powers of Horror* 2). However, her oppositions of nakedness, childishness and silence do not consolidate the dialoguing subjects. Rather, she turns her back on their performed speeches and descends to the red room/womb of fluid writing.

YOU's abjection continues in the scene that follows (but actually [if I can use this term] occurs prior to her meeting with the doctor). During preparations for the mastectomy surgery, YOU travels through hospital hallways enroute to the operating theatre. Anticipating the scene in the doctor's cell (chronologically but not in the play's staging), here in the hospital YOU is (again) reduced to a child. Sitting in the wheelchair, "*[f]eeling in good health*," she nonetheless "*tries more and more to hide under the baby blue wheelchair blanket*" (10). She and Orpheus are surrounded by passing "puke-green" figures in a world where "*[a]ll the nurses and doctors now seem to be the same cause they're all in pale or puke-green*" (11). They have entered "another reality" where subjects are hidden beneath the costumes identifying their particular roles. Eurydice submits to her nurse, watching as she "*winds scotch tape around YOU's earrings and the skin to which they're attached, around the motorcycle bracelet on YOU's wrist and adjacent skin, over the piercing in YOU's bellybutton*" (11). She is subjected both to Orpheus' downward gaze (10, 11) and to the disciplining gaze of the female nurses who, like the doctor in the clinic, discuss her, in this case her body

and its adornments, as if she were no longer present (11-14), recalling the previous (but chronologically future) scene in the doctor's cell. Her own ability to return their gaze is compromised; when a nurse comes to give the pre-op drug "*YOU tries to look up at her with disdain, but the green cap is over her eyes*" (12). Drugged by the pre-op medication and blinded by a surgical cap, she is unable to see her world or to feel her life.

The inside of the surgery is itself an otherworld as YOU describes it by referencing a child's book and anthropomorphizing the inanimate: "*A number of machines that look like Dr Seuss animals are connected to this object. All of the machines possess a great number of cords or arms*" (13). Here, medical staff are described as "GREEN MOVING FIGURE[S]"; they are "its" rather than subjects (14). However, they gather, and like the nurses in the hallway, speak together, this time "*about YOU's strangeness and her piercings*" (14). Acker depicts the scene as one of utter strangeness seen through the eyes of a frightened child. The brief scene is played out like a version of UFO abduction; moving figures put "*thick straps*" around YOU's limbs and "*suction pads at the end of electrical cables on her body*," while YOU becomes increasingly chilled (13-14). In this otherworldly play, the hospital staff becomes even less like individuals; functioning like extras in a play, these unnamed figures move about with little interaction with the main character, keeping themselves at a distance.

Yet, Acker's wild descriptions are remarkably similar to an account of entering the surgery in *The Surgery Book: An Illustrated Guide to 73 of the Most Common Operations.* In this handbook, surgeon Robert M. Youngson describes

how both patient and medical staff must divest themselves of their outdoor clothing in order to enter the surgery by removing all signifiers of their life outside this areas, their street clothes as well as personal items such as jewelry (72). These activities all occur in the "[o]utdoor clothes area" (72). As Youngson describes, "[c]rossing the barrier, the surgeon now enters the OR. No one, not even the patient, wears normal outdoor clothing in this area" (73). Having put on the required uniforms that mark their roles within the surgery, both patient and surgeon cross barriers that keep all others out. About to "go under" the influence of the anesthesia, Eurydice covers herself over (goes under-neath) with the marker of the boy-child, a baby-blue blanket (10). "*[N]ow totally obscured*" (13), she is wheeled through "*the second twin doors and into . . .*" (13) a space that, as both Acker and Youngson describe, is a progression into a material and psychic center. Like the goddess Eurydice (and the child Persephone), Acker's Eurydice, by recognizing the unreal in the real, descends into the surgery's disorienting ellipsis, into its in-between space.

The World Within the Medical Rupture

Eurydice's movement from the medical environs to the Underworld is not just a descent but a movement from the three stations of the hospital — the "first station" of the "hospital's hallway" (10) to "the second station," a "far wider hallway" (11) to "the third station" in the surgery, a schizophrenic urban space (13-14). These stations are suggestive of Hades, a world divided into sections through which the newly dead pass. The Underworld is an urban space

of banks and courtrooms, kitchens and bedrooms, where streets open up to seas and borderless, blank space. Here Eurydice sees a house that was once color; it reminds one of her body in the hospital, now a body only, its piercings and strange marks, reflecting her unusual (to the nurses) personality either removed or covered over in the operating theatre. Eurydice enters the basement of a building to find "rooms within rooms," organized so that "[n]o room is where it can be foreseen" (15), suggestively like a vaginal site of folds and enfolding.

Three primitive maps visually represent this world; their lack of directional coordinates and geopolitical contexts suggests both the rudimentary sketches of archeological digs and a dislocated, mythical world. On the one hand, the reader anticipates a spatial re-presentation of a complex text, rendering locations and spatial relationships more accessible; on the other hand, the confusing maze of non-logical spatial relationships in Acker's maps disallows this. The image produces the hallucination or dream as a simple set of line drawings. In the first map, there are three trajectories, one extending vertically, another descending vertically, and the third situated horizontally on the page (17). The first is a segment with clear limits. On it, five X's are marked, the lowest to indicate the location of "me" (a sort of self-referential version of "you are here"), three clustered in the lower half above the first to signify the three instances of smoke seen by Eurydice. The location of each instance is left unclear; thus, on a map that indicates location are marks indicating instance. The second line is a shorter segment, but with an arrow pointing towards the right

hand margin to indicate its continuation. It has no marks on it; the only explanatory words are “street heading into another direction.”

The cartographical information provided is extraneous to the text. The shortest segment points downward at the break between the two other lines. In this breach it drops: it is the “hole in reality” (17). In this flat map Acker depicts a version of the relationship between directions in the Underworld and the orientation it has to the world above from which Eurydice has descended. It both over-simplifies and problematizes the two worlds. The map disrupts the text that it illustrates. Information it schematizes occupies the page both above and below it. Thus the reader’s gaze is first disoriented then retrospective. It must negotiate between the three sections — text, map, and text — and orient them through a complex set of optic practices reminiscent of the complex optics occurring in the doctor’s cell.

The chaos of the first map is further elaborated in the second one. Here Eurydice offers “A Picture of the Underworld” (21). The other map, untitled, has been but a portion, the insert used in cartography, but dislocated from the larger map. It is, however, ambiguously set within the larger picture. The vertical descending line has now only the three X’s, but without the explanatory text. The horizontal line is not labeled — we can only suppose that it is the horizontal line on the page. However, it now extends with arrows at either end and is centered at “Nat West Inc” rather than located above it. The reader can only be perplexed: is it the same line, and if so which map is correct? If the line is determined as a new vector, the reader is confused as to why the first line is not

represented on this image. Unlike the simplicity of the first, this map is crowded with buildings and labels; they, in turn, are oriented to a sea on the right hand and there is a description that the buildings are "surrounded by the water of the Underworld" (21).

In this archaeological site "beneath," but really a deep enfoldment within, the medical architecture, Acker develops an anti-language, a body narrative, a discourse of suffering, joy and creativity. In *This Sex Which is Not One*, Irigaray writes:

> [O]ne would have to dig down very deep indeed to discover beneath the traces of this civilization, of this history, the vestiges of a more archaic civilization that might give some clue to woman's sexuality. That extremely ancient civilization would undoubtedly have a different alphabet, a different language . . . (25)

In Irigaray's schema of a submerged civilization, women's desire has its own signifiers and its own logic: "[it] would not be expected to speak the same language as man's; woman's desire has doubtless been submerged by the logic that has dominated the West since the time of the Greeks" (25). This is particularly true for women who seek out an anti-logic narrative of the dominated. As Julia Kristeva describes, "when narrated identity is unbearable, when the boundary between subject and object is shaken . . . the narrative is what is challenged first" (*Powers of Horror* 141). *Eurydice* challenges the narrative identity imposed on women in the "medical story" by creating an Underworld

that bears similarities to the Overworld from which Eurydice descends. Her Underworld of breast cancer writing is, like feminist anthropologist Emily Martin's description of women's reclamation of birthing from medical technologies, not a return to a natural world as to a lower order, but rather a re-entry of women's writing into culture as "higher-order activity" in which "whole human beings" engage (*Woman in the Body* 164).

Moreover, Eurydice is as unfamiliar with the Underworld as she was with the hospital. The operating theatre reminded YOU of Dr. Seuss. Here too is an unexpected world where roofs look like hats, windows are opaque and banisters have no accompanying stairs (22). In this private, narrative world, unlike the play in which she is constrained, pushed through hallways in a wheelchair and strapped onto operating tables, Eurydice travels through space of her own accord, rapidly accumulating random experiences: men shoot at her, she becomes a child, she has sex "[a]t the very top of the house" with a man from "the theatre world" (22), a suggestively angled reprise of YOU's sex with OR in the tree house (2-4). She is a promiscuous outlaw, escaping juridical pronouncements, on the run through the shadowy streets of the Underworld's urbanscape. This place is "hell" and Eurydice, searching for an airport, will "do anything to get out of here" (16), a sentiment that echoes her attempts to escape the hospital world by covering herself over. Like the experience in the cell, in the courtroom of the Underworld Eurydice uses her body to move out of the scene: she sinks "to the ground. Like a child. Try[ing] to become part of the wall behind [her]" (18). However, unlike the medical realm, here she is unfettered. Spaces of

power and disempowerment remain; by changing her relationship to them, Eurydice experiences her painful materiality as the means by which to be creative on her own terms. The differences between these realms become apparent in how they are now narrated as a material, inter-textual environment by a transforming and mobile subject.

"Diary Written by Eurydice When She's Dead"

Eurydice's diary, unlike the public performance of the play staged in a theatre of the dead realm, is a private memoir of her body's experience travelling through the Underworld, the place of living/death. In the private Underworld written in the diary, "[t]he curtain of the red room draws back" to reveal, not a synthesis, but a matrix of undecidability, where trees bend to the ground and where "a rose [is] above the earth" (22). Eurydice's memoir of body and desire situates events such that they perplex, rather than fit within a structure of meaning. Her intra-connections with other bodies and with spaces do not produce a coherent story, concrete or otherwise. Eurydice's memoir is a world, rather than a narrative; it suggests the Overworld, yet never lets us create a consistent parallel or oppositional structure. It reminds us of the legitimate narrative of medicine and then sweeps us into its illegitimate language of symbols, schizoid events and chaotic structure — of events without "meaning" ("Paragraphs" 92), of "knowing [that is] as tenuous as a swamp" (*Eurydice* 15).

Unlike the staged medical environs that YOU enters and from which she exits, Eurydice's diary is a self-directed world of writing/reading. In one of

Acker's novels, *My Mother: Demonology*, Laure, the main character claims: "I'll travel and travel by reading" (17). Reading *moves* the reading subject; reading is not just a way of living, but living itself. As Laure continues her reflection on reading, she observes that: "As soon as I had written this down, I knew that I was dreadfully and magnificently alone" (17). In the imaginary of the Underworld, however, Eurydice's world is populated with texts, writers and readers. *Eurydice* alludes to Marina Tsvetaeva (19), a Russian poet and anti-Bolshevik who lived in exile, eventually committing suicide, an outlaw poet like Eurydice will become. *Eurydice* suggests Charlotte Brontë's *Jane Eyre*, who is exiled like the mad Eurydice of flaming hair. Eyre, physically restrained in a red room, suffers hallucinations, and following her release, requests Jonathan Swift's *Gulliver's Travels* to read (chapters 2 and 3). She, too, traveled by reading. Thus, unlike the play's cell into which YOU is inserted, Eurydice's diary is embedded into a matrix of readers and writers, of stories and myth. Furthermore, Acker's use of myth in *Eurydice* enables this mobile use of texts. "In Greek myth," Chisholm argues, "Acker found a medium for exploring sources of embodied knowledge that are heterogeneous, if not taboo, to the empire of reason and (medical) science." ("Kathy Acker's Grave Songs" 41).[35] This taboo of embodied knowledge is the means by which Eurydice escapes into the feminine world of writing prior to the "empire of reason."

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[35] For more discussions of Acker's use of myth, see Carla Harryman's "Acker un-Formed," Terence Dawson's "The Orpheus Complex," Daniel Punday's "Theories of Materiality and Location: Moving Through Kathy Acker's Empire of the Senseless," and Christopher Kocela's "A Myth Beyond the Phallus: Female Fetishism in Kathy Acker's Late Novels."

Acker's re-sourcefulness extends to her creative use of the Eurydice myth itself. As Diane Purkiss points out, feminist re-workings of patriarchal relationships typically result in "an identification of the female speaking voice with that of a woman character in myth who remains silent, objectified or inaudible in previous narrations of the story" (445). Rock argues that, in Acker, "the classical roles of Orpheus and Eurydice are both re-inscribed and in provocative ways also undone." "By giving innovative, artistic form to the experience of death and by re-imagining death," Rock adds, "Acker's Eurydice enacts something in excess of the classical narrative that motivates it" (*Sign of the Wound* 244). Purkiss, in her own argument, envisions this excess in related but different terms:

> [T]he rewriting of myth cannot be limited to the rewriting of particular favoured or disliked figures. It can extend to complex engagements with the very place of myth in literature, the place of the woman writer in relation to those discourses, and the displacement of myth as a buried truth of culture. (445)

By re-visioning the Orpheus myth of the rescue of Eurydice into Eurydice's descent and ascent without his intervention, and hinging this version to Persephone, in which the mother rescues the daughter from Hades, but altered by the erasure of the mother-figure, Acker's politics of re-writing creates Eurydice's recognition of her radical aloneness as an epiphany of the Other as radically Other. Acker does not replace medical narrative with another version of the

Same. Chisholm argues that in *Eurydice*, "for women to come into their own in language, they must *do more with* language than mime phallogocentric discourse. To rediscover material of its own, woman's writing must be *mimetically re-sourceful*" ("In the Underworld" 53-54). Eurydice is mimetically re-sourceful, excavating a world of *materia* that the "medical story" has covered over.

Applications for Women with Breast Cancer

To truly experience breast cancer in freedom, to extrapolate from Acker's *Eurydice*, requires radical non-allegiance to a particular narrative or metaphor; one must be on-the-way, experiencing the present fully and yet experiencing it as continually shifting present moments. One must create a world that is no world and some world. To do so requires radical journaling: eating dirt, re-narrativizing, and plagiarizing. Such journalists exhibit subjectivity as relational, relational to the shifting architectures and spaces through which they move, and to those they meet up with along the way.

Acker's vision of women with breast cancer in *Eurydice* does not include a stable community with others, whether or not they are women. Instead, she envisions a private world where one is "free to begin traveling with three or four other girls" (15) and be with boys who "part of a traveling performance group" (22) without taking on a scripted role. Girls and boys on the go: hobos. Girls who are strangers "put dirt into each other's mouths and take the same out with their lips" because "[p]oetry is only a physical phenomenon" (20). In the

nameless boys' house Eurydice "[swings] off of a banister" and experiences "the sort of sexual desire that when it moves begins the world started up in me" (22). The world is within: it is sex, it is poetry, and it is dirt. It is a world that medicine, trapped on a stage of its own making, cannot imagine.

Acker does not soften the dangerous experience of breast cancer. Eurydice vomits in her bed (we are reminded of Gilsdorf's experience here), suffers, is disempowered, rejected and silenced. Breast cancer foregrounds the danger of life. In *Eurydice*, danger is part of a life of freedom. Eurydice, like hobo Boxcar Bertha,[36] a woman in whom Acker took an interest, writing an introduction to one of the editions of her biography, undertakes "dangerous [journeying/]journaling"[37] in her earthy poetry. Both travel their different-yet-the-same Underworlds with other women, each struggling within a "society through which . . . she could travel, but which . . . she could not, ever, flee" ("Introduction to Boxcar Bertha" 126). However, it is precisely the multiple narratives of breast cancer that enable Eurydice to expose and uncover the architectures of power and the narratives that shape them. In so doing, she then chooses, through the experience of abjection, to become the exiled figure, the hobo travelling in an excavated feminine world. The female hobo, Joanne Hall argues, "navigate[s] the discourses that disparage, dismiss, or demonize the female hobo" while at the same time valorizing the male hobo (217). Women with breast cancer likewise navigate the structures of power that valorize

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[36] For her biography, see Ben Reitman's *Sister of the Road: The Autobiography of Box-Car Bertha*.

[37] Thank you to Dianne Chisholm for this association.

particular subjects' enunciations and denigrate their own. Hobo writing "[writes] women into a space from which they have been written out" (Hall 217); in Acker's imaginary, this space is that upon which medicine has overlaid its domain; in this pre-Symbolic world Acker maps an open urban space, a civilization antecedent to the rational, constricted medical architectures of walls, doors and prohibited spaces.

Eurydice proposes that women free themselves from the tyranny of narrative forms in order to uncover the generative *materia* of their breast cancer life. As Acker says in *My Death, My Life*, "[w]hen something means something, that event (the first something) can't be just what it is present in itself. The abolition of all meaning is also the abolition of temporality" (qtd. in Harper 46). Breast cancer, so understood, brings women to this atemporality, this Underworld, this non-linear, multi-genre writing. The experience of breast cancer requires this state of "what it is present in itself." Glenn Harper observes in his work on Acker: "there is neither childbirth nor marriage in her work (only abortion and promiscuity)" (46). In *Eurydice* there is no happily ever after for someone with terminal breast cancer. There is, however, poetry passed from one pair of lips to another; there is a kind of eternal life, "a Christmas Day when all the world goes under the earth" (16), a birth that Acker does not situate in the Christian narrative of resurrection, but in her feminist articulation of a pre-Christian myth where descent is simultaneous with ascent. Here, Eurydice claims: "I live" (16).

Acker's polemical text continues to be relevant. It anticipates later critical interventions made by material feminism's Stacy Alaimo, who will claim in her 2010 publication *Bodily Natures: Science, Environment, and the Material Self* that "[w]ord, flesh, and dirt are no longer discrete" (14). Inflected by Irigaray's *écriture féminine* and an emerging corporeal feminism[38] Acker reconceptualises material and discursive relationships as enfoldings, engagements and becomings. Grosz proposes that subjectivity results from the introjection of "material externality" and outward projection of "the body's psychical interior" ("Body of Signification" 82), while theoretical physicist and feminist Karen Barad argues that matter be understood as "substance in its intra-active becoming — not a thing, but a doing, a congealing of agency" ("Posthumanist Performativity" 139).[39] Acker's dramaturgical depiction of medical culture uncovers the discursive and material impasse that Bleakley's comment suggests. By constructing what, in Barad's terms, is "agential intra-subjectivity" (137) in which human and non-human are co-extensive materialities, only expanding this to include discourse itself as material, Acker creates a world of material and discursive intra-engagements in which women represent experiences of breast

[38] Elizabeth Grosz's *Volatile Bodies: Towards a Corporeal Feminism* was published three years prior to Acker's *Eurydice*.

[39] Barad describes the significance of Bohr's work: "Bohr's philosophy-physics (the two were inseparable for him) poses a radical challenge not only to Newtonian physics but also to Cartesian epistemology and its representationalist triadic structure of words, knowers, and things. Crucially, in a stunning reversal of his intellectual forefather's schema, Bohr rejects the atomistic metaphysics that takes 'things' as ontologically basic entities. For Bohr, things do not have inherently determinate meanings. Bohr also calls into question the related Cartesian belief in the inherent distinction between subject and object, and knower and known" ("Posthumanist Performativity" 131).

cancer that are lost in medicine's narrative. Her work emphasizes the incommensurability between medical narrative and women's experiences.

However, one might ask of Acker's text, as Carolyn Tilghman does of Irigaray's sensible transcendental (a concept "challenging the monolithic philosophical discourse of the 'Same,'" 39): "is it possible for women to refute the monolithic and bewildering indifference of the 'same' with a new language of contact?" and "Can they effectively re-figure themselves through the defensive insularity of a dwelling that is utterly theirs, utterly outside the already givens of their lived reality — even as a first step?"(51). Is the re-figuration of YOU into Eurydice, of the dead realm of medicine into the Underworld, a first step? Through her text Acker writes a world that authorizes women to excavate their own archaeologies, to taste their own poetry. The language of contact is enfolded within a ruptured "medical story." Acker's text does not transform medicine's narrativity but depicts women with breast cancer as uniquely positioned liminal figures whose immanent interventions develop as/into emerging worlds. By going within a monolithic discourse they show that there is polysemy. To demonstrate this requires skill with narrative — the ability to recognize when it is in play and then how it creates a system of meaning.

Acker also demonstrates that narrative produces "defensive insularity" through its production of events. By creating worlds, rather than narrative, women are both inside and outside "lived reality" because they access it prior to narrative's inscription. By creating, composing, compositing poetry without origins, a poetry that like dirt (is dirt) is already a composite, a liminal state of

breaking down into something that will be only more compost, lived reality is freed from the tyranny of inscription, from scripts. The experience of breast cancer can then be passed from lips to lips in a plagiarizing liveliness that never brackets off suffering or reconstructs it into something either stable, safe and secure or un-regenerative death (although this means something quite different from Christian narratives). Acker's text, therefore, does not suggest an image of the pink warrior writing upbeat stories, but rather, one of a fiery goddess writing in a bed of vomit. The former is stuck, like the "medical story" in a "pink story." The latter is a volatile and violent site of transforming: her hair perpetually aflame, her mouth expelling fluids.

However, Acker's "language of contact" is directed to women as patients; how can this "language of contact" become part of the "medical story" constructed by doctors? How can medicine incorporate such volatile language and polysemous world-making? I think that it is important to understand what *Eurydice* critiques and what it addresses. As I have argued, Acker's text places the narrative structure that shapes medical treatments and women's place in them under scrutiny. It suggests that suffering occurs because of its tyrannical force, but it also points to the crack in which women, feeling the full force of the "medical story," can locate a world where breast cancer is always intra-connected with corporeal subjectivity, poesis and *materia*. Breast cancer, in Acker's text, is a matrixial borderspace of subjects transforming through diverse experiences and producing worlds. Acker's world-making motif will come up again later in this dissertation. As we will see in the next two chapters, forms

other than the vaginal economy outside that of medicine may address Tilghman's concerns about contact. In the next chapter I will explore how the hybrid subjectivity of a doctor identifies contact spaces in the Overworld of medicine through her skills with medical and literary language.

Chapter Two:

Medicine as State, Metaphor as Vehicle, Patient as Citizen

Introduction

In *Eurydice in the Underworld*, Kathy Acker suggests that medicine's narrativity produces a coercive realm and then creates her own narrative world. The motif of worlds or realms is also developed in Susan Sontag's *Illness as Metaphor*. She describes, like Acker, a bifurcated paradigm precipitated by the diagnosis; while Acker deploys two mythic realms to depict this state, Sontag uses two geopolitical states, "the kingdom of the well" and "the kingdom of the sick" (3). The ill, in Sontag's metaphor, consequently holds two passports, one for each kingdom. While she does not parse this metaphor for its legal and institutional implications, the women in this chapter suggest ways in which medicine functions like a geopolitical State having legislated territories, specialized cultures and hierarchies of citizenry. Specifically, the works in this chapter address medicine's ethos of exclusion, calibration of authority and privilege as they affect women seeking and receiving treatment for breast cancer. They also depict women as marginalized, dispossessed and alien. In this chapter I examine how metaphors of sovereignty and citizenship in women's texts shape their representations of breast cancer, their experiences in medical culture, and their ability to navigate strange territories as mobilized cosmopolites.

As Acker's critical engagement with medicine's narrativity precipitated her mobilization in an outlaw Underworld of *écriture féminine*, this chapter demonstrates how critical engagement with medicine's metaphors develops women's mobility and communication within the medical world from which Acker's character escapes. "Metaphor" itself comes from the Greek root meaning "to bear, carry" (*OED*); it is a means of, a vehicle for, transferring meaning. Recognizing the metaphoric constraints and possibilities in medical culture, women can renegotiate their roles within it by mobilizing metaphor in different ways. Utilizing the productive potential of metaphor in medical culture, medicine's institutional culture can become a more inclusive place for those who share common concerns but have diverse experiences, investments and practices. While Acker uses the exchange of transforming *materia* to do this kind of work, and while there are significant similarities between her *materia* and metaphor, I want to explore medical language's polysemy from the micro-level of medical nomenclature to the macro-level of pedagogical practices as a means of enabling multiple engagements between women and their doctors.

This chapter is structured in three parts. A brief survey of conflicted responses to metaphor in medicine lays the ground for more nuanced readings of metaphors as both ideological and creative forces that are, nonetheless, central to medicine's discourse. This discussion is followed by an outline of theoretical work on the State that demonstrates the analogical relationship between medical

institutional structures and sovereign states.[40] While I do not dispute that medical culture reflects cultural ideological practices, I do want to tease out institutional architectures and practices that women isolate for pointed critique and read them for sites of potential transformation.

These two sections are the prelude for close readings of women's breast cancer memoirs as examinations of medical experience in terms of citizenship. Two works from *Cancer: Through the Eyes of Ten Women*, Dr. Carole Colburn's "Refugees in a Strange Country " and Felly Nkweto Simmonds' "A Remembering," are variations of Sontag's metaphor of sovereignty that are inflected by metaphors of exile. Colburn's illness makes her feel alien in her own community and Simmonds' engagement with her doctor in his office is characterized by communication and perspectival divides experienced by foreigners. Following my discussion of Colburn's and Simmonds' short pieces, I will perform extended close readings of two works by Janet Gilsdorf, a doctor with breast cancer like Colburn, who critiques institutional medicine's state-like qualities through her translating skills with metaphor and literary analysis.

In her semi-fictional piece "A Simple Song of Gratitude" and her memoir *Inside/Outside: A Physician's Journey with Breast Cancer* Gilsdorf troubles the barriers that Sontag and Acker identify. While Acker deconstructed the "medical story" to critique medical narrative and locate a world in which mobile women write their bodies, Gilsdorf deploys literary skills to explore the polysemy of

[40] In this chapter I will use "State" to distinguish between general states of being or general sovereign states and to indicate a single geopolitical entity when confusion of meaning might occur.

medical words. I argue that this exploration creates thereby a common language of exchange between doctors and women and a multi-cultural engagement in what appears to be a monoculture enabled and enforced by a calculus of power. Gilsdorf's immanent interventions renegotiate the institutional structure of power in medical culture that precipitates feelings of alienation identified by Sontag, Simmonds and Acker. She suggests how women can re-articulate their own relationships to medical institutions. In addition, by becoming hybrid citizens like Gilsdorf, doctors can use the polysemy of medical language to engage with their patients, be more humane in their professional relationships and better articulate the complex and polysemous nature of breast cancer as a human illness.

Medicine and Metaphor

Metaphor shapes and influences two levels of medical institutional culture: the identity of the identified patient, and the nature and form of institutional life. The medical word has a powerful impact on a woman with breast cancer — Michel Foucault's description of the patient as a portrait of disease (*Birth of the Clinic* 16) is particularly relevant to describe the patient following a diagnosis of breast cancer. The intensity of treatments and tenuous prognosis, together with the material effects of surgeries and treatments, are constant reminders of disease as a defining state of being. The term "survivor" that tenaciously adheres to women from their diagnosis to the end of their lives culturally inscribes women as Difference: no longer disease-free, no longer

physically normative, and no longer fertile. Gilsdorf, however, challenges the power of a medical diagnosis. Reflecting on her own experience when she was diagnosed with breast cancer, she asks: "How did this word get attached to me?" and then answers her own question: "The pathologist did it. 'CANCER' codifies the images he saw" (25). A single medical term mapped onto her cells has somehow become part of her. This, too, is one of Sontag's major criticisms in *Illness as Metaphor*; she suggests that cancer codifies people.[41] It indicates, in medical terms, a pathological state, but it also represents a cultural discourse, as Foucault's argument on illness in *The Birth of the Clinic* suggests, and a cultural phenomenon congealing individual women through popular representations into a homogeneous group often affiliated with pink-branded products and activities. In *Bathsheba's Breast: Women, Cancer & History*, historian James Olson describes a 1999 magazine cover of survivors as a vibrant sisterhood of lottery winners;[42] this strange, and even perverse, image of women with terminal

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[41] While Sontag's argument was published in the late 1970s, it continues to be relevant. In "The Cancer Personality: Who Gets Cancer?" Dr. Douglas Brodie, for example, itemizes several personality traits "present in the cancer-susceptible individual" based on "dealing with many thousands of cancer patients over the past 28 years." In addition, he mentions "the long-standing tendency to suppress 'toxic emotions', particularly anger," a trait that Sontag addresses in her critical discussion.

[42] In *Bathsheba's Breast,* Olson traces a lineage of breast cancer from ancient Egypt to current day. His work emphasizes women's heroism as medicine's understanding and cultural attitudes changed from crude surgeries and superstitious fear to modern medical practices and a very public disease. Although Olson writes sympathetically about women's struggles with breast cancer in sexist cultures throughout history, nonetheless he culminates *Bathsheba's Breast* with the following observation:

> Perhaps the glossy, color covers of *People Weekly* on October 26, 1998, and *Parade* on January 31, 1999, heralded the new era in the public perception of breast cancer. The women beam happily out on America, as if each had just won the lotto or Publishers Clearinghouse sweepstakes. Among them are actresses Ann Jillian, Marcia Wallace,

illness, is symbolically if not literally a forerunner to the pink-warrior sisterhood in today's popular images. In Gilsdorf's text the doctor says CANCER and she becomes identified with and as her disease; likewise, the image of the pink warrior subtly coerces women further to adopt personas of upbeat cheerfulness whether they feel that way or not.[43]

Metaphor's impact on institutional medicine is no less potent. The ideologically saturated metaphor of the state begins at the micro-level of the cell,

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> Diahann Carroll, Jill Eikenberry, Kate Jackson, and Shirley Temple Black; journalists Linda Ellerbee and Betty Rollin; Singers Carly Simon and Olivia Newton-John; Supreme Court Justice Sandra Day O'Connor; first ladies Nancy Reagan and Betty Ford; cuisine guru Julia Child; Olympic gold medalist Peggy Fleming; and feminist leader Gloria Steinem. As breast cancer survivors, they all share a unique sisterhood that transcends money, fame, time, and space. (261).

Olson's reading of the image is troubling. The happiness he describes is a response to what he sees as a new sisterhood that crosses race, political and economic barriers. "Feminist leader" Gloria Steinem is a lotto winner with Republican Nancy Reagan. Breast cancer is now a great unifier; by leveling the playing field — any woman can get this disease — it eradicates difference. From Olson's reading of this collective, there is no suggestion or hint of activism. Breast cancer, as Barbara Ehrenreich argues, has become a woman's "a rite of passage" ("Welcome to Cancerland"). Just a bunch of gals spanning race, class and economic strata, once strangers are now gathered at what Olson describes as a family reunion. His retrospective creates an originary story for pink culture: the sisterhood, once linked by fear and suffering, now experiences that which patriarchal religion has promised without success. Olson turns breast cancer into a tale of redemption, and the "luminous Everywoman" now becomes a new template for harmonious unity.

[43] Women in this pink culture, however, appear to be silent on, and uncritical of, anything other than the disease itself. Anger is directed to breast cancer's impact on their lives; it is transformed into warrior energy. Sites for these warriors can be found easily. "BreastCancerWarrior.net," a visually pink website for the Breast Cancer Warrior Foundation, targets "newly-diagnosed Breast Cancer patient[s]" and provides online education, funds clinical trial related expenses and is developing "Havens," centers of counseling services, meditation, and lifestyle classes. Ford Motors has taken up the charge as well. Its "Warriors in Pink" website declares: "Bang the drum. Paint your face. Run. Walk. Fight for the cure." If that's not sufficient, Ford takes the metaphor one step further, posting twelve "Symbols of the Warrior"; hearts, crowns, feathers, doves, spirals, angel wings and war paint nicely appropriate iconic images from religions, spiritualities and aboriginal cultures (see http://www.ford.com/warriorsinpink/wip/)..

the undisputed province of science; it is language of the pathologist's naming practices, as Gilsdorf describes. The role of metaphor as a culturally invested control of medical discourse is explored by a number of contemporary critics, but Emily Martin's "Toward an Anthropology of Immunology: The Body as Nation State" offers a particularly pointed example of medicine's use of metaphor. In this essay Martin provides a thorough analysis of the nation metaphor in immunology, arguing that medical science depicts the body as a "police state." Lennart Nilsson, quoted in her essay, describes that each cell has a "'proof of identity' — a special arrangement of protein molecules on the exterior . . . . these constitute the cell's identity papers, protecting it against the body's own police force, the immune system" (qtd. in Martin 412). A "national language" identifies a resident cell (412). "What happens to . . . illegal aliens when they are detected?" Martin asks. "They are 'executed' in a 'death cell'" (412), she responds.

The body and nation are drawn into a circulating economy of nation-state metaphors to depict a material process in the body. Cancer, identity, citizenship, policing, invasion and detection constitute a metaphoric economy that circulates seamlessly from the individual cell to the individual body, to the category of citizenship and finally to the state and its institutions. Sontag's term "kingdom," like the nation-state described in Martin's essay, also signifies sovereign authority, a hierarchy of relations and a dominant discourse, as well as controlled

spaces and borders.[44] As Martin argues, a "kind of ideological work may be accomplished when a structure is posited in the body with hierarchical relations among its parts, a structure that relates to existing hierarchies in society" (417). These metaphors and analogies are historically and culturally constituted and constituting; they demonstrate medicine's intimate indebtedness to metaphor.[45] However, when we commonly think and speak of cancer within the context of human pathology, we no longer understand it as metaphoric, but rather as a

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[44] It enables other circulating codes for illness, most tellingly, perhaps, the metaphors of war that are now commonplace in medical as well as popular texts. Cancer, for example, is popularly depicted as an invasive disease, its medical treatments, as forms of "slash, poison and burn" a popular expression that is used in Marcy Jane Knopf-Newman's title *Slash, Burn, Poison: Transforming Breast Cancer Stories into Action*. The widely metaphor, the "War on Breast Cancer" is a rallying cry for fundraising campaigns. Barron H. Lerner deploys this metaphor as an organizing principle for his book on the "social and cultural context[s]" (5) of breast cancer treatments in the twentieth century (*Breast*).

[45] The use of analogy, another form of metaphor, continues to be useful in medicine. In the Preface to *The Biology of Cancer*, Janice Gabriel states that the text is written primarily for cancer nurses and secondarily for other medical professionals working in the field of oncology. In the same volume, Louise Knight describes in "The Cell," that in cytokinesis, cells form "daughter cells" (36), an image provoking a gendering of a non-gendered, asexual process. Helmout Modjtahedi and Ailsa Clarke's chapter on "The Immune System" in this same text describes this system as "constantly assaulted," such that the body has a "defence strategy against . . .foreign invaders," (79). These and other metaphoric descriptors are clearly not being deployed for ornamental reasons. These specialists make a teaching moment clear by utilizing widely circulating ideas such as mother/daughter relationships or military relationships of assault and invasion that require defense strategies. This uncritical gendering in analogies is, however, problematic. As Emily Martin, for example, demonstrates in "The Egg and the Sperm: How Science has Constructed a Romance Based on Stereotypical Male-Female Roles," even scientific data is situated within cultural narratives that reproduce cultural norms. See also Donna Haraway's "The Biopolitics of Postmodern Bodies: Determinations of Self"; "The Virtual Speculum in the New World Order" and her classic work "The Cyborg Manifesto: Science, Technology, and Socialist Feminism in the Late Twentieth Century." In Martin's example, the use of the cultural myth of the waiting princess and the valiant struggling prince to describe the human reproductive process of the ova and sperm has been well established as misleading. Yet, as Martin states, science continues to use a gendered analogy that is not appropriate and that continues sexist stereotyping.

medical term that refers exclusively to human biological entities and processes. CANCER's metaphorical properties become materially attached to individuals. The metaphoric shaping of disease, individuals and institutions congeals much like texts create events. Rather than clarify, Sontag argues, metaphors' signifying accretions obfuscate, the very antithesis of scientific classification. She envisions cancer's transformation from a social signifier "so overlaid with mystification, so charged with the fantasy of inescapable fatality" to an empirical disease through the development of a scientific language without metaphor (84).

There are, however, productive possibilities in *both* delimiting through scientific precision *and* de-limiting through metaphoric polysemy. The anxiety that Sontag articulates at the end of *Illness as Metaphor*, that a metaphor-laden medicine is an unscientific one,[46] and her claim that "the most truthful way of regarding illness — and the healthiest way of being ill — is one most purified of, most resistant to, metaphoric thinking" (3), is not shared by others. In medical representational models, according to Mary Hesse, a philosopher of science, "even literal expressions are understood partly in terms of the set of associated ideas carried by the system they describe" (163). Consequently, the distinction between metaphoric and literal language blurs as both are connected to constellations of ideas. When the secondary system interacts with the primary system, according to Hesse, "the two systems are seen as more like each other; they seem to interact and adapt to one another, even to the point of invalidating

[46] For an example of discussion of the problematic presence and use of metaphors in medicine see Judy Segal's "Public Discourse and Public Policy: Some Ways that Metaphor Constrains Health(Care)."

their original literal descriptions if these are understood in the new, postmetaphoric sense" (163). Hesse makes another important observation; she argues that metaphor anticipates. That is, metaphors and analogies may stimulate new modes of thought not originally anticipated. Paul Ricoeur makes a similar argument at the level of the word: it "has several meanings and can acquire more" (136). As correspondences increase, new understandings, accordingly, may be produced. Hesse concludes her chapter on "Explanatory Function of Metaphor" by claiming: "rationality consists just in the continuous adaptation of our language to our continually expanding world, and metaphor is one of the chief means by which this is accomplished" (177). Taking up Ricoeur's argument that "where several semantic fields intersect" (114) new correspondences between signifier and signified occur without one taking the place of the other in the optimistic spirit of Hesse's claims, I will read Gilsdorf's analyses later in the chapter as arguments for the fundamental polysemy of medical language without jeopardizing its validity as a scientific discourse.

