

Women's Breast Cancer Poetry: Voice, Identity, Contingency and Death

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INTRODUCTION

Breast cancer has been described as a biographical disruption that catches women between longing for what was (life before cancer) and fear of what will be (assaults on the body, pain, uncertainty and even death) (Martino and Freda 622). Cancer alters the relationship between the woman's body, the woman's sense of self and the surrounding world (Smit, Coetzee, Roomaney et al., 231; Herndl 221). How women process and interpret the experience of breast cancer - with its uniquely gendered, nurturing and sexualized associations - becomes a revealing exercise in finding one's voice amidst the pressures to narrate experience in certain societally and medically approved ways. In particular, I became interested in the disjuncture between the messages implicit and explicit in the medical model, and the points of view and understanding of women actually undergoing the experience of breast cancer.

In an attempt to better understand how women with breast cancer express their experiences with doctors, medicine and healthcare in writing, I reviewed poetry (and some prose) dating back to the 1980s and extending into the first two decades of the twenty-first century. To my surprise, I found many more poems written in the 1990s and early 2000s than in the following decade. Although I am not sure why, it is possible that contemporary women are more likely to turn to blogs and youtube videos for self-expression rather than to poetry. Thus, the majority of this analysis is based on poems produced in the latter years of the twentieth century and the very early part of the twenty-first century. It may also be relevant to know that I

read great poets and “ordinary people” poets - women who, not necessarily with any formal training, applied pen to paper or fingers to keyboard to express their thoughts, hopes and fears. As such, this survey is representative of many voices, while not inclusive of all. Because this work is not a literary analysis but rather a “data mining” exercise considering poetry as data (Shapiro 172), I treated all these works equally, paying less attention to craft and wordsmithing and more attention to the insights, stories and perspectives each woman discovered.

The Medical Model and the Poetry of Women with Breast Cancer. A large literature exists about the medical model and the medicalization of the body. For the purposes of this chapter, several aspects of this model have special salience. First is the emphasis on professional priorities and attitudes that can create a context of clinical coldness in the overall healthcare system, including hospitals, physicians and other health professionals involved in care of the patient. The hallmarks of this faux professionalism are a stress on efficiency and productivity (the smooth running of the system), transmission of information with the purpose of reaching medically approved decisions and thus a timely path forward, and instrumental intervention in the form of medications and surgeries (Kellerman A12). In this paradigm, compassion and empathy are implicit but not always manifest. Second is a determined focus on cheerfulness and optimism (McGrath, Jordens, Montgomery et al. 665-667; Setchell, Abrams, McAdam et al. 1891), which can support flagging spirits but, with inappropriate application, can also suppress the patient’s authentic voice. Third, with its emphasis on the recovery of existence “as it was” prior to the intervention of disease, the medical model assumes the desirability of prostheses and reconstructive surgery in an effort to “fix” the apparent deficit caused by breast surgery/mastectomy (Davis and Gonzalez 33-62; Remen 16). Finally, the medical model tends to celebrate survivorship (Ristovski-Slijepcevic and Bell 167; Ehlers 88), consonant with societal

movements such as Pink Ribbon (DeShazer, *Mammographies* 9), rather than admit the real possibility of recurrence, metastasis and death.

The healthcare system is a powerful one; therefore, its medical model is hard to resist. Indeed, who would want to stand against a model that works toward restitution and “normalcy,” a concept which, although shrouded in the science of statistics, has come to mean “the legitimate way of being in the world and the only version of a good life” (Michalko and Titchkosky 5)? Many women who undergo breast cancer, however, bump into the limitations and shortcomings of this model. Historically silent under the weight of social and medical pressures toward conformity and compliance, women in the 1980s began to find their voices in many permutations of the written word, including poetry.