The Metaphor of the State

Medical institutions' regulatory and disciplinary power bears resemblance to that practiced by the state. While Louis Althusser does not include medical institutions in his catalogue of Ideological State Apparatuses (ISA), they share a common purpose, that is, the production of compliant, or docile, subjects. He argues that the ISA is a "certain . . . [reality] . . . in the form of [a] distinct and specialized institution" that "functions massively and

predominantly *by ideology*, but also function[s] secondarily by repression, even if ultimately, but only ultimately, this is very attenuated and concealed, even symbolic" (143,145). Medical institutions, like the schools and religious institutions that Althusser identifies, inculcate practices and behaviors that, when internalized and naturalized, regulate human activity. In medical institutions, as in schools, religious institutions and families, the fear of suffering (from the disease and/or the treatment) regulates behavior. One is afraid and therefore one submits to authority, trusts it to do what is necessary, in order to achieve the hoped-for results. Prior to a medical diagnosis, however, the individual has already been interpellated by regulatory ideologies as the docile subject who responds to the hail of an authority. [47] When the patient is "hailed" by the doctor, whether overtly by the doctor's speaking or covertly in the implicit power differential between them, s/he then compliantly submits to medical treatments and procedures authorized by the doctor.[48]

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[47] Althusser's concept of the interpellating subject is illustrative for understanding how the patient, as a docile or compliant subject, is an integral conduit in medicine's circuit of power. The individual who responds to the doctor's diagnostic *hail* functions like Althusser's policemen to whom the individual turns when he shouts "Hey you there" (174). By unconsciously recognizing the doctor's authority as s/he would a policeman's, the patient produces her/himself as such and becomes a docile subject, the compliant patient. Whether the citizen on the street or the patient on the examination table, each is caught up in a circulating economy of power that requires the one who hails and the one being hailed. While Althusser does not include medicine in his discussion of ideological state apparatus necessary for creating the obedient citizen, it is clear that medicine, like the schools and religious institutions he uses as examples, establishes institutional authority by identifying position through the uniform and a discourse. For a full discussion of interpellation, see "Ideology Interpellates Individuals as Subjects" in Althusser's "Ideology and Ideological State Apparatuses (Notes Towards an Investigation)," esp.173-175.

[48] I recognize that Foucault has relevant material on this subject as well. Because women in this chapter situate their particular experience within medical

Moreover, medicine is complicit in the project of state biopower, the control of populations through mechanisms based on management of physical health. As Foucault's theory of biopower described in *The History of Sexuality: The Will to Knowledge* establishes, "numerous and diverse techniques [achieve] the subjugation of bodies and the control of populations" (140). Subjects are controlled through their hygienic practices. The self-regulation of the hygienic body, that is, the body regulated through fear of health risks, produces a docile, compliant subject. As we know, identification of pathologies is a proven means of state control and eradication of dissent — one has only to ask political prisoners and gays imprisoned for their beliefs and practices because they are deemed mentally or physically unfit. As Althusser conceptualizes the interpellation of the subject who internalizes its subject position through the influences of ISAs, Foucault identifies how panoptic penal institutions produce docile subjects in *Discipline and Punish: The Birth of the Prison* (203-209). The visibility of the patient in clinic and hospital together with the lack of control over who enters one's space and when is not dissimilar to the situation of Jeremy Bentham's prisoners in the *Panopticon* who can be seen but cannot see those who may or may not survey them. Both patient and Bentham's prisoner are in constant states of uncertainty and anxiety; both lack mobility and agency; neither is able to reverse the hierarchy that disempowers them. All of this occurs, in both cases, not by any actions taken but rather simply because one cannot be certain if those actions *are not taken.*

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institutions, I want to address medical institutional power as a sovereign space that women enter, rather than as a manifestation of state biopower.

The formation of subjectivity that both Foucault and Althusser separately theorize shapes the development of citizenry. It is therefore helpful to have a working definition of citizenship. Aihwa Ong, who writes on flexible citizenship, sovereignty and transnationality, argues that citizenship involves "rights, entitlements, territoriality, a nation" (6). There is no single form of citizen, but rather a hierarchy of citizenship based on particular cultural values and calibrations: "[m]obile individuals who possess human capital or expertise are highly valued and can exercise citizenship-like claims in diverse locations. Meanwhile, citizens who are judged not to have such tradable competence or potential become devalued and thus vulnerable to exclusionary practices" (6-7). Harald Bauder, in his work on citizenship as capital, fleshes out the implications of citizenship still further: "[c]itizenship as a culturally produced category manifests itself in formal (legal and institutional) as well as informal (practiced and cultural) forms" (316). Moreover, he claims, it

> corresponds to the treatment of citizenship as a strategic concept not only in association with constructions of identity and belonging, struggles over recognition, and the politics of participation and contribution, but also in relation to regulating access to scarce resources and institutionalizing difference. (316)

Additionally, Giorgio Agamben's critical work on sovereign power and citizenry in *Homo Sacer: Sovereign Power and Bare Life* and *State of Exception* investigates strategies that place identified citizens in what he calls a state of exclusion in order to consolidate sovereign power. Ong's vulnerable citizen is, in

Agamben, the citizen whose extinction by the state does not result in a charge of murder being laid. While Agamben's discussion is directed to fascist states, I will use those ideas in his theories that enable better understanding of the vulnerable state of belonging-yet-not-belonging that women experience in medical institutional settings. While Sontag's passports held by the ill signify citizenship, as we see in the excerpts from Ong and Bauder, they also raise questions about what forms of citizenship one has in holding either or both of them.

Two Kingdoms, Two Solitudes

I want to now look at texts by women with breast cancer in order to see how metaphors of citizenship and the state represent the effects of breast cancer on women and the nature of women's medical care. Taking up her own form of Sontag's metaphor of disparate states, Carole Colburn's personal essay "Refugees in a Strange Country," structured as a series of diary entries alternating between Colburn and her husband, records how breast cancer disrupts their sense of belonging in a once familiar world. Both struggle to find their places within their now disrupted marriage, family life and relation to the larger public domain. The medical expertise and episteme[49] to which Colburn has access does not support the emotional and existential crisis of her disease and its

[49] Foucault defines episteme as follows: "I would define the episteme retrospectively as the strategic apparatus which permits of separating out from among all the statements which are possible those that will be acceptable within, I won't say a scientific theory, but a field of scientificity, and which it is possible to say are true or false. The episteme is the 'apparatus' which makes possible the separation, not of the true from the false, but of what may from what may not be characterized as scientific" (*Power/Knowledge* 197).

impact on her family. Colburn holds Sontag's "two passports," but rather than having duo citizenship, she seems to have no citizenship at all, and the effects of this spill over onto her husband.

Following her mastectomy, Colburn's family does not have the energy to make Christmas preparations, so they celebrate the holiday at a local hotel. Their skills and abilities appear insufficient so they look to others. The private, family celebration transfers to the public space of the restaurant. The room full of strangers simply underscores their sense of displacement and exile in a strange territory of being there yet not being there. Despite the familiar locality of the site and the recognizable traditions of the holiday, they, like refugees in a new land, feel like strangers. The Christmas dinner becomes a negotiation of the unfamiliar, epitomized by the startling image of "bright blue sorbet" (119). Because the signifiers of place and food are dislocating and unsettling rather than familiar and comforting, the Colburns feel both included in the restaurant's Christmas meal and excluded from it. Their sense of estrangement results from being there yet not being there. Through the effects of breast cancer, they have become, Colburn observes, "refugees in a strange country" (119), coping with, and adjusting to, the unfamiliar and unwanted effects of the disease on their lives. Their former world is gone and the future one requires that they develop a set of practices in order to "function properly" (132). Colburn depicts both herself and her family as displaced beings that, while feeling simultaneously inside and outside, try to reassert themselves as citizens in a world from which they have been fundamentally ruptured.

The existential state precipitated by breast cancer that Colburn describes is also reinforced in women's experiences within medical institutions. Colburn's depiction of her exile-in-place is developed in somewhat different ways in Felly Nkweto Simmonds' descriptions of experiences within medical institutions. "A Remembering," Simmonds' personal essay on her diagnosis, echoes Eurydice's dis-jointed experience and treatment as Other in the clinic, if not Acker's polemical response and radical postmodern narrative style.[50] Simmonds' description, like Acker's, presents binaries (of speaking doctor/silent patient, knowing/unknowing, whole/parts, subject/object) and deconstructs them with ellipses, creating, in effect, a spatial narrative that demonstrates the equal importance of words and their absence:

> 'I can tell you the results now . . . we have found that there is a cancer in your right breast . . . '
>
> I feel so light. Have I stopped breathing? Why is it so silent? All I can hear is his voice, as if in a vacuum. I swear there's no other sound in the world except this man's voice.
>
> '. . . a cancer in your right breast . . .' Did he say it twice or did I hear it twice? As he says it I feel my right breast detach itself from the rest of my body. It is no longer part of me. It has a cancer. I don't have cancer.

[50] Simmonds works with Family Health International in Zambia on "changing community norms of sexual behaviour" and her research areas include literature reviews as well as situational analysis. For more information on Simmonds, see her professional profile at http://www.linkedin.com/pub/felly-nkweto-simmonds/9/803/110.

> '. . . It is in its early stages . . . A ductal carcinoma in situ. . . still contained in the ducts. . . has not invaded the breast tissue or the lymph nodes. . . but the whole breast is unstable. . . a slow-growing cancer, you've probably had it two or three years. . .' (46)

Simmonds' re-creation of her dialogue captures the tensive relationship between what is spoken and what is left unsaid or simply cannot be articulated. Losing sense of its materiality and the rhythm of her breathing, she notices the strangeness of her own body. She psychically detaches from her body and her body detaches itself from her psyche. At the same time, Simmonds is aware of the breaks in her doctor's speech and how his breathing extends the spaces between his words. Her doctor's words break down into fragmented phrases. The doctor's office that encloses them becomes a site of shared encounter that produces multiple ruptures and estrangements.

While the doctor qualifies his educated guess about how long Simmonds has had breast cancer with single word "probably," she situates the origin of her disease with a contrasting certainty in another trauma of corporeal subjectivity, the death of her mother. While the doctor is tentative, Simmonds expresses a surety about her etiology: "My mother — that's when I got it. The moment my mother died" (46). In Simmonds' associations, one death produces another as one life begets another. The loss of the mother re-emerges as a psychological and material repetition in her own corporeal subjectivity. Simmonds' association thereby produces proliferating events from a single moment. Her connections are

material, historical and metaphoric: the material presence of both her disease and her mother, the loss of her mother and the probable (and later actual) loss of Simmonds' breast, the concrete experience that produces multivalent associations for both doctor and patient.

Both the doctor's tentative medical guesswork and Simmonds' clear associations cross each other at the same moment. However, while his information is vocalized and based on what he sees in her body through his diagnostic lens, hers is expressed inwardly as a private reflection on multiple forms of remembered associations. Moreover, Simmonds' silence, like Acker's, illustrates that patients might not feel free to express their affective experiences to their doctors. The richness of associations in Simmonds' diagnostic moment is covertly disallowed; the circuit of interconnections produced by the proliferation of cells, years, memories and histories is thereby foreclosed.

As the discussion with Simmonds' doctor continues, a sense of two solitudes informs the entire dialogic encounter. Despite the doctor's concern, she cannot speak; he waits for her to "say something," but she "can't" (47). Simmonds cries, but her "eyes are tightly shut" (47), creating a protective wall around an inner, private experience. She, like Acker, finds a feminine space apart from yet within the institutional culture in which she experiences her feelings. Nonetheless, her state is acknowledged by her doctor's "quiet, concerned" voice (47). However, silence once more produces a bifurcation. Their conversation cycles back to a "medical" discussion as her doctor produces information on options and treatments. The circuit of expert and student/patient is reconsolidated

as breast cancer is reinstalled within the discourse of pathological medicine functioning like Althusser's ISAs. Unlike Acker, who runs from the room in order to communicate the (over)fullness of her experience, Simmonds silently remains in the room, simultaneously predicated and faulted when her doctor diagnoses her response as "being too calm" and suggests she return home to "have a good cry" (47). In sending her home to cry, he reinforces two domains: the private realm of emotions and the medical realm of the rational. As Simmonds describes the scene, each exists in isolation.

This moment illustrates the tenuousness of engaging medical facts with social context and affect (and here we are reminded of Bleakley's observations of stories as data discussed in Chapter One). However, despite their disavowed exchange, the silence of both doctor and patient demonstrates that illness, for each of them, is more than a biomedical disease. The protocols of medical relationships foreclose everything but a circuit of difference. Both doctor and patient negotiate unspoken consolidations of their difference. In the same space, their language is at odds with the others, their interpretations of a shared event radically oppositional. Unlike Acker's depiction, where she was reduced to the abject form of a child, Simmonds explores the awkwardness of the situation for both doctor and patient where each is controlled by the regulatory forces that produce the medical space. Neither can break through the barriers, yet the power differential remains in the favor of the doctor. Simmonds, like a refugee disoriented in an unfamiliar new geopolitical space, remains indebted to her doctor and compliant to his directives, yet constrained to articulate that which is

relevant for her and the words that might express the intimacy of the affect both clearly experience.

The State of Solitude

As Acker, Katan, Lord and Simmonds illustrate, medicine is made up of borders and defined spaces enclosing speaking medical subjects and silenced patients. Medical culture regulates relationships between doctors and patients through its specialized discourse, architectures and practices. In Simmonds' account, a woman diagnosed with breast cancer becomes a particular form of life. Unlike Acker's account, she is not reduced to an object *per se*; her *life* is, however, re-calibrated in different terms, according to rules of engagement by which she must comply. She is included and excluded simultaneously. Her body subjected to the medical gaze is included and her memories and ideas that reflect her individuality are excluded. While YOU experienced treatment similar to Simmonds — the doctor's clinical focus and ellipses suggesting both breast cancer's murkiness and his own inability to go outside the "medical story" and her eventual abjection —, Simmonds' focus on the effect of her doctor's treatment within the examination room rather than expulsion from it (as was the case for YOU) maintains the calculus of power to which she is subjected rather than critiques it. Simmonds is included in the scene because she is, to a significant degree, an excluded inclusion. Because she cannot be who she is, her actions consolidate those of the doctor's by maintaining Difference. Likewise, her story is an included exclusion; the doctor acknowledges its unspeakable

presence within the room, but disallows and marginalizes it. In doing so, he reinserts medical discourse into *his* space, re-authorizing both his status and his discourse. Simmonds' disallowable story re-produces the sovereignty of the medical space. Agamben argues that the sovereign ban of included exclusion is necessary to produce the sovereign state itself (*Homo Sacer* 83, 181). Medicine, similarly, produces its own form of ban necessary to consolidate its enunciative power.

Not unlike the modern fascist state analyzed by Giorgio Agamben in *State of Exception*, the medical domain determines, to use Agamben's words, the "sphere of its own reference . . . and *make[s] that reference regular*" (26). It sets up its terms of reference so that women submit to its biopower (as in general culture). In order to secure their place within medicine culture and receive its treatments, they comply with medicine's "sphere of reference." In Simmonds' and Acker's texts, this compliance erases their very being, expels them as individuals even when they are materially present. Both submit to the "regular reference" that constitutes normative life in medical institutions, the discourse and practices enunciated and performed by their doctors. However, in so submitting, they fall into what functions as a juridical category that puts them outside the medical state when they are most within it: the patient. Becoming "patient," their ordinary lives signified by personhood fall under the ban of the "medical story." Both Acker and Simmonds, becoming patient/s (one can't help but notice the play of signifiers in the term: as a patient one is also patient – as Eve Kosofsky Sedgwick notices in her opening of *A Dialogue on Love*), are

under medicine's ban. They are not simply other to the medical subject, or objects of the medical gaze, but also citizen outside that which constitutes State citizenship. Yet, as Agamben argues, they are fundamentally necessary to the consolidation of the State. Becoming Eurydice, YOU transforms the sovereign structure by acknowledging it and seeking out her own sovereign space as the goddess of the Underworld. The liminality YOU claims in her abjection is not available to Simmonds. Simmonds confirms the ban by capitulating to the sovereignty of the "medical story," allowing it to consolidate her as included exclusion.

Agamben claims that sovereignty "is the originary structure in which law refers to life and includes it in itself by suspending it" through the inclusion of the excluded (*State of Exception* 28). In pronouncing the term "patient," the doctor creates a new category for an individual, a category that applies in medicine alone. While a medical subject, also a category, is also nominated by medicine's discourse, its relationship to the medical state is based on degrees of authority. Doctors, nurses, etc. "belong" to medicine's domain and are given power accordingly. As medical subjects they are in essence its citizens. The social individual, however, who may or may not be a medical subject within medicine, becomes, with the diagnosis, a condition or disease. The body as a whole and the subject interconnected with that body recede into the background. In order to consolidate the culture of medicine, women must be portraits of disease alone. Both Simmonds and Acker, complying with this ban to the point of being without belonging and existing, no longer recognizable other than as a

disease, are exiled *within* medical culture. As patients, they reflect back to medical culture its sovereign power to name them and, in their interpellation as such, they confirm its "institutionalizing difference" (Bauder 316). As Simmonds' account demonstrates, women respond, to use Althusser's terms, to the doctor's hail. And, as Colburn and Simmonds each suggest, their doubled passports are cancelled out by their state of included exclusion.

So too, in *Inside/Outside: A Physician's Journey with Breast Cancer*, Janet Gilsdorf's descriptions of medical institutional culture suggest it functions like a form of sovereign state calibrating categories of citizenship and determining what constitutes legitimate conversations between them. Acker exiles herself from an objectifying medical realm and travels throughout an outlaw territory in order to recapture her authority and language; Gilsdorf, however, creates a unique form of citizen-subject. Through her literary skills, she deconstructs the state of medical culture and creates, not a metaphorically vertical and enfolded relationships between worlds such as that in *Eurydice*, but contiguous territories with permeable borders through which she, as a mobile citizen, passes. Her metaphor of inside/outside resonates with Sontag's bifurcation, Acker's marginalization and Colburn's refugee status. It suggests that she is at the edge even when at the center of the medical gaze. But while Sontag, Acker and Colburn construct either/or scenarios, Gilsdorf resolutely remains at the "/" introduced in her title; this symbol functions as the borderspace, literally and figuratively, of her inside/outside metaphor.

In this liminal space Gilsdorf processes what it means to be a doctor and a patient with breast cancer inside institutional spaces as well as in the private domain of her home. Homi Bhabha describes this liminal space as a site of hybrid citizenship. In *The Location of Culture*, the borderspaces that Gilsdorf depicts are, in Bhabha's conception, "moments or processes that are produced in the articulation of cultural differences. These 'in-between' spaces provide the terrain for elaborating strategies of selfhood" (2).[51] The in-between becomes, not a site of consolidating subject identification, but a site of strategizing. We saw this state developed in Eurydice's movement from the threshold to the Underworld, itself an in-between space. Acker depicts medical institutional space as, in Dianne Chisholm's description, a "dead world," [52] and describes the Underworld as a lively site of mobile bodies. In the in-between space of the Underworld Eurydice is constantly on-the-way during a haphazard series of events. Gilsdorf too, strategizes through her internal reflections; like Acker, her in-between world is literary, her language mobile and strategic. Within the

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[51] The following provides a fuller context for Homi Bhabha's theory in *The Location of Culture*:

> What is theoretically innovative, and politically crucial, is the need to think beyond narratives of originary and initial subjectivities and to focus on those moments or processes that are produced in the articulation of cultural differences. These 'in-between' spaces provide the terrain for elaborating strategies of selfhood — singular or communal — that initiate new signs of identity, and innovative sites of collaboration, and contestation, in the act of defining the idea of society itself. (2)

[52] As Chisholm argues in "In the Underworld with Irigaray," Acker's *Eurydice* produces "a space of three worlds: 'the overworld,' 'the underworld' and 'the dead world" (9). The dead world of medicine is not the same as the underworld, which in the myth is a realm of the dead.

murkiness of her disease, Gilsdorf's vehicle is the in-between nature of metaphor, its carrying and moving properties.

Daiva Stasiulis, in "Hybrid Citizenship and What's Left" offers a definition that incorporates the mobility and multiplicity suggested by Bhabha and the strategic and tactical practices conceptualized separately by Ross Chambers and Cathrine Egeland[53] that are necessary for one who experiences restricted access, loss of privilege, and the paradoxical status of being excluded yet included. Stasiulis defines hybrid citizenship as follows:

> For mobile populations, hybrid citizenship may form the basis of complex new forms of subjectivity. Unlike transnational capitalist elites, to whom states roll out the red carpet in providing the greatest access to the privileges of multiple citizenships, not all mobile populations may enjoy full citizenship in two or more nation-states. Indeed, such hybridity in citizenship can entail negotiating access to partial entitlement to rights and privileges in a number of states, and thus represent different combinations of full legal and partial citizenship. . . . hybrid identities . . . are also a testimony to the inventiveness of subjects in engaging in an assemblage of transnational practices to access material and citizenship resources, and increase their life opportunities. (301).

Stasiulis' emphases on states of incompleteness and strategy — "partial entitlements," "different combinations" and "inventiveness" — are relevant to

[53] See my Introduction for discussions on Chambers and Egeland.

my discussion of Gilsdorf's depictions of her experiences within an institution. Because Gilsdorf's unique experience of breast cancer as a doctor/patient enables her to depict both sides of the medical encounter, she becomes acutely aware of doctors' sovereign authority (including her own) and attendant privileges as elites, as well as patients' "partial entitlements" and need to exercise "inventiveness" in order to "increase their life opportunities." However, Gilsdorf refuses to be exclusively *either* a doctor *or* a patient; she produces herself as a hybrid made up of both the doctor/patient. She creates Bhabha's "in-between space" through her skill at literary analysis of medical language and her literary depiction of medical experiences occurring both in professional and private domains. In so doing, she adroitly reconsiders the medical State/state of medicine through its own discursive possibilities as a territory of hybrid subjects with polysemous experiences, backgrounds and engagements with breast cancer.

Doctors/Patients in Sovereign Space

Gilsdorf's title, *Inside/Outside: A Physician's Journey with Breast Cancer* alerts the reader to a foundational metaphor for illness, the journey, and situates it explicitly as movement related to boundaries. Dr. Marla Shapiro produces a similar metaphor of the journey in *Life in the Balance: My Journey with Breast Cancer*, also published in 2006, and suggests that it too connects with a binary, that of living and dying. In their accounts, each struggles with the bifurcating experience of being the doctor in possession of medical information and, at the same time, the patient who, embodying this data, experiences its

affect as a material condition. The barrier normally *between* doctor and patient that Simmonds, Acker and others describe becomes a *permeable* barrier *within* Gilsdorf and Shapiro. In both accounts, their place within the medicine becomes tenuous and problematic; when receiving medical attention for their breast cancer, they are no longer treated as doctors within their own hospital, but designated as patients who must be compliant, silent and attentive. This shift from one role to another proves difficult for both Gilsdorf and Shapiro; in their unease they identify aspects of medicine that ground its doctor/patient binary relationships and discover that the professional barrier carefully constructed by medicine is not as it seems.

I focus mainly on Gilsdorf's, rather than Shapiro's, account of breast cancer because the former combines her work as a physician with her skill in attending to the literary resonance of words and sentences, especially those within her own scientific work. Her text thus provides an opportunity to discuss inequity, disempowerment and alienation in medical culture relative to medicine's foreclosure of its literary discourse. For Gilsdorf, medical language has a double function *inside medical culture*: it is both scientific and poetic. Not only is she comfortable with scientific lexemes, she is thoroughly adept with them. Her professional credentials include Professor of Paediatrics and Communicable Diseases and Professor of Epidemiology at the University of Michigan and Director of the *Haemophilus influenzae* Research Laboratory (book jacket). However, Gilsdorf's medical credentials are supplemented by her interest in writing, literature and literary forms. In *Inside/Outside* she includes

excerpts from her personal journal (87, 112, 135-137), mentions that she has writer friends (87), includes titles from novels that she reads (100) and recounts several dreams that occur during her treatments (97,128, 131,133, 140).

Prior to the publication of *Inside/Outside*, Gilsdorf wrote a short piece about a fictional woman undergoing experiences similar to those she will describe more fully in her autobiographical monograph. Published in the 2001 edition of *The Journal of the American Medical Association* (*JAMA*), "A Simple Song of Gratitude" is a semi-fictional essay written in the third person about the difficulty of becoming a patient when one is a physician. On its inside, from the point of view of a doctor, the clinic is a welcoming space; Gilsdorf's narrator writes that "she and her colleges speak to each other in the familiar, comfortable language of medicine" (1555). Their easy communication, however, comes to a halt when they attempt to engage with the "imponderable medical experiences of which they cannot speak" (1555). "Words," Gilsdorf writes, "are hard to find that adequately describe the eventualities of their work — happenings that sometimes buoy the spirit, sometimes suffocate the soul" (1555). (We are reminded of Oliver Sacks' words in Chapter One.) During these moments, conversation dissipates when their delimiting lexicon comes up short and their discourse is filled instead by spaces of silence. This gap in medical language profoundly affects doctors' ability to discuss all of the concerns and questions that arise in medical culture. As Gilsdorf's experience suggests, such conversations among medical specialists are as constrained as those between doctors and their patients.

This constraint expands beyond the literal borders of medical spaces. It has an impact on how doctors relate as patients to others who share a similar experience. As the countless articles in women's magazines attest, women with breast cancer often share their experiences with other women, regardless of the many differences that might otherwise separate them. However, Gilsdorf 's narrator is unable to join this community of women. In the radiation treatment dressing room with other breast cancer survivors, she states that she "doesn't want to talk to [the other patients]" (1556). She is not interested in patients' medical discussions such as "comparing surgeons or treatments or side effects" (1556). The language used by these women is "not the familiar, comfortable language" of this doctor and her colleagues. Eschewing discussions with other patients, she chooses instead to talk with the physicians "who walk the hallways outside the dressing room or sit in their offices around the corner; the doctors who wear white coats and ID badges" (1556). Medical language and medical clothing identify the group to which Gilsdorf's narrator claims allegiance. Dressed as a patient, she refuses the language of the patient and associations with patients. Gilsdorf's narrator's response to patient culture suggests that its language is illegitimate, its physical dress foreign. In entering into this realm, she cannot wait to leave it. She looks forward to the future when "the new year is very young [and] she will be a doctor again" (1556).

Gilsdorf's semi-fictional piece suggests that the dynamics in medical culture are analogous to those of the sovereign state. Her narrator's relationship to sovereign subjects must be consolidated, and she emphasizes her

identification with medical culture in order to do this. Identification with other patients poses a threat to her status as such. The refusal to identify with these other women by sharing in a common experience indicates that the patient represents an included exclusion within medicine. Diagnosed with breast cancer, Gilsdorf's narrator becomes part of this crowd identified with patient smocks and conversations about doctors rather than with doctors. Her disavowal of such inclusion reproduces the very discursive hierarchy that medical culture requires in order to consolidate the sovereign subject of the doctor. These women are within medical culture, but separate from it, subordinated to it, marked as different by their patient uniforms and conversations. To become part of the group of women in the dressing room Gilsdorf's narrator believes she must disavow the divide that creates their state of included exclusion. Her anxiety demonstrates that the state of included exclusion threatens the impermeable state of the sovereign subject. Gilsdorf's brief text dismantles the grounding difference that medicine works hard to consolidate, the sovereign difference between doctor and patient. The barrier is exposed as permeable, crossed over and straddled by individuals such as her who thereby cast medicine's sovereign categories into question.

Both Gilsdorf and Shapiro illustrate the incommensurability of the medical sovereign subject and the patient. Gilsdorf "clarif[ies] the rules" in order to assure her medical practitioner prior to commencing chemotherapy that she "won't try to second-guess . . . medical decisions": "I'm the patient, you're the doctor" (78). Shapiro writes similarly of her experience with her pathologist: "I

realized how uncomfortable this was for these consultants, who don't as a rule, speak to patients much; they communicate with other doctors, not doctor-patients" (79). Both of them defer to the authority of the medical subject and take on the responsibility of reassuring doctors that the hierarchy will not be challenged or disrupted. Doctors who are patients, these passages indicate, must behave as patients only. Their role is to seek clarification and to comply with orders as patients, rather than engage in dialogue as equals. Shapiro's comments reveal the conflicted position of doctors with breast cancer. As her typographical "-" demonstrates, the ruptured citizen is also the dual-citizen. The sovereign space of the medical environs creates an atmosphere of barriers that the patient, and more tellingly the doctor-patient, is obligated to consolidate.

Literary Medicine

Gilsdorf's opening chapter in *Inside/Outside*, "Physician Heal Thyself," immediately troubles the consolidation of medicine's sovereign culture. The opening paragraph enumerates her typical Monday routine: she enters her office at the hospital and reviews her tasks for the day. Here she has authority, freedom of movement and agency; here she speaks the dominant discourse within a circuit of power. However, the signifying space of the hospital and her role within it is disrupted when an "irritating" appointment "for [her] annual Pap smear" is "[t]ucked into the middle of the morning" (3). The medical routine over which she is the subject is enfolded in an event in which she becomes the object of a colleague's medical gaze. This highly feminine language of

enfoldment together with her vaginal procedure establishes a provocative dis/continuity between theme, event and body.

The hinged binary in her title proliferates in the enfoldment of her appointment within a routine workday and in the medical examination at the site of her body's enfoldments. These, in turn, align themselves with the rational and sovereign medical discourse voiced by her doctor's "standard, nagging questions" (4). The routine clinical exam reveals an aberration that Gilsdorf describes as an almond shaped lump in her breast (4). Acker's world prior to signification is suggested here: Gilsdorf's medical event produces a multiply signifying moment; prior to being articulated as a tumor, the lump (*materia*) signifies nature, sweetness and nourishment. The multiply enveloped space of the lump within the flesh is itself a nut in its shell. Gilsdorf-as-doctor responds to the clinical discovery with a highly feminine image, underscoring the existence of a multiply signifying moment contiguous with medicine's Symbolic.

In this scene, Gilsdorf, like Acker, suggests that a vaginal economy lies at the heart of institutional medicine. Indeed, the first words of *Inside/Outside* are: "*Today is Valentine's Day*" (3). Taking a page from Gilsdorf's adept interrogations of imagery, I will parse this highly suggestive holiday reference. The heart-shape associated with this lover's day is believed to originate in an early image of the pod of the silphium, its image used on Roman and Greek currencies. Coins depict the phallic stalk of the silphium as well as its heart

shaped seed.[54] Its medicinal pod was used for a number of medical applications, but most significant in Gilsdorf's text, is its association with the vagina. According to Pliny the Elder, its extracted juice was "used with soft wool as a pessary to promote the menstrual discharge" (22.49). Valentine's Day is a potently feminine signifier of fluids, polysemy and the vaginal economy.

The Valentine heart is therefore evocative of both the chest area where the heart resides and the vaginal area where the pod is inserted. This symbol of Valentine's Day hinges together two female erogenous and reproductive sites, two sites also targeted in breast cancer treatments. The pod itself shares functions with the almond — both are seeds removed from shells. The complex relationships between the private vaginal economy signified by the heart and the public economy signified by the currency are replicated in Gilsdorf's account of her day. The enfoldment of history, economics, health, bodies and discourse in Gilsdorf's opening scene establishes the structure of *Inside/Outside* as a matrix of intra-connections precipitated by contiguous enfoldments where the inside can be the outside and vice versa.

These contiguous enfoldments are spatial as well, as the clinical examination on Valentine's Day is not shared at home, nor is the holiday celebrated; it is associated with distress and silence, both at the clinic and at home where Gilsdorf "forgets" to disclose her situation to her husband (5). Two

[54] For discussions on silphium, see Mark Rose's "Return to Cyrene" (esp.18) and Stephanie Pain's "Love's Flavours Lost."

days later, alone with him, Gilsdorf removes her nightgown and uncovers her breast. This uncovering transforms husband and wife into doctor and patient as he examines her breasts, not as a lover but as a physician. Watching his "sparkling" eyes become "dull" she observes: "[t]his is the doctor his patients see" (6). Gilsdorf registers that the medical gaze is not separate from the social being that, in the moment of diagnostic recognition, *feels*. Gilsdorf, as his wife and now also his patient, recognizes the doubled roles that occur in the medical examination. As their subject positions multiply, so medicine's sovereign space is depicted as permeable and fluid as it crosses buildings, temporalities and bodies.

In Gilsdorf's doubled examination, first in the hospital and repeated in the bedroom, she deconstructs medicine's implicit state of sovereignty through her vaginal economy. Moreover, by repeating the medical examination in her bedroom Gilsdorf demonstrates that sovereign spaces can be doubled, carried by subjects from one territory into another. Gilsdorf's depiction of the diagnostic event in both the medical domain and in her own intimate space, as well as her demonstration that doctors feel and that patients can see what they feel, produces both subjectivity and representation not as sovereign iterations of inside and outside, but as complex fields of discursive engagement and spatial relationships. The individual, fluidly moving between a state of sovereign citizenship and bare life, which Gilsdorf demonstrates through the vehicle of metaphor, can navigate through and between territories. Nevertheless Gilsdorf's representations of her doubled examination experiences also foreground how medicine's ideological

force maintains the unary identities of doctor and patient and requires the mutual complicity of patient and doctor to uphold them.

By interleaving her roles as doctor and patient, Gilsdorf also enfolds medicine, and thereby unsettles the conventions of inside and outside established by medical institution's control of space, the rights of movements within it, and whose speech is privileged. In the "procedure room," Gilsdorf lies on "crinkly, white paper" under "fluorescent lights," her hair "trapped between the back of [her] head and the examining table's paper cover" (19-20); the doctor enters, asks a question and is given an answer. Gilsdorf notes: "Apparently he doesn't hear me. Or else he's ignoring me" (20). This passage is similar to Eve Konecky's medical encounter. During her surgeon's post-operation visit to see the results of his work, Konecky describes feeling invisible, ironically, during an intensely focused encounter with her doctor. "He is not looking at me, "she writes in *A Place at the Table*, "He is looking beyond me, at the view out my window. He has never yet looked me in the eye" (211). Still later, she observes that the doctor who removes her hemovac drain (a device attached by tubes to the surgical site that removes blood and other fluids), like his colleague before him, "is not looking at me, but at the tubes in his hand. He has no interest in me, I do not exist. He has some technical thing on his mind" (217-218).

Both Gilsdorf and Konecky representations are similar to Karen Barad's description of scientific epistemology as a "representational triadic structure of words, knowers, and things" ("Posthumanist Performativity" 131). Moreover, as Elizabeth Grosz describes in "The Body of Signification," the "interlocking of

bodies and signifying systems" is a grounding event, a "precondition both of an ordered, relatively stable identity for the subject and of the smooth, regulated production of discourses and stable meanings" (81-82). Reading Barad and Grosz together, we see that the production of knowledge is not only inextricable from corporeal subjects, but that this inter-relationship is essential for discursive and epistemological stability. Barad's and Grosz's general observations are true as well in the case of medical discourses and practices. As the passages from Konecky and Gilsdorf demonstrate, the body is inscribed by medicine's "signifying system" as an object when the doctor speaks or, in the women's situations, communicates through body language; this event produces, in turn, the silent "woman in the body."[55] The doctors see the body only as it is relevant to their disciplinary work; subjectivity is ruptured from the body/thing and thereby jettisoned from the encounter. The doctors have no connection with or to women as subjects or with their disease as anything more than a pathological event requiring a technical intervention.

After foregrounding the medical nature of the setting in her concise depiction of its sterile, inhospitable qualities, her controlled body, the medical gaze that erases at the same time it observes, Gilsdorf's description continues, efficiently articulating the violence that is also part of her medical experience. Required to undergo a needle aspiration in which fluid is extracted from the tumor to determine the nature of the cells and to produce a diagnosis, her body is

[55] I take this from Emily Martin's title *The Woman in the Body: A Cultural Analysis of Reproduction*, in which she examines medical representations of women's reproductive organs and sites as homologous to those of men's.

subjected to needles that "ram" (20), "jab" (22) and then, finally, are "jammed" (22) into her breast. Her jarring alliterations are highly suggestive of a medical form of rape. Like the clinical examination, Gilsdorf's description of an increasingly invasive medical procedure foregrounds medicine's coded economy in which the violence and violations occur.

Following this violent moment, Gilsdorf nevertheless lies quietly, while her "breast throbs as if stung by a hornet" (21). Institutional violence morphs into natural violence. The needle becomes the hornet's stinger, which (unlike the bee's) can sting multiple times. This metaphorical slippage renders the event natural, enabling Gilsdorf to mentally and emotionally renegotiate the experience. Adopting the role of the silent/silenced patient placed in a combined state of suspension and deferral, Gilsdorf writes: "So I lie here, wordless, waiting for it to be over, waiting for him to go away" (21), an action that also gestures to the flight or fight response generated by a hornet's attack. Her self-protection transforms into disavowal of the patient's experience, then into capitulation and realignment with her colleague. In her patient's role she now protects the doctor: "In my role as physician, I don't do my best work when I'm accused or assaulted or the target of abuse" (21). He (the doctor is male) is disallowed from experiencing the affect of his procedure and its role in what is, for Gilsdorf, an abusive economy. The abuser is elided with the abused; the abused that dares "accuse" is under threat of becoming the abuser. Through her complex semiotic negotiation, Gilsdorf sets up the clinical procedure as an enactment of the social silencing of abused women.