Writing poetry about breast cancer initially seemed odd, even transgressive. When an early multi-authored collection of poetry about breast cancer appeared in 1988 (Lifschitz 1988), even the author of the foreword was somewhat nonplussed by its content. Echoing Sontag’s assessment eleven years earlier in *Illness as Metaphor* that “cancer is a rare and still scandalous subject for poetry” (20), P.H. Thompson described the topic as “a curious and rather narrowly defined theme ... [that] strikes a note at the least very peculiar. Who in particular would find appealing a book so bizarre in its limits [...]?” (Lifschitz xix). In a similar vein that reflects widespread mistrust at the time about addressing such an “abject” topic in poetry, Hilda Raz, in her poem “Day-Old Bargain,” records a male voice imploring the poet not to write about breast cancer: “When you give your breast / to cancer, for God’s sake don’t / write about it” (*Divine* 23). Since the last decades of the twentieth century, we have discovered that literary depictions of breast cancer can provide healing, resistance and commemoration (DeShazer, *Fractured* 7).

Women have certainly reclaimed their voices, in both prose and poetry; and that reclaiming raises further questions about their experiences and interpretations of breast cancer.

Cancer is by definition unruly, expansive, unpredictable and unregulated. Can poetry, often although not always a rigorous undertaking, somehow exert formal control over cancer? How can a poet match her art to the challenge of cancer? (Twiddy 12). In the end, these poets, spanning thirty years of verse about breast cancer, generally seem to conclude that although poetry may not be able to prevent death, and does not always even provide consolation, it does offer witnessing and the satisfaction of truth-telling. As Audre Lorde and Lucille Clifton bravely urged, poetry is an expression of the determination to share one's story. Poetry of course can be political (Faulkner 89), especially in the sense that it offers hitherto unperceived ways of discernment as well as radical visions of new possibilities and new worlds, even when these understandings and worlds make others uncomfortable. Poetry relies on the particular and the personal for its power, but it has implications beyond itself.

Restitution Stories and Experiences of Women with Breast Cancer in the Healthcare System.

In general, in the period reviewed (1980s to early 2000s), medicine and its practitioners still embodied a modernist view (Coll-Planas and Visa 885-886): the body is brought under control by medical knowledge, which can avoid or postpone death. The desired state of the body is predictability, order and cleanliness - as close to perfection as possible. In narrative terms, medicine relied then (and still relies today, in large part) on what the medical sociologist Arthur Frank called a restitution story, in which the patient is returned to her previous life, and her body is returned to its previous state of familiarity, predictability and control (75-96). In this model, the surgeon has the task of saving the life of a passive victim; the doctor's heroism is valorized,

and women's expressions of suffering are silenced (Bahar 1027). For obvious reasons, the restitution story has great appeal. A 2016 study of women bloggers with breast cancer confirmed that the majority told restitution narratives that legitimized health professionals, made extensive use of medical vocabulary, trusted medical knowledge and expressed gratitude to health professionals (Coll-Planas and Visa 888-889).

Quest Stories. However, the restitution story is not possible for many (perhaps most) cancer patients - even those who recover - for reasons discussed in more depth later in this paper. Another common story Frank identifies is the quest story, based on the work of the mythologist Joseph Campbell, in which a hero goes on a journey, suffers trials and tribulations and emerges transformed as a wise and noble leader (Campbell 63-94). Jackie Stacey's book *Teratologies* illustrates the ubiquity of this model, offering an astute analysis of cancer narratives at the time (1970s): the patient receives a diagnosis that shocks and bewilders, is thrown into despair, reassesses her values and the meaning of her life and ultimately rises up from the encounter a new and better person (12). This narrative also appears in many poems, albeit with certain variations. Other writers, however, have acknowledged the inadequacy of the quest narrative. For example, Ruth Picardie, a British journalist who documented her experience with breast cancer, asserted that breast cancer was not "an opportunity to live better, but an opportunity to resist the sentimentalization of suffering" (13).

Chaos Stories. Because of the inherent out-of-control nature of breast cancer – wildly proliferating cells, uncertainty due to the possibility of metastasis or relapse, and the contingency of mortality – it may be more accurate to say that breast cancer's narrative conforms best to yet

another Frankian construction, a chaos story (Bahar 1031-1032). In the chaos account, there is little understanding, no resolution, and great suffering (Frank 97-114). As we will see, many women writing about breast cancer express this sort of crying out, giving voice to an anguish that at times appears to have no other outlet. The women poets I reviewed tended to oscillate among the following Frankian narratives: longing for restitution while recognizing its impossibility; immersion in the suffering, anger and helplessness of a chaos narrative; and seeking transformation through a quest story (Frank 113-136). Unlike the Campbell model, these poets' depictions of transformation and transcendence avoid the sentimentality and uncomplicated, happy endings usually characteristic of quest narratives. In other words, their quests, although sometimes taking the classic heroic form, are often primarily focused on self-definition and identity formation, and are cast in the context of solidarity with other women with breast cancer past and present. (This sense of solidarity seems particularly strong in the poetry of African-American and Jewish women, many of whom come from families and communities decimated by breast cancer.) These poems acknowledge, even actively pursue, posttraumatic growth (Tedeschi and Calhoun 58-60; Calhoun and Tedeschi 138-175), while acknowledging suffering and rage, and insisting that identity is one's own to define.

WOMEN WITH BREAST CANCER IN HEALTHCARE SETTINGS

Losing and Reclaiming Voice. The traditional medical model can impose a kind of colonization, or takeover, of the body that reduces the woman to an object of scientific attention (DeShazer, *Fractured* 13) and privileges the authoritarian single voice of the physician (Bahar 1027) with a consequent loss of the patient's perspective. This "narrative surrender" (Coll-Planas and Visa 885) may be especially true for female patients, as women's bodies and the diseases of women's

bodies traditionally are perceived as particularly unruly, unpredictable and in need of control (Faith 1-10; Holliday and Hassard 1-18) . In this model, the patient's role is to be obedient to the physician's authority and expertise, passively fulfilling medical instruction. The implicit trade-off, as noted, is a promised restitution or a fulfilling journey.

Linda Pastan, writing "Clinic" in the 1980s, notes the medicalization of the body and the consequent loss of narrative control:

[...]we stand in line
for X-ray and EKG,
dressing and undressing,
clutching the charts
which slowly accumulate –
the only autobiography
we have left.

When did we stop
being part of our bodies
and start simply to inhabit them [...] " (60)

"Abstract/Concrete (about Louise)" is a piece of found poetry that concludes:

Being a cancer patient is like being an object in a factory,
Like going through an assembly line.
Each person at each station does something to me,
Disassembled [...]
Assembled [...]
Pieces put back together to make the new me,
And then, when it's all done,
I'm just going to be spit out. (Reilly, Lee, Lauz et al., 204-05)

After contemplating an image of her skeleton in "Bone Scan," Amy Ling realizes that the technology of medicine has erased her identity: "how can that be you? / Where are your Asian eyes / yellow-tinged skin, / flat nose, / straight black hair / - all the things that make you you [...]" (112-113). It seems there is little in the hospital experience to provide succor or support, or to acknowledge the uniqueness and individuality of each patient.

Reclaiming Voice. Scholars generally pay tribute to Audre Lorde as one of the progenitor “mothers” of writing about breast cancer as an explicit form of resistance against this medical colonization of the body. In her iconic *Cancer Journals* (diary format) and later in the poetry of her collection *The Marvelous Arithmetics of Distance* (written after her breast cancer had metastasized to her liver), Lorde put forth clear criteria for meaningful writing. Perhaps most important to her was resisting the silence that had surrounded breast cancer in the 1970s and early 1980s. She led the resistance, even though talking back - especially among minority women - is often seen as evidence of a troublemaker (Ashing-Giwa, Padilla, Kraemer et al. 418).