Gilsdorf's silent complicity does, however, quickly transform during her internal dialogue. The gendered violence of what has occurred becomes glaringly obvious to what appears to be a quiet, passive patient. Outwardly wordless, nevertheless, Gilsdorf inwardly explodes: "Wait, I scream to myself. Wait a goddamn minute. Who is this guy? He didn't introduce himself to me. . . . This jerk just jammed a needle into my breast without telling me who he is" (21). The brutal inhumanity of the act bursts through the careful explanation of a doctor's need for protection. Whether genuine or not (we do not know if the doctor knows Gilsdorf is a colleague), the anonymity of the brief verbal encounter reproduces a sovereign setting in which the doctor-patient is treated as a non-person patient in order to protect and consolidate the doctor's sovereignty.

The impersonal anonymity of the medical event underscores the ideological force required to metaphorically eliminate Agamben's "entire categories of citizens" (*State of Exception* 2). The clinical space functions like Agamben's "state of exception" that is "neither external nor internal to the juridical order . . . where inside and outside do not exclude each other but rather blur with each other" (*State of Exception* 23). In this blurred state, violation occurs without juridical consequences because it is couched within the setting of a medical clinical encounter. As Gilsdorf's text demonstrates, the state of exception designates both bodies and subjects as included exclusions; it is therefore both material and discursive; it is a state of desire and anxiety. However, as we will continue to explore, in Gilsdorf's text this state is, through an alternative, deconstructing perspective, always already vaginal.

The blurred juridical space that Gilsdorf describes is enfolded again, this time by a kind of anti-language associated here with the discourse of a disqualified "category of citizens." In another depiction of a vaginal economy suggestive of Luce Irigaray's and Kathy Acker's forms of *écriture féminine*, Gilsdorf represents her experience in the doctor's room as enfolded by a doubled moment in the waiting room occurring prior to and following her aspiration. In the first instance, Gilsdorf, while waiting to see her doctor, describes the fish in the waiting room aquarium. They are "[e]legant in their scaly coats of metallic blue, green, and lilac," swimming "without a care among the weeds" (16); one is reminded of her description of doctor's coats and comfortable conversations in their familiar hallways in the *JAMA* article. While the fish are unchanged upon her return to the waiting room following the aspiration — they "still drift" in the aquarium —, they appear, however, to be altered. So too, the prior aesthetic pleasure drifts from view. Gilsdorf's vision that follows the removal of fluid from her own body through the violent attack upon her body is altered. She now comments that the fish seem different: "*but now* their beautiful colors seem muted" (29, emphasis added), a gesture to her own mute state just moments before. As Gilsdorf has demonstrated in these doubled examinations in clinic and bedroom and enfolded moments in the hospital, *medicine's state* is always already fragmented, ruptured and enfolded. However, in order to maintain its sovereign spaces, medical culture produces its practices and discourses within violent modes of encounter.

The multiplicity of signifying that produces such violence is reinserted into Gilsdorf's interrogation of medicine's signifying practices. Imagining her aspirated cells under the pathologist's microscope, she uses terms strikingly reminiscent of her descriptions of the fish: "If cells were *just* images, they would be beautiful, colorful, varied, rhythmic" (26, emphasis added), "[a]s *mere* images to the casual observer, they would carry no meaning" (26). Just as Acker desired to create "a world" prior to meaning, Gilsdorf's desire imagines such a world under the microscope. Cells, prior to signification, can be seen differently. They are prior to language. Gilsdorf's words gesture to the illegitimate anti-language of Acker and Kristeva's semiotics; her adjectival/adverbial forms suggests the prior moment of naming that that cannot be pinned down, but only experienced in its materiality. Gilsdorf skillfully weaves together human and non-human bodies and events with discourses of meaning and worlds of experience.

As she herself exists in a hybrid state, neither just doctor nor just patient, but both simultaneously, she captures the artificiality of medical boundaries and indicts them for their violent effects. Because Gilsdorf continually suggests a "trans" state of patient/doctor, she enacts what Alaimo describes as "movement across different sites [wherein] trans-corporeality opens up an epistemological 'space' that acknowledges the often unpredictable and unwanted actions of human bodies, non-human creatures, ecological systems, chemical agents, and other actors" ("Trans-corporeal Feminisms" 238). In Gilsdorf's depictions of the medical state and its delimitations of citizenry, we see that she expands this framework beyond even the borders of the human.

This suggests that the stable categories that medicine establishes and regulates cannot hold when individuals occupy more than one of them. However, rather than experiencing the crisis that Colburn depicts, Gilsdorf uses literary strategies to explore the trans-corporeality and trans-discursivity that such crises make evident. In using her literary skills to articulate the movements and tenuous states between stable categories, Gilsdorf experiences both the effects of her disrupted identity and the potential within it for multiple identifications. She can expand her negotiation of breast cancer beyond the CANCER to associations with fish and with Valentine's Day. In identifying the fluidity of breast cancer from the doctor's office to the bedroom, she demonstrates its mobility across spaces. This polysemy increases the nuances of the effects of breast cancer; it heightens the irony and the tragedy by interweaving both with the Gilsdorf's medical professional knowledge, her anger and her sensitivity to aesthetics.

Gilsdorf's skilful negotiation of her complex subject relations with her professional colleagues and her husband establish her as a symbol of the hybrid citizen described by Stasiulis. She travels across borders, and, in her travels, articulates and disrupts the limits of narrowly conceived sovereignty and citizenship through her strategies and tactics with semantic economy. As we have seen, she is honest about her own investment in belonging to medical culture and her reluctance to identify as a patient. While the one state is desired over the other, it is not entirely idealized in Gilsdorf's text; moreover, as the patient who is a doctor and the doctor who is a patient, she produces unique insights into the structures that create the inside/outside bifurcation that defines

medicine's sovereign domain, architecturally and rhetorically. Gilsdorf accomplishes this by using metaphor as the language of hybridity, a semiotic that enables articulation of the complexity of breast cancer by both doctors and patients. Its hybridity interweaves current scientific medicine with its literary heritage, articulates the multiplicity of a medical event, and integrates scientific concepts into human social contexts. The following demonstrates Gilsdorf's facility with excavating the productive metaphors at the heart of medicine's discourse, the centrality of metaphor to medicine's discourse and its implications.

Expanding the Limits of Medical Knowledge

Citing the most medical of terms, some that would be unknown to anyone outside medical practice, Gilsdorf makes the striking observation that "[t]here is poetry in these words, *electrocardiograph*, *dysplasia*, *type and cross-match*, *cytology*, *lymphadenectomy*, *radionuclide lymphoscintigraphy*" (27). Gilsdorf makes a bold move here in her memoir: those unfamiliar with these terms might not even suspect that they have poetic qualities. Those who use them frequently may also be unaware of this. Both groups may also feel that the poetic nature of medical nomenclature is hardly important within medicine, however fascinating it might be for literary analysts. Gilsdorf's claim is not like Martin's and others like her who demonstrate how cultural metaphors saturate scientific knowledge and that a politics of language shapes medical knowledge. Gilsdorf foregrounds

the aesthetics of medical language and demonstrates thereby medicine's hybrid nature.

The terms Gilsdorf lists in the quotation circulate within one specialized discourse — medicine — but as she makes clear, they also resonate within that of another — poetry. Each requires a trained reader: the medical professional attends to the phonemes in order to pronounce the words correctly and learns their specific referential meaning; the literary reader attends to acoustics and etymology, as well as their rhetorical functions, in order to discern their poetry. The former delimits by concentrating on the assumed transparent correspondence between signified and signifier, gazing at the object, waiting for it to speak its name.[56] The latter de-limits by foregrounding the metaphoric as an event that, according to Ricoeur, "means or signifies an emergent meaning created by language" (114). It points to the new correspondences between signifier and signified that occur in the point "where several semantic fields intersect" (114).

In recognizing that these two oppositional events occur simultaneously, Gilsdorf demonstrates Ricoeur's point. By stating that poetry is "in" the words, she points to a shared site of origin for medical and poetic significations — the so-called medical term. In another explicit comparison, Gilsdorf underscores the

[56] Here I consciously invoke Foucault's discussion of the eighteenth century medical tradition in which "[t]he symptoms allow the invariable form of the disease — set back somewhat, visible and invisible — to *show through*" (*Birth of the Clinic* 110) and that "the signifier (sign and symptom) would be entirely transparent for the signified, which would appear, without concealment or residue, in its most pristine reality, and that the essence of the signified — the heart of the disease — would be entirely exhausted in the intelligible syntax of the signifier" (*Birth of the Clinic* 111).

presence of these intersections; much later in her narrative she reprises her metaphorical observations on medical language as she experiences the physical effects of chemotherapy treatments: "While lying in my bed and nauseous from chemo, I recorded the quiet knowing with which my colleagues reacted to my cancer. I wrote of the beauty of our medical language" (206). In this brief passage from her private journal, where she situates herself as both patient and doctor, Gilsdorf observes the flow among bodies, affect, epistemology, aesthetics, language and domains. The medical event, she suggests, cannot be captured simply as a private, individual moment; it is instead a matrix of infinite vectors.[57]

It is striking that Gilsdorf's experience of breast cancer provides an opportunity for these observations. Moreover, the second passage is reminiscent of Acker's description of fertile puddles of vomit on Eurydice's bed above the world (*Eurydice* 3). Just as Eurydice, in the midst of her recovery from mastectomy surgery, responds enthusiastically to Orpheus' initiation of sex, Gilsdorf, nauseous in her own bed, is aware of others' responses to her situation and finds a moment of beauty and connection in the midst of feeling ill. Acker and Gilsdorf both use a difficult breast cancer experience to demonstrate that being ill does not reduce one to that disease. Moreover, the event itself cannot be reduced to a medical event. It is traumatic, physically disruptive and disrupting, and generative, sexually and poetically. Acker's vomit stained bed is also a

[57] For a more thorough reading of this passage, refer to the opening section of the Introduction.

forest of rainwater puddles; in a bed-ridden state, Gilsdorf is both nauseated and literary.

The disrupted body produces fluids and art: in breast cancer, several semantic fields intersect that require multiple signifying practices to express simultaneous productions of meaning. While Acker's experience occurs outside of medicine in her private domain with her lover, Gilsdorf's thoughts bring her colleagues' feelings into her private domain and combine affect with her professional discourse. Both scientific delimiting to produce semantic precision and literary de-limiting to demonstrate semantic expansiveness occur with the same signifiers within the same individual. The physical experience of breast cancer illustrates the complex intersection of semantic fields. The medical event, Gilsdorf demonstrates, is always a multivalent experience that requires language's multivalent capacities. Moreover, her text does not privilege one signification over the other; both occur "in" the same words. To use Ricoeur's terms, the one is not lost by the recognition of the other.

The intersection is, however, not simply semantic. As Acker and Gilsdorf both demonstrate, the woman with breast cancer expresses the polysemy of signification "in" the experience of her body. The scientific and poetic are part of the body's experience. Gilsdorf's passages, like Acker's, suggest the elements of *écriture féminine.* Her text writes the body and its desires by deploying the fluid capacities of poetry to express the excess — her physical nausea as well as the aesthetic awareness of medical language, her intimate space and the professional domain in which she interacts with her colleagues, her awareness of affect within

a professional relationship — of having breast cancer. Her awareness crosses the boundaries of professional and private domains, clinical examination room and bedroom. Gilsdorf continues her exploration of semantic intersections outside of the privacy of her intimate space. She grounds medical discourse in its historical lineage through a study of its etymology. The power of medical discourse expands through its connection to its linguistic origins. By using etymology rather than a history of medical practices Gilsdorf produces another lens through which to explore medicine's fundamentally poetic nature. In so doing, she provides a variety of means by which to establish medicine as an art. Her argument thus appeals to both women with breast cancer and her colleagues who diagnose and treat it.

Gilsdorf continues to develop her literary analyses later in her breast cancer memoir. She demonstrates that, just as the diagnosis includes origins, and therefore the history of the disease, so language itself reflects a lineage. Many of the lexemes in "clinical jargon . . . [are] rooted in Latin" (27) and like semantic vehicles they "ferry ideas, concepts, and details between physicians" (27). Unlike the earlier brief mention of medical jargon's poetic resonance, here she produces a more extended literary discussion of medical language's capacity to convey epistemic complexity by reflecting on

> the timeless Latin words that rumble like wooden carts through the ages; the respectful eponyms that pay homage to the scientists of yore who first recognized the diseases; the modern, high-tech lingo that vibrates like the molecules it describes; rhythmic,

> tongue-twisting syllables such as *Zollinger-Ellison* and *cor pulmonale*, *Burkholderia cepacia* and *situs inversus*, *Fontan procedure* and *nuclear magnetic resonance*. I wrote of the efficiency with which these lovely utterances convey complicated meaning. (206)

Medical terms are rich sources of history and meaning. Their sounds are "lovely" (in their own way, as the fish were previously). Nevertheless, they describe the secretion of gastric acid and ulceration, pulmonary disease, bacteria, abnormally reversed organs, a pediatric surgical procedure and a medical imaging technique. Her observations give no indication here that one must sacrifice medical accuracy for poetry, that acknowledging aesthetics requires disavowing the medical implications these words suggest. To understand the richness of medical language requires work, both on the part of the doctor who is unaware of the literary resonances of technical language and the patient, who may need to work doubly hard to appreciate Gilsdorf's observations.

Science becomes accessible through analogy to the non-medical patient or the new medical student; science becomes polysemous in its significations when its poetic features and functions are acknowledged and explored. Doctors delimit science by explaining terms' one-to-one correspondences to bodies and medical interventions. However, Gilsdorf also demonstrates the possibility of de-limiting science in order to encompass the human experience more fully. In the case of technical terms, poetry opens up their significance, de-limits their one-to-one correspondences to a physical state, condition or procedure by recognizing

their etymological resonances. As indicated earlier, they have histories: lymphadenectomy, an example cited by Gilsdorf, is a composite of three semes of Greek and Latin origins. Its medical meaning is the surgical excision of lymph nodes.

Taking seriously Gilsdorf's suggestion that there is poetry in this word as well, I followed up by searching the etymology of "lymphadenectomy" in the *Oxford English Dictionary*. The first seme, "lymph," is from the Latin "*lympha*" meaning "pure water" generally or "a stream" more specifically. The second, "*aden*" is of Greek origin, meaning "an acorn" or "a gland." Like "cell" and "cancer," a physical resemblance forms the basis for each instance of catachresis. Finally, "*ectomy*" is rooted in the Greek, meaning "excision." A simple medical signifier is also a rich site of catachresis and imagery. The removal of lymph nodes to investigate metastases and to calibrate the patient's prognosis is poetically connected to the fecundity of nature in the acorn and the purity of a nourishing stream. (Here, Acker's strange metaphors come to mind.) To perform a lymphadenectomy is, poetically, a gesture to the body's life force and dynamism as well as a scientific procedure to seek out and remove a life force and dynamism of quite another order.

Translating Medical Knowledge

Gilsdorf attempts to describe the medical and scientific processes of her disease to her sons in a chapter she calls "Biology for Artists and Linguists." Neither has medical training. Dan, her oldest son, has a fine arts degree. "Besides

being a sculptor (which *doesn't* pay the bills)," she states, "he owns a body art shop in Portland and is a very successful tattoo artist (which *does* pay the bills)" (58). Her younger son Joe has followed a different career path than that of his brother: "He completed his military obligation, discovered again that college was not for him, and reenlisted. Now he has just begun a tour of duty at the Defense Language Institute at the Presidio of Monterery" (8). When she broaches the subject of her diagnosis and prognosis with her sons, she describes it to them as if she were teaching a medical class:

> In what must sound like a graduate seminar in biology, I explain the thing that is growing inside me.'. . . genetic script . . .' '. . . life cycle of a cell . . .' 'quality-control police . . .' '. . . molecular monitors that orchestrate the biologic movements in the symphony of life: birth, growth, productive maturity, senescence, death' (58).[58]

Reflecting on this lecture, Gilsdorf perceives a connection between this family conversation in the kitchen and her professional discussions with patients and students in clinics and classrooms: "I clarify medical concepts to people — to

[58] Gilsdorf's proposal to explain her cancer is analogous to Sontag's view that science is the bearer of truth. Both writers give voice to an anxiety that also characterized Victorian society and its investment in scientific medicine as the locus of truth. Terrie M. Romano describes this cultural stance: "In a changing and uncertain world, in which revolutions seemed commonplace and traditional institutions and ideas were under threat, many Victorians retreated to hard work and the search for solid truths. This search underpinned the belief in laboratory research. Those who . . . espoused the ideals of the laboratory as the pinnacle of scientific medicine suggested that progress could be made against pain and suffering through careful and diligent work. This progress would result from the demonstrable truths that laboratory researchers produced" (4).

my patients, my students, my sons —, using words such as these" (58). That is, in explaining scientific concepts, she, as scientist, deploys a highly metaphoric discourse, regardless of her audience — her sons who are just hearing difficult news about their mother, traumatized patients who are learning about their body and its illness, or students acquiring professional information and who may or may not have experienced cancer in their lives.

In her explanation of cancer's biology, Gilsdorf utilizes cultural metaphors that both shape and enable understanding of a physical process. We can see that Gilsdorf deploys the cultural *topoi* of good citizenship to explain cellular processes like Martin's examples in "Toward an Anthropology of Immunology" discussed earlier. The life process of a normal cell, Gilsdorf claims, exhibits the traits of the good citizen (with a normal life-cycle) that follows the regulatory ("genetic") script overseen by a disciplinary authority (the "quality-control police"). Moreover, in so doing, the normal cell contributes to the health of its society in two ways. In the first, the cell's juridical acquiescence coalesces the laws and practices that subtend an orderly society; in the second, through its performance according to the directions of a musical score ("the symphony of life"), the cell promotes high culture. Cancer cells, however, as she explains to her sons, occur when "monitor genes are screwed up, the cell doesn't get the normal signals to slow down" (59). Because of this breakdown of surveillance and information, the developing conspiracy "spawn[s] a cell that escape[s] molecular monitors, that refuse[s] to die according to its molecular

script, that [keeps] reproducing" (59).[59] Among the well-ordered symphony lurks the anarchist, undetected by a failed regulatory apparatus, refusing to perform according to the score.

The normal cell thus acts both as the lawful citizen and the cultural practitioner. In so doing, the properly functioning cell, in harmony with others trained like it, produces an orderly society resembling the art form of the musical collective, Gilsdorf's "symphony of life." Scientific processes and musical symphony share collective means to obtain their complementary goals. Life in all its biological aspects, as Gilsdorf makes clear in her brief description, has the aesthetics and beauty of the symphony. In science there is also art — however it is ordered and controlled by a script and a conductor. Disease disassembles order by resisting its role and the control of an authority.

It is pretty clear that while Gilsdorf's text has thematic moments of contact with Acker's, their interpretive structures are fundamentally different. The image of the lawful and the cultural as signifiers of the normal citizen reproduces a cultural ideology of order based on hierarchy. Law has judges and police; music has conductors and adjudicators. The illegitimate is marginalized, whether physically imprisoned or exiled from the powerful center. Acker would find a site of agreement in Gilsdorf's use of trans-corporeal metaphors and her

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[59] Gilsdorf's use of "spawn" certainly conjures up images of horror. Furthermore, the image suggests a simple cell gone awry houses evil intent; as Paul Gordon argues, Aristotle's definition of metaphor as using the familiar in unfamiliar ways is conceptually similar to Freud's much later psychoanalytic definition of the uncanny: "Metaphor is thus the 'uncanny' in the strict Freudian sense because it is foreign and so 'not of the house' (*unheimlich*), as well as being familiar and 'of the house' (*heimlich*)" (88). See also Sigmund Freud's "The 'Uncanny'."

creation of a world in which human bodies, disembodied cells, science, art, institutions, the juridical, order and chaos all intersect. However, she might, I suspect, cringe at Gilsdorf's imagery of citizenship (at times a fluid category, at other times a role of consolidating state order) and reclaim her place as an outlaw exiled from Gilsdorf's cultural metaphors.[60]

For Women with Breast Cancer and Their Doctors

I have suggested that Gilsdorf's text metaphorically articulates the relationship between doctor and patient within the medical domain as a form of state citizenship. I have proposed that through her hybridity and her use of metaphor and literary techniques, Gilsdorf deconstructs medicine's founding binaries of inside/outside and creates a medical state with permeable boundaries and doctors and patients as hybrid citizens who cross and re-cross its borders and recognize that the fluidity of language within medical culture enables communication. Language that de-limits *and* delimits enables representations of breast cancer as biological and poetic, institutional and social, private experience and object of study. It creates doctor and patient as fluid interchanges so that both are able to represent their own experiences. While honestly describing her own struggles with the privileges of a medical hierarchy and experiencing the anger and frustration when put in the place of the patient, Gilsdorf demonstrates that an unreflective medical discourse is ignorant of its own complex

[60] Reading Acker's mythic text through Gilsdorf, I suggest that Eurydice functions much like cancerous cells — a discussion that could be fruitfully developed elsewhere.

inside/outside structure. She, however, displays the fluidity of medical discourse and as well as that of the relationship between doctor and patient.

Gilsdorf's transformation of medicine develops through her conceptions of citizenship in medical culture. Through the fluidity of metaphor in its multiple applications inside and outside of medical culture, it is actually already well positioned to incorporate women's experiences and representations, their authorial expertise, into medical discourse. Their use of language to exemplify the complexity and richness of a traumatic event does not disqualify medical science's expertise, but rather highlights their own. Breast cancer is made up of multiple, intersecting events, including memory and observations of seemingly unrelated moments in the waiting room. To reduce it to a narrowly scientific event alienates subjects who are mutually invested in an outcome. Medical culture reduces individuals to silence, from the woman who cannot share her knowledge to the doctor who cannot transform a medical discussion into a human engagement. Allowing language to delimit and de-limit enables subjects to be recognized in multiple capacities without creating an implicit (and even explicit) hierarchy. Gilsdorf's honest grappling with language and subjectivity within medical spaces connects the cold examination room and the pathology laboratory to the bedroom and the kitchen. In considering herself as patient-doctor, she articulates a hybridity that incorporates the delimited refugee and the de-limited dual-citizen.

By sharing her experience of medical culture and its discourse as richly metaphoric, Gilsdorf's text challenges medicine to open up its discourse to its

rhetorical commonality to those on its "outside" and enter into dialogue with narrative authorities. The following chapter explores how this challenge is developed more extensively when patient and healer occupy an intimate space. It explores how Gilsdorf's internal negotiations are deployed across two subjects and how split kingdoms are reconsidered as a shared intimate commons. Two women, "Sally" and Eve Kosofsky Sedgwick, expand the inter-disciplinarity I have identified in Gilsdorf's memoir to include affect more comprehensively; they proffer a radical intimacy within which to conceptualize breast cancer and women's engagements with their doctors.

Chapter Three:

An Intimate Commons of Engagements

Introduction

In the first two chapters I explored how Kathy Acker's *Eurydice in the Underworld* develops a generative narrative world within medicine's ruptured theatre and how Gilsdorf's memoir bridges apparently disparate discourses. Now I analyze these inside/outside structures from a quite different angle. In two separate therapeutic relationships following breast cancer treatments women develop intra-subject relationships with their therapists and expansive dialogic engagements within their respective intimate spaces of analysis. "Sally's" story is narrated in Jane Hollister Wheelwright's *The Death of a Woman* and Eve Kosofsky Sedgwick's experience is recounted in her memoir *A Dialogue on Love*. Breast cancer precipitates their therapies; as well, they incorporate it into analyses of their relationships with other humans and with their worlds.

Ioana Luca argues in her work on memoirs and intimate publics that "the sphere of intimacy [is] a retreat, a refuge" ("Communism: Intimate Publics" 74). The conventional therapeutic relationship exhibits these same qualities: the therapist's office is simultaneously a client's private environs. The therapeutic memoir, like those Luca analyzes about private life (under communism), "bear witness to events that have often been erased, willfully forgotten, or only partially known" (79). With the aid of a professional therapist, "Sally," a

terminally ill woman, processes difficult family relationships and works through her rage resulting from increasingly devastating cancers. Sedgwick begins therapy when her breast cancer reprises her tendency towards states of depression. However, the obscured and erased public events that Luca enumerates are uncovered in therapy; each woman in her own way transforms the nature of therapy's dialogue and environs from closed conventions into more open and egalitarian opportunities. Through these simultaneously personal and cultural interventions, therapeutic relationships become intimate commons of intellectual, corporeal and affective engagements. The inside/outside becomes, in this chapter, a liminal site of fluid en/un/folding that enables women and their therapists to incorporate the multiple forces that constitute breast cancer as a pathological event with the social, cultural and environmental contexts.

By engaging with the effects of breast cancer's complexity through affective relationships with their therapists, these women produce insights into the nature of, and relationships between, subjectivity and materiality. Their immanent interventions are strategic and tactical, their therapeutic processes increasingly unconventional. Both women are engaged with their own healing processes, yet they offer compelling insights into women's traumas before, during and following breast cancer diagnoses. Felly Nkweto Simmonds' experience with her doctor, discussed in the previous chapter, is a fitting background for the works I discuss in this chapter: her self-censoring and thwarted desire to incorporate multiple narratives in her breast cancer contrast with the mutually engaging therapeutic relationships in this chapter. These shake

up professional conventions and thereby do the same to concepts such as the unary individual, individuation, and subject consolidation. The affect of having breast cancer reverberates through time and space whereby personal experiences become opportunities to experiment with a more capacious understanding of human subjectivity. Luca argues that transnational autobiographies are "powerful sites of cultural production as they enact the intersection of private stories and public histories" (79); I argue similarly that affective, intimate memoirs of breast cancer are both cultural productions, that is, works shaped by historical, cultural and affective forces, and cultural interventions that strategize new understandings of how these forces engage.

Stacy Alaimo argues in *Bodily Natures: Science, Environment, and the Material Self* that "[b]y emphasizing the movement across bodies, trans-corporeality reveals the interchanges and interconnections between various bodily natures" (2). If bodies are intra-related as Alaimo suggests, her statement implicates subject relations that are part of humans' interconnections with their world. Published years before her 2010 publication, Wheelwright's *Death* (1981) and Sedgwick's *Dialogue* (1999) present remarkably prescient projects of such radical intra-relationships. *Death* disrupts therapeutic conventions to create interchanges in order to work through the trauma of her emotional life and immanent death; *Dialogue* continues Sedgwick's ground-breaking critical work in queer theory, her literary experimentation, her strategic knowledge of biology and her complex intimate relationships with her mother, husband, therapist and

gay friends, creating expansive dialogic relationships in order to work through the emotional repercussions of her breast cancer.

I include the psychotherapeutic space with the more overtly medical architectures as a site for analysis in this dissertation because here, as in medical sites, powerful conventions assert tremendous pressures on how women interrogate, represent and construct their experiences of breast cancer within a recognizably professional space. While the psychotherapeutic space does not include cancer surgeries and treatments, it does recover and reiterate such medical moments through the analysand's conscious recollections and dream work. In medical clinics and hospitals as well as in therapist's offices women struggle to articulate what breast cancer means, how they engage with medical professionals and how they determine their bodies' impacts on understanding subjectivity grounded in culturally constituted normative bodies. Therapeutic work is an ideal context in which to consider intra-relationships in breast cancer medical experiences. Moreover, it is a corporeal relationship that shares similarities with medicine: in both *Death* and *Dialogue*, bodies are implicated in the dialogues.

Therapy, like medicine's patient history/current diagnosis and treatments/prognosis narratives, foregrounds relationships between past, present and future, each of which, as Elizabeth Grosz has demonstrated in her work on temporality in *Nick of Time: Politics, Evolution and the Untimely*, are deeply implicated in the formation of the others. In recollection of past traumas, one alters one's present and enables new possible futures. So too, the act of

recollection alters the past, simply because the vantage point has been altered. The texts in this chapter suggest that temporal linearity is only one means to structure meaning. In their play with time, as well as space and borders, they raise questions about the linear trajectory that is assumed and consolidated in medical diagnostic and prognostic encounters and that shapes the narrative of a patient's illness. Thus, in this chapter, temporality is part of the spatial metaphor of inside/outside.

Wheelwright and Sedgwick, in their own ways, renegotiate conventions of the discrete subject and therapeutic protocols through the material production of each text. They share similarities with Acker's multi-genre, fragmented text. Wheelwright enters into a therapeutic relationship with "Sally" (her identity is not disclosed), now in the terminal stage, the endpoint of breast cancer. This text shares Acker's interest in highly metaphoric images as vehicles by which to represent and explore both material and affective aspects of breast cancer, as well as Gilsdorf's use of literary language to bridge seemingly disparate discursive and architectural territories. Through the medium of Jungian archetypes, Wheelwright and Sally[61] begin a quest for the latter's individuation by working through her past in order to culminate in an eternal psychic present. Signified by universal archetype of the Great Mother, death leads to rebirth, thereby forming an essential role in a cyclical, feminine, process. Sedgwick

[61] In the spirit of "Sally's" multi-subjectivity I will underscore the deceptive corroboration of name and individual by using Sally, as in Wheelwright's text, without scare quotes.

narrates her therapeutic dialogue with "Shannon" (whose identity is also not revealed) as she works through the depression precipitated by her breast cancer. Sedgwick's postmodernist style and queer feminist theory connect her to Acker's projects as well — both trouble linearity differently than the Jungian cyclical narrative in Wheelwright's text by focusing on the overlapping and simultaneous together with the ruptures and gaps.[62]

Both Sally and Sedgwick are creative with their textual fonts in order to materialize the dialogic nature of the women's relationships with their therapists, and Sedgwick works with multiple genres and the relationship of space to text. Through the material production of their dialogues they explore the multiple forms of relationships women have with themselves, their therapists and their worlds. They demonstrate the power of relationships with all three and illustrate that when therapists and doctors participate in women's multiple forms of experiences in breast cancer through such open-ended, capacious relationships both subjects are mutually transformed.

Dialogue is presented in somewhat different ways and on different terms in each text. While Wheelwright's text is narrated by the therapist and includes her client's voice within it, Sedgwick creates an equitable narrative for two voices. Sally's voice, however, is muted by her anonymity; the therapist's text and the multi-authorial production that *Death* ultimately prevails. However, as I will demonstrate, even at this most vulnerable moment of life, at the threshold of her death, Sally demonstrates a courageous determination to author her life on

[62] As we remember from Acker's text, Eurydice's underworld was both beneath the overworld and within its ruptures.

her own terms. Rather than taking her therapist on in a kind of existential battle, she establishes herself as the authority over the therapeutic process by determining the venue or context and the form of narrative that shapes her therapy. In breaking therapy's rules, Sally re-connects to herself and her world. Once isolated within her home as her family goes out to work and to school, her immobile state underscored by her therapist's vacations, Sally is able to finally die, centered and de-centered simultaneously, by creating a complex circuit of engagements with her husband and therapist who sit with her.

Sedgwick activates her own form of de-centering by creating multiple intra-relationships across dialogues, bodies and texts. As the client, she is the focus of the therapeutic work. As a queer straight woman, she engages in a committed marriage yet lives apart from her husband and with gay men with whom she shares lesbian interests ("White Glasses" 257). As a postmodern writer, she crafts a dialogue that presents both her thoughts and those of her therapist, narrates their conversations and makes space for ambiguity, confusion and silence. Like Sally's, Sedgwick's therapist-patient relationship is, at times, open and vulnerable. Both women's relationships are characterized by openness and withdrawal, sharing and resisting, agreeing and opposing. Both texts uniquely demonstrate that, to cite physician Oliver Sacks, "the physician [has] become a fellow traveller, a fellow explorer, continually moving *with* his [*sic*] patients, discovering with them a vivid, exact, and figurative language which will reach out towards the incommunicable" (ftnt. 225-226). Their texts reflect desires for shared movement and multiple modes of communicating that which

is “scarcely communicable” (Sacks ftnt. 225), the experience of living with, and dying from, breast cancer. Neither woman achieves closure in her therapeutic work; these are not narratives about becoming *a* breast cancer subject but *becoming-subjects* through the transformative experience of breast cancer as an intimate, that is, an inward, close and closely personal commons, an intimate site of shared resources and engagements.

Therapy as Matrixial Borderspace

To do this transformational work, both Sally and Sedgwick alter the therapist’s domain from a professional space in which a client is guided by an authority to obtain healing, or at least relief from suffering, to a more complex space of diverse engagements. The protocols of Sally’s and Sedgwick’s dialogic encounters take on characteristics of a matrixial borderspace, where, as we remember, subjects engage together without consolidating a subject-object relationship. In *The Matrixial Borderspace* Bracha Ettinger (who is a Professor of Psychoanalysis at The European Graduate School) describes this space as the uterine site in which mother and child develop together without knowing one another as such. Each is profoundly affected by the other; the uterine wall keeps them apart yet connected. The matrixial borderspace, because it metaphorically occurs at the site of the womb, represents the pre-Oedipal stage, that which is prior to subject-object relations, incest taboos and the development of binary language. In terms of my discussion, we can consider it a space of pre-language communication and silence; it is the intimate encounter of strangers. Like Grosz’

claims about time, here temporality is befuddled; the mother on the outside marks the days on the calendar in anticipation of *partum*, while the inter-*utero* being may sense only the cycle of the maternal body's diurnal rhythm. These subjects at the borderspace encounter one another in mystery because their worlds are so different and the tissued border keeps them separate. Without the medium of language to communicate, one subject feels the effects of digestion and pulsing blood, while the other senses the kicks and swishing of a body suspended in fluid. One corporeal subject affects the other; they are "relations-without-relating" (*Matrixial Borderspace* 65), that is, they have the intimacy of relations without the cultural constraints that attend it.

So too, therapy has the qualities of a matrixial borderspace. Here, intimate strangers give and take, push and pull, and affect each other as their strange worlds collide. They can speak or be silent, engage in dialogue or talk over each other. Clients can speak as therapists and therapists as clients. The mother/child relationship is invoked in strange configurations. The flux and flow, the dis-order and asymmetry of resources shared and exchanged, valued and discarded, transforms therapist's offices into an intimate commons in which women are able to articulate the incommensurable, the "scarcely communicable" (Sacks ftnt. 225).

Writers on intimacy such as Ioana Luca and Lauren Berlant use the term "intimate publics." However, Luca uses it in the context of communism and Berlant, who coined the term, connects it to "mechanisms of capitalism" (Luca 76); Luca, citing Gabriele Linke, suggests that "intimate publics are a by-product

of capitalist consumer culture" (qtd. in Luca 76). However, in both *Death* and *Dialogue*, a pre-capitalist economy circulates in Sally's and Sedgwick's immanent interventions. George Caffentzis argues that "the commons" can be, and has been, appropriated for very different, and oppositional, projects (24-25).[63] In this chapter, following Caffentzis, I use "the commons" in its pre-capitalist form, as a site of shared resources and free movements, to read both Wheelwright's *Death* and Sedgwick's *Dialogue*.

Accordingly, I understand them as sites of engagements without the constraining barriers of a privatized capitalism. There is a crisscrossing flow — of bodies and texts conventionally understood as outside, Other, and disconnected. The private thereby becomes communal; resources circulate without becoming commodities and bodies engage in innovative relationships without fetishizing labor. Capitalism's delimitation of property, its controlled economy and hierarchy of power, suggested in both texts by therapy's professional spaces, epistemological and narrative controls and client-therapist protocols, are disrupted by Sally and Sedgwick, most radically by the latter, through their creation of intimate commons, sites that intra-connect the intimate local of a particular therapeutic event in space and time with the public global that crosses time and space via dreams, texts, history and cultural exchanges.

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[63] These can be divided into two camps, each comprised of capitalists or anti-capitalists. As Caffentzis points out, "the commons" can actually enable neoliberal practices (30). The capitalist use of an identified commons in order to consolidate workers is a strategy of delimiting an area "outside" market practices and conditions in order to enable future participation in a global market based on private ownership (28). The privatization of collective-use land is a heavy-handed capitalist appropriation and dismantling of "the commons" in order to create a market-driven economy (27).

As I understand it, the commons in both Wheelwright's and Sedgwick's texts shares features with Ettinger's matrixial borderspace. It disallows commodification and facilitates co-modifying engagements. Ettinger's concept of the subjects who cannot Other the Other and thereby reduce an/Other to object is part of this culture of non-commodification. These subjects in the commons are Ettinger's "relations-without-relating"; that is, they encounter one another without objectifying. They cannot relate because the borderspace is still a barrier preventing encounters that consolidate an/Other as object. Only intimate strangers occupy this commons.

As Lauren Berlant describes in her introduction to *Critical Inquiry's* special issue on intimacy: "intimacy builds worlds; it creates spaces" (282).[64] Intimacy is spatial in Berlant's metaphor; however, it is also rooted in, it requires, dialogue: "To intimate" she writes, "is to communicate with the sparest of signs and gestures, and at its root intimacy has the quality of eloquence and brevity" (281). The language of intimacy in such worlds, Berlant suggests, is economical to the point of parsimony. In the "zones of familiarity" (281) that enable intimacy, one speaks in cryptic codes, creating an intimate dialogic of encoding and decoding. Berlant's world of intimacy is like that of Acker's Underworld. However, as Acker and Gilsdorf demonstrated, not all institutional spaces or communications within them are intimate in the way Berlant describes.

[64] Berlant's claim is suggestive of Acker's world-creations connected to deeply intimate activities such as masturbation and, in *Eurydice in the Underworld*, exchanging dirt between girls' lips in an earthy crypt (*Eurydice* 20).

The medical encounter can even actively resist Berlant's form of intimacy. In the medical environ, as Simmonds and Acker depicted so eloquently, it is kept at bay by the silence of words not spoken and the conversations punctuated by ellipses. Berlant's description of intimacy, however, provokes consideration of how spaces in which medical conversations are held might be considered intimate and thoroughly ethical worlds, human encounters and professional engagements. Sally and Sedgwick address this problematic while engaging in their pressing psychic struggles.

Additionally, there is a fundamental difficulty within intimacy itself. The "intimate sphere," according to Berlant, "represses, of course . . . the unavoidable troubles, the distractions and disruptions that make things turn out in unpredicted scenarios" (281). This unpredictability prevents formulae and conventions from developing into grand narratives. YOU became a transforming Eurydice by first falling into a role rather than maintaining her status as a prop, and then abruptly running from the room — all unscripted strategies in the medical theatre of her doctor's office. Covering herself over, she descended to the intimate encounters of the Underworld of her own accord rather than succumbing to the kidnap/rape of the conventional Orpheus myth. In so doing, Acker invoked intimacy as a stratagem and a movement, rather than a practiced event. As Berlant argues, "virtually no one knows how to do intimacy" (282); that is, intimacy is a site of incompetence. YOU, as a child and an outlaw, allowed incompetence to take her into the intimacy of earthy poetry — an impossible state of affairs in the staged competency of the Overworld aliens

preparing her for surgery and even in the hesitant competency of the doctor performing the prognosis in the clinic's cell.

This state of incompetency that is hinged to intimacy, surely, is a potential problem for professional relationships grounded in cures, remissions and calibrations of success. Women with breast cancer depend upon competence in their medical professionals; they expect skill and integrity. But the exclusion of intimacy, its strategies and incompetency, is a high price to be paid for medical competency. Women cannot speak in their own body- or anti- language. They struggle to communicate the inexpressible to those within medicine, as Acker demonstrates, or weave their history into the present moment, as Simmonds describes. The absence of such intimate tactics limits breast cancer to discourses of pathology and medical treatments to technical and scientific practices. Women's competency — that is, in knowing something about their illness that the doctor cannot possibly ascertain — is implicitly called into question in such censoring moments. The doctor's competency is consolidated by the foreclosure of intimacy; the woman's competency however, is curtailed by the lack of it.

Moreover, as Berlant warns, intimacy makes no promises; it may fail "to stabilize closeness" so that "the very attachments deemed to buttress 'a life' seem in a state of constant if latent vulnerability" (282). It requires, therefore, accommodation of failure, non-closure and constant strategizing. Moreover, it requires tremendous courage to step out into, or descend to, this unknown, strange terrain. As Acker and Gilsdorf have demonstrated, the creative potential

that develops from intimacy does not make women in intimacy less vulnerable. By refusing to buttress life, the latent becomes, if anything, manifest. It is exactly this effect that enables women to live with breast cancer than to live as breast cancer patients. The *effects* of outlaw life for Acker, and discussing cancer with one's loved ones for Gilsdorf, are both truer to their breast cancers as human experiences, yet more dangerous, unpredictable, than the scripted performances of medical staff. Acker and Gilsdorf's texts express desires for the vulnerability and incompetency of intimacy within medical environs. However, these implicit desires become explicit in relationships that focus on the effects of living and on immanent interventions. In *Death* and *Dialogue*, therapy is tactical and strategic, always transitive and therefore vulnerable. Sally and Sedgwick demonstrate the power of incompetency through dialogic narratives engaging with non-traditional resources accessed in a capacious, yet intimate, world of therapy.

Creating a Commons: *The Death of a Woman*

Jane Hollister Wheelwright's *The Death of a Woman* focuses on Sally, a terminal breast cancer patient (22) struggling with her own physical suffering and immanent death, her loss of vitality and purpose, and difficult relationships with her family members. Using Jungian universal archetypes, Wheelwright facilitates Sally's progress towards individuation, the Jungian objective in which

the former disunity of one's psyche transforms into a stable cohesive and separate state of being.[65] Sally's therapeutic requirements, however, are somewhat unique. At the outset, she requests that their therapy sessions take place in the intimacy of her own home rather than in her therapist's office, and she wants to read texts on the subject in addition to her therapeutic discussions.

While the arrangement appears purely pragmatic — Sally is too ill to leave her home — this combination of domestic and therapeutic domains within one site enables multiple relationships and functions beyond the professional therapeutic relationship to emerge. Sally's home becomes, through her disruption of therapeutic protocols, an intimate commons that includes the paradoxical intimate stranger. A site of resources held in common by Sally's family is now open to her therapist. Sally shares her home with Wheelwright, rather than charging for its use as a professional space; similarly, the therapist generously makes house calls rather than insisting that Sally meet in an office. The conventions of capitalist economic exchange are thereby suspended; the home and the house calls are not calibrated for their exchange value. The circulation of exchange is placed within a new context of shared resources strategically exchanged in a vulnerable, new form of therapeutic encounter.

Sally insists on reading books in addition to her dream work with Wheelwright. By bringing texts into her therapeutic engagement, she disrupts the affective economy that constitutes the therapeutic process of coming to terms

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[65] In "Conscious, Unconscious, and Individuation," Jung defines individuation as "the process by which a person becomes a psychological 'in-dividual,' that is, a separate indivisible unity or 'whole'" (212).

with her suffering, dying, anger and estrangements. Sally embodies both the vulnerable, troubled analysand and the inquisitive student, combining the affective with the objective. Her therapist, to accommodate Sally's hybrid state, strategizes a new therapeutic approach. Wheelwright writes that in order to work "in a way that seemed most comfortable to both of us" she "discarded some of the stance and techniques of conventional psychotherapy" (7). Considering Sally's request for an unorthodox analyst-analysand relationship, she comments that it "would require personal concern and a willingness to give and take, to share interests as they touched on her life, and to give more theoretical explanations as she asked for them than I normally would" (8). Wheelwright's comments on the new tactics that she must deploy are couched in noticeably intimate terms: she uses terms such as comfortable, us, personal, concern and share, contrasting them with professional signifiers such as stance, techniques, conventional, theoretical, terms that Sally now incorporates into her own role as student.

The economy they enter operates on entirely different terms and conditions from the conventional therapeutic exchange; it destabilizes the binary of professional therapist/client and the economic circuit congealing resources into commodities. Sharing, give and take, and excess, cannot be calibrated according market conventions. The therapist whose expertise is sought out by a client creates a hierarchical relational structure; Sally, however, wants to engage with Wheelwright in a "mutual research project" (9) encompassing academic and theoretical as well as personal therapeutic discussions. Despite her initial

hesitation, Wheelwright soon acknowledges the potential rewards of this "project" for herself:

> I needed to know about death for professional reasons and because I was already in my sixties and more consciously anticipating my own death. . . . From our very first visit I was convinced that our work together would be more helpful to her than her efforts in struggling alone. And certainly she would help me to face the greatest mystery of life, which is death. (9)

Conventional practices of "doing" therapy become strategic tactics in an environs and a relationship that are ambiguous and multiply signifying.[66] Relinquishing the ethical prohibition of intimacy by "allow[ing] a more personal relationship to develop with Sally than is normal in analysis" (11), Wheelwright continues to break down what Karen Barad calls "sharp edges" (*Meeting the Universe* 135)[67] which in the *Death* delineate the therapeutic process,

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[66] The passage from which Barad's terms have been extracted is as follows: "What often appears as separate entities (and separate sets of concerns) with sharp edges does not actually entail a relation of absolute exteriority at all. Like the diffraction patterns illuminating the indefinite nature of boundaries . . . the relationship of the cultural and the natural is a relation of 'exteriority within.' This is not a static relationality but a doing – the enactment of boundaries – that always entails constitutive exclusions "and therefore requisite questions of accountability" (*Meeting the Universe* 135).

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transforming the therapeutic paradigm into a feminine, outlaw territory of what Barad describes as "practices, doings and actions" (*Meeting the Universe* 135). As Sally and Wheelwright work together in what is the devastating phase of submission to the inevitable, Wheelwright acknowledges, "[w]e were in what is usually considered to be the last stage of analysis, in which analyst and analysand relate to each other as equals. In the face of death we were equal" (41). She opens up the therapeutic relationship to make room for one of equality, which Sally had intuited and requested earlier. Her professional knowledge and Sally's intuition open up their relationship so that it takes a new form — as Ettinger might say, a matrixial one and as Acker might describe, a material poesis of exchange.

While Gilsdorf and Acker are not free to articulate their desire for an egalitarian, mutual relationship with their doctors, Sally is able to initiate one with her therapist. She notices productive results, informing Wheelwright: "Sometimes I feel as though you and I are engaged in a kind of creative work together, almost as if we were writing a play, the two of us" (54). While Acker uses the dramaturgical narrative to foreground the coerced performances in medical environs, Sally uses this same genre to articulate intra-engagement between composing subjects. Two subjects, two voices engage in a mutual research project, a play — either metaphor suggests an intra-weaving that creates the whole. The play, a genre of narrative and movements, results from movement between dialogic, corporeal subjects. The difficult excavation of suffering becomes a creative performed narrative.

Moreover, as Sally perspicaciously notes, they create, not a reiteration of conventional myth, but something entirely new. In enfolding the professional space within the domestic and intimate, where roles have an unfettered mobility across bodies, Sally and Wheelwright's dialogues are reminiscent of Eurydice's exchanges with the girls in the Underworld. Their therapeutic relationship becomes a matrixial commons of subjects affecting the other and thereby creating something new that is nonetheless not reducible to any-thing or some-thing. Co-producing is simultaneous with engaging in play. In order for Sally and Wheelwright to create their play, they, in turn, need to play with the roles assigned them by therapy's protocols. Roles are taken on and altered, resources shared and adapted, paid services are serious forms of play. We can see important similarities between Sally and Acker's character Eurydice. Each woman desires participating in polysemous relationships and multi-textual creation, rather than submitting to a controlling narrative: Sally describes the tentative and open "almost" writing and Acker uses the de- and re-composing imagery of dirt shared between girls. Bodies move across space, engage with others; in both texts, the narrated is always material.

Just as narrative is entangled with the corporeal for Acker and Sally, in *Death* the material text articulates another form of this relationship, going beyond the material organization of Acker's *Eurydice*. *Death* depicts the multiple intra-relationships that occur among individuals brought together by a medical event. The pathologized body brings strangers together, first in the intimacy of addressing the cancer in the body, and then by engaging with the

repercussions of having a terminal illness and enduring the treatments it requires. Wheelwright then produces another layer of complexity by working with the text as a *corpus*, a body. Throughout the narrative, the material production of the font indicates voices, thereby setting up a dialogic environment. The italicized font assigned to Sally suggests the flow of her reported dreams. This cursive approximation to the semiotic content of the words approximates the individual who speaks them. This font, like a fingerprint or photograph, gives us a sense of who Sally is. This is *her* font. A different font is assigned to Wheelwright's narratives: a small font, visually calibrating the analysand's voice in diminutive relation to the rest of the text, indicates her notes and analyses. Together, both of these fonts visually reproduce the separate subjects who engage in the therapeutic process; the former is soft, curvy and informal, the latter is linear, economical and formal. The former suggests the personal act of handwriting, the latter of the cramped pages of the textbook. Moreover, the overwhelming ratio of Wheelwright's multiple fonts to Sally's singular font implies the monolithic effects of the authoritative voice that Simmonds describes in her unequal exchange with her doctor.

However, the separate subjectivity that Wheelwright takes pains to produce through the material choice of fonts is problematized in the collaborative narrative of their research project/play. The therapeutic conversations between Wheelwright and Sally as they work out the meanings and significances of Sally's dreams occur in the font used for the general over-arching narrative that positions Wheelwright as the ultimate compiler and author

of *Death*. We get a glimpse of Sally's intuitive response to their work together. However, that sense of collaboration becomes less clear when the overarching narrative of *Death* occurs in the same font as that for Wheelwright and Sally's conversations. The collaborative suggestiveness of the common font is under threat when Wheelwright does not distinguish it from her voice as the compiler of their engagements.

As the fonts problematize the collaborative compilation of the therapeutic narrative, the production of the narrative also troubles the co-creating project that Sally and Wheelwright initiated. At the outset of the narrative, prior to the beginning of the therapeutic encounter, we learn that the story of Sally is in fact created by another form of collaboration: an assembly of individuals creates the final cohesive and coherent narrative. Wheelwright received Sally's materials following her death and included them with her own notes from interviews and phone calls (12). Wheelwright informs the reader that she and Eleanor Hass "composed the story from my records and amplified it with subjective reactions and conclusions, which for various reasons I had not communicated to Sally during the interviews. Eleanor wrote the story out of this mass material" (13). The therapist ultimately controls the narrative; Wheelwright inserts her authority and her ultimate control in the Preface, written after Sally's death.

The co-creation that Sally anticipated becomes a research project in which she is relegated to data manipulated by a consortium of experts. Multiple corporeal subjects combine their words and ideas in order to, according to Marie-Louise von Franz (a psychologist who worked with Carl Jung for many years) in

the Introduction, "'put right' in all of us some of our fears and wrong attitudes towards death" (6). Sally's personal struggle becomes an object lesson for the well being of others. Her words are inserted into a meta-narrative in order to demonstrate a Jungian hypothesis. Her proposed mutual engagement is over-ruled by the layers of narratives, the editorial practices, the orthodoxy of Jungian analysis. *The Death of a Woman* reminds one of case studies or medical data in textbooks that absorb singular events, a woman's breast cancer, into a carefully choreographed production for others' use. This is, of course, how Evidence-Based Diagnostic Medicine works (see my footnote 6); it extrapolates the generic breast cancer individual from large-scale studies. The individual becomes universal. Because Wheelwright does not, finally, allow the text to be a mutual research project between her and Sally, and situates it as professional narrative of the universal "Sally," her commitments to Sally's postmodern project rather than her own (achieving the universal mother archetype) become problematic. The title has, in fact, warned us of this. *The Death of a Woman* is universalized the story of an unknown subject.

However, despite Sally's absence from the final production that leads to the publication of *Death*, her actual death opens up, ruptures, the concerted effort to produce a text that is supposed to put things "right." Moreover, her resistance to orthodoxy, like Acker's, produces her death on her own terms. Her death does not put anything right — in fact, it is a testament to the futility of such projects in the face of unredeemable suffering. She is much like Julia Kristeva's abject individual that cannot and will not be seen as such. Yet, the text cannot foreclose

her capacious understanding of life as an entangled, often tensive site of voices and bodies, of powers and forces that cannot be harnessed. Sally is a life, not in the anonymous sense of datum, but in the sense of life as never "the" life suggested by the title, life as an intimate commons of complementary and oppositional engagements, a matrixial commons that like Ettinger's matrixial borderspace is "relations-without-relating" (*Matrixial Borderspace* 65). Likewise, because it is capacious and open-ended, her death is *not* "the" death but "a" death.

Sally dies mute and blind, holding her husband's hand while Wheelwright sits apart from them, reading aloud (266). This poignant scene challenges the closure of Wheelwright's overarching therapeutic narrative. Sally's wordless actions suggest that which is "scarcely communicable" (Sacks ftnt 225), the open-endedness of the terminal life. This triangle of individuals does not replicate the triadic epistemic structure of medical encounters, the "representational triadic structure of words, knowers, and things" (Barad, "Posthumanist Performativity" 131), but is a borderspace of engagements created by Sally's final transforming act. The Great Mother archetype of death that Wheelwright describes earlier in her text becomes instead the matrixial site of transforming subjects. Rather than individuation, Sally brings *I*'s and *non-I*'s into circuits of affect. Her husband is joined to her as their hands clasp; Wheelwright reads aloud from a book and the dying woman is unable to respond; the words float free form, unconstrained by dialogue, unfettered by exchange value. They are signifieds without signifiers. The physical therapeutic

space transforms into a site of affects: of sounds and touch, of bodies together yet not captured by narrative's signifying. Sally's quiet body enables a material circuitry as well as a discursive one. Words and silence move across bodies. While Gilsdorf is a translator, Sally is a conductor of affects that cannot be articulated into a system of meaning or translated by signifiers, but that move across and through her body.

Sally's separateness in her blindness and muteness creates boundaries where she can meet with both her husband and therapist. She becomes the mother, but not in the sense that Jung's Great Mother suggests. Rather than incorporating into an eternal archetype and individuating, Sally actually reconsolidates their separateness, their strangeness in the intimacy relations-without-relating in the matrixial commons she creates-without-creating. Sally's body becomes the matrixial borderspace for transforming subjects who remain as strangers to one another. In this moment Sally incorporates temporality into an eternal present. Nothing happens after this scene; Sally's presence fades from the text, now mediated by Wheelwright's reflection on one of her dreams occurring just prior to her death. The silent present of Sally's death enfolds her past and Wheelwright's future, their research project and the future production of *Death*.

Sally's dying moments create an intimate commons of engagements: texts, subjects, bodies, silence and temporality. In doing so, she asserts-without-asserting herself as the subject of her own therapeutic work, her life and her dying. By claiming her life on her own terms, Sally draws Wheelwright into her own self-reflexive work and reconnects with her husband even though their

relationship remains troubled. Her intimate commons is rough and patchy, full of silences and disconnections; yet it is what it is, a site of movements and engagements untrammeled by an organizing narrative's anxiety of meaning.

Queer and Capacious: Sedgwick's Intimate Commons

As with Sally, Sedgwick's breast cancer precipitates, but is not the ultimate topic of, the therapeutic conversation. While Sally struggles with her marital relationship, Sedgwick finds her analysis focusing on her relationship with her mother. Sally wrestles with her illness: Sedgwick continually interrogates her gender identification. Sally lives with, but is angry with, her husband. Sedgwick and her husband live and work in separate cities but remain happily married — she refers to Hal as "her fella"— yet she lives with Michael Moon, a gay men "with a/ fella of his own" (*Dialogue* 24). In both women's cases the therapeutic process foregrounds tensions generated by cultural and personal binary relationships.

While Sally deconstructs Jungian texts and alters orthodox therapeutic practices in order to engage with her traumas on her own terms, Sedgwick's interests in Buddhism, together with her work in queer theory and postmodernism, produce a more extensive deconstruction of dialogic relationships. In doing so, she extends my argument on the transformation of professional medical relationships still farther. Much like Sally, Sedgwick explores the multiple configurations possible between text and bodies within a

dialogic context. As a literary and cultural critic and an artist in her own right, Sedgwick has multiple entrées into this large project.[68] While the dialogic relationship in *Death* ends up as a narrative deconstructed by the analysand, in *Dialogue*, the dialogic relationship deconstructs paradigmatic structures, including the idea of the therapeutic relationship itself. In *Death*, the therapist develops, controls and produces the final narrative; in *Dialogue*, Sedgwick problematizes the identifiable differences between therapist and patient (Sedgwick's term): their voices, roles, bodies and genders. Dialogue, Sedgwick discovers, is not relational in the conventional sense of the term. There is an/Other in her dialogic encounters, but in Sedgwick's queering, Difference is mobile and fluid rather than anchored in individual subjects. Her dialogic relationships are capacious; they are an intimate commons of entangled engagements. If relationships between authority and patient are to produce transformation, Sedgwick's text implies, they must be thoroughly queer/ed.

Sedgwick develops such queering throughout her critical works. *Epistemology of the Closet*, *Between Men: English Literature and Male Homosocial Desire* and *Tendencies* (a collection of essays) were and are considered ground-breaking texts for queer and gender studies; they, together

[68] For an example of her critical work on this relationship, see *Touching Feeling: Affect, Pedagogy, Performativity*. For evidence of her artistic work, see the photograph of "Loom Book" in her "Works in Fibre, Paper and Proust" Exhibit online. See also Katherine Hawkins "Re-Creating Eve: Sedgwick's Art and the Practice of Renewal." Her description of another work in that exhibition, "Body Articulation," demonstrates Sedgwick's variety of projects on materiality and discourse: "Sedgwick creates a transformational grammar, a logic of form that plays with the possible organic shapes a single sentence might take. The rules are so loose and simple as to be unimportant: the trunk of the body presents the core of the sentence (subject and verb); the other words of the sentence are written on a number of free-form appendages" (273).

with many of her other projects, represent her enduring critique of hegemonic sexual relationships. Her last published monograph *Touching Feeling: Affect, Pedagogy and Performativity* considers the relationship between feeling, learning and action. Acknowledging affect's relationship with the rational and the politics of action, Sedgwick incorporates feelings, uncertainties and doubts into cultural discourses that privilege optics, empiricism and rationalism.

An excerpt from Sedgwick's artist statement for "Works in Fibre, Paper and Proust," her 2005 exhibit at Harvard University, is instructive for understanding how her artistic challenges are directed to cultural oppositional binaries based on hierarchy and difference:

> if these are works "in" Proust in the same sense that they're "in" fiber or paper, they also reflect the transformative potential of a prolonged immersion in someone else's mental world, a way of being "in Proust." I am especially interested in the dailiness of a mysticism that doesn't rely on the esoteric or occult, but on simple material metamorphoses as they are emulsified with language and meaning.
>
> ("Works in Fibre, Paper and Proust")

As Sedgwick describes in this statement, she incorporates a vast array of entities, each immersed in the others, and all are mobile, fluid, and changeable. The lack of stability, even in the stabilizing present of an exhibit, makes objectifying anything at best a fleeting undertaking. Everything is "emulsified," that is, immersed in something else without losing its integrity. Like oil and vinegar, the

material is suspended in language and meaning; only the force of agitation or motion can temporarily generate the appearance of a unified substance. Emulsion, like the matrixial space, creates "relations-without-relating." Materiality and language affect each other and are transformed simply by being momentarily intra-connected, only to shift back to inter-connection when the motion ceases. In this borderland of matter and language Sedgwick moves towards the mystical, the "scarcely communicable" transformations that occur through intimate material and discursive relationships.

In *A Dialogue on Love*, the ruptured material life of breast cancer and the psychic world of depression are sites of intra-relationships that transform into an intimate dialogic commons, a capacious space of unlikely and unorthodox entangled engagements. For Sally, this entanglement occurred by developing a professional, objective interest in her personal crisis; for Sedgwick, it happens by weaving together seemingly unrelated threads of life: the experience of breast cancer; academic and intellectual work; sexual practices; intimate relationships; and her knowledge of, and interest in, pandas. The interiority of the intimate life and the public of her professional activities are likewise entangled. Not surprisingly, when in 1991 Sedgwick was diagnosed with breast cancer, she incorporated this moment into her research projects on gender and queer theory. Sedgwick directed her writing to a wide-ranging audiences, from the essay "White Glasses" in *Tendencies* that was originally delivered to an academic audience to her regular column "Off My Chest" in *MAMM*, a magazine for women with breast and reproductive cancers, where she writes in a sympathetic

style, often with gentle humor, to women who are dealing with the same issues she also confronts.

Although quite different in emphasis and style, both forms of writing combine affect and cultural critique, and together situate her struggles within her queer theory. In queer sexuality, desire and gender-identification are fluid, complex, transitive and transgressive movements rather than fixed, bounded conventions. Even in an early work, "A Poem is Being Written" (1986), Sedgwick's complex desires and sexualities emerge when she identifies as both a woman and a gay man (209); she creates, as her close friend and room mate Michael Moon describes, "new models for thinking" (Moon 211). Her "world-making powers" (one hears echoes of Acker here) challenge "pernicious dualisms" (Moon 212) that subtend the ubiquitous mind-body split of modern western culture. Sedgwick takes them on in an extended "world-making" dialogic exchange with her therapist in *Dialogue*.

"A Dialogue on Love": The Intimate Memoir

The same 1998 issue of *Critical Inquiry* for which Berlant wrote the introduction on intimacy includes Sedgwick's "A Dialogue on Love," an essay that would become the opening pages in her book of the same name. Part of the collection of essays on the topic of intimacy, Sedgwick's "Dialogue" describes the commencement of her therapeutic relationship after she has been diagnosed with breast cancer. The essay's overarching narrative is written in the first person, in the style of the patient narrative or autopathography, the therapist

serving as a supportive interlocutor for the internal reflections of the central persona. While the content differs little from the equivalent pages in the later, more detailed monograph, the structural and narrative differences are noteworthy. They illustrate how Sedgwick develops her experience into a startling vision of materiality and dialogic relations of capacious intra-connections.

Sedgwick's "Dialogue" reminds one of Acker's *Guardian* article with its depictions of a pleasant space and equally pleasant staff. Prior to meeting her therapist for the first time, Sedgwick imaginatively anticipates "a friendly, masculine voice," that, in turn, triggers a fantasy of "handsome, lean, well-dressed therapists" in a "sunny room," a fantasy YOU plays out with DOC in *Eurydice*. Sedgwick's anticipatory desire is nonetheless shattered by "the grotesque, reassuring shock of Shannon" as he appears to greet her and take her to his office (612). The fantasy of the rescuing authority is shattered; the real Shannon is suggestively "Rumpelstiltskin-like" (612). The male therapist with the ambiguously gendered name thereby suggests the Grimm brothers' queer character in the popular folk tale "Rumpelstiltskin" in which a miller gives his daughter to the king with the promise that she will increase his wealth by transforming straw into gold, can be read productively through Sedgwick's concept of the homosocial relationship structured on the "special relationship between male homosocial . . . desire and the structures for maintaining and transmitting patriarchal power: a relationship founded on an inherent and potentially active structural congruence" (*Between Men* 25). The folk tale's

transaction occurs between two men: the miller who wants the king's favor and the king who wants wealth. The miller's daughter becomes the mechanism for both to have their desires fulfilled. (Similarly, in the medical realm as Gilsdorf describes so clearly, doctors talk only to other doctors; the patient is the mechanism that enables doctor's collegial relationships, just as the daughter is the occasion for the miller and the king to confer.) The miller's daughter is valuable because she is alleged to spin gold from straw; the patient is valuable as the inscription of medical discourse. The three characters, in both the tale and in the medical encounter, put into effect a "calculus of power . . . structured by the relation of rivalry between the two active members of an erotic triangle" (*Between Men* 21).

However, Sedgwick destabilizes this paradigmatic triangle by aligning Shannon with Rumpelstiltskin. Caught between two men (as Sedgwick is in her own personal relationships and as Konecky is with the two doctors who are the same doctor[69]), the girl must enter into another economy of exchange that will ultimately require her to relinquish her own phallus ("the locus of power" [*Between Men* 25], rather than the penis) to the creature by surrendering her first child to him. Her relationship with the creature is not heterosexual, but a "relations-without-relating" that will be concluded by the child of another union.

The contract fulfilled, the king marries the daughter and the homosocial triangle sealed. When she gives birth to a child, the creature returns to claim payment: her symbolic castration, the relinquishment of her baby. However, the

[69] See my discussion of Konecky earlier, in Chapter Two.

miller's-daughter-now-the-king's-wife is adept at strategies and tactics. Turning the tables, she reveals that she knows his secret name. Freeing herself from her own triangular contract (creature-mother-child) by fulfilling it with strategic epistemological magic, she enables her access to the exclusionary masculine social order on her own terms. Moreover, she enters into the masculine social order twice, first by her acquisition and deployment of forbidden knowledge and then by retaining her phallus (which, in Freudian terms, would be her child). The homosocial economy of exchange is thereby shattered. The erotic triangle is consolidated, but perversely so, for the daughter/wife has acquired knowledge and power formerly denied her. In terms of the social order in which she was formerly an object of exchange, she is now, with her entry into the masculine symbolic and social orders, a masculine subject. Her incompetency within a homosocial economy is the beginning of subversion that ultimately frees the feminine from the tyranny of a social order requiring the feminine Other in order to consolidate its power.

In just these few words in her text, Sedgwick alludes to queer bodies (first Rumpelstiltskin's, then the daughter's) that subvert cultural heteronormative paradigms. What is impossible — turning straw into gold and acquiring secret knowledge — becomes the queering of a homosocial fantasy. Material and epistemological forces, both phallic and feminine, subvert the triadic economy and masculine, feminine, human and non-human flow across and through bodies. Sedgwick's external world is that of the miller's daughter, one of unequal and asymmetrical exchanges. She describes her relationships with

Hal, her husband, and Shannon, her therapist as unhappy economies. Sex with her husband Hal is "vanilla" (625) and her relationship with her therapist is "metaphysically lite" (613) — each, in their way the equivalent of straw. Marital sex does not "reverberate" for Sedgwick; it "completely fails to make a motive" and remains resolutely separate from her feelings of "body-centered love and tenderness" for Hal (625). However, Sedgwick, like Acker, finds a multivalent connection in the intensely personal practice of masturbation, in which she engaged as a child for "hours and hours a day in [her] bedroom" (626). In the enclosed space of her room, the young Sedgwick's world transforms. Her description to Shannon of this time correlates to "Rumpelstiltskin." As Sedgwick describes:

> It's something that I could
>
> *Yearn toward and be*
>
> *Lost in the atmosphere of.*
>
> *To me, a whole world."*
>
> And what, he wants to know, did that world feel like?
>
> Which is the difficult thing.
>
> There's a long pause.
>
> "I'm going to say two things, and they aren't going to fit together, I see it now. That's all I can do.
>
> "One of them is a description of
>
> *the aura of this*
>
> *fantasy world. Warm. Golden.*

Intoxicating.

Playful, too; attentive, deliciously attentive."

"And the other . . . ?"

"What's going on in these fantasies." (626-627)

In the private space of her bedroom, a straw-like life is transformed by her self-pleasuring into a world of gold. The magical work of Rumpelstiltskin occurs in the movements of her body's contacts with itself. Miller's daughter and transforming creature inhabit the same corporeal subject. However, within this enclosure, the creature also lurks in violent scenes of violation and horror:

Violence and pain.

Humiliation. Torture.

Rape, systematic. (627)

These lines remind us of the miller's daughter: the violence and humiliation of being an object of exchange, the pain of and torture of her impossible task, the metaphoric, systematic rape of the tyrannical "exchanges" to which she must succumb. Yet, whereas in the tale, they are external masculine forces, in Sedgwick's narrative, they are also within her corporeal subjectivity.

Just as Sedgwick's gesture to this complex tale helps us to parse the complexity of her queer (pink) triangular relationships (Hal-Sedgwick-Moon; Hal-Sedgwick-Shannon), the structure and look of her text mimics the beauty and violence of these engagements. The gaps suggest the ruptures of violent forces as well as the tentative revelations, the hesitation that comes with shameful disclosures. The sparse prose narrative shifts into a poetic economy

that is itself parsimonious: single words suspended on the page, separated by periods as well as excessive: the enjambment of an intoxicating flow. Sedgwick's use of prose and poetry in this passage and throughout "Dialogue" is reminiscent of Acker's own interests and investments in material poetry. Both create poetry that is visceral, the body's language speaking forth, whether in masturbatory practices or cryptic exchanges in the Underworld. The materiality of the body's masturbatory experience is emulsified in poetry. Or perhaps it is the other way around — the words emulsify within the folds of her aroused genitals. Excess works in two opposing forces. It is on the one hand gold, golden and intoxicating and on the other hand humiliation, pain and rape. From yet another angle, it is both extravagance and excess and diminishment and loss. These two separate, but no longer oppositional forces momentarily merge in masturbation only to separate then connect within the dialogue. However, after relating her tale to Shannon, her Rumpelstiltskin, in his enclosed office, then re-producing it in the emulsification of prose and poetry, flow and gaps, Sedgwick's (Irigarayan) "two lips" produce, not a double phallus, but a matrixial emulsification. Sedgwick's narrative of dealing with depression following her breast cancer creates is created as an intimate commons of engagements on which to grapple with the contradictions, mysteries and perverse elements of a life traumatized by breast cancer by entangling her life story with the folk tale. By reading her desires, her conflicted relationships, her therapist and circulating cultural influences as queer and therefore polysemous, she acquires a range of

mobilities — corporeal, erotic, subjective, textual and dialogic — to represent and express her life.

When The Intimate Memoir Becomes An Intimate Commons

Sedgwick's book *A Dialogue on Love* incorporates the scenes that I have selected from her personal essay. Like *The Death of a Woman*, it developed from a collection of notes that includes both the analysand's reflections as well as the analyst's observations. It differs from "A Dialogue on Love," however, in its narrative structure. In the former, the therapist is absorbed into Sedgwick's narrative, while in the latter each individual has a separate narrative section in addition to the narrative structure that continues from the essay version. Through her deployment of postmodernism's fragmentation, ambiguities and lack of narrative closure, Sedgwick creates queer intra-connections that are textually material. Just as the Grimm Brothers' tale had not one, but a number of, intra-connecting triangles, Sedgwick's *Dialogue* is not one dialogic relationship but an assemblage of them enfolded into the intimate commons of her therapeutic relationship. Sedgwick emulsifies psychic ruptures resulting from the traumas of a physical disease and her conflicted sense of self with narrative ruptures between changing genres and visual gaps between sections of text. The transformation is only fleeting; in Sedgwick's metaphor of emulsification she side steps the economy of exchange, keeping the intra-connections and transformations in a state of volatility congruent with her queer perspectives. In having relations-without-relating, Sedgwick produces, like the miller's daughter,

a matrixial borderspace, the mother/child borderspace prior to, yet contiguous with, Oedipal relations of Difference as Same.

Perhaps the fullest (most pregnant?) description of Sedgwick's capacious, queer, matrixial relationship with Shannon occurs in the following narrative:

> There's something about these What-are-we-going-to-do-about-Eve conversations that delights me. It's as if Shannon and I are Eve's parents, half exasperated and half impressed with her resistance to the pedagogies we're used to administering. I guess our daughter is really exceptional, huh?
>
> Or maybe less like being her parents than like (one of the most fantasy-ridden, occult scenes of childhood) the parent-teacher conference.
>
> Say I'm the parent,
>
> in the sense of being the
>
> expert on the child
>
> — while Shannon, the teacher, can see her in a different context. (59)

Genders are exchanged and transferred in this maternal, therapeutic space. Sedgwick's appearance is mannish with her trousers and crew cut (10) while Shannon's mothering role and ambiguous name suggest the feminine. In the passage above, their roles become increasingly polysemous. Therapist and patient become father and mother, teacher and parent. The subject becomes

multiple, as Eve is both parent and child simultaneously. Thus subjectivity is split, joined, and separated according to its relationship to others as well as within itself. The subject produces the child that itself is in a state of becoming. The flow of gendering within the therapist's office is just part of the commons in which Sedgwick moves.

She enlarges her conception of nurturing later in on the text: Hal is confused with her mother in a dream (204), the successful therapy session is described as "something to suck on" (110) and finally, everyone is to be understood as her mother (216). The process of subjectivity for Sedgwick is radically disruptive: "If I can fit the pieces of this self back together at all, I don't want them to be the way they were" (7). To do so is not to become real, but "to be realer" (7), a child-like statement that anticipates the mysterious, just as Eurydice, falling into a small form, becomes *more than* a child, and just as, discovering the unknowable, the maid/wife/mother in "Rumpelstiltskin" does not simply maintain her maternal relationship but enters into an order from which she is disbarred. By engaging with others in multiple forms of relationships, so that subject-other relationships are mobile and transferrable, mysterious even, Sedgwick opens up the intimate relations of family and marriage into queer mobilities. She creates a capacious matrixial borderland both inside and outside the therapist's office. In Sedgwick's narrative, corporeal, dialogic and affective engagements facilitate transforming subjectivity without consolidating into stable, defined subject-relations. In such a space she can express the inexpressible that is "realer."

Meeting the Stranger

Sedgwick opens up her intimate commons to the stranger/Rumpelstiltskin/therapist in her recollection of relating to another's distress without being in relationship with her. She describes to Shannon that she "sailed through [her mastectomy] in high spirits and *bon courage*" (*Dialogue* 88). This memory, however, does not give the full story (one may infer, however, that this would be the "medical story" of her patient history charted at the hospital and in the follow-up appointment). A month following her surgery, however, the sight of a weeping woman affects Sedgwick. Without knowing the cause of the woman's behavior, Sedgwick's memory is triggered, bringing up feelings of abandonment. The weeping woman reminds Sedgwick of the effect of being unable to attract the attention of "horrid nurses" in the "empty pre-op room" (88):

> I already *had been abandoned*. And that
>
> I *was* abandoned
>
> in the sense that there was no
>
> controlling that grief,
>
> that outrage. (88-89)

Sedgwick's recollection is remarkably similar to Acker's surreal tale of her pre-op experience. The existential abandonment that takes Acker to the Underworld produces proliferating emotions for Sedgwick, from feeling abandoned to grieving to intense anger. It also suggests a variant on the Rumpelstiltskin tale. In this pre-op room, Sedgwick is the abandoned, helpless miller's daughter

trapped in the king's prison. However, unlike the folk tale character and Acker's mythic persona, Sedgwick finds the affect of a stranger to be a means by which the past event is opened through the effects it precipitated in a temporal spectrum suggested by "had been" and "was," the former suggesting a past event and the latter implying an ongoing situation. The weeping woman gives Sedgwick that secret knowledge she needs in order to reconnect to herself. One event produces multiple significations that entangle together in fragments and re-workings of other stories, her own and the Grimm brothers'. The fleeting and transitive "relation-without-relating" is perhaps the power of women's stories that enable women to piece together the pieces of their breast cancer experiences in order to become, not simulacrum produced through simulations of their former bodies, but "realer," when women experience and acknowledge the poignancy of loss in the midst of professional engagements.

The medical event, as Sedgwick demonstrates in this passage, is intra-woven into the past-present-future of her own life and into the brief intra-relationship she establishes between herself and this unknown woman. The singular event is not a discrete moment; the past is recalled by the affect of the present, and then resituated in relation to a prior past. This interior activity, as Sedgwick's experience shows, cannot be disengaged from the other subjects and bodies included in her multiple experiences. The Other's experience creates a borderspace where a common emotion proliferates as two strangers simultaneously experience it. The affect connecting one subject to an/Other without acknowledging the connection becomes the means by which Sedgwick

experiences the multiple emotions and responses she has to her own medical experience. Speaking to her Rumpelstiltskin is the equivalent to the maiden/wife's speaking the unspeakable. Both women express the inexpressible because of an unexpected revelation: the maiden/wife/mother's acquisition of forbidden knowledge and Sedgwick's re-connection to her experience through the stranger. Sedgwick's experience is spun into gold in her queer relationship with Shannon as a moment of "aha"; one thinks of Simmonds' poignant memory of her mother's death that cannot become "realer" by speaking it to her doctor because it must be kept imprisoned in her thoughts.