Lorde was one of the first to advocate for women to give expression to the particularities of their breast cancer experiences. Conceptualizing her own encounters with breast cancer, Lorde herself was firmly rooted in gendered, racial, environmental and feminist perspectives; but she did not require that other women uniformly share this approach. Rather, she stressed that all women speak their particular truths, and many followed her counsel. For example, in her poem “Isaac Stern’s Performance,” Hilda Raz instructs the reader, “I’m telling you cancer” (*Divine* 7); in other words, she is telling *her* cancer story. Judith Hall, in “Rimbaud’s Cancer,” issues a call to speak out, be angry: “Complain! Stamp a tiny foot against God” (36-37). Still, despite Lorde’s uncompromising leadership, the twenty-first century poet Felicia Johnson observes, “Breast cancer had bound us with paralyzing fear [...] / All I could hear were the silent voices of those affected.” (2010). In “Silent No More,” Helen Keys implores, “We can no longer remain silent / [...] Listen to the many voices of breast cancer” (60-62).

Though reclaiming voice from silence is crucial, there are pitfalls in figuring out how to tell one’s story. Consider, for example, what is an authentic voice vs. a co-opted voice? Does narrating a standard plot – a restitution story, for example, or a quest story – necessarily make it

inauthentic? How much of the “expected” or “normative” story has the teller internalized? To what extent is she telling stories others wish to hear vs. stories that she longs to hear for herself? What is the purpose of the story? Authenticity? Truth-telling? Consolation? Who gets to decide? These sorts of questions come to mind as we read poetry about breast cancer, noting that, in authors who have written at length about their cancer, different elements - of restitution, longing, fear, anger, acceptance - emerge in different poems (and sometimes within the same poem).

One possible thread of these women’s stories is an examination of how they represent their perceptions of their relationships with the overall healthcare system, physicians and ancillary health professionals committed to their care. Despite intentions of goodwill on both sides, these relationships are fraught from their inception for reasons that are not so much personal as structural and systemic. Interestingly, many poets never or rarely write about these topics, perhaps not wanting to waste precious time on people and places they see as peripheral to and often uninterested in their daily struggles. In reading their poetry, we must attend to absences as well as presence, noting all those places where we might expect a physician or other health professional to make an appearance, but instead find only aloneness.

Clinics and Hospitals. The healthcare environment described in these poems is usually cold and indifferent, starting with the impersonality of the intake experience. In “Impersonation,” Julia Darling attempts to subvert the mandatory medical paperwork by reinventing herself in an act of resistance:

I take time with
your NINETEEN PAGE FORM

in re-invented handwriting
 I write a false name [...]
 she [the woman she invents] will have no
 category or shoe size.

But she can't circumvent the system; she knows the receptionist will

[...] rip it [the form] to confetti
 and hand me another
start again properly
Mrs. Darling she'll snap
forms aren't funny. (11-12)

Next comes the mindless waiting for the doctor. Darling's poem, "A Waiting Room in August," portrays the polite, cooperative waiting to which most patients conform, which signals their acquiescence to the rules and expectations of the healthcare system: "This morning we polished // our shoes, so that they should wait / smartly. Our wigs lie patiently / on our dignified heads / Our mouths are ironed." Then she erupts in fury, rebelling against the dehumanization of this system: "Haven't we waited long enough? / Haven't we waited beautifully?" (14-15). Conformity to the rules of the system does not yield the expected reward for the doctor to appear, and beyond that, for cancer to conclude.

The hospital experience itself is equally dehumanizing, a place of spiritual barrenness that invites metaphors of deconstruction, disassembly and objectification, paralleling what is happening to the poets' bodies. The poem "In the Hospital," by Patricia Goedicke, notes the harshness, even cruelty of this supposedly healing environment: "When they came at me with sharp knives [...] / When they asked me embarrassing questions [...] / When they laid harsh hands on me [...]" (2). In "Cancer Winter," Marilyn Hacker describes the hospital as "bright and false as treason" (*Winter* 80), while Darling refers to her hospital as "half-built wastelands" (13). Darling's poem "High Maintenance" speaks with mingled defiance and desperation: "And if I sing, / and wear ear plugs, / I never hear the word / demolition" (9), reminding us that the

institutions that care for the ill are places of disintegration and decay. As Helene Davis writes in “Here and There,”

[...] Here, they cart away parts of your body piece
by piece and your hair and your eyelashes fall out [...]
[...] No one will take them away and
say prayers over them to make magic so that you will
become whole again. Here, no one forgives you [...] (61)

Using similar language in “Separation,” Miriam R. Krasno describes the hospital as an environment in which the body is “ripped apart [...] / [...] strangers take parts of you away” (17).