The loss of her hair in chemotherapy demonstrates a quite different response that takes Sedgwick to her need for an/Other subject. Rather than the isolating existential moment of the mastectomy that reasserts itself at Sedgwick's identification with the weeping stranger, the absence of hair destabilizes her sense of herself as a corporeal subject:

> I'm back in chemo, the shock
> of losing my hair
> ("the breast was *nothing*!" –
> a good thing, too, of course, since
> the hair does grow back. . . (64)

Here too, Sedgwick is thrown back into her past, remembering the affect attendant with the physical loss. Here, though, the return of hair does not extinguish the feeling of its initial loss. For Sedgwick, losing hair creates a sustained, unrecognizable version of the self; it is the experience of "six months

of a monstrosity" (64). In seeing her Self mirrored back both by the strange woman and here as the strange Self, Sedgwick suggests that, not unlike the final exchange between Rumpelstiltskin and the maiden/wife/mother, the Self rebounds through contact with an/Other.

These losses, disconnections and reconnections are brought together in Sedgwick's interweaving with her work on fabric:

> SILK WORK — TURNING FABRIC INTO OTHER FABRIC/CHILDHOOD BLANKET WITH THE SATIN BINDING / SKIN HUNGER / THE FASCINATION EVERYONE HAD WITH HOW SILKY MY SKIN WAS / BRO'S PILLOW PIFFO, HIS DROOLING, "MAKING FISHES" ON IT / MAY SAY SOMETHING ABOUT HOW HUNGRY OUR SKIN WAS FOR TOUCH, BUT ALSO ABOUT OUR HAVING THE PERMISSION TO DEVELOP AUTONOMOUS RESOURCES / THE DOWNSIDE OF BEING SILKY WAS THAT SOMEHOW I WAS AN OBJECT FOR OTHERS TO SATISFY THEIR TOUCH NEEDS, NOT MINE / TREASURE SCRAPS OF SILK / SOMEHOW THE SILK AND SHIT GO TOGETHER — THE WASTE PRODUCTS, FANTASIES OF SELF-SUFFICIENCY, NOT DEPENDENT, SPINNING STRAW INTO GOLD. (206)

This passage underscores the liminal state that Sedgwick enters into in her therapy. In representing the text in this physical structure of fragments and ruptures, Sedgwick suggests that the work of women with breast cancer is like transforming bits into a fabric. Bodies (her silky skin), childhood (the blanket), subjects, objects, touch, autonomy, scraps, treasure, straw and gold form a text

that is not unary, but that simply a piecing together. The succession of phrases builds together into a fabric ("text" is etymologically the "tissue of a literary work" [Quintilian], "that which is woven, web, texture" [*OED*] — the word is always already flesh) that incorporates the straw into gold, the real into the "realer." Because this transforming occurs with Shannon/Rumpelstiltskin in the intimacy of the room where neither father nor king are present, the gold is not commodified, is not a signifier of her worth, but rather a discovery of the ragged scraps that pieced together become gold.

This passage may suggest a kind of redemptive narrative structure. However, I propose that its ragged features and queer subjectivities intimated by Sedgwick's multiple associations with gay men and Shannon's ambiguity as it mirrors her own yet remains an/Other, prevent the closure required by redemptive narratives. Sedgwick and Shannon's relationship(s) do/does not coalesce into the triadic economy that structures the homosocial exchange or Barad's epistemological circuit. Rather it/they, together with the production of the text as a visual isomorphism of the fabric imagery, create gold as a signifier of value in its fluidity, its being-spun, rather than in its exchange-value. Sedgwick, I suggest, declaims the need for women's narratives to fulfill the social contract of closure — she models, instead, the intimate commons overflowing with re-sources discovered in queer encounters.

Sedgwick's work in these passages suggests Emmanuel Levinas' ethic of the Other in which an/Other is experienced though proximity to the self while remaining "an exceptional presence" that "overflows absolutely every *idea* I can

have of him [*sic*]" (87) — a kind of Rumpelstiltskin/Shannon figure that now incorporates this strange woman who magically produces an overflow of affect in Sedgwick. The woman, for Sedgwick, is indeterminate, an unknown Other that nonetheless cannot be experienced without affect. Moreover, as Sedgwick resists reducing the relationship to the Same and Other, she follows Levinas' claim that "every relation between the same and the other, when it is no longer an affirmation of the supremacy of the same, reduces itself to an impersonal relation within a universal order" (87-88). By situating her relationship with the stranger as an affective response without a corresponding counter-response generating an economy of exchange-value, Sedgwick suggests Levinas' "positing knowing as a welcoming of the Other" (88). She welcomes the stranger because there is affect between them that draws them into intra-relationship without turning that exchange into "calculus of power." Because of this she can live in an intimate queer relationship with Moon and a heterosexual one with Hal; she can have a gender-shifting, mobile triangular dialogic relationship with her therapist.

Sedgwick, however, is less able to be so mobile internally. She is a multiply traumatized woman striving for becoming-subjectivity, the continual transforming, mobile intra-connections that do not resolve into a narrative of closure. *Dialogue* is a poignantly honest work. Culturally constructed desires emerge in moments of vulnerability. Sedgwick's loss of hair produces a split subject because the alterity of the *not-I* estranges Sedgwick from herself. She becomes an/Other, not as Levinas' "primordial phenomenon of gentleness" but

as a teratology: abnormal, defective.[70] Without hair, Sedgwick becomes her own Other and in so doing, affirms, violently, Levinas' "supremacy of the same" (88). This situation is remediable only when she returns to her former self and *not-I* is subsumed into the *I*. The loss of hair creates a temporal loop, a return to the past that is no longer, yet must be disavowed. Sedgwick's dilemma is all women's dilemma, which "Reach for Recovery" programs claim to "fix" through the subtly coercive pink forces that work through them.[71] She, like the women who find such programs comforting, sees in the nostalgic simulacra a hope for a future, but a hope that consolidates women within the "calculus of power."

An Intimate Economy of Things

Sedgwick takes up the association of things (in this case her hair and breasts) with identity in her essay "White Glasses." "Presented at a conference at the CUNY Center for Lesbian and Gay Studies" on May 9, 1991, the essay opens with a description of the first time she meets Michael Lynch, a gay man with whom she will fall in love (252). The first thing we are told about Lynch is that he wears glasses that Sedgwick becomes fixated on. In the first sentence of

[70] Jackie Stacey writes about cancer as teratology in which "the body out of control [is] governed only by the rules of outlaws" (*Teratologies* 11).

[71] There is a wonderful honesty here in Sedgwick's text. In another text, she critiques the secrecy that surrounds breast cancer, a secrecy, "whose sharing defines women as such." Programs like "Reach for Recovery," Sedgwick argues, promise, "we could feel just as feminine as we ever had and no one (i.e. no man) need ever know that anything had happened" ("White Glasses" 262). In *Dialogue*, Sedgwick illustrates the power of cultural normative discourses and her emotional interpellation within dominant discourses and practices, despite her intellectual and ethical resistance to them.

her essay she writes: “I thought his white-framed glasses were the coolest thing I had ever seen” (252). Moreover, she undertakes a year and a half long search to find her own pair; finally becoming the owner of a pair of her own, Sedgwick describes this moment: “When I got them I felt fashion-perfect — I felt like Michael” (254). Remarkably, this over-identification through wearing the same frame produces a proliferation of meanings through the varieties of associations to the color from gendered responses (“the white of the glasses means differently for a woman, for a man” [255]), to a deconstructive litany of over-determinations, from the banality of femininity to the “flaming signifier” of white out-of-place, from the “blaze of mourning” to the “opacity of loss” (255). These white glasses both bind Sedgwick psychically and materially to Lynch: both are gay men, she writes, “[y]et our most durable points of mutual reference are lesbian” (257). One *thing* opens up a complex matrix of competing significations across radically transitive, corporeal subjects. Unlike the triadic knower-words-thing, Sedgwick’s semantic structure has knower*s* and word*s* that flow from the thing so that one is not entirely sure what that thing really is. While I take up “thingness” in more detail in the next chapter, I want to point out here that the “thingness” of the white glasses is first obscured by her objectification of them through a fixed set of significations associated with Lynch; through her obsessive desire she opens up to their mystery as things, their state prior to signification. Only then the white glasses as over-determined, polysemous signifiers flowing across bodies cannot be subsumed into a

circulating economy. Objects are purchased, but things are enduringly queer, uncommodifiable.

In this queer economy without exchange- or use- value,[72] because a thing generates multiple determinations of value without the economy of exchange, the materiality of things and people is, for Sedgwick, an important site of intra-connections. "Seeing" herself and seeing Lynch in his glasses and then seeing the weeping woman produce affective responses. The Other does not consolidate the same, but rather creates a strange circuit in which the presence of the Other brings Sedgwick herself into question. Sedgwick poses herself as a question. Seeing herself as monstrous, seeing Lynch and desiring him, seeing the woman and looping back into the past, all call Sedgwick's present and her self into question. By using affect as the vehicle for self-knowledge Sedgwick suggests that "the ultimate meaning of knowing" is "existence *for itself*" (88) — existence's self as an "it," a thing. As we have seen in the foregoing, from the individual examples to the narrative structure of *Dialogue*, Sedgwick explores knowing as "putting back into question of the self, the turning back to what is prior to oneself, in the presence of the Other" (88).

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[72] Here, I refer to Karl Marx's terms. In *Capital*, Volume 1, Section 1: "The Two Factors of a Commodity: Use Value and Value" he refers to commodity as " an object outside us, a thing that by its properties satisfies human wants of some sort or another." The white glasses initially function in this way for Sedgwick. It has no utility that gives "it a use value." However, it does have an "exchange value"; that is, "a quantitative relation" that is "constantly changing with time and place." "Hence," Marx writes, "exchange value appears to be something accidental and purely relative." Sedgwick's example of the white glasses thereby queers Marx by applying pressure to his concept of exchange value through the white glasses' polysemy of signification. Materialism becomes the mechanism for Sedgwick's queer theory to demonstrate the cultural construction of commodifying practices and the ultimate queerness of material things.

There is the possibility for freedom in these affective intra-relationships with Others as always incommensurable in their strangeness, their monstrosity and their queerness. Sedgwick loves Lynch's white glasses, loves her hair, responds to the sight of the weeping woman — in so doing, she displaces the Other by "seeing" only affect, by falling in love, by hating, by weeping, by grieving, by raging. For Levinas, "[s]peech cuts across vision" (195); for Sedgwick, affect cuts across both. Speaking and seeing cannot remain at the site of the Other, but loop back, leaving the Other incommensurable yet part of an intra-corporeal engagement. "Language is a relation between separated terms" says Levinas (195); Sedgwick's dialogue both reflects this relation and explores how affect produces ethical relationships that "put[] the I in question" (Levinas 195) without producing yet another ground, that of tyrannical ambiguity. Sedgwick has a resolute honesty, a commitment to freedom that refuses to capitulate to yet another form of appropriation or a new language of separation. She produces a robust advocacy of justice, possible only in the intimacy of the affective encounter.

But, what about her "nothing" breasts? Is this not a disavowal, a resolute othering produced by a gazing subject? Sedgwick devotes a greater proportion of her narrative to exploring the meaning of her "nothing" breast than to the significance of her temporary hair loss. Regarding a photo of herself as a girl in one of her therapy sessions Sedgwick states: "I had the two breasts/ I kept forgetting them. They/ weren't there for me" (78). Sedgwick's poem installs the

gaze that produces one's own body as a present absence. One's body becomes that for others — whether lover or doctor. I am reminded of others, mentioned in previous chapters, who disconnect with their own bodies in the medical encounter. Their bodies become objects for medical subjects; in the process, these women are both present and absent. The medical encounter produces a forgetting, an erasure of both the present and the past that made it possible. For Sedgwick, the site of remembrance is in the interiority of her unconscious. Her "nothing" breasts will emerge through her dream work, which in *Dialogue* is recounted by Shannon. In his narrative, Sedgwick dreams

> OF GOING TO A DOCTOR IN A SPANISH-SPEAKING COUNTRY TO GET NEW BREASTS, COSMETIC. A NICE HANDSOME DOCTOR WITH WHITE GLASSES. WHEN SHE WAKES, SHE WONDERS WHAT SHE WANTED THE NEW BREASTS FOR, ANYWAY, AND DOES NOT HAVE AN ANSWER TO THIS. BRIEFLY ASSOCIATES TO HAVING A SCAR WHERE THE BREAST WAS REMOVED, HER VALUING OF THE SCAR AS A CLAIM FOR ATTENTION AND TENDERNESS AND CARE. THAT IF PEOPLE ARE AFRAID FOR HER THEY WILL NOT BE AFRAID OF HER. (192)

The presence of breasts means nothing to Sedgwick, because, as she understands their signification, they are not for her. Moreover, getting new breasts reflects her desire for the glamorous white glasses of her gay friend that, on her, do not reproduce the same effect. Just as the glasses signify her queerness, her lost breasts signify an ambiguous relationship to her own body. Both are means to

connect with others, not by othering, but by provoking intra-relationships based on affect, whether that be love or tenderness or care.

A Queer Commons: Bodies Made Intimate by Disease

Sedgwick's multivalent significations of affective intra-relationships develop as well in a complex set of relationships created by three health issues among herself, her ambiguously named therapist and her sexually ambiguous mother, a married woman with lesbian tendencies. Shannon develops a heart condition requiring surgery (214) as Sedgwick discovers that there is metastatic cancer in her bones (209). The healer, like the patient seeking help, is likewise subject to the need for healing. After having a bone scan, Sedgwick is told by her mother about her own excision; her mother "mentions in passing that she had 'thingy' removed from her leg" (208). The heart behind the breast/chest has a condition; Sedgwick's therapy is a dialogue about love, an emotion conventionally associated with the heart. Sedgwick's breast cancer, first located in the breast, is now recurring in her bones: there is a pain in her neck (208). This literal statement about her body also resonates with her feelings towards her mother. We might infer from Sedgwick's struggles with her difficult mother that the latter "is a pain in the neck" for the former.

Dialogue is, therefore, about illness as a mode of queering, of speaking illness otherwise. Heart, breast, bones and skin are all diseased; they are also unnatural in relation to their healthy counterparts. Because it is always hidden or bracketed off in the central narrative in Sedgwick's text, disease is a performance

of passing, of appearing healthy or minimizing the impact of one's disease. Sedgwick confounds the production of barriers between healthy and ill, healer and patient; she also connects bodies through their illnesses as part of her dialogue on love. The specific illnesses — heart disease, breast cancer, non-malignant lump — are both discrete and interwoven because they are connected across corporeal subjectivities that cannot be separated in a dialogue on love. By queering subjects and queering bodies through their intra-connection with her cancer at the site of "forgotten" breasts, Sedgwick produces her queer and capacious *Dialogue on Love*.

Sedgwick enfolds the conversation with her mother about their diseases within the dialogic conversation with her therapist. Unlike Sedgwick, who feels the need to be informed about her own disease, her mother appears offhand, responding to her questions about the specifics of her cancer with "does it make a difference?" (208). She asks Sedgwick's question: what constitutes Difference? Does knowing make a difference? And if so, what kinds of difference are made? Their experiences of cancer are radically different: one is indifferent to knowledge, the other writes about both "needing to find out" and "[fantasizing] further about what might be wrong with her as a way of getting access to more kleinian/childhood thinking/fantasizing about things inside her body" (208). The medical experience, the uncertainty of what is occurring in their bodies, is framed quite differently: for the mother, it is acquiescence to the disease and its medical treatments, and to a state of perpetual unknowing, while for Sedgwick, it is an opportunity to know her body through her own discursive processes of

finding out and fantasizing "about things inside her body." In the mother's body, disease is situated as a failure in need of fixing; in the child's body, disease poses a challenge, it is corporeally and discursively burgeoning, a "way of getting access."[73] Disease functions like metaphor, carrying and bearing meaning. It involves spaces, barriers, conduits and movements. Through the body, Sedgwick will find a site for acquiring realization rather than knowledge; the former is process whereas the latter, as Sedgwick's mother demonstrates, is simply a commodity that one either has or does not have.

Movements Across Bodies

The material memoir, Alaimo argues, incorporates "scientific and medial information in order to make sense of personal experience" (*Bodily Natures* 87). Alaimo cites Audre Lorde as an exemplar of this genre, claiming that Lorde's memoir *The Cancer Journals* "traces her bodily immersion within power structures that have real material effects" (86). Sedgwick's *Dialogue*, while not doing so as explicitly as Audre Lorde's *Cancer Journals*, is also an example of Alaimo's observation that "the self [is]. . . constituted by material agencies that are simultaneously biological, political, and economic" (87). Lorde describes her traumatic experiences in the hospital when pressured to put on a pink prosthesis[74]; Sedgwick, too, is critical of this in "White Glasses." However, the

[73] Nevertheless, despite their differences, Sedgwick notices that her mother's offhandedness is not dissimilar to her own "gay avoidance of complaint" (208).

[74] While Audre Lorde recovers from mastectomy surgery, a "Reach for Recovery" representative brings her a prosthesis. Lorde, an African-American, is given a "pale pink breast-shaped pad," with the encouragement that, with the pad in place, she

locus of Sedgwick's immersion is in the intra-relationships that incorporate Alaimo's material agencies together with the affect of intimate relationships occurring throughout her life. Her material memoir does not explicitly critique agencies, as does, for example, Zillah Eisenstein's *Manmade Cancers*. Nonetheless, while works such as Lorde's and Eisenstein's are explicit in their politics, Sedgwick's text, as I will discuss at the end of this chapter, infers a politics like theirs, but in a postmodern, malleable and transforming framework that neither Lorde nor Eisenstein adopts for her own project.

The materiality of Sedgwick's memoir is foregrounded through her corporeal engagements. In her dream recounted by Shannon, she describes her tendency towards "JOINING/MERGING" with others and that she "CAN FEEL HERSELF DOING THIS WITH ME" (*Dialogue* 98). During sessions, Sedgwick narrates, they "[try] to put [their] stories together. He says that like me, he's tried and tried to piece it together, what on earth happened, and been unable to" (103). This joining/merging and collaboration is accompanied by moments of rupture and spaciousness. Shannon encourages Sedgwick's healing process by giving her space: he tells her "Of course a lot of the time I do try to make myself scarce, back off, leave plenty of space between us to see what you'll fill it with" (104).

However, Sedgwick observes at one point that her "whole materiality has flattened" such that her front and the "back of [her] chest cavity are glued together with fear" (94). In this state she loses her "interiority." Back and breastless chest form the material obverse and reverse of her affect. To address

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will be "just as good as . . . before because [she] can look exactly the same" (*Cancer Journals* 42).

her own fear, Shannon suggests that they stand up and push against one another. When their hands press against each other, Sedgwick feels as though she stands on a "dangerous threshold" (95). Two intimacies occur in a single event, as the back (the rectum is an important site for Sedgwick's queer theory[75]) attaches to another queer site, the breastless woman. Two become one flesh, not in the conventional, heteronormative sense, but in a most queer form of transference. During their contact, Sedgwick notes that she and Shannon share similar physical characteristics (as she and Lynch shared white glasses): "we prove to be the same height and pretty evenly matched" (94). Difference and Same are queered in the intimate confine of Shannon's office. Affect, narrative and bodies interweave as they circulate in this intimate commons, now a site of contestation. Pushing Shannon backward requires pushing forward. After realizing that both have been "pulling [their] punches," Sedgwick "[moves] forward on him" and Shannon budges. Pushing as pulling, moving on as pushing against, they experience the binaries of movement in non-dualistic terms. Their oppositional engagement can also be understood as parts of a single motion that cannot occur otherwise. Barad suggests, "[r]eality is not composed of things-in-themselves or things-behind-phenomena but 'things'-in-phenomena" and that

> [t]he world is intra-activity in its differential mattering. It is through specific intra-actions that a differential sense of being is enacted in the ongoing ebb and flow of agency. That is, it is through specific intra-actions that phenomena come to matter —

[75] See, for example, "Is the Rectum Straight? Identification and Identity in The Wings of the Dove."

> in both sense of the word. The world is a dynamic process of intra-activity in the ongoing reconfiguring of locally determinate causal structures with determinate boundaries, properties, meanings and patterns of marks on bodies.
> ("Posthumanist Performativity" 817)

We see the object formed by Sedgwick and Shannon as an entirely new form, as two bodies joined in a wordless connection that approaches the threshold of the "scarcely communicable." It is not about coming to terms with her cancer, as Shannon had previously identified,[76] but about creating an intimate commons of queer intra-relationships to space, to bodies (hers and others) and to subjects.

To further underscore the radical porosity of the multiple material boundaries she transgresses in *Dialogue*, Sedgwick crosses species to locate a familiar that represents her own reconsideration of her subjectivity and her body. As far as I am aware, this is a unique project in the field of breast cancer representations by women. In *Dialogue*, as in other writings, Sedgwick describes her affiliation/obsession with the panda, a creature that has defied conventional categorization and is a figure of affection. The panda figures importantly as a symbol and embodiment of ambiguity and transmogrification in Sedgwick's work and life; defying classifications of all sorts, the panda is uniquely suited to Sedgwick's passion with the problematic of assigning identities.[77] Its conflicted

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[76] Shannon observes at the outset of their relationship, "I don't think you're telling me a story about cancer and the trauma of mortality" (7). Breast cancer becomes the occasion for therapy, rather than its focus.

[77] Her association with this animal is underlined by the tributes following her death that referred to her as that included references to these animals. See, for example:

and ambiguous states — as a "living fossil" and evolving species, in its eating preferences, in its lack of observable sex traits and its lack-lustre sex life[78] — make it an ideal figure for Sedgwick as she articulates her own complex subject identifications as a gay man, a heteronormative married woman living apart from her husband and with gay men, as well as her conflicted feelings towards women.

Sedgwick, claiming that "to see them [pandas] makes [her] happy" (215), makes reference to her marital sexual life's "regular panda rituals" that "enable[] her to feel more lovable, magnetic, rare and valued, even while gauche and unisexual" (58).[79] Happiness, in effect, is thus attributed not to certainty — to stable identities and normative roles — but to transmogrification: "Seeing self and others transmogrified through them [the pandas] — the presence, gravity, and clumsy comedy of these big, inefficient, contented, very endangered bodies. With all their sexual incompetence and soot-black, cookie-cutter ears" (215).[80]

Rob Faunce's reference to Sedgwick as an "iron panda" in his tribute in "Eve Kosofsky Sedgwick (1950-2009)." See also Lars Rains' comment: "This little bear misses his panda" in the Comments section of "Educator, Author Eve Kosofsky Sedgwick Dies at 58."

[78] A carnivore, the panda's diet is almost entirely vegetarian; it is well known for its low libido, long considered a possible factor, along with environmental disruption by human activity, in its population decline. Called a "living fossil" because it has existed for almost two million years, it is still considered to be evolving and has been the subject of a genome project due to the difficulty of categorizing it ("Giant Panda Still Evolving").

[79] In *Dialogue* Sedgwick includes a short passage in which she describes her present panda world. Surrounded by "twelve or fifteen stuffed pandas and pictures of pandas" that occupy her "living room" she returns to a childhood space unlike her early years living with a sexually conflicted mother (215).

[80] This description is similar to Carrie's words describing the panda's "small black cookie-cutter ears" in Sedgwick's "Pandas in Trees," 178.

Sedgwick highlights pandas' important similarities to her heavy body, low libido, vanilla sexuality and imperiled mortality. They, like her, generate affective responses; tributes following Sedgwick's death characterized her warm and generous spirit and depicted equally warm feelings towards her.[81]

As Sedgwick draws explicit parallels between herself and pandas in her cross-species mapping, she does the same between pandas and her pet cats, Harpo and Beichung. Panda, in Chinese, reflects the cross-species appearance of this animal: Daxiongmao means "large bear cat" ("Giant Panda Facts"). While Beichung is named after a famous giant panda (Edwards 96), its name is only mentioned once and no further comments follow. Sedgwick's story instead focuses on a female cat with the same name as Harpo (Marx) who acquired this moniker based on his harp; thus a female cat has a male human's name that is also a musical instrument. This cat clearly bears similarities to the panda. According to Sedgwick's account, Harpo's fur is "irresistibly soft black" and her body "plump and full" (96). Both the cat's size and personality bear a resemblance to Sedgwick. Harpo is also associated with relational love: she "did hunger: for love, for attention" and her "butt [strained] up from your lap into your touch" (97). Love, attention and erotics are interwoven in Sedgwick's depiction of her cat's desire, a desire with the power of the drive for survival.

However, "what [Harpo] wanted wasn't ever what she wanted" (97). The cat "turn[s] out to be impossible to love" and Sedgwick's relationship with

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[81] See, for example, Philomila Tsoukala's affective reading of Sedgwick in "Reading *A Poem Is Being Written*: A Tribute to Eve Kosofsky Sedgwick"; see also "Tributes to Eve Sedgwick in New York Times, Chronicle of Higher Ed" on Duke University Press's website.

Harpo is “a graphic image of hell” (96). In a desperate effort to get rid of her Sedgwick tries to abandon her conflicted panda-cat. Driving west to the mountains she comes across a “small, battered graveyard by the side of the road” where the “ground was bald and hard, bitten away like bark, and sharp with stony outcrops” (97) — its desolation suggesting another image of Sedgwick’s: total abandonment. The inclement weather together with the image of the still, shivering cat, “her damp black nose tasting the air” (98) produces a knowledge of hell such that Sedgwick cannot abandon her: “It was clear to me,” she observes,

> that if I left her there alone, I’d find myself just there like that, just as alone and forever, at some arbitrary moment in the future dead or living. Or else, that the place of that moment would suddenly sometime recur, in all its immediacy and hate, inside me, for good.
>
> This knowledge of hell was very tied to the particular place. (98)

As we have seen, abandonment is a vital issue for Sedgwick both in the hospital and in her past. The cold pre-op room where Sedgwick waits alone, unnoticed by the attending nurses, is recalled by this scene where she watches her now “dainty” and “tiny” cat shivering as storm clouds gather overhead (98). Leaving the cat at the graveyard in such a desolate and uninhabitable environs would place its very existence under threat. This is too close to Sedgwick’s own situation, when, her existence imperiled, those upon whom she depends appear indifferent, and the state of her existence is uncertain.

Writing the Body: Text as Movement

As we have already seen, Sedgwick's material text is an assemblage of prose and poetry, various forms of text and blank spaces. Like Acker's text, Sedgwick's work challenges conventional reading practices and experiments with alternative forms of representation. This produces texts with radical implications both for general culture and, in their work on breast cancer, for medical discourse. Emily Apter, a colleague and friend of Sedgwick's, summarizes her writing style crisply: "She did strange things with words [in her novels]. Her sentences contained a lot of stop-and-go; they thought out loud, they broke into confidential dramatic asides, and they took seemingly wrong turns into neologistic diction" ("New Conjugations"). This strangeness takes the form of absences and opacities in narratives of presence; her critical work of foregrounding textual queerness makes the unseen seen, the unknown known, the incomprehensible understood, but in unexpectedly complex and ambiguous ways. Her processual style of "stop-and-go" and "seemingly wrong turns" as well as the gaps and queering, as we can anticipate, present challenges to a discourse of presence. I do not propose to argue against theories of presence, but rather focus on investigating how the concepts of emptiness and overlapping relationships — problematic in a discourse of presence, the former because it is not seen and the latter because it makes it difficult to see the separate elements in their overlapping — enable important nondualistic intimate relationships that, in turn, enable "world-making" possibilities for how breast cancer is understood and experienced within and without the medical community.

To facilitate her nondualism in *Dialogue*, Sedgwick utilizes *haibun*, a Japanese form of narrative incorporating haiku and prose.[82] The perceived unity between human and non-human nature that its forefather, Ralph Waldo Emerson observed, is, as Bruce Ross observes, "the American paradigm for the idea of universal subjectivity" (Ross 175). Published prior to Sedgwick's work, Ross's essay surveys *haibun* in American writing and includes examples of highly imagistic and affective haiku that typically focus on nature and "the mystery of universal subjectivity in its moment-by-moment manifestation" (175). In Sedgwick's work, however, *haibun* also structurally contributes to her depiction of the dissolution of, and spaces between, the subject boundaries of therapist and client. In her alteration between prose and *haibun* Sedgwick creates segments of text that produce a fragmented reading experience of the text as well as the visual appearance of the print on the page as moment-by-moment. The unexpected changes from one visual form to another, together with Sedgwick's movement from the poetic to the prosaic, demonstrate the fleeting experiences of the subject.

Haibun is a site of mystery in its Zen-like poetry, but Sedgwick also uses it to break up prose into snippets; broken into fragments, the poetry bursts

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[82] Bruce Ross describes the American adaptation of the Japanese form as follows:

> The most common form of English-language haibun consists of one to three fairly short paragraphs followed by a single haiku that sums up or comments on the preceding prose, although a variation of the form intersperses haiku throughout the prose. These prose sections of a haibun are expressed in a heightened 'poetic' tone that is matched by the accompanying haiku. Such haibun equally represent a direct response to some facet of nature. (175)

through the ruptures. In this assemblage of textual experiences, the subject expresses itself as mystery, and more importantly, occurs at the gaps and ruptures, as one genre shifts into another then abruptly changes again. There is no easy distinction between one genre and another, one cultural form and another. The moment-to-moment mystery lies in the borderspaces where lines from one genre form a parallel with lines beginning another, as well as in the spaces, the gaps between them and that abound throughout *Dialogue*.

Through the formatting of the text the reader is made all the more aware of "THE NARRATIVE SPACE OF THERAPY" as a complex site of engagements (*Dialogue* 91) not unlike those depicted in *Death* through its fonts. Nancy K. Miller describes the effect of the fonts as visual correlates to each subject's voice:

> [Shannon's] words appear in small blocks of capital letters that present in shorthand a counterpoint to her alternating authorial voices: one that remembers, reconstructs conversations, muses, holds the whole structure together in standard roman font; the other, of poetry, in yet a third type face, that both condenses and expands, highlights and veils. (217-18)

Shannon's font, like Wheelwright's, is small; Sedgwick, however, has two voices, while Sally has only one. For Sedgwick, moreover, the movement of subjectivity and voice across bodies suggests that the different fonts are not in fact strict designations of voices, but rather aspects of each voice that perform particular forms of work: the blocks of shorthand versus the fluid poetry, both

held together by dialogic tension. Unlike the editorial team that works to create a coherent story of Sally and Wheelwright, Sedgwick explores the intra-subjective connections through the polysemy of communications by representing them as material. Thus the bodies of the textual forms moving across two dialogic subjects suggest the intra-material connections of bodies. For Sedgwick, there is difference, but it does not congeal in one particular subject. Instead it flows and stops, changes its intensities, makes clear and obfuscates.

There are moments when tidy divisions are troubled, where material narrative is hinged to an/Other's voice. The following extended passage(s) demonstrate this quite clearly:

> DREAM OF YOU AND A BUNCH OF YOUR OTHER PATIENTS, AND OTHER PEOPLE — SOME KIND OF EXERCISE OR MEDICAL PROCEDURE INVOLVING DISCRETE LITTLE HOPS — I BEGAN DANCING, DANCED OVER TO YOU AND YOU GOT DRAWN INTO IT, VERY CLOSE TO ME, SOME IMPROPRIETY, BUT THE OTHERS HAD BEGUN DANCING TOO . . .
>
> ———————
>
> TELLS A DREAM THAT SHE HAD OF BEING ON A SUBMARINE WITH SOMEONE WHO SHE FELT WAS ME. GOING DEEPER AND DEEPER IN SUBMARINE, BEING ALMOST HALF ASLEEP, FEELING GOOD. THEN HAVING A BABY WHICH IS "SO HEALTHY THAT IT POKED ITS HEAD RIGHT OUT THROUGH THE PLACENTUM!" SHE ASSOCIATES THE

WORD ON WAKING AS PLEASUNT TUM. SOMEHOW HARKING BACK TO OUR TALKING ABOUT WEIGHT AND BODY SIZE.

I don't say so but
I know: this is *Shannon's* round
and radiant tum.

_____ (86)

As Shannon and Sedgwick's boundaries blur and their subject categories alter, as male body is maternal and female body masculine, so too the materiality of the font together with its correspondences becomes fluid. Intra-corporeality is deeply intimate to the point of sexual. Both share one person's abdomen. The impropriety of sex with her therapist, the penetration of the phallus, results in the vigorous exteriorizing of her own symbolic phallus, the infant. Inside/outside: bodies and discourses recreate this relationship as enfoldments of intra-corporeal bodies and intra-material discourses.

The Rumpelstiltskin connections here proliferate the movements across subjects and bodies. In the enclosed space of the submarine, the matrixial space is also the Oedipal. The miller's daughter enters into the heterosexual calculus with the creature as well as with her husband. However, unlike the Grimm brothers' Rumpelstiltskin, who is tricked out of claiming the baby, Shannon/Rumpelstiltskin is materially associated with it through Sedgwick's mother/father relationships discussed earlier as well as in her dream word play here. As Sedgwick makes plain for us: placentum, the barrier that is a commons

of engagements for mother and child, is also "pleasant tum," Shannon's body. Sedgwick brings bodies and genders together at a borderspace of word play. Shannon both impregnates and replicates; he can thus be both husband and mother, invaginated and invaginating, within the intimate enclosure of material submarine and dreamscape. The ambiguity of narrative voice reproduces this material complexity.

Sedgwick not only blurs the distinctions between human bodies and subjectivities, between humans and non-humans, between content and form, but also between her and the reader. If she is Shannon in multiple ways and he is she, then through the textuality of *Dialogue*, she is us and we are she. We are all infolded into an intimate commons. This has implications for the occasion of *Dialogue* — her breast cancer. Out of the complex negotiations I have discussed, I suggest that the condensations and expansions, the fragments and movements, the intensities that come to the fore in the experience of breast cancer are opportunities to experience bodies as porous and fluid, malleable and intra-connected. Breast cancer is not the disease of the one that affects the many, but an intimate dialogic and matrixial space of relations-without-relating.

Breast Cancer: Knowing and Realizing

How then, can one know anything — about one's corporeal self, an/Other's, and the relationship between them? Sedgwick diverges from Alaimo's material memoir at this point when she turns to the problematic of knowing itself. This is not to say that Sedgwick disavows science's

epistemology, but rather that she looks to a more capacious queer knowing that the medical science women come into contact with does not necessarily produce. Non-western paradigms are better suited to Sedgwick's project. She begins "Pedagogy of Buddhism" by describing the meanings ascribed to the feline performance of bringing "small, wounded animals into the house" as an analogy for teaching (*Touching Feeling* 153). From this starting point, she then articulates her pedagogy:

> To put it crudely, academic scholars of Buddhism are vocationally aimed at finding a path, however asymptotic, toward a knowledge of their subjects(s) that would be ever less distorted by ignorance, imperialist presumption, and wishful thinking, or by characteristic thought patterns of Western culture. (155).

Sedgwick proposes that the better route is both less teleological and more pragmatic: "The question Is this (account) accurate or misleading? may give way for these [non-academic] readers to the question Will this (practice) work or won't it?" (155). Sedgwick suggests a practice very close to Ross Chambers' concept of oppositional narrative's tactical, strategic processes.

Lest one conclude that Sedgwick is not interested in "the facts," we must understand what the process of learning is in her formation of pedagogy. She cites the example of Elizabeth Palmer Peabody who walks into a tree. When asked about whether or not she had seen it, she replied, "I saw it, . . . but I did not *realize* it" (167). The distinction is important. Sedgwick analyzes this example to construct her phenomenology of knowing:

> In modern Western common sense, after all, to learn something is to cross a simple threshold; once you've learned it you know it, and then you will always know it until you forget it (or maybe repress it) . . . .
>
> Colloquially, though only colloquially, even English differentiates among, say, being exposed to a given idea or proposition, catching on to it, taking it seriously, having it sink in, and wrapping your mind around it. To the degree that these can be differentiated, of course, the problem of tautology disappears. In Buddhist thought the space of such differences is central rather than epiphenomenal. To go from knowing something to realizing it, in Peabody's formulation, is seen as a densely processual undertaking that can require years or lifetimes. (*Touching Feeling* 167)

The phenomenology of knowing opens onto an endless horizon. Realizing is more than simply knowing as opposed to not knowing and to forgetting. Realizing involves more than cognitive recognition; it involves pedagogical dialogue (that Peabody's brief passage demonstrates) and an open-ended process of reflection involving more than seeing, categorizing, remembering and forgetting. It is, in this sense, deeply scientific in its process of discovery. Sedgwick here demonstrates the pedagogy of knowing and realizing that accompanies having breast cancer, a pedagogical process she undertakes in

Dialogue through her therapeutic relationship of transforming repressed knowledge into an endless horizon of realizing.

It is helpful to read Sedgwick's project in *Dialogue* through this pedagogical framework. Sedgwick represents disease as polysemous, not because she disavows facticity but because she situates knowing (having a disease, walking "smack into a tree") with realizing. To "realize" breast cancer means to enter into a pedagogical dialogue that does not culminate in a conclusion by producing "knowledge." It investigates the expanding horizon of what getting breast cancer (or running into a tree) means. Breast cancer means being entangled, as Barad describes, in "a host of material-discursive forces — including ones that get labeled 'social,' 'cultural,' 'psychic,' 'economic,' 'natural,' 'physical,' 'biological,' 'geopolitical,' and 'geological'" ("Posthumanist Performativity" 810).

Realizing breast cancer means returning to the spaces that Sedgwick so consciously incorporates in her dialogue(s). Cancer, in *Dialogue*, is a form of transmogrification, the Tibetan transition state of *bardo*, a state with which Sedgwick, as a practicing Buddhist, was familiar.[83] It occurs in the space between the cancer diagnosis and death. In a statement accompanying one of her installations she writes:

> Among the bardos specifically identified in Tibetan Buddhism are those of rebirth, living, falling asleep, dreaming, and "the painful bardo of dying," which occupy the space between contracting a

[83] For a discussion on Sedgwick's use of bardo, see Melissa Solomon's "Flaming Iguanas, Dali Pandas, and Other Lesbian Bardos," esp. 202-04.

> terminal illness and death itself. Within certain illnesses (cancer and HIV, for instance) and in the present state of medicine, that transitive suspension or gap, the bardo of dying, may be quite an extended one. (qtd. in Solomon 212, ftnt. 3)

The breast cancer patient is in a state of transmogrification characterized by ambiguity and uncertainty. The body itself is a material iteration of queer subjectivity. To realize this requires the intimate dialogic space, a commons of affecting intra-relationships. As Sedgwick demonstrates throughout these, and other, texts, dismantling conventional barriers is not easy. It requires corporeal subjects willing to engage with others in a dialogue that moves through and across and beside others in an intimate commons of shared resources. Breast cancer, in Sedgwick's paradigm, is a movement that connects one with an/Other not through an enforced meta-narrative, but through intra-connecting worlds.

In Sally's and Sedgwick's Commons

The intimate space in which Sally and Sedgwick "do" therapy has, like those in the previous chapters, political implications. While Acker rejected medicine's tyrannical discourse, practices and spaces and created an intimate imaginary in which to generate art in the midst of a body increasingly consumed by death, Gilsdorf generated a pointed critique of medicine's sovereignty over its language and environs, arguing for a more open, traversable space. However, unlike the bounded, authorized sovereign state suggested in Gilsdorf's account, the commons, lacking the controlled enclosure of inside/outside essential for a

sovereign state, is a site of free exchange among diverse forces. Here, "shared, inherited knowledge such as scientific research, historical knowledge, and folk wisdom, all of which contribute to the public domain" engage (Bollier).

Reading David Bollier's terms through Berlant's lens, I propose that this common space accommodates the free mixing of the non-rational and the intimate. By reading Gilsdorf through Berlant, we can see how medicine, acting as a sovereign state, banishes the nonrational and noninstitutional language of poetics and also how Gilsdorf's literary skills create a medical commons in which technical and metaphoric languages are part of its resources. However, I want to go one step further than Gilsdorf and ask: can nonrational and noninstitutional intimacy be welcomed into the "publicness" of medicine? And: What might that look like? If the commons includes shared resources, then we must include among them the spaces and codes, strategies and incompetencies that make up intimacy. In the entangled intimate spaces of the commons everything is up for discussion, is available to the strategic practices of dialogue.

By situating cultural concerns within the intimacy of therapeutic dialogic space, Sedgwick destabilizes grounding conventions that authorize some discourses and banish others. So too, Sedgwick's intimate conversations with her therapist correspond to Berlant's description of the intimate encounter wherein "its expression through language relies heavily on the shifting registers of unspoken ambivalence" (286). The unspoken moments in both Sally's and Sedgwick's therapies disturb any possible conventional momentum to create an "issue" out of breast cancer, so that, to use Berlant's words, it "becomes

something else" (287), such as, one could speculate, data for medical research or testimonies in pink campaigns. By using dialogic narratives, Sedgwick explores (and Sally's interventions suggest) the silence and indeterminacy, speech and materiality, alienation and intra-relationships that inhabit all dialogues. Sedgwick calls into question barriers that appear indissoluble and necessary, and that ground conventional understandings of the subject as discrete, separate and unary, its discourses split into technical/"public" and literary/non-rational.

By steadfastly situating themselves in the "unspoken ambivalence" Berlant describes, Sally and Sedgwick activate unexpected forms of intimate intra-relationships. The individuals' exchanging functions challenge notions of separation. Sally reads, then Wheelwright reads; Sedgwick and Shannon exchange feminine and masculine identities. Voices are covered over, overlap, fragment and rupture. It is impossible to determine where one subject ends and the other begins, yet at the same time there are differences that make each subject unique. One is an/Other, as *I* is to *non-I*. In recognizing the always already intimate nature of professional to patient/client, these two texts demonstrate the productive work that occurs therein. Both women and therapists exert tremendous courage to stay within an ambiguous, fluid and shifting terrain of dialogue that enfolds potentially endless dialogic engagements. Yet, in doing so, both are able to find connections in difference, to utilize the re-sources available that enable freedom to work with-out the "law of language" that keeps one from life. From this lawless place (and we see how close Sally and Sedgwick are to Acker and Gilsdorf), this freedom from prohibition that

staunches life, they can articulate through their bodies and the language shaped by them what it means to live. The disruption that breast cancer brings into their lives precipitates this experimentation with disruption. The radical open-endedness of disruption is lived by these women. In discovering the infinite intra-connections, they do not discover a narrative and they are not cured. They remain in this tenuous state, but with a realizing that relinquishes knowing from its pressure to make real through epistemological construction. As Sedgwick's retelling of Elizabeth Palmer Peabody's story of realizing makes clear, there is a tree, but one's experience of it is unlimited: "I saw it, . . . but I did not *realize* it" (*Dialogue* 167). Realizing breast cancer is a similar undertaking.

Sally and Sedgwick demonstrate how women with breast cancer can resist narratives of closure and strategize modes of communication that express the clear and the not-so-clear by adopting and adapting modes of representation that are inherently material, capable of expressing the non-logical and "scarcely communicable." They depict means of incorporating silence and ellipses into their communication of what it means to have breast cancer. Moreover, they illustrate how doctors and therapists can engage with women with breast cancer in new forms of relationships that do not eliminate the necessary boundaries that protect both.

Looking over the first three chapters, I suggest that these women, collectively, demonstrate that breast cancer is a process of realizing, but that the tyranny of knowing entraps it. As Peabody's story demonstrates, to realize is not to undermine knowing, but rather to suggest that the latter is part of the former.

From Acker to Gilsdorf to Sally to Sedgwick, each in her own way articulates modes of realizing. By working within institutional cultures they demonstrate the constraints of narratives of knowing and the impossibility of language to enable this project. By demonstrating the fluidity and porosity inherent in language and narratives and by experimenting with this malleability to the extent that it functions as *materia*, is *materia*, they show how language and narratives can be deployed creatively to articulate the realizing of breast cancer. Moreover, in opening up medical language and narratives beyond the constraints of professional knowledge/power, they do not produce a counter-tyranny, but foreground the inherent potential in professional discourses and practices to explore the capacious nature of breast cancer and human be-ing. They do not diminish *episteme*, but contextualize it and relieve the pressure upon it to make knowing a grand narrative. Knowing is porous and malleable; it requires language and narratives that facilitate these. By incorporating realizing into professional relationships, women suggest that both they and those who "treat" them can be more human and more-than-human, more aware of their relationships to each other and the commons of re-sources available to them.

In the chapter that follows I explore visual representations of bodies and mobile subjectivities that continue these projects of the previous chapters. Photographs and paintings expand the commons of re-sources shared by *I*'s and *non-I*'s into an ecology of breast cancer. Whereas Sally and Sedgwick bring texts, bodies and experiences into the intimate space of therapeutic dialogues,

these women bring medicine, as a science and as a site of intra-relationships, out into a ecology of intra-relationships.

Chapter Four:

Toward an Ecology of Breast Cancer

Introduction

In this chapter I explore how visual art complements conceptualizations of breast cancer produced by texts covered in previous chapters. It ranges from individual portraits to social photographs to paintings. Each of these situates individual experiences of breast cancer within matrixes of contemporary cultural issues such as gender, race and environmental degradation. The breast cancer commons of shared discourses and materialities identified in the previous chapter expand into an ecology of breast cancer[84] comprised of intra-connecting micro-systems. Breast cancer is, therefore, explored as a more-than-human phenomenon in which the local human experience is but one (albeit significant) component. As such, it connects human experience of this disease with the global context in which it occurs. Women in this chapter situate their individual bodies within contexts, thereby both generating individual insights and making large-scale connections. Breast cancer, in the ecological model I develop in this chapter, is conducive to interventions and movements that are diverse and even oppositional. It is, therefore, more amenable to including voices and experiences inside and outside medical institutions, across cultures, and throughout the material globe.

[84] Thank you to Dianne Chisholm for introducing me to this concept.

The selections of visual art that I have selected take up the themes of commons and ecology through their exploration of visibility, that is, how women with breast cancer, as well as breast cancer itself, are seen or not seen. Re-sources both material and discursive are re-produced by articulating them as visibilities. As Paula A. Treichler, Lisa Cartwright and Constance Penley remind us in their introduction to *The Visible Woman: Imaging Technologies, Gender, and Science*, "visibility is not transparency. . . . [I]n acknowledging what is seen, and newly seen, we need to be equally vigilant about what is not seen, or no longer seen" (3). The women in this chapter take up this issue of visibility by alerting us to what is not seen or no longer seen — the multiple forces that intersect with and shape current articulations of breast cancer as each woman understands them.

The visual image of a breastless woman's body does not let us forget or bracket off the material experience of breast cancer. Uncovered mastectomy sites and hairless scalps provoke us and remind us that the powers critiqued by women produce material effects. As viewers,[85] we too are caught within the circulation of power and its effects. Ideologies inform and shape what we see; in my critique I must be attentive to both the woman's experience and expression of breast cancer as well as my constructed response to her body. Visual art thus

[85] I use this term, rather than others, because of its breadth of significations. As the *OED* states, "viewer" includes "one who views anything close or attentively; one who looks at a thing with attention or interest" (2a), "one who sees or looks at anything" (3), as well as "a person appointed to examine or inspect something" (1a). The plasticity of this term includes therefore women with breast cancer in self-representations, the range of attitudes of viewers towards their bodies and the formal view of the photographer and clinical professionals (See "Viewer").

creates a circuit between women's breast cancer bodies and the individual stranger who looks at them. This circuit, as we will see, is not a closed loop, but rather, made up of breaks and alterations, unexpected changes in forces and vectors. In order to understand this complex assemblage of relationships, I propose to read the visual art in this chapter through Luce Irigaray's *écriture féminine* which argues in this highly visual passage that (visual) writing "*overthrow[s] syntax* by suspending its eternally teleological order, by snipping the wires, cutting the current, breaking the circuits, switching the connections, by modifying continuity, alternation, frequency, intensity" (*Speculum* 142). This is most vividly produced in postmodern work; it occurred in Kathy Acker's and Eve Kosofsky Sedgwick's texts in previous chapters, and women in this chapter create these new circuits of engagement through innovative uses of materials, photographic techniques, subject positions and postures.

Their art uses women's self-revelation of their bodies as the means by which to generate critical interventions and to provoke viewers to activism. As Julia Kristeva argues in her interview with Kathleen O'Grady, in order to act one must "be installed in [oneself] first of all," that is, one must "delight in oneself." Only then, according to Kristeva, can one move beyond oneself in order to "be capable of social action" (O'Grady). Women place themselves before us as Subjects without capitulating to cultural constructions of beauty or the anonymity of medical images, and by creating a circuit of engagements both with the ground of the photograph and with the viewer as *non-I and I*. By creating delight in states of abjection they challenge the viewer to see abjection

from another viewpoint, not as an object of pity or disavowal, but as a body "capable of social action," as a material being, delighting in its agency and mobility, intervening in grounding ideas that isolate humans from other humans and humans from their environment. In so doing, they activate immanent interventions in prevailing cultural ideologies that isolate breast cancer as a medical phenomenon, separate it from environmental crises and reproduce subjectivity through disciplined bodies.

Organized in three sections, this chapter gathers up the threads of the former three and weaves them into discussions of visual art as forms of cultural interventions with radical implications for renovating contemporary understanding of breast cancer. The first section takes up Acker's focus on the abjection of women in medical environs through their inhumane treatments. Jo Spence, a photographer and cultural critic diagnosed with breast cancer, uses both skills to intervene strategically in medical environs' hierarchy of subject-object relations produced by calibrations of visibility. Like Janet Gilsdorf, although much more pointed in her critique, she re-circuits relationships between *I* and *non-I*, patient and medical professional, seen and unseen, and photographed subject and viewer. She situates herself as Subject within her medical treatments and her experience as part of a cultural circuit of engagement extending beyond both the medical environs and the image itself.

In the second part of this chapter, I continue Spence's interventions into medical bodies, subject relations and the world "outside" medicine, through close readings of three photographs in *Art.Rage.Us.*, an exhibition catalogue of

breast cancer art. These selections follow Gilsdorf's project as they engage with the complexity of representing their bodies as either aesthetic or medical as well as intra-relationships between women's breast cancer and environments. Their medical bodies are entangled within complex circuits producing the body as both a site of delight and suffering, the medical institution as porous environs intra-connected with aesthetics, the re-shaped body as connected to a destroyed environment.

However, the body is also used as an aesthetic site to challenge, like Sedgwick, distinctions between the natural and the unnatural and the human and non-human. In Deena Metzger's poster "I am no Longer Afraid," also known as "The Warrior," the mastectomy scar bears important similarities to the tree branch as a site of interconnections. In tattooing her scar as a leafy branch, Metzger reminds one of Acker's exchange of dirt between girls. Both women reinvigorate the human body as an earthy, material essence that, when recognized as such, is a site of poetics. This first public image of a woman's mastectomy as natural is part of an expanding field of artistic work about women's de-formation as new-formation.

The breast cancer body has also become a site for multiple representations of and critical investigations into, cultural themes. Matuschka, a model, photographer and artist, uses her body as a site of performance to critique cultural issues. In her photographs, the breast cancer body is installed as Other to the normative body, and by doubled Othering involving raced and gendered bodies she provokes the viewer to consider responses to breast cancer as part of a

comprehensive discourse of general prejudice against identified Difference. However, Matuschka, in achieving this, doubles back the viewing perspective: her performances of race and gender use her changed body to substantiate their realism. In performing a male, her breast cancer becomes invisible and is part of a convincing performance. She creates Othering as a fantastical form of illogic. Playful, satirical and irreverent, her interventions link the reception of the breastless body to the reception of other bodies made visible through discourses of race and gender. Matuschka offers, through the *trompe l'oeil* of her photographed body, a challenge to ideology's calibration of deformity as well as Difference.

Collectively, the women in this section use their bodies to challenge views of mastectomies as grotesque and deformed, by de-forming and re-sourcing them. Narcissism's need for a stable, unary subject and its wounding when this is no longer available, is healed, not by covering over the wounding, but by staying within the rupture. They challenge viewers to see what pink culture and reconstruction-anxiety tries to cover over — the delight one can experience in one's own body, even in its suffering — what Kristeva calls "heal[ing] a wounded narcissism" (in O'Grady). Delight is not a form of masochism, but a mode of realization of one's own body as an/Other, a mystery that also enables women to make connections to their worlds.

The third section takes up paintings in Hollis Sigler's *Breast Cancer Journal.* Sigler, an activist and painter, and expands my discussion of the intra-connection of breast cancer with other topics by visually depicting breast cancer

as an ecology, thereby gathering together the intra-material and intra-discursive features of breast cancer accumulating throughout this dissertation. I leave her art to the end for another reason as well. Her fantastical and highly imaginary art comes full circle with Acker's vivid fantasy of the Underworld. Just as Eurydice descended into the rupture in her medical experience, Sigler creates ruptures in the structures of art production. These two women form a postmodern circuitry in which the others are participants. We come full circle but the circuit is actually a re-circuiting into a capacious articulation of breast cancer.

Medical Bodies, Medical Contexts

A. Jo Spence

In the early 1980s, Jo Spence, a British photographer and cultural critic was diagnosed and treated for breast cancer. *Cultural Sniping: The Art of Transgression* outlines her political turn away from a highly specialized profession constructing photographic objects to a grassroots, community-based photography that is strategic, spontaneous and democratic. This latter sets up its own terms for the production of self-images rather than capitulating to the ideological practices of mass-media photography (34-35). This tactic, she claims, "enable[s] people to achieve some degree of autonomy in their own lives and to be able to express themselves more easily, thus gaining solidarity with each other." Moreover, she continues, "it also helps to some extent to demystify the media and to make the relationship much less of a one-way affair" (35). In *Cultural Sniping* Spence proposes taking control of one's representation as an

engagement in social activism. Women's photographs of their breast cancer bodies are, accordingly, always already potentially oppositional: their local art both "express[es] themselves more easily" and destabilizes the one-way street of professional representation. By producing local/community representations, they reclaim themselves as subjects that demand to be seen on their own terms.

In work published subsequent to *Cultural Sniping*, Spence reflects on her photojournalist documentation of her breast cancer as "a research project on the politics of cancer, with a fervent desire to understand how I could begin to have a different approach to health in which there would be less consumerism, more medical accountability, more social responsibility, more self responsibility" (*Putting Myself in the Picture* 151-152). She is "determined to document for myself what was happening to me. Not to be merely the object of their medical discourse but to be the active subject of my own investigation" (*Putting Myself in the Picture* 153). To do this, Spence foregrounds and challenges the location of the subject by positioning herself *behind her* camera, and thereby putting the *I* and *non-I* relationships of multiple subjects into play through the splitting of the subject. The subject is both proximate, and in the splitting, also distant, to itself. Spence thereby produces a most compelling instance of what Bracha Ettinger calls "distance-in proximity" (*Matrixial Borderspace* 65). In each of *Cultural Sniping* and *Putting Myself in the Picture*, Spence plays with this relationship between distance and proximity by rupturing her subjectivity and then aligning herself with the "distant" viewing subject with whom she also shares an optical field.

Through these multiple re-positionings with respect to the production of the photographic image, Spence's play with subject-object relationships occurs throughout her *oeuvre*, but the photograph of her mammography session is a striking example of her skilful destabilization of subject positions. Spence's text from *Putting Myself in the Picture* cited above accompanies a photo taken by a radiographer (who "was rather unhappy about [doing] it" [153]) while Spence is in the process of having a mammogram (Fig. 1). The radiographer only complied, Spence claims, to prevent her from taking her own photograph during the mammography (153). Holding the camera, she reluctantly becomes Spence's prosthetic arm. The radiographer is both the medical subject objectifying Spence's body and the compliant non-subject coerced by Spence's sheer determination. In this visual doubling (wherein the radiographer produces two images in one event), subjectivity is also doubled and destabilized. The radiographer may produce the images, but Spence captures the professional photographer within the community photograph. In deferring the photographic act onto the radiographer, Spence, as a professional photographer, becomes a community photographer. Both women create through competing politics; each is polysemous in her subject relations.

There are therefore, multiple sites of visual interpretation: the radiographer who reads the mammogram, Spence who produces the photograph, the viewer who reads it along with the accompanying text, and the interpretive structure within which the viewer may be caught unawares. Even the highly disciplined and controlled project to reproduce Spence's breast as a medical text

becomes susceptible to re-circuiting. Simply by introducing her own re-productive technology into a medical space, Spence inserts the power held by the radiographer into another economy. As Spence demonstrates, even the vulnerable state of being pinned down by the mammography machine and

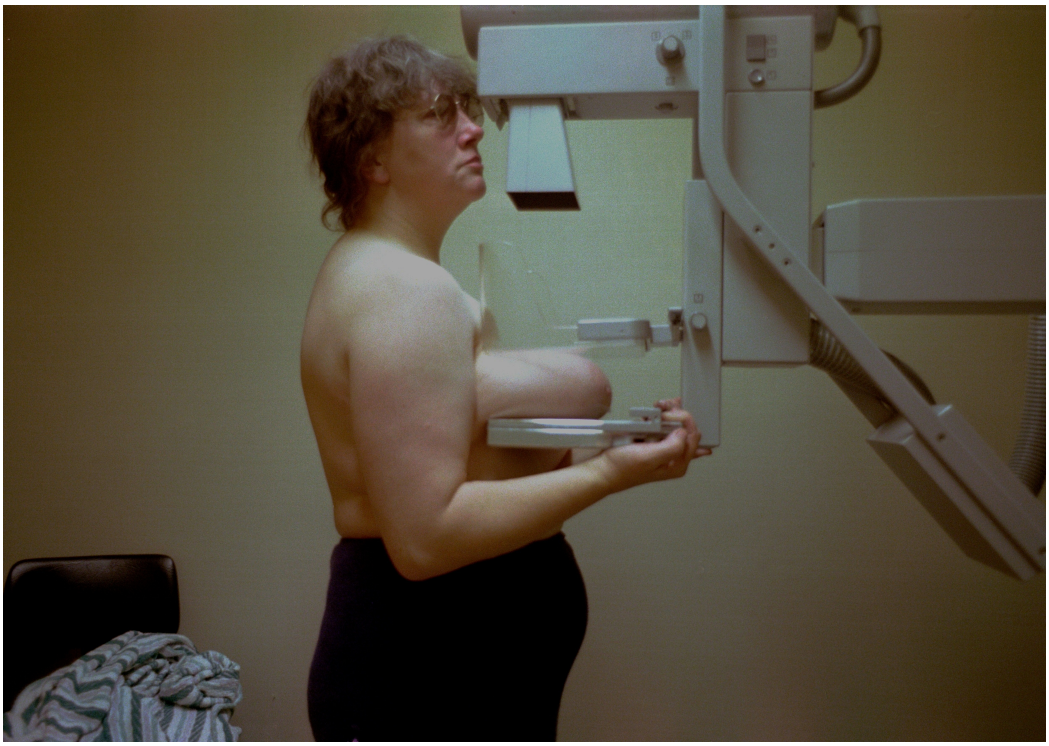

Fig. 1: Jo Spence, "Mammogram." ©Terry Dennett Jo Spence Memorial Archive. Used with permission.

reduced to an object by a highly intrusive viewer does not mean she has to capitulate to the power structure circulating within the medical environ. Instead, she re-circuits the production of images. While Acker depicts discourse and materiality as enfolding multi-architectures of "distance-in-proximity," Spence

encircles the authoritative gaze (both medical and professional) through relationships of distance and proximity to create her polysemous event.

By framing her professional mastectomy with the amateur snap taken by the radiographer while performing her duties, Spence also re-constructs medical/professional space and community space. Medical space is enfolded within a baroque feminine economy when Spence transforms the professional radiographer into a community photographer and the professional photographer into the objectified body captured within the mammography machine. The technological space in which the mammography occurs becomes a matrixial space, the womb-space of Others. By re-circuiting the borderspace that separates radiographer from patient, the breast in the machine from the body outside it, into a borderspace that enables multiple circuits of engagement, the camera, Spence demonstrates the mobility of this feminine motif to re-circuit politically charged relationships. With the consolidation of the professional radiographer who takes the image and the patient who is the object of imaging, the mammography produces distance-in-proximity. The machine however, is a false borderspace; Spence resituates this matrixial borderspace by relocating it in the camera that doubles and disrupts the optics of the mammographic space.

Both Spence and the radiographer are Ettinger's *I* and *non-I*: [86] each coerces and is coerced; each is a professional authority and a compliant participant. Each affects the other in a transient relationship; each is transformed

[86] I use these terms from Ettinger. The full quote is: "the process of change [occurs] in borderlines and thresholds between being and absence, memory and oblivion, *I* and *non-I*, [as] a process of transgression and fading away" (in Pollock 33).

through their dialogic exchange. The mammography is re-sourced by Spence to become a postmodern circuitry of "transformation" and "exchange"; within its re-circuiting it "induces instances of co-emergence of meaning" (Ettinger, *Matrixial Borderspace* 65). The multiply signifying circuit of exchange between Spence and the radiographer is "*a transforming borderspace of encounter of the co-emerging I* and the *neither fused nor rejected uncognized non-I*" (Ettinger, *Matrixial Borderspace* 64). Because neither subject is consolidated nor objectified, but exists as "relations-without-relating" in a state of transformation, each remains uncognized, transgressing and fading from view as the session concludes, and the radiographer re-assumes her authority when Spence is no longer in the room.

Spence develops this fluid, transforming subjectivity in somewhat different ways in other photos. While in a hospital bed awaiting surgery, she snaps two photographs of doctors on their rounds (Figs. 2A and 2B); in these pictures, the doctors surround a neighboring hospital bed. While their bodies are highly visible, white medical coats visually dominating the image, the woman's body they are there to see is an absent presence, an invisible object somewhere behind and below them (*Cultural Sniping* 106). As Einat Avrahami observes in her discussion of Spence's photojournalism, these particular images of doctors on rounds "depict the hospital as a work-place, consciously emphasizing it as a social structure that dictates certain power relations between different classes,

races, and genders" (102-103). [87] The social structure Avrahami identifies is inextricable from the material experience of disempowerment and

Fig. 2A: Jo Spence, "Hospital Ward Rounds 1." ©Terry Dennett Jo Spence Memorial Archive. Used with permission.

[87] One thinks of paintings commissioned to do this kind of validation. Thomas Eakins' 1889 oil painting, *Agnew Clinic* was commissioned by the medical faculty at the University of Pennsylvania to celebrate anatomist and surgeon David Hayes Agnew (who, ironically, did not perform mastectomies). It depicts the breast cancer surgical patient as an ethereal figure, classically draped, and the surgical site well-hidden from the viewers' gaze. Surrounded by male figures, she is the object of a collective, observing gaze. The only other woman in the painting is a nurse who stands behind the attending surgical students. The lighting in the painting suggests a truly theatrical production — the audience sits in the dark and the lighting focuses on the key performers, the woman's body, the surgeons and the observing Agnew who stands to the side of the stage on which the surgery is to be performed. We are reminded of Acker's depiction of medical drama in *Eurydice in the Underworld*. As the good-looking actor-doctor reduces Eurydice to a helpless child, the medical domain reduces the woman in Eakin's painting to a sexualized object. For a discussion of Eakin's painting see David M. Lubin's *Act of Portrayal: Eakins, Sargent, James*.

Fig. 2B: Jo Spence, "Hospital Ward Rounds 2." ©Terry Dennett Jo Spence Memorial Archive. Used with permission.

silencing that the photograph depicts. However, the imposing forms of the doctor's bodies around the bed, while visually arresting, nonetheless generate questions about the location of the camera and the relationship of the photographer to the image she creates. The photographs were, Spence suggests, taken hurriedly. She put down the camera when the doctors approached her bed. Later, she reflects on these images:

> when I looked more carefully at the three hundred or so pictures I made, I saw images of the consultant's ward rounds on the morning I was to hear my diagnosis, followed by a picture (taken by my setting the self-timer and putting my camera on top of my locker) of my naked breast marked up for amputation. . . . For me,

> this series represented moments of terror and a complete loss of dignity and power, followed by repressed rage at the ways in which I was silenced — professionally 'managed' from asking questions about my fate. (*Cultural Sniping* 131)[88]

Spence's perception of her diagnostic event resonates with those of other women in this dissertation; the feeling of disempowerment is also reflected in her comment that "when [the consultant] gets to my bedside I immediately stop taking photographs" (*Cultural Sniping* 107), a reaction that Avrahami's essay on Spence underscores as her lack of "photographic control of the situation" (104). The camera represents Spence's tenuous and contingent power within the hospital. Being brought into the circuit of power as the object of the medical gaze, Spence is unable to re-circuit it as she did with the radiographer.

The camera itself, however, belies Spence's powerlessness. The perspective of the camera lens points, not horizontally outward, but up from Spence's bed where she is lying (Avrahami 103). It thereby grounds power within another form of circuitry: marginalization turns into a circuitry of constructed optics and reconfigures the trajectory of power by becoming a center only possible from the outside. Spence's image can only occur when the camera takes this covert place. It replicates her physical position *vis a vis* the doctors and reproduces the circuitry of inside/outside; it also renegotiates them otherwise. By

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[88] Avrahami also discusses this passage from Spence's text, arguing that "the fact that she took the photographs from her own hospital bed turns the low angle of the camera into a contingency rather than the seemingly informed choice that helped to construct the suggested analogy between a hospital ward and a workplace. . . . The terror, the humiliation — the intensely personal experience of loss of power and dignity — are clearly absent from [her previous] reading of these photographs as a social critique" (103-4).

considering the material position of the camera, rather than the image, the viewer of the photograph turns from the dominating figures of the photograph that are at the front of the camera lens to the other side of the camera lens where the photographer is positioned.

Both unseen woman — the one being seen by the doctors and the other who visually captures and doubles the event of seeing — are obscured for different reasons. As the unseen photographer who sets up the image so that the unseen woman is its central problematic (we wonder: who is the unseen focus of the collective medical gaze?), Spence creates a circuit between herself and the woman on the other bed. She is not acting as a professional photographer, but rather as an on-the-ground amateur spontaneously snapping photographs. The doctors' formation around the other woman, together with the act of closing the curtains, suggest the professional protocol of the rounds as well as the stage management in medical environs that Acker describes in *Eurydice*. While the medical theatre enfolds Eurydice, Spence's doctors are incorporated into a circuit of representation of which they are completely unaware.

The photograph is about backs — the doctors' and the camera's. Reading Spence's image through Sedgwick's queer theory of the back/rectum discussed in the previous chapter, I suggest that this photograph queers the medical event. This queering, together with the re-circuitry of seeing, creates the medical event as postmodern and polysemous. The prevailing metaphor of "doctor's rounds" becomes a queer and postmodern assemblage of circuits; both doctors and

women take on multiple subject positions in the simultaneity of re-circuiting captured by the photograph.

Spence's mobile representations of subject positions occur in yet another image. In "Cross on Breast" (Fig. 3), Spence's camera is placed, not at the level of her hospital bed, but now on her hospital bedside table. "Here," Avrahami describes, "the camera is introduced into the patient's zone, within the protectively drawn bed curtains. It displays her not only as visible and embodied

Fig. 3: Jo Spence, "Cross on Breast." ©Terry Dennett Jo Spence Memorial Archive. Used with permission.

but as an agent able to determine and control her own level of exposure" (106). While the doctors drew the curtains during their rounds to shut Spence out, here

curtains form a backdrop for Spence's body. In the previous images, we like Spence are on the outside and are also part of her enclosing circuit; in this image we are with Spence, within her private space, yet as viewers of the photograph, outside it. The doctors, whose presence is visible and central in the photographs of their rounds, while not present bodily in this photograph, nonetheless haunt the image through the mark of "X" on Spence's breast indicating the future site of her amputation (Avrahami 106). Again, using her unusual camera shots, Spence draws our attention to the fluidity of subjectivity and the varieties of subject relations that occur in what may appear as a fixed field of signifiers: doctors, patients, diseased bodies and hospital rooms.

Closest to the center of the image, and therefore an organizing signifier of the image, is the drawing of a cross at the top of Spence's breast. The title of the image "Cross on Breast" reinforces the centrality of this body inscription. It marks the breast to be amputated, but, within the western culture in which Spence lives and photographs, it also suggests the ultimate paradox of abjection: the Christian cross, an iconic image of transformation through existential abjection. Spence bears the cross and also the purple robe suggesting that worn by Christ during the Passion Story. Wearing the robe and a crown of thorns, Christ, subjected to a Roman's performance of mock obeisance, is hailed as "Ecce homo" ["Behold the Man"] and then led to his crucifixion (see *New Oxford Annotated Bible*, John 19). Spence's body is likewise mocked and marked. Yet, in her abjection, Spence looks at the camera lens without flinching or expressions of wounding, suffering or fear. However, I want to suggest that,

unlike the Christian story, Spence's photographic image narrates transformation without Christian redemption.

We note that Spence, like YOU, positions herself by a window. The tension between the closed curtains and the open window suggests that as Spence shuts out medical culture, creates it as a backdrop for her self-representation. The barrier created by the curtain consolidates the subject and other relationship that the "X" also signifies. However, by standing beside the window, she opens up her self-representation to the world outside. In doing so, in availing herself to be connected to the "outside" of medicine's signifying structure, her body can be seen and read otherwise. Indeed, the polysemy of the "X" is made possible by the opening up of its signifying possibilities. Moreover, the window functions as a matrixial borderspace between the half-naked Spence and the outside. This creates another circuitry: the "outside" of the window is contiguous with the "outside" of the photograph's viewer. Again, Spence brings the viewer into the event. In its proximity to the window, her body enacts "distance-in-proximity," just as YOU's body did. And just as Acker creates a world of mobilized becomings through YOU's materialization of the site of descent, Spence suggests that her breast cancer body, at the threshold of its transformation, is a site of multiple transformings — of her relationship to her body, her relationship to the worlds that intersect her body, and as well, their relationships to her. Breast cancer is a mobile and fluid experience in this image. The image captures this transforming. And the viewer is caught up in it.

As these four images demonstrate, Spence suggests that women in medical environs are capable of asserting their own subject position(s) even if it/they is/are not recognized as such. Women can represent their breast cancer and its effects through their fluid subjectivity. The radiographer may or may not have recognized Spence's undermining of her subject position; the doctors may or may not have been aware of the camera lens pointed at their backs. Nonetheless, the image circulates within the community created by its engagement with the viewer and its accessibility to the public (many of her images in *Cultural Sniping* and *Putting Myself in the Picture* are accessible on the Web).[89] Even the most iconically-charged sites of medical encounters, the hospital and clinics, could be transformed into borderspaces of exchange between subjects so that the *I* and *non-I* thereby produce new forms of meaning. As Spence's photographs demonstrate, this matrixial encounter may or may not be acknowledged. However, the woman who recognizes the borderspace can become the *I* that affects and is affected by the *non-I* and thereby emerge into transforming in spite of the other's non-recognition of the matrixial potential of the encounter.

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[89] While the hospital photos, as artifacts of both historical and staged events, suggest an entanglement of mobile engagements, her context-less portraits lose this indexical feature (Avrahami 108). Photos in which she wears a baby bonnet and sucks a pacifier or wears what appears to be a bed sheet wrapped around her body, are isolates, local experiences cut away, like her tumor, from any sense of context. The backgrounds are a-historical. As Avrahami argues, they are "staged tableaux" that "make visible the patient's feelings of infantile regression and powerlessness" (108). At the same time, I believe the over-the-top staging that accompanies this eternal regression with a knowing subject who faces the camera's lens straight on suggests that Spence, in performing her object status, in staging the photographic event itself, reinserts herself as a subject of her own re-production.

B. Margaret Stanton Murray and Kit Morris

In 1998, *Art.Rage.Us.: Art and Writing by Women with Breast Cancer* offered the public a series of pieces by over seventy artists who explore the effects of their breast cancer experiences. Collectively, these women are nothing like Olson's description of smiling sisterhood with which he concludes *Bathsheba's Breast*, but rather, individuals hinged together by rage as the title suggests: *Art* is connected to *Rage* is connected to *Us*. The exhibition describes itself as "the impulse to transform the experience of breast cancer through creative expression" (catalogue cover). An assemblage of poems, personal essays, collages, photographs, paintings and sculptures, each is accompanied by an artist's statement describing how the art piece developed and explaining its therapeutic purpose. The Preface outlines the exhibition's overall purpose: "these beautiful works of art and writing will provide spiritual fuel for those living with breast cancer to keep fighting, and for those who do not have the disease to be deeply moved by the creative power of art" (8). While the meanings of "spiritual fuel" and "creative power" are somewhat ambiguous and striking for their political flaccidity when compared to the assertion of the exhibition's title, and while the Preface's statement diffuses oppositional power, in this section I focus on critiques put forward by two particular works in this collection: Margaret Stanton Murray's black-and-white photomural taken following her mastectomy and Kit Morris' collage of her post-radiation body.

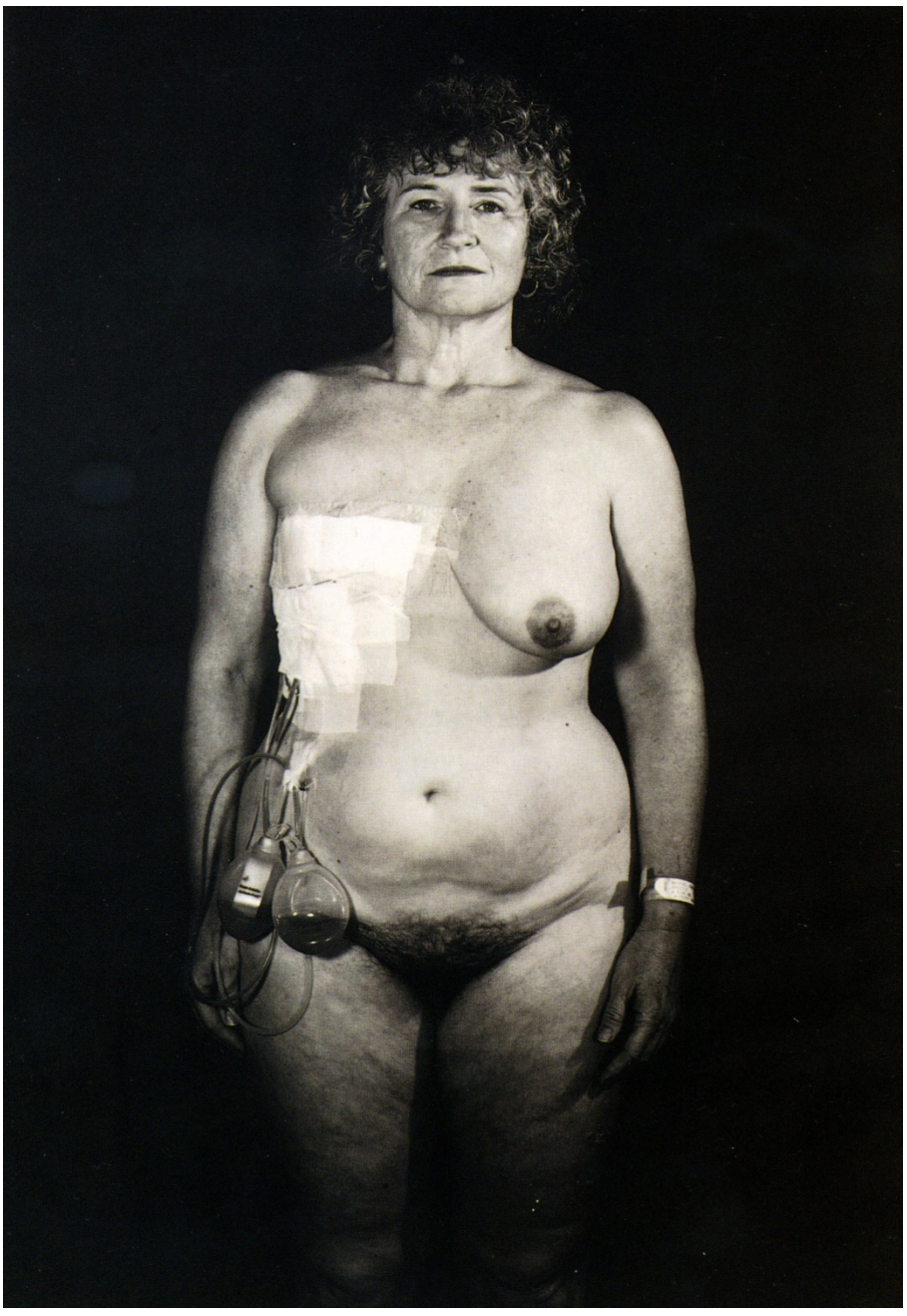

Fig. 4: Margaret Stanton Murray, “Figure #1.” © Margaret Stanton Murray. Used with Permission.