In the end, the hospital is often a place to flee - into either the liminality of survival or the certainty of death. In Darling’s words, “and the impossible hospital lay down its chimneys [sic] / its sluices, tired doctors, and waiting room chairs. / And I came here / It was easy to leave” (56). Of course, although I did not actually find any laudatory descriptions of hospitals in the poetry I reviewed, this does not mean such examples do not exist. As in the discussion of physicians below, there may be many factors to explain this relative absence of positive representation.

Women with Breast Cancer and Their Doctors. Although one would expect physicians to be empathic, compassionate and concerned, when doctors (often surgeons) do appear in these poems, they usually appear as rather distant, occasionally arrogant figures in their self-confidence and certainty. It is, of course, important to remember that the poems I examined are only patients’ representations of their physicians, in contrast to actual physician behavior. Many breast cancer patients feel positive about their surgeons (Dean 1748), although this is less true for women of color (Sheppard, Hurtado de Mendoza, Talley et al 143). However, since we have no record of these encounters, all we know is that these overwhelmingly negative portrayals of their doctors is what these poets wished to preserve. It may be that critical portrayals make for better

poetry. Perhaps these poets remembered their negative encounters more vividly than the more pleasant ones. Further, many of the poets were academics and/or feminists with an ingrained skepticism of establishment institutions, including medicine. Their discontent could have stemmed as well from a time when most surgeons were male, interacting with their female patients in a historical context that was itself often sexist and racist. Regardless, from their poetic accounts, it seems these women at times endured hurtful, insensitive behaviors from their physicians. Sometimes they confronted them; more often, they kept silent in the exam room. But they documented their mistreatment in verse.

Barriers of Communication. As represented in the poetry reviewed, the language physicians choose with their patients is harsh and unfeeling. For example, Clare Best's consultant in "Vital Statistics" mercilessly informs her that, based on family history, she has an 85 per cent chance of developing breast cancer. Best retaliates by comparing this number to other statistics (some apparently factual, some patently not) to show the absurdity and meaninglessness of such analyses. (Of note, she eventually decides on a prophylactic mastectomy.) (30). In "Swallowtails," V. Jane Schneeloch describes how the language of medicine begins to colonize her: "The doctor points/to small white flecks/on the dark film. /See? He says, some *abnormality*. / Another doctor says, *Cancer*, / and I must put that word in a sentence beginning with my name" (58). Similarly, in Darling's poem "Too Heavy," the medicalized language weighs her down, crushes her spirit, and deprives her of her voice:

Dear Doctor,
I am writing to complain about these words
you have given me, that I carry in my bag
lymphatic, nodal, progressive, metastatic
[...] I'm bent
with the weight of them [...]

[...] they tick like bombs and overpower my own
sweet tasting words. (16)

Instead of sympathizing with Darling's sense of being overrun by the language of cancer, the doctor mocks her silence: "*Where are your words, Mrs. Patient?/ What have you done with your words?*" (16).

In "This Breast Surgeon," Alys Cummings records her surgeon's obtuse stream of consciousness in reviewing her imaging: "Oh, I don't like this. I don't like this one bit," he mutters to himself, although she is sitting right next to him in the exam room. As the surgeon continues, she tries to regain a sense of control by comparing him to Picasso, perhaps ironically, perhaps hopefully: "He is good at drawing breasts. / He is good at cutting breasts. / He knows breasts" (2002). In Linda Pastan's "Routine Mammogram," the radiologist explains in a sexist and condescending metaphor, "We are looking for a worm / in the apple-" (46). Although we might hope that such misogynistic behavior has vanished, a 2017 poem by Janay Cosner ("I Knew, I Didn't Know") describes how two men – the surgeon and the patient's doctor-husband - talk over her head to each other: "I am a wilting wallflower in the room / as