Margaret Stanton Murray's 60" x 40" photomural records her body's appearance five days after her surgery. "Figure #1" (Fig. 4) is part of series of six images from an installation documenting her medical treatments, from "each biopsy session" through to her final reconstruction (*Art.Rage.Us* 34). In Murray's photograph, as in Spence's, the medical body both illustrates and resists medicine's coded gaze. Situated against a dark backdrop, the body with its surgical bandages and hemovacs still in place gestures to two interpretive possibilities. First, it suggests the a-historical image like that of medical images in textbooks; the body exists outside of time and space, the better to focus on it as an object, an artifact of a medical event. Secondly, the image gestures to the a-historical style of professional portraiture through generic, context-free backgrounds. Murray's photograph suggests, through the limits and boundaries created by contrasting her white body against a black field, the containment of the subject by the doubled photographic gaze of medicine and portraiture.

However, her body also contests the borders within which she is situated, not by resisting them, standing against and in front of them, but by troubling what Karen Barad calls "sharp edges":

> What often appears as separate entities (and separate sets of concerns) with sharp edges does not actually entail a relation of absolute exteriority at all. Like the diffraction patterns illuminating the indefinite nature of boundaries . . . the relationship of the cultural and the natural is a relation of 'exteriority within'. (*Meeting the Universe* 135)

Murray's body materially enacts this "exteriority within" by demonstrating the construction of edges as culturally determined. Murray's body contours mark its limits, yet they are softened by shadows, suggesting her body's merging with the blackness of the photograph's background. The blackness surrounding her softens when it meets her body. Moreover, her body creates its own shadowing, as Murray's remaining breast casts its own shadow across her arm. It is both shadow-maker and enshadowed. These liminal territories are not quite one thing or the other, their doubling and ambiguity suggesting a site of becoming and transformation. Murray's project to "document" the "stages" of her cancer treatments, a chronological progression, is, in this image, also an intervention into the photograph's claim to document history. The indexical claim of her project, to show what happened, how her body was medically affected, as a chronology from one stage to the next (and staging the disease is central to breast cancer diagnosis) is amplified by the photograph's challenge of context and time, its liminal borders of ambiguity, as the *I* meets the *eye* of the *non-I* who takes and views her photograph.

Like Spence's self-portraits, Murray's image offers both a complex vision of the medical body that knows itself as both a cancer patient subjected to the gaze and as a subject who looks. Murray demands to be in an optic relationship in which she *must be seen* as she represents herself, not as subjected to another's codes. The full-on gaze of Murray with her eyes directed straight at the camera engages the observer in a relationship isomorphic to the experience in front of a mirror. To see Murray means to acknowledge that the subject as

always already double. First, there is the subject of the photograph that resists objectifying. This subject is corporeal, and is shown as permeable and impermanent. Secondly, there is a viewing subject who, pricked by Murray's eyes looking back, sees him/herself. In looking at the subject of the photograph, one sees oneself as likewise permeable and impermanent. Murray, as the transitive subject of her photograph transforms the subject into a circuit of subjectivity, of "relations-without-relating" through the "distances-in-proximity" — the photograph functions as a matrixial borderspace. Just as Spence's medical doctors haunt the photograph of her self-portrait, in a somewhat different way, medicine haunts Murray's body as the white bandages and hemovacs flow down her left side. The punctuation of the solid body by openings together with its hidden spaces generates a gothic feel of the otherworldly. The uncertainty created by breast cancer in this image (What is the state of her health? Her prognosis?) is caught up in multiple circuits of uncertainty (Where do bodies begin and end? What do openings and blurred boundaries tell us about the ways we understand material being?). Murray's solemn, candid expression is the center of stillness that demands to be seen as such. Her abjection, like Spence's, is performed so that the viewer takes in both the horror of bodies prepared for amputation or suffering from its aftermath. As Kristeva suggests in her discussion of abjection, these women put forward a "wounded narcissism" that is healed by their delight, not as a reiteration of narcissism, but resulting from signifying that neither disavows the wound nor fetishisizes it. The matter-of-fact-images, by presenting the reality of breast cancer in a matrix of signifying and

intra-connections, do not allow the stabilizing force required for narcissism's Difference-as-Same.

Both women, as we have seen, do not disavow medicine, for they submit themselves to its practices. But, rather than allow medicine to determine the limits and perimeters of the representation of their experience, they absorb its indexical force, its claim to represent the actual/empirical, into their own feminine economy of representation. Their local experience (that which occurs in what Spence would understand as community, that is the personal, lived domain) invaginates the medical professional gaze by bringing this authority within their frames. By situating themselves within and outside of the photograph's frame (by bringing the photographs into being), they establish rather than relinquish their subjectivity and authority over the representation of their illness.

Taking on the medical representation of her illness in a somewhat different way, Kit Morris' collage of torsos presents a complex image of the breast cancer body during treatments. A professional photographer like Spence and Murray, Morris "photographed the effects of radiation on [her] skin: the tattoos, the boost circle, and the sunburn" (81). Unlike the bleak images of torsos against bland backgrounds, stark indexical images used for professional education,[90] "Radiation Collage" (Fig. 5) is an assemblage of four images of

[90] See, for example, Sainsbury, J.R.C., G.M. Ross and J. Thomas, "Breast Cancer." *ABC of Breast Diseases* (36-41); also, Silen and William et al. *Atlas of Techniques in Breast Surgery* (throughout).

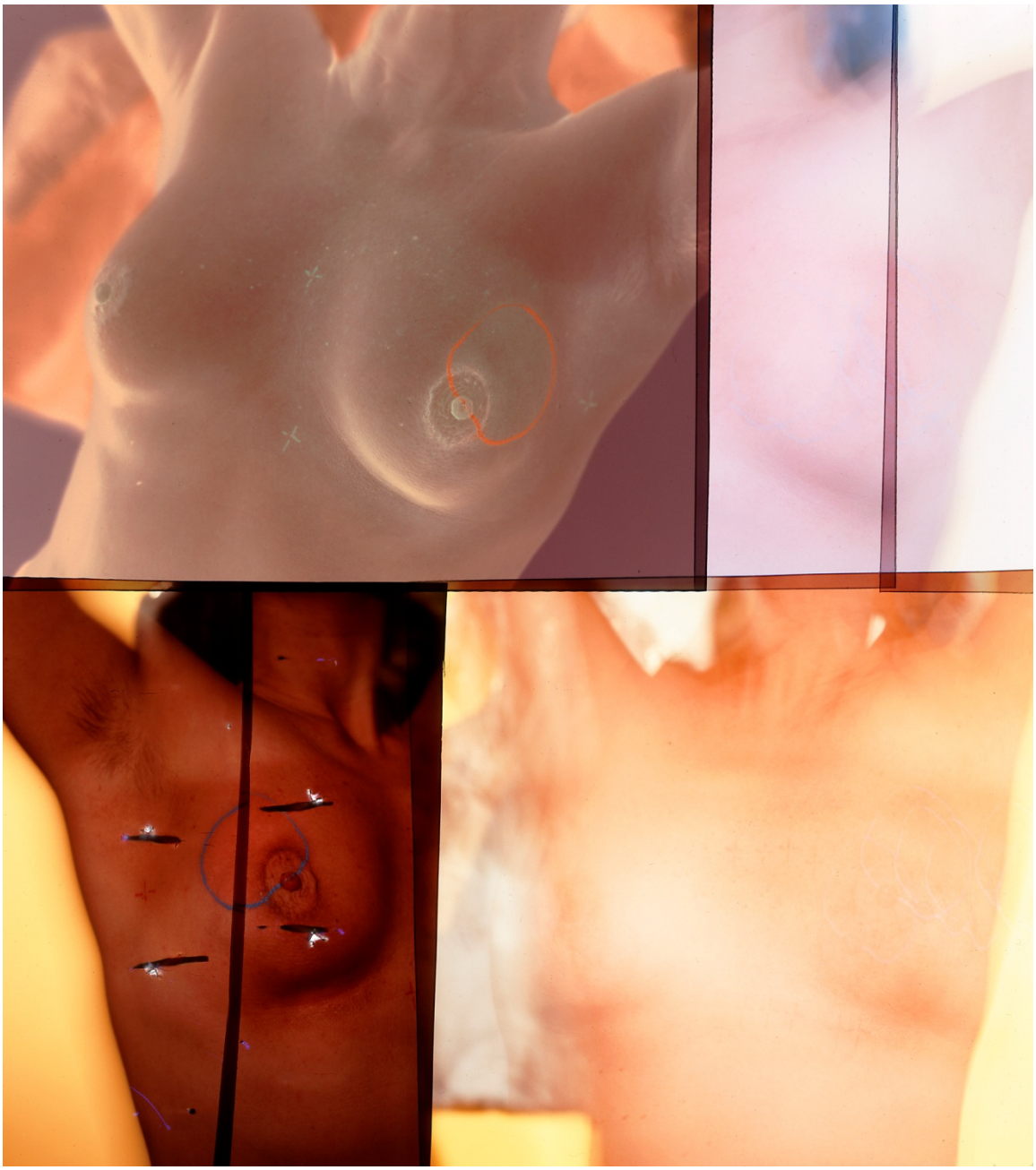

Fig. 5: Kit Morris, “Radiation Collage.” © Kit Morris. Used with permission.

Morris’ radiated breasts collectively illustrating her complex experience of breast cancer: “Having cancer is shocking, but surviving it is a beautiful experience that

I am thankful for every day" (81).[91] Her collage brings together both. Just as Gilsdorf identifies the poetic in the most technical medical terms, Morris is "intrigued by the marks they use to focus the lasers, especially the periwinkle blue circle around the booster site" (81). Explaining that "[s]ome of the images were beautiful whereas others were shocking" (81), she then comments, "[c]olor can be very seductive" (81), a claim that reminds us of Gilsdorf's observation that cancer cells are beautiful for the non-professional (*Inside/Outside* 26). It also alerts us to her own anxiety by repeating the term in a short descriptive piece: cancer is shocking. The affect of cancer is in tension with the beauty that her images also illustrate. How to allow both to circulate in the same image without capitulating on the one hand to sentimentalizing, narcissism or, on the other hand, to violence and shock? The trajectory from the first to the second experience also suggests that one is not absorbed into the other. Neither does it suggest the achievement of balance. Somehow, Morris claims, both experiences co-create her affect of gratitude. The seductive quality of color is a presence, moreover, that threatens covering over (I think here of wigs and prostheses). This complex interplay of competing forces is both a representation of women's shifting and conflicting responses to having breast cancer and an interrogation of the nature of representation in breast cancer.

Looking over and across Morris' collage, the eye takes in the impressionistic with the realistic, the figurative with the factual; these two sets of discourses are mobile across the photographs and keep the gaze moving. The

[91] Morris' collage is also on the cover of Marcy Jane Knopf–Newman's book *Beyond Slash, Burn and Poison: Transforming Breast Cancer Stories into Action*.

images are both sharp and fuzzy; the colors are gold and brown in three shots with a contrasting fourth image in pink flesh tones. The question remains suspended: is this shocking or beautiful? Or both? How are we being seduced? And by whom? Morris explains that, because of her profession as a photographer she is "not being disturbed as some women are by the machinery involved in radiation therapy" and, despite the shock of having cancer, retrospectively it becomes "a beautiful experience" (81). Are we, too, to experience her radiation treatments retrospectively? As beautiful, aesthetic events, the shock filtered out by the soft foci and pastel hues? If so, where can we locate Morris' rage that is suggested by the title of the collection in which she is included?

The politics of Morris' art, its rage, is much less overt than other works in this exhibition offering provocative images of surgeons as wolves snapping at breasts (28) or gangster butchers hanging breasts on meat hooks (27) and of gaunt women trapped by hospital equipment (86). It resonates more with other images in this collection such as "The Hands that Heal" (122-23), "Guardian Angel" (127) and "The Guardian" (135) that depict images of strength, beauty and survival. Despite Morris' textual chronology, the shocking before and the beautiful after of cancer treatments, her collage, by capturing both, creates a present moment in which the two occur simultaneously. One cannot see only a past medical treatment or a now beautiful experience of survival. The two are implicated in each other; as Elizabeth Grosz argues in *Nick of Time*, the past shapes the present as the present shapes the past. Beauty is in suffering, but as the images attest, this statement can be read in two directions in the same

moment. The trajectory of the happy ending is also the trajectory back into suffering.

Reading beauty in suffering as a kind of enterprise to render the strange familiar and desirable is deconstructed by the side-by-side arrangement of the images. The same body is represented in four photographs; two, however, have strong vertical lines that divide the body; one of these includes four felt marker lines and four tattoos creating horizontal slits on the torso. The body is sliced and fragmented through these violent inscriptions. The other two images, more subtly, show one breast circled by red and another dissolving into the background. The breast is a target in one and an amorphous mass in the other. The historical linearity of "having cancer" and "surviving it" is suspended by these contiguous, ruptured images. As the eye travels across the collage, a suggestion of horror slowly emerges. The after, however beautiful, cannot completely repress the horror, the shock of the before. This lack of closure, the impossibility of erasing the slits, the always already doubled experience of having breast cancer, is unsettling. Morris' visual "healing project" offers, through the material representation of her body, a complex reading of a medical experience as both shocking and beautiful. It suggests a complicated temporal relationship between damage and beauty. Beauty is both past and future, hinged together by damage in much the same relationship as the exhibition's title hinges *Art* and *Us* with *Rage*. Morris' art makes the title a material reality. Her rage demonstrates the resilience of horror, made more powerful through the deconstructive effect created by multiple images of a ruptured body. At the same

time, her art does not reiterate the linear narrative of triumphalism or the self-indulgence of nostalgic suffering. Morris creates relationships between horror and beauty, suffering and healing that are not linear but entangled. As such, her collage is suspended between the past of despair and a future of denial.

Expanding the Circle of Critique

A. Imogene Franklin Hubbard

In Imogene Franklin Hubbard's work "Industrial Growth" (Fig. 6) an assemblage of torsos records her "year of hell" by documenting her "initial lumpectomy, radiation, a second biopsy on the other breast, and bilateral mastectomies" (45). Much like medical photographs' representation of unidentifiable bodies, these images mostly truncate the bodies into torsos, but in some cases include the lower portion of the face, one shot showing a grim expression through unsmiling, tightly closed lips, suggesting but not revealing the identity of the subject. While some are in color, others are black and white. Hubbard's body is arranged in a number of poses: from clasped hands at the navel, folded arms across the abdomen, to arms stretched out in a variety of poses. Each photograph represents a range of lighting, from fully illuminated frontal shots to chiaroscuro images in which the mutilated breast is highlighted with a block of light. The one constant is the fully exposed breast area. Each image of her "mutilated chest" (45) amplifies the horror of the assaults on her body as they cumulatively reinforce the central theme of breast cancer's devastation.

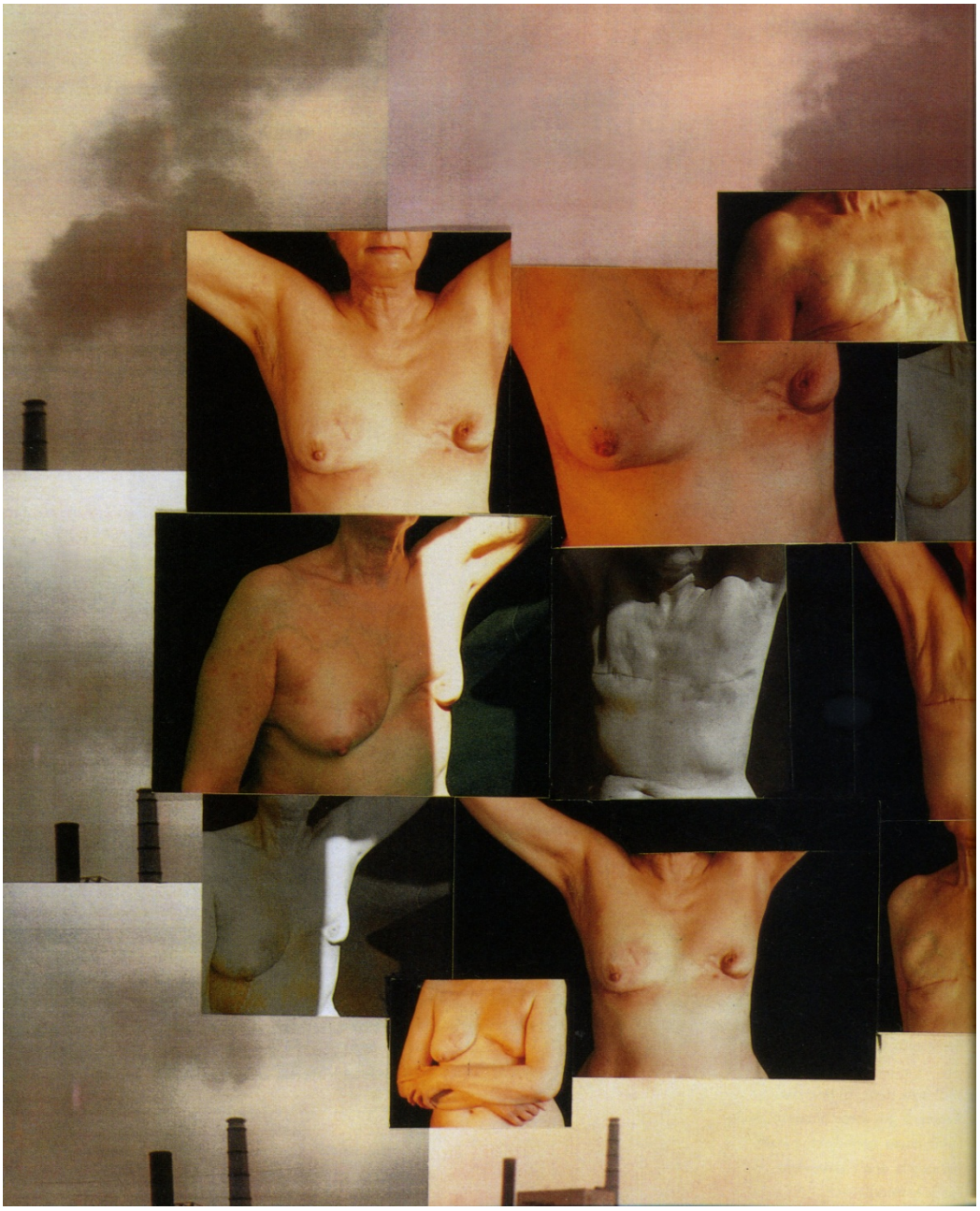

Fig. 6: Imogene Franklin Hubbard, Section from "Industrial Growth." © Breast Cancer Fund. Used with permission.

Hubbard's work plays on the double levels of "Growth": the industrial growth and the tumor's growth. The former suggests progress and wealth, while

the latter refers to the progression of a terminal disease. The fifteen shots of Hubbard's mastectomies, sites of her now removed growths, are framed by photographs of a local power plant, its stacks spewing polycyclic aromatic hydrocarbons into the atmosphere. Fuzzy images are captured in shades of grey as the clouds billow from the stacks; neutral shades of terra cotta and blue representing portions of the buildings attached to the stacks occupy peripheral sites at the bottom of the collage. This dystopic vision represents the neighborhood in which Hubbard lives; the toxic fumes she breathes from these emissions have "cause[d] breast cancer in young female rats with oestrogen in the bodies" (45). By using the real images of her body and the factories, Hubbard both shows how the breast cancer body looks and how it begins in a toxic context, an unnatural landscape isomorphic to her now unnatural body. The carcinogens of the factory produce both the dystopic landscape and the scarred breast cancer body. Cancer flows from non-human bodies and entities through to the human; it circulates through factories and bodies; it is a force creating an economy in which its increase produces an/Other's decline, its expansion results in an/Other's extinction. Cancer, in Hubbard's images functions like a market economy that, untrammeled by controls, brings about the destruction of those caught up within it.

Nevertheless, Hubbard is not constrained by what amounts to an inevitable trajectory of destruction; she presents multiple facial reactions — from passivity, acceptance and grim resistance to the capacity for joy. It is impossible to interpret any or all as specific responses to either her body or the

environmental context. They show both her reactions to breast cancer and to environmental devastation in which she lives. Moreover, they demonstrate the multivalency of living with breast cancer. Hubbard's images depict a flow of experiences and responses even while the body and backdrops remain constant. Her collage demonstrates the strength of her body and her personal resolve, without minimizing either her trauma or the toxins that saturate breast cancer. It also challenges its viewer to disentangle the local, personal experience of breast cancer from the global, institutional practices that contribute to its continuing existence.

Hubbard explains that her original photographs of the power plant were enlarged on a photocopier in order to render the images "less sharp than the originals" (45).[92] In using technology to represent technology, Hubbard demonstrates both the artificiality of power in the "industrial growth" and her power to reproduce it otherwise. Power moves from one body to another; it destroys life and produces art. It can be found in the most unlikely places: in the

[92] Hubbard's use of the photocopier to represent the affect of suffering is also used in Ettinger's exploration of Holocaust trauma. Over a ten-year period, she created a series of images entitled *Eurydice*. As Griselda Pollock describes: "Eurydice is a figure of trauma out of time, who looks towards us from between two deaths" (12). Ettinger uses traumatic photographs of the murder of the Jewish population, her images created from "photocopic dust and oil, on paper mounted on canvas" (12). One of Ettinger's works results from a interrupted photocopying "at the point at which a light dusting of photocopic granules have been deposited in the shadowy spaces where light and dark begin to reconstitute the photographically captured world in its stark grammar of black and white masses" (13). The interconnections within the images and across historical time as Ettinger manipulates a historical record to create "co-affectivity distilled from a history of art or a history in art" (17) occur in Morris, Hubbard and Murray as they take their own historical moment and use the plasticity of photography to establish a state of "co-affectivity" among images that do not shy away from horror, but neither do they valorize or trivialize it. The borderspace created by the liminal, the porous and the contiguous in the horror of breast cancer creates a continued state of movement and transformation.

determined poses of outstretched arms and the frontal shots of her torso. Moreover, her blurred images suggesting the unreality of technological power and its toxins contrast with crisp images of her devastated body. The creation of the former produces the unreal dystopic landscape; it also produces the very real dystopia of her body. By using real images in unreal, fuzzy re-productions, Hubbard foregrounds the effect of power. Power is materially evoked through the billowing clouds and the hazy sky. It is strangely undirected, filling the environment, capturing the field of vision. Women are caught within it and marked by it.

Unlike Deena Metzger, who will be discussed below, who decorates the site of her mastectomy, Hubbard leaves it rough and unattractive. While in Metzger's poster, her asymmetry is aesthetic, her body smooth and attractive, in Hubbard's images, the body is deformed, misshapen, chaotic. There is no attempt to create a complex interconnection between the medical and the aesthetic, the unnatural and the natural. Hubbard's strength is not demonstrated through creating beauty as a form of resistance to those who would type the mastectomy as a deformity, but by her power to be as she is, deformed and de-formed, without evoking pity. Her body, facing the viewer, demands to be seen, as it is, wounded and strong, dying and living, diseased and vigorous.

Hubbard's body images do not spare the viewer. In fact they force the viewer to confront her abject form even in the most uplifting image of survival. Unlike images of healthy, smiling survivors, her images challenge our resistance to facing abjection. Kristeva argues that "[w]e prefer to foresee or seduce; to

plan ahead, promise a recovery, or esthetize; to provide social security" (*Powers of Horror* 209). Hubbard eschews such seduction and placating. She does not provide security; in fact, the absence of a proffered solution disallows the viewer such promises. Hers is a politics of intervention through being-as-she-is, rather than a politics of battle-against-forces. Her being framed by the world, yet not part of it creates her liminal state, her being-as-she-is. Hubbard's intervention leaves the response up to the viewer.

B: Deena Metzger and Matuschka

Other women have put their bodies into the public eye, offering critiques of general cultural ideologies. Deena Metzger's famous "I Am No Longer Afraid" or "The Warrior"[93] (Metzger refers to it both ways) published in 1989 depicts an ecstatic and healthy nude upper body with outstretched limbs against the backdrop of a clear sky (Fig. 7). Her mastectomy scar has been tattooed; the verse accompanying the poster on her website describes it: "There was once a fine red line across my chest . . . /but now a branch winds about the scar. . . /Green leaves cover the branch, grapes hang there and a bird appears" (Metzger). Her mastectomy is a medical, aesthetic and natural site; the poster suggests that it must be read as a site intersections and connections. Because Metzger inscribes it with images of nature, she effectively de-forms and re-forms it, making it both

[93] It is also called "Tree" poster on her website.

Fig. 7: Deena Metzger, “I Am No Longer Afraid.” © Deena Metzger. Used with permission.

human and non-human.

The materiality of her body is thereby re-sourced as a commons of engagements. The surgically altered body is naturalized, not by pressing a prosthesis over it, but by inscribing natural images over and beside the reminder of her surgery. Living with a mastectomy and with breast cancer, Metzger’s poster suggests, can be beautiful, erotic and lively without foreclosing or erasing one’s wounding — a remarkably provocative claim when it first came out, as women’s visual representations of their breast cancer were not yet in public circulation. Her vigorous affirmation of herself through her pose and vibrant expressiveness suggests Kristeva’s description of “being installed in oneself,” of

"being settled in oneself" (O'Grady). Metzger's "being settled" is contextualized within a larger context, her spiritual and ecological commitments to nature. As a tree she is living, stretching into the sky and traveling into and through the earth. By photographing the after of the after, the tattooing of the scarring, Metzger's poster creates multiple *I*'s: the subject prior-to, during- and then after-ing breast cancer. Breast cancer is signified as transforming, which for Metzger is connected to the transforming life of the living tree. In the "settling" and "installing" suggested by Metzger's pose, she becomes an expansive, outstretched form welcoming the world. The closing lines of her poem are: "On the book of my body, I have permanently inscribed a tree" (*Deena Metzger*); here, like Sedgwick, she transgresses barriers between text and discourse, body and text. Like Spence, Metzger enfolds the medical inscription into her own. However, Metzger's work as a storyteller, healer and medicine woman and her "lifetime investigating Story as a form of knowing and healing" (*Deena Metzger*) are reflected in her poster. While Metzger's poster does not address suffering and social critique, except through their transformations, it is significant for its blurring of natural and unnatural, and the enfoldments of her de-formed body in nature and then nature in her re-formed body.

A few years following the publication of Metzger's poster, Matuschka, a lingerie model and photographer who underwent a mastectomy, began to produce photographs of her body as a material and visible critique of cultural conventions and ideologies. Her assemblage of post-mastectomy work spans images of her body as an erotic nude, a nude-torso as mother holding an infant

on the mastectomy side and a Hitler-style figure. Perhaps most famous is her Pulitzer-nominated cover photo "Beauty Out of Damage" (Fig. 8)[94] accompanying Susan Ferraro's article "The Anguished Politics of Breast Cancer" for the *New York Times Magazine* on August 15, 1993. By deploying her body as both the graphic representation of post-surgery and as the site of performances, her poster provoked cultural unease surrounding representations of unconventional female bodies.[95] Matuschka states that the published photograph was called "embarrassing" and "disgraceful"; women felt uncomfortable that the world now knew what their bodies looked like after surgery, while others expressed concern that the photograph would keep women from being diagnosed ("Why I Did It").

In covering over the "normal" breast and revealing the "damaged" side, Matuschka demonstrates the courage of representation that Spence and Metzger also exemplify. "Beauty Out of Damage" challenges pink culture's coercive force to cover over "damage" and to reproduce beauty through the simulacra of

[94] All of Matuschka's images in this chapter are on her website "The Art of Matuschka."

[95] Elsewhere, similar artistic representations of the mastectomy met with censorship; a 1993 exhibition by the Breast Cancer Action Group in Vermont was required to display some of its artwork in semi-public with a warning posted (Rudner).

Fig. 8: Matuschka, “Beauty Out of Damage.” © Matuschka. Used with permission.

prosthetics and reconstructive surgeries. The photograph's play with light and shadow depicts, like Murray's photograph, the body both creating shadows and being en-shadowed. Matuschka's body, like Murray's, both melts into the background and contrasts sharply with it. The combination of soft and sharp edges shows the fundamental fluidity and porosity of the body as well as the "sharp edges" it creates in relation to its environs. However, while Murray looks out to the camera unceremoniously, Matuschka's pose has a studied air to it. Murray's body foregrounds her subject position within and outside the photograph, while Matuschka's body is foregrounded as a means by which to articulate the photograph's theme, without signaling her role other than as its model.

Nonetheless, like Murray's, Matuschka's body is a tissued boundary of competing and complimenting forces. As Tacey A. Rosolowski argues,

> Matuschka often uses the term ruin as a figure of fragmentation and dissolution, suggesting a postmodern sense of alienation in a complex culture. Balancing this notion of ruin as decay, however, is the idea of the ruin as a substrate for a phoenix-like resurrection, the creation of something powerful and enduring from an act of destruction. (552)

I do think that Matuschka creates a more complex relationship between ruin and resurrection, however, than one of balance and transformation. "Beauty Out of Damage" suggests both the phoenix and the "out" of damage. Beauty is not constrained by an either/or relationship to damage, but is something more-than

damage; it stands on its own, proliferating signifiers indifferent to conventional binaries of representation (as her averted gaze might suggest). Matuschka demonstrates that the body is beautiful after damage, but also that it is beautiful on entirely different terms than conventional calibrations of female beauty. She claims that prior to her surgery "I was Venus de Milo. I had the perfect body" (qtd. in Rosolowski 549). Ironically, this statute, its arms broken off, is both a standard of western classical beauty and a damaged form. The standard of beauty is therefore always already damaged, yet Matuschka uses it as an analogy for her pre-mastectomy form. Her body then, is always already damaged. "Beauty Out of Damage" articulates this perfection through codes of representation that problematize Barad's "sharp edges" (*Meeting the Universe* 135) necessary for calibrating normative female beauty. Is beauty a transformation of damage or part of it? Is Matuschka likening the emergence of beauty from damage as an uncovering of beauty's intra-connection with damage? Rosolowski suggests that "Matuschka's affirmation about her postsurgery 'glow' hit a chord with American women because it so strikingly disengages femininity from a traditional coordinate — the breasts" (550). Yet, if we think of Venus di Milo, Matuschka's body was always already truncated. "Beauty Out of Damage" is a dramatic demonstration of this. It is a revelation of what the body always is — damaged and perfect.

Matuschka, in modeling for this photograph, not only disengages femininity from the body, but also shows it to be performance through and through. In foregrounding the performance of "Beauty Out of Damage," she

challenges naïve readings of her image. She is modeling her body, striking a pose. To expect the transparency of straightforward affect is to ignore the studied arrangement of her body, her clothing and her face. Rather than looking for a "genuine" breast cancer portrait in this photograph, I suggest that Matuschka challenges the viewer to look at the performative possibilities of the body when beauty and damage are always mutually enfolded, and at her body as a site of autobiographical politics. As she claims, "I am an artist and objectify my body as being the preferred torso I wish to document – having nothing to do with the fact that it was mine" (email to Rosolowski, qtd. in Rosolowski 550). Matuschka develops this "objectifying" in order to articulate her political material interventions. Matuschka's claim that "[m]ost of my artwork has been a result of my trying to get out of the ruins, to make beauty out of damage" (Rosolowski 544) can be fruitfully read as more than a redemptive project. In performing beauty from damage, damage never transforms into something else, but is always present as such. Her photograph situates beauty and damage as two sides making up a larger cultural project necessary to calibrate bodies. Damage alongside beauty: together they co-exist in an uneasy and irresolvable torsion. While Rosolowski uses the rising out of the ashes motif of the phoenix, I believe that Matuschka's phoenix is never fully out of the ashes, but always in both shadowy and sharp edged relationships to them.

This disruption of cultural norms and tensive intra-connections continues throughout Matuschka's deconstructive play with race and gender as she performs both. Perhaps one of the wittiest examples of this performance is

"Which Side Do You Want?" (Fig. 9). In this image, Matuschka, on the viewer's left, is a male figure with short black hair and a Hitler-style moustache and on the viewer's right, a woman with long, curly blond hair. Creating the stark contrast between genders by using artifice only on her head and leaving her bare torso as it is, she both raises the question and demonstrates the impossibility

Fig. 9: Matuschka, "Which Side Do You Want?" © Matuschka. Used with permission.

of answering it. To choose one side over the other is to deny "half" of Matuschka. To claim that the male side is artificial is to deny the simulacra of clearly fake blond locks. Which is authentic and which is false? Neither and

both. Her flat chest enables the performance of masculinity, yet her body is female. The breast enables the performance of femininity, yet cannot cancel out the ambiguous form of the other half. Just as wigs and moustaches can be deceptive, so can the sexualized marker of the breast. In asking us to choose between sides, Matuschka shows that the cultural question itself has been improperly im/posed.

In 2000, "Don't Globalize This," an exhibition posted on her website *The Art of Matuschka*, presents a gallery of figures performed by Matuschka's body: a blond Caucasian woman, an African-American woman, an African-American man and a Latino-esque man with a moustache. Each body looks remarkably realistic; each poses a number of times throughout the series. In some of the shots s/he appears as two different individuals. One elongated shot includes an African American woman, a Latino Male and a multi-racial androgyne. Two sets of text accompany the figures, its font varying in size and color. The sur-text reads: "I am that, you are that/ all that is that/ and that's all there is to it." The sub-text is as follows: "at quantum mechanical levels there are no well defined edges/ you are like a wiggle, a wave, a whirlpool/in other words a localized disturbance [sic] in a large quantum field/ EXTEND YOUR BODY." By using her body as a material metaphor, Matuschka troubles not only the body issues attendant with mastectomies (and "solved" with reconstruction), but creates the material form as a "localized disturbance." The material disturbance of mastectomy suggests to the being-ness of the body as movement and extension; its visual effect is a dramatic reminder of what the body always already is.

Matuschka's unwillingness to present the mastectomy as a pathological uniform narrative, but instead as a material metaphor for the "uniformed" role-playing body, challenges discourses of normative morphology that drive breast cancer survivors anxieties about their bodies. Moreover, her body itself is not a stable site at all; it is therefore the ideal canvas-as-quantum-field for challenging all kinds of ideologies about gender and race.

To get a better sense of this, I want to perform a close reading of one of her images that critiques race and gender through complex visual relationships. In her photo collage "One World" (Fig. 10), Matuschka divides her body into two genders and multiple racial identities, visually splintering it into four contiguous, equal-sized images of four separate bodies and identities. Discrete images are joined in multiple sites of connection. They each share lines and ruptures filled in by black backgrounds: Matuschka's quantum borderspaces. The multiple performances of a single (?) body are refracted yet again by how these performances are visually presented and situated. In seeing Matuschka, we see multiple Matuschkas; they are further multiplied through the forms and configurations of their performativity. She is literally and metaphorically "beside herself," performing herself contiguously and (using "beside" as a reference to anger or critique) challenging conventions that might disallow this performance.

The initial "Matuschka" appears to be the "real" Matuschka, because the image resembles the title slide that commences the collection as well as other images on her website. In this particular image, her long, thick blond hair, makeup and sexualized pose together create the conventional look of a fashion

model. The "real Matuschka" is actually an image constructed like those found in women's magazines and fashion. Because it is at the top left of the photo collage, it would typically be read first in western cultures. To its right Matuschka performs a Latino-esque, mustachioed man, suggestively like the one in "Which Side Do You Want?" Each image reinforces gendered stereotyping: the woman has the erotics of the boudoir and the man the erotics of power. She is in a black camisole while he wears a white shirt with an open tie. In both images, the same pose has very different effects: the woman's arms and hands are inviting and suggestive, while the man's arms and hands suggest the actions of getting dressed for work. One gender performance suggests, implicates and

Fig. 10: Matuschka, "One World" © Matuschka. Used with permission.

requires the other.

Moving the eyes vertically below the "initial" Matuschka produces another set of relationships. The image of a dark-skinned male lies immediately below or beneath the white, female Matuschka; together, they create oppositional relationships through the categories of gender and race. He, like the initial Matuschka, is in a suggestive pose, his shirt open and pulled away to reveal a slim body, eyes suggesting a moody eroticism. Different morphologies produce the same performance, demonstrating a single convention of erotics articulated through differently sexed bodies. However, moving vertically downward from the mustachioed man on the upper right corner, we see an African-American woman, who unlike the other figures, has her arms crossed and wears a countenance of weary/wary skepticism.

In addition to these horizontal and vertical relationships hinged to the "initial" Matuschka, there are diagonal relationships hinging together same-sexed bodies. The mustachioed man is diagonally connected to the dark-skinned male: they share gender and but not race, and neither are Caucasian. One is putting on his shirt while the other is getting ready to remove it. Does the tie suggest a class difference between them? Does the suggestion of going to work in one image and going to bed in the other correspond to cultural assumptions? Diagonally below the sexualized Matuschka, an African-American woman wears a modest white camisole. Her hair piled on top of her head and her arms crossed, she pierces the camera's gaze with eyes of suspicion, challenge or confrontation, a kind of "don't mess with me" look. While these two diagonally situated

women share the same gender, they represent opposite races, classes and dispositions. Reading the image from left to right and top to bottom, the African-American woman is "last" — both a sign of denigration and culmination. Does she, suggesting a poor, black woman, signify loss? We are not sure if she doesn't "fit" (one of these images is not like the others) or if she sums up, her expression concluding the experiment by suggestively demanding that the viewer take in what the images perform.

I want to look at the suggestion of loss in this particular collage, because in addition to the proliferation of selves, there is also a giving up of one self in order to perform another. Matuschka cannot perform the four identities simultaneously. The best she can do is to take on one at a time, casting off a performance in order to put on another. Thus, I suggest that these images also foreground the grieving process attendance with performance. Body-performances are simultaneously about plenitude and loss. The breastless form is, therefore, a distillation of this state of human be-ing. As Judith Butler argues, "when we speak about *my* sexuality or *my* gender . . . we mean something complicated by it. Neither of these is precisely a possession, but both are to be understood as *modes of being dispossessed*, ways of being for another or, indeed, by virtue of another" (19). This complicated relationship between possession and dispossession is, in Matuschka's images, a material state of the quantum body. However, it is also a way of being for another, and Matuschka performs this in multiple ways of being: to herself (she is one and all), to identified groups (she is and is not male, black, Latino), and to the one who views the image. Like Spence

and Murray she looks at the camera straight on in each image, and so looks straight at the viewer. The lack of context for each image keeps the intended audience in suspense. Is the performed erotics directed to a viewer or all viewers? The challenging stare: to whom or what is it directed? The "way of being" that Butler describes is, in Matuschka's images, "ways of being" that are always receding from determination, even when they seem most conventional.

In the passage above, Judith Butler directs her investigation of loss and its connection to violence suggested through dispossession to the "unwanted violence against . . .[sexual minitorian] bodies in the name of a normative notion of human morphology" (24). Matuschka's performances bring the breast cancer body into the cultural engagements of Butler's own work. I have examined the cultural critique in Matuschka's performances. What I want to stress here is her message to woman: breast cancer can be, is, a cultural performance. In understanding the malleability of the "quantum body," women are able to materially enact the grief of a body that is possessed and dispossessed simultaneously. Moreover, in Matuschka's art, the woman with breast cancer, to use Butler's words directed to sexual minorities,

> underscore[s] the value of being beside oneself, of being a porous boundary, given over to others, finding oneself in a trajectory of desire in which one is taken out of oneself, and resituated irreversibly in a field of others in which one is not the presumptive centre. . . . As bodies, we are always for something

> more than, and other than, ourselves. To articulate this as an entitlement is not always easy, but perhaps not impossible. (25)

The woman with breast cancer participates in multiple contestations of body morphology as an indicator of identity-as-something and subjectivity-as-agency. She also participates in the oppositional narratives of fantasy that Butler argues are crucial to disrupting what reality forecloses: "possibilities beyond the norm" (28). "Fantasy," Butler suggests, "take[s] the body as a point of departure for an articulation that is not always constrained by the body as it is" (28). Matuschka's fantastical images, by reconstructing real bodies, materially instantiates Butler's fantasy of un-gendering. If, as Butler argues, "[f]antasy is what allows us to imagine ourselves and others otherwise; it establishes the possible in excess of the real; it points elsewhere, and when it is embodied, it brings the elsewhere home" (29), then Matuschka's images, in their excess and multiple trajectories, are about home, but in her terms, home is a quantum wave, a field of movements.

The viewer is part of Matuschka's homecoming process. The sets of relationships in this photo collage can only be appreciated by reading the aggregate image with more than one visual trajectory. One's eyes must move to the right, to the left, up, down and diagonally in both directions. The separate bodies, enacted by a single Matuschka, cannot be amalgamated into one, but must be read separately as related-without-relating. They complement and oppose each other. How, then do we reconcile the one with the many? The collage itself disallows such amalgamation. Homecoming is, like the verb form

suggests, not a destination, a resting place, but a movement that brings multiple possibilities into play through the body's constant movement from one to another. Women's breast cancer bodies are, I suggest in my reading of Matuschka, at home when they are homecoming, possessed when they accept dispossession and dispossessed when possessed. Women's breast cancer bodies can learn from other dispossessed bodies: the racially other, the gendered other. In allowing their bodies to perform as these others perform their othering, they can come into the fantasy that enables the "elsewhere" to come home/coming.

An Ecology of Breast Cancer: Hollis Sigler

Sigler's representation of the mastectomy continues the lineage begun by Audre Lorde in *Cancer Journals*, a lineage Sigler gestures to in the choice of title for her book, *Breast Cancer Journal*. The politics of mastectomy is a large project covering ideological issues of gender, sexual orientation and conventions of normative appearance. Sigler's artwork hinges the personal experience of mastectomy with medical science, global environmental devastation and other women with breast cancer. The loss of her breast becomes the possibility of seeing her body differently. Looking for the first time at her surgical site, Lorde anticipates a sight of a "ravaged and pitted battlefield of some major catastrophic war" (44). However, the mastectomy site is for Lorde a "changed landscape" (45), a borderspace of transformations; the negative space of her mastectomy becomes the opening up of her body's horizon. Sigler takes up Lorde's motif and expands it still further by developing an ecology of breast cancer that includes

the human, the non-human, the urban, the natural and the discursive. While Sedgwick's intimate commons suggests that re-sources can be exchanged freely by opening up the dialogue to its more capacious potential, Sigler creates intra-connections among micro-systems. By representing them visually through openings and connections, she demonstrates how the disruption of one affects the others. Breast cancer, as it is represented in Sigler's paintings, cannot be restricted to limited materialities or discourses. However, it is not amorphous, but a collection of specificities that are always engaging and mutually transforming. While these include oppositional forces, her paintings do not present oppositions as discrete, bounded entities. To represent the complexity of this ecology, Sigler creates engaging micro-systems across the totality of her paintings and through inter-textual references, visual ruptures and her play with covering over and transparency.

In 1992 she exhibited twelve of her pieces on her experience of breast cancer. Her exhibition then expanded to a collection of sixty art pieces composed in oil and oil pastels, bordered by spacers,[96] frames and painted surrounds alone or in a various combinations. Each painting bears a title often included in the painting itself, written on a slim banner floating at the top of each painting. Titles are brief when accompanied with other texts either in the frames or spacers, or more detailed when functioning as the sole text. In a few cases both spacer and frame have texts accompanying the title. A list of references follows the collection in which sources for the intertextual references in the spacers and

[96] For information on spacers, see "Framing Spacers." *ArtRight.com*.

frames are fully cited. Traditional frames are broken, suspended and reframed as constructions that are always already available for reconfigurations. The placement of the visual is contextualized or contained by a frame in which competing discourses are situated in a variety of proximities and relationships. The frames for her paintings are large enough to contain writing on them.

Between the frame and the paper and glass is a spacer, a small area, but large enough to write on. "In the early set of paintings" Sigler explains, "the inside spacer was the site for facts and statistics and the outside bore excerpts from her diaries or those of Audre Lorde" (20). In her later paintings, she reverses the structure: the personal text is inscribed on the inside and the facts on the outside. Sigler thus changes the location of discourses and their relationship to one another, as well as the ambiguous nature of the visual text (for it is often not clear that breast cancer is the occasion of its production).

Sigler was well informed about the cultural ideologies circulating through and around the medical world through which she navigated during her surgery and treatments. As she writes in the essay accompanying her paintings, her first exhibition of three drawings drew responses of shock by women:

> Cancer was still a taboo subject. . . . medicine, dominated by male culture, effected a closeting of women's illnesses by not including women in trial studies, nor focusing much attention on women's illnesses in general. This closeting of women's experience had the effect of increasing women's sense of humiliation about their

> bodies; the loss of one's breast(s) jeopardized a woman's sense of femininity and excluded her from feeling normal. (20-21)

This closeting of experience opens up when Sigler refashions the form of rooms after the form of the mastectomy. Rooms are always open, their roofless structures, windows and doors allowing exterior and interior free access to the other. (We are reminded here of Acker's cartographies of the Underworld in *Eurydice*.) In Sigler's paintings, the breastless form is represented as an opening, which, like the windows and open ceilings of the rooms, functions like a threshold through which everything passes. Sigler represents the connection between body and environment through a new set of optics managed by openings. The closing up of the suture and the covering over by prosthesis and cloth are implicitly refused; the openings allow one to see connections, to see things as they really are. Sigler uses the local(e) of the mastectomy as the organizing principle of her series. What is of particular importance for my dissertation is Sigler's signification of the mastectomy as a bloody opening. It enables the intra-connection of micro-systems that together create breast cancer as an ecological system, a capacious, transforming site of engagements. In order to explore these ideas more carefully, I will perform a close reading of two companion paintings: "I'd Make a Deal with the Devil," located on the *verso* (Fig. 11) and "We Have Sold Our Souls to the Devil," situated on the *recto* (Fig. 12).

In "Deal" a large set of open French doors takes up most of the canvas, an image that appears in other paintings in this collection (40, 82, 91) and similar

to large open windows that frame the environment outside of the room (37, 61, 72). They open up to a dark night sky splintered by lightning bolts; silhouetted figures, a woman and a skeleton, dance outside. On one side of the larger open window/garden doors sits an easel with a painting very similar to one in the companion painting on the *recto*. The painting's title, alluding to a Faustian bargain for escape from death, is illustrated by the silhouetted performance of the *danse macabre*. At the bottom of the painting/stage, a row of hands lined up at the painting's lower edge holding up "offerings" of art, food, money and flowers. The text inscribed on the frame, excerpted from the *New York Times*, refers to a "scientific wish list" in which "the breast cancer gene, called BRCA1, made a protein that did something at the surface of breast tissue, where researchers might be able to get at it, modify it, force it to behave?" (92). Just as the woman dances at the liminal space where the inside of the room meets the outside and death is a lively engagement, so too the material work of curing breast cancer must occur "at the surface" where the local body meets the professional researchers. More importantly, Sigler's relationships indicate that the "Deal with the Devil" bears important similarities to medical research. Both reflect desires, both occur at threshold sites, both are meetings with incommensurability. While the medical text is situated on the frame of the painting and the dancing woman is centered by it and the framing French doors, suggesting that the latter is ultimately contained by the former, I would propose that, because the dancing figures dominate the canvas and the medical text is

difficult to read (it traverses all four sides), the woman is at the center and the medical text is marginalized even as it frames the event.

Through this complex set of engagements that bring two versions of the same desire onto the same painting, Sigler underscores the parallel and material

Fig. 11: Hollis Sigler, "I'd Make a Deal with the Devil." © Hudson Hills Press. Used with permission.

nature of both anticipatory movements. However, there is an aura of hopelessness that saturates the painting. The canvas is filled by dark, somber hues of green and blue that contrast with the soft lighting created by the two candles at either side of the French doors. The homey quality of the room gives way to, frames, the night sky and the two jagged lightning forks breaking through it. A small painting of a beautiful dress, like that in the larger painting, sits in front of a window, rendering the scene poignant. The despair moving across canvas and frame involves the individual woman, those who watch her dance of death and the scientists, so near to a breakthrough, yet unable to intervene. The impossibility of rescue suggested by the desperate action of selling her soul in order to recapture health and life, involves everyone who is part of breast cancer.

The companion painting "We Have Sold Our Souls to the Devil" (Fig. 12) is another version of "Devil." It depicts a successful outcome of the "Deal with the Devil," but focuses on cost both for women with breast cancer and for an environment subjected to toxic pollutants. The singular "I" of the first painting expands to incorporate the "We" of breast cancer culture, understood as an ecology, rather than just breast cancer culture. Whereas the stage in the first painting is a plain domestic setting, in this piece, the domestic scene here is opulent and elaborate. The room in this painting occupies more of the canvas than the outdoors seen through the full-length windows. Elegant, tiny, hanging lampshades light the room's interior; this luminescence extends outward and downward as small sparks or drops. The front is framed by opulent drapery.

Near the front in the left corner is a table set for tea and at the right a stand holds a book on which glasses are angled against its pages. A chair and easel, with a lush green landscape painting in progress, are situated just behind the tea table. The occupants of the room engage in leisurely pursuits.[97] This setting and the painting's title together with the book opened on the stand suggests Faust's acquisition of worldly riches and knowledge in return for his soul.

Just as Goethe's Faust just gives up his soul to the Devil in exchange for his acquisitions, Sigler's painting suggests that the appearance of normalcy and covering over of the trauma of breast cancer comes at a great cost. The pleasant setting of the parlor is disrupted by two oppositional representations. At the center of the painting stands an ornate dress; a large painting of another dress, plain and dark, the site of the mastectomy a bloody hole from which drops spill down its front sits to the side of it. To the left of this pairing sits the landscape painting, its pastoral representation creating a sharp contrast with the trees outside, their amputated, leafless limbs silhouetted against a fiery red sky, an environmental parallel to the dancing figures in the "Deal." Despite the pleasant

[97] Sigler's depiction of the rooms open to the outside world, either to the frame and the implied observer, or to the environmental context in which the building is situated, reminds one of the opening scene in Wilde's novel, a studio "filled with the rich odour of roses" and into which, through the open door, comes "the heavy scent of the lilac, or the more delicate perfume of the pink-flowering thorn" (5). Like Sigler's detailed painting, the settings in Oscar Wilde's novella *The Picture of Dorian Gray* are depicted with great particularity. Wilde describes Lord Henry's library as "a very charming room, with its high paneled wainscoting of olive-stained oak, its cream-coloured frieze and ceiling of raised plaster-work, and its brickdust felt carpet strewn with silk long-fringed Persian rugs" (40-41). Sigler's paintings gesture to this Wildean attention to the ornate. Throughout her suite of paintings, in amongst modern settings occur scenes filled with ornate furnishings and antique fixtures: heavy drapery, table clothes, vanities, candles and old fashioned evening dresses. Large, elegant windows open to both the greenery of thriving flora as well as the miasma of toxic fumes spewing from industrial stacks.

image on the canvas, the painting is framed by a statement from Greenpeace on the lack of "epidemiological studies that have investigated the role of exposure to non-chlorinated chemicals in human breast cancer risk" (93). The trauma of this disease, Sigler's art demonstrates, is both hidden and neglected through

Fig. 12: Hollis Sigler. "We Have Sold Our Souls to the Devil." © Hudson Hills Press. Used with permission.

disconnecting women from their bodies and lack of funding for or interest in environmental research in breast cancer.

The painting's title, together with the book and painting of a dress depicting the violence of surgery by the hole at the breast and the blood flowing down in contrast to the beautiful and undamaged dress on the stage, are strongly suggestive of another fictional demonic deal depicted in Oscar Wilde's novella *The Picture of Dorian Gray*. Dorian, after praying that he might remain as young as his portrait, maintains a youthful countenance despite his increasingly dissolute life. However, the portrait begins to alter mysteriously as he spirals downward in a life of unrestrained hedonism. It records his murderous acts and foretells his suicide when Dorian notices the unexplained appearance of real blood on his hands, which eventually extends so that it drips down to his feet.[98]

By gesturing to both Goethe's *Faust* and Wilde's *Dorian Gray*, Sigler's art critiques cultural pressures on women to hide the reality of their traumatic, disfiguring and terminal disease from view and to deny its connections to environmental devastation. Her painting suggests that a false image of health and wholeness comes at a great cost. Women, forced to wear an ornate, intact dress, must still privately contend with the horrific truth. The environment displays its devastation and Greenpeace makes the correlation between it and breast cancer, but yet the painting perpetuates an illusion of environmental well-being. Sigler directs her critique to the widespread falsification and trivialization of the

[98] Dorian's first sight of blood on the canvas: "What was that loathsome red dew that gleamed, wet and glistening, on one of the hands, as though the canvas had sweated blood?" (Wilde 145).

material devastation of humans and the environment. Women who participate in this are as implicated as those who do not address breast cancer adequately. Yet, the "We" of the title is ambiguous. Whom does Sigler address? The connection of the "We" to the "I" in the previous title seems to suggest women with breast cancer. By aligning women's and medicine's desires, and by showing how knowledge can be ill-gotten or subjected to the politics of funding or trends, Sigler also brings an assemblage of individuals and groups into oppositional and complementary intra-relationships.[99]

This dissertation has demonstrated that the body, and specifically the breast cancer body, cannot be reduced to an object. While the focus has been on overdetermining significations of women's bodies, I want to use Hollis Sigler's visual materiality of the breast cancer body to look at the problem of representation from another angle and in so doing suggest that Sigler uses this as well to develop her ecological motif of breast cancer. Through Sigler, we see the mastectomy from a cultural point of view in which the missing breast is coded as grotesque — a bloody site. However, Sigler's art puts forward another mode of conceptualizing the (missing) breast. The body and its (missing) breast can be understood as things. We can consider the body, like Maurice Merleau-Ponty, as "a thing among other things" (qtd. in Brown 4). By refusing to see the body as an object only, and by conceptualizing its "thingness," we might be able to develop

[99] By deploying religious paradigms, Sigler situates her critique as individual moral lapses. Through this allegorical framework, she places responsibility at the doorsteps of individuals as well as groups as much as she creates a politics of us vs. them. She situates the power for change at the local as well as the global level without prescribing how this change might be enacted.

more capacious discourses and narratives of bodies. But, what is the difference between object and thing? In Cartesian terms, the object requires a subject that encodes it, makes it signify. According to Bill Brown, the object, as a site of referentiality produced by the subject, thereby becomes transparent.[100] We no longer see it, but rather the codes that have been inscribed therein. The object subjected to a Cartesian gaze becomes invisible as discourse covers it over. The "discourse of objectivity," Brown suggests, "allows us to use them [objects] as facts" ("Thing" 4). We are reminded here of Alan Bleakley's argument, discussed earlier in the dissertation, that in medicine, the medicalized body is reduced to a conglomeration of data. The body as an object is displaced by facts or data. The same applies to the breast. As an object, it is a site of indexical and metaphorical coding. Its absence (absent thingness) requires a counter set of codes, reducing the absence to the grotesque, or a simulacrum to fool the eye and reinsert cultural inscriptions.

Sigler's art, by using a hole in dresses where the covered breast should be, boldly reproduces the transparency of objectifying discourse and takes transparency in another direction by her bloody materializing of the perimeter of the mastectomy. She renders the mastectomy as transparency, but rather than reiterating medicine's "discourse of objectivity," she provokes the viewer into seeing the breast as thing rather than object. As such, it can be represented in terms of engagements rather than by the codes that conventionally objectify it.

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[100] Brown provides a useful analysis of A.S. Byatt's *The Biographer's Tale*. A doctoral student, looking through a dirty window, opines, "I must have *things*." See Brown's discussions of this passage in his article (1, 4).

Breastless bodies, no longer functioning according to the referential codes assigned to them by gendered ideologies which women are subjected to most acutely in medical culture, are disrupted in terms of their status as objects. As Brown points out, developing Martin Heidegger's ideas in his essay "The Thing," a broken or disrupted object loses its transparency, that is, its erasure as in-itself in order to be objectified, and can then be encountered on entirely new terms. This produces, as Brown says, an "audacious ambiguity" (4). Using Brown's concepts of the thing, I suggest that the breast, as thing, is simultaneously *a* thing and *all* things. "[T]hings," Brown argues, "is a word that tends, especially at its most banal, to index a certain limit or liminality, to hover over the threshold between the nameable and unnamable, the figurable and the unfigurable, the identifiable and the unidentifiable" (4-5). Breast cancer, and therefore the breast, has been throughout this dissertation, a liminal thing, but in a feminine signifying system this is a matrixial borderspace.

The breast as a thing can continue to be subjected to indexical codes without being entirely reduced to them. To adapt Barad's opening statement in "Posthumanist Performativity," we can say that the breast-as-thing testifies "matter *matters*" (120). Spence, for example, writes that her deconstruction of "visual signs and symbols" that claim to represent women with breast cancer is simultaneously concerned with " the continual reconstruction of . . . signs in ways which are more in the interests of those they signify than those who traditionally control signs' production and circulation" (*Cultural Sniping* 135). Her photos I discussed are examples of the codes circulating in medicine, how

they claim referential and indexical authority, and how easily they can be disrupted.

Sigler's art of broken things, most especially the bleeding hole in her dresses, depicts the thingness of her breast cancer body. By "thinging" it, Sigler's art creates new relationships that recall Sedgwick's queering work in *A Dialogue on Love* through her mobile engagements with narratives and bodies. The breast cancer body as thing has implications for medicine's indexical representations. Sigler implicitly addresses the constraints of medical discourse and practices, together with cultural biopower and political negligence, through the thingness of her broken/missing breast. The mastectomy site is visually open to new forms of representation. By representing it throughout her collection as bleeding holes in otherwise intact dresses Sigler depicts the surgery as a perpetual wounding. As an opening, it also suggests a window, another thing that recurs throughout her collection of paintings. As Brown points out in his discussion of a fictional dirty window in A. S. Byatt's novel *Possession*, the window, when seen as rather than seen through, facilitates understanding it *qua* window. Seeing the broken breast/mastectomy rather than through it in order to ascertain its indexical coding, provokes rethinking how breast cancer, as a disease localized in a woman's body, is also intra-related to its environs.[101]

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[101] A brief timeline situates Sigler's environmental politics: The earliest study I located in *PubMed* that mentions environmental factors in breast cancer is an article published in the *Journal of the National Medical Association* in 1993. It lists environmental toxins in its summary, but makes only passing mention of it in "Metabolic and Secretory Factors" (Mansfield 218). Environmental activism re: breast cancer began most vocally with the Long Island Breast Cancer Action Coalition in 1990.Sigler's paintings, created in 1999, preceded Zillah Eisenstein's book *Manmade Breast Cancers* (2001) and scientific studies on environmental links to breast cancer in

That is, by depicting the mastectomy as a perpetual hole, Sigler creates the site as a frame that both things the breast (like Heidegger's jug in "The Thing," which as a thing, rather than an object of use, is a limit inside which pouring and containing occurs) and facilitates understanding breast cancer as an invaginated engagement with/in a devastated environment. The mastectomy establishes intra-relationships. The removed breast is the site of material suffering at the local level, suggested directly by the blood on the dresses, and is intra-connected with toxic environmental devastation by its contiguous relationship to the fiery skies of a devastated environment that also occur in the paintings. The hole provokes awareness of what is missing, both on the woman's body and on the lifeless, leafless trees. Horror creates the conditions for action.

Just as Heidegger's jug, read through Brown's theoretical lens, does and does not hold the air, so too, the mastectomy site does and does not hold cultural indexical codes. The mastectomy loses its object status as grotesque and becomes a site of movement within and throughout. The thingness of the breast/hole suggests important intra-relationships. The breast/hole, like Heidegger's jug is a perimeter in which the environment pours through. Sigler's representation of the mastectomy is, therefore, an ecology of engaging things as a pouring through. By thinging her breast, Sigler's art creates a new form of material movement we have not yet seen — the mastectomy as a liminal site through which its indexical codes and intra-relationships pass. Like Sedgwick's

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Long Island such as those by Marilie D. Gammon's et al (2002) and on environmental pollutants and breast cancer by Julia Green Brody and Ruthann A. Rudel (2003) were published in *PubMed*.

work most particularly, Sigler's paintings connect the local site of the mastectomy with the environmental context, the inside with the outside. This representation of breast cancer suggests the local movements and intra-relationships of an ecological system.

Collective Thoughts

These visual representations of post-surgical and post-treatment bodies, in which they are not objects of a gaze but subjects who determine how they will be seen, offer women with breast cancer mobility in self-representation despite the constraints of gendered norms about the representation and signification of the female body. We are reminded that material bodies are sites of inscription and codifications. Their collective point is not necessarily to refute this, but to generate a proliferation of significations. This profusion dethrones the normativity of gendered and racial bodies. Women can insist upon being recognized as the ultimate authority over their own experiences of breast cancer by breaking, de-circuiting, and forming new circuits, re-circuiting. The representation of breast cancer is also answerable to women. By using creative forms of representing medical events and bodies, women demonstrate that the constraints of medical discourse can be acknowledged and incorporated into one's own understanding of them and that the situation need not be one of only either/or, but also as both/and. By engaging with both possibilities within the frame of an image, one does not dilute the force of objectification or the trauma

of necessary breast cancer treatments, but considers them within a commons of complex engagements.

Through these engagements, visual art suggests that breast cancer is an ecology of intra-connecting micro-systems that include all forms of materiality, discourses and practices. To understand women's experiences of breast cancer, one must include not just the personal phenomenology, but also the environment and other perspectives that reverberate through the ecological system. To understand breast cancer requires the participation of multiple disciplines and experiences, varieties of signifying practices and narratives; it must allow oppositional forces to entangle; it must allow for sharp edges and blurred spaces, for ruptures and overlapping connections, for borderspaces of engagements without claims to sovereignty.

As women put themselves back into their breast cancer experiences, they also demonstrate that breast cancer is an ecology. They are both the occasion for their writing and art, and part of an entanglement of worlds, some which arise through their engagement with their illness. Breast cancer expands from the diagnostic enunciation into a complex arrangement of materialities and discourses that, in their interactions, generate still new engagements. The single medical treatment is a complex of entities that span temporality and space, epistemologies and rhetoric. As these women articulate their treatments related to breast cancer, they challenge how breast cancer is conceptualized by foregrounding ideological practices that shape it and the medical interventions that occur because of it. Moreover, and more compellingly yet, they renegotiate

the terms of their disease by depicting it as interconnecting ecosystems, both material and discursive. Breast cancer becomes, not just an umbrella term for a vast number of diseases as medical discourse describes it, but an umbrella for a vast number of systems that engage in a variety of relationships. Breast cancer is therefore a dynamic meta-system that alters constantly depending on the interactions within it. It requires, therefore, a vast complex of epistemologies and representations in order to capture its diversity and complexity in any significant way.

Conclusion:

Kathy Acker said it well, and so I reprise her words: I "try to make a text that [is] an 'environment'" ("Paragraphs" 89). Through critical explorations of medical environments and practices as well as cultural reception to breast cancer, I have suggested that the works in this dissertation collectively develop an environment in which the complexity and scope of breast cancer can be expressed, experienced and represented. Through their oppositional narratives in which they critique discourses and practices that silence and disempower them, breast cancer emerged as an ecology of intra-connecting micro-systems.

The women in this dissertation collectively produce worlds out of their difficult experiences. The overtly rhetorical qualities of their productions do not undermine or distract from engagements with grounding assumptions that shape how breast cancer is conventionally understood and represented. In focusing on their own individual experiences, they address large ideological issues affecting language, meaning and form. By using fluid strategies and tactics and by highlighting the porosity, fluidity and volatility of matter and discourses, they emulate the nature of breast cancer itself and participate in postmodern oppositional movements.

These women collectively create an environment that enables the particularities and vicissitudes of their experiences to be articulated, the capacious nature of breast cancer to be depicted, and the opportunity for diverse and multiple engagements with breast cancer to occur. Entanglements occur with

dirt, pandas, trees, myth, gender, race and texts. As Acker describes, to express her experience of breast cancer requires living in, consuming and exchanging material discourses through which bodies speak themselves. Janet Gilsdorf creates a hybrid citizenry navigating porous boundaries by working with the polysemy of medical language. For Sally and Eve Kosofsky Sedgwick, entering into the affect of having breast cancer connects human with non-human and invites a professional intimacy between woman and caregiver. Women's bodies become self-conscious sites of enunciation as well as inscription; the breastless torso, first deformed is then de-formed, becoming a canvas for articulating critical interventions. As Hollis Sigler vividly demonstrates, there is no "behind breast cancer"; rather, through her mastectomy she manifests the radical porosity of life, the vulnerabilities of human bodies and environments and their entanglements with space and time.

This dissertation has not focused on critiques of medical treatments *per se*, but rather of the traumatizing environments in which they occur. As I indicated in the Introduction, most of the women in this dissertation have died. Some make arguments against western medicine. Acker turned to alternative healing methods after undergoing surgery ("Gift of Disease"). Matuschka's mastectomy was unnecessary and she was awarded $2.2 million in her malpractice lawsuit (Sachs). The tragic truncation of life results from the absence of a cure for breast cancer or predictable remissions. My intention in this project was not to address this aspect of the medical record *vis a vis* breast cancer, but to investigate the unnecessary limitation of discourse surrounding breast cancer in

medicine, the practices that disempower women who enter medical domains, and the role of patient experiences and articulations in critical engagements with central issues in breast cancer culture such as causes and treatments, on the one hand, and the impact of ideologies that control bodies, subjects and power, on the other hand.

Strategies of Opposition

Women with breast cancer provide, to use Stacy Alaimo's words, "rich, complex modes of analysis that travel through the entangled territories of material and discursive, natural and cultural, biological and textual" (*Bodily Natures* 3). These diverse and complex interconnections cannot be captured by any one narrative, epistemology or semiotic system. They require many forms of signification, many kinds of narratives and genres, many forms of representation. They require hybrid citizens adept at crossing borders and skilled at interdisciplinary work. They also require translators to build floating bridges between seemingly disparate signifying systems. The women in this dissertation bring into sharp focus the cost of reducing breast cancer to privileged codes; they demonstrate the dehumanizing effects of alienating a human disease from the ecology in which it participates. In using their unique experiences in order to de-form and re-circuit large cultural motifs and ideologies, they depict how the local can articulate, in its particularities, messages of general importance that in turn enable other strategic and tactical oppositions.

Ironically, in producing individual patient narratives, women de-center the human from breast cancer. Women like Sedgwick, Gilsdorf and Sigler foreground their connections to "the vast stuff of the world" (Alaimo, *Bodily Natures* 1), and in letting their bodies speak they open up a space in which all "matter matters" (Barad, "Posthumanist Performativity" 120). Stacy Alaimo "explores the interconnections, interchanges, and transits between human bodies and nonhuman natures" (*Bodily Natures* 2). This, too, is exactly what women in my dissertation have been doing. They explore relationships between bodies and dirt, dirt and poetry, language and matter, text and subjectivity, human and non humans, humans and environments. They incorporate a vast array of worlds, from the surgical to the bedroom to the therapist's office to the toxic environment; from the indexical to the metaphoric to the mythic; from the male body to the female body to the non-human animal to the non-human. In exploring the personal experience of breast cancer, these works take their place among critical works by Alaimo, Karen Barad and others who focus on the material world through feminist lenses.

To sum up, I offer a reading of Sigler's final painting in her collection. Entitled "Is This Wishful Thinking? Maybe Not?" (Fig. 13), the painting presents a dystopic landscape of truncated trees rising from a barren earth and standing tall against a fiery sky. An easel and chair, like those in the companion paintings discussed earlier, are located at the bottom right of the canvas. On the easel is a painting of a green, lush tree, reminiscent of the landscape in "Deal." However, unlike "Deal" and "Souls," there is no framing text. Sigler brings the

tension of real and imaginary, of what is and what is hoped for, up again for the viewer to consider. The interrogative title both suggests the costly wishfulness that she critiques in the two paintings discussed earlier and proposes that the imagined might also be possible. Its ambiguous nature resonates with Elizabeth

Fig. 13: Hollis Sigler, "Is This Wishful Thinking? Maybe Not?"© Hudson Hills Press. Used with permission.

Grosz's assertion that "[t]he past, in other words, is always already contained in the present, not as its cause or its pattern but as its latency, its virtuality, its potential for being otherwise" (*Nick of Time* 254). In Sigler's art, the past together with the present creates an open future, and thus offers possibilities like

that described by Grosz. By underscoring the role of choice in how the past has occurred and the role of imagination in the open-endedness of the paintings — the absence of humans, the suggestion of a next step without indicating what that might be — Sigler creates a sense of latency. Something can occur, but what will occur is left up for speculation. Choice underlines both the opportunity for decision-making and the responsibility that comes with it.

I circle back, therefore, to Acker's idea of "environment." The works in this dissertation create an environment in which to re-consider breast cancer and the nature of the culture associated with it within and outside medicine's institutional walls. No political agenda emerges other than demonstrations that oppositional narratives are means by which individual lives and experiences can address forces that constrain and silence them. Collectively, these works remind one of postmodern grassroots movements that, rather than pitting themselves against hegemonic forces by mustering an anti-hegemonic organization, use the local and specific to develop oppositions congruent with their contexts, material lives and signifying systems.

Postmodern grassroots movements are strategic and tactical, on-the-ground. Gustavo Esteva and Madhu Suri Prakash argue in their book of the same name that "grassroots post-modernism" is a fluid and relational intra-connection among diverse and even oppositional groups and individuals. They describe a global commons that respects diverse histories, practices and investments and enables dialogues and intimacies as a model of political engagement. Rather than advocating yet another monologic culture or hegemonic structure to fight against

and replace the old forms, Esteva and Prakash argue that grassroots postmodernism resists any form of meta-narrative, whether political, religious, cultural or perspectival. As an assemblage of local movements, it respects the individual but refuses the domination of a powerful elite and the subordination of a group identified as powerless. Minority groups (that collectively form the majority of the global population) must be mobile and autonomous, self-determining and self-governing, even if their choices seem incomprehensible to Western sensibilities and norms. Moreover, each group must resist Western dominance in its own way; the collective resistance of local groups will both destabilize hegemony as a normative political paradigm and ensure that yet another hegemony's rise to ascendency.[102]

I suggest that the women in this dissertation offer multiple examples of creativity's transformational power to intervene critically in medical discourse. Their works are similar to postmodern grassroots movements in their approach as strategic oppositions that are individual expressions and interventions. They target aspects of a large ideological collective. However, they, like Esteva and

[102] In *Territories of Difference: Place, Movements, Life, Redes*, Arturo Escobar claims that indigenous groups "produce their own knowledge about the situations they face, and furthermore this knowledge often constitutes sophisticated frameworks that can no longer be overlooked in any discussion of globalization, whether from an economic, cultural, or ecological perspective" (3). Just as the West continues to assert its sovereignty in defining global identities, so too medicine, as we have seen all too clearly, assumes the same authority for itself as part of sovereign articulations of subjects and non-subjects. Escobar asks: "Whose knowledge counts? And what does this have to do with place, culture, and power?" (4). These questions have circulated through my own investigation. The tactics and strategies that are theorized in works by Escobar, Esteva, Prakash and others have much in common with the work occurring at the critical margins of breast cancer memoirs.

Prakash, advance ideas of resistance that respect and support individuals and contexts, and that acknowledge the complex engagements of forces in play.

Recent Critical Engagements with Breast Cancer Culture

More work clearly needs to be done on conceptualizing breast cancer differently. In the spirit of Ehrenreich's critique of pink culture, new books have emerged since I began my own project that foreground pressures placed on women to not only survive their breast cancer, but to thrive as "sheroes." Medical sociologist Gayle A. Sulik's has just come out this year with a continuation of Ehrenreich's critique. Like Samantha King's *Pink Ribbon Inc*., Sulik's text continues the critical tradition in breast cancer culture established by both her and Ehrenreich. Sulik's *Pink Ribbon Blues* is subtitled *How Breast Cancer Culture Undermines Women's Health* (see also her blog gaylesulik.com). It addresses medical consumerism, normalization, gendered ethos, and how women "become" survivors. She also recognizes "[s]ober accounts that reveal realism, cynicism, ongoing struggle, or death often fall on the margins. . . . these are the stories that authenticate the diversity of illness experiences" (14). Her point, which forms the impetus for my dissertation, substantiates the need for careful readings of marginal works, and the publication of her comments in 2011 demonstrates this is an ongoing concern. Barbara Ley's *From Pink to Green: Disease Prevention and the Environmental Breast Cancer Movement* brings more current (2009) information on environmental issues that began with women like Rachel Carson, Tempest Williams and Zillah Eisenstein. Lisa Keränen's

Scientific Characters: Rhetoric, Trust and Character in Breast Cancer Research includes a chapter on "stakeholder exclusion from and inclusion in the research process" (120). G.L. Hubbard et al, affiliated with the Cancer Care Research Centre at the University of Stirling, reported in 2008 "people who are ill and use services possess a specific kind of knowledge that is derived from direct and personal experience" (234). However, their research focus is on "consumers" who "identify and prioritise research questions, design projects" and "develop information sheets and other publicity material" (236). Thus, while this work appears to continue that of Bleakley and others, it remains within a paradigm of consumption that is at odds with women's challenges to be included in discussions on how "research questions" and "projects" are grounded in ideological assumptions.

As Evidence-Based Diagnostic Medicine (EBDM) becomes increasingly popular, the human aspects of medicine must not simply be included in clinical environments, but incorporated in critiques of the assumptions on which it is based. As Hubbard et al conclude:

> Despite the strides that the agenda of involvement has made in recent years, there are a number of reasons why it may not become mainstream. A major impediment is tension between the ethos of traditional research and the agenda of involvement, which, for many academics and people affected by cancer, encompasses an overly critical and competitive review process. (241)

In summing up, the article asserts “a good starting point is to challenge traditional research practices and cultures that act as barriers to involving people affected by cancer” (242). A search of a general academic database reveals, however, that Hubbard’s article and others like it are still emerging in a sea of traditional research. My dissertation takes up his and others’ challenges by locating voices that address “barriers” in ways congruent with current modes of thinking across multiple disciplines. The women in this dissertation need to be taken seriously if medicine is to move beyond where Hubbard and others locate it.

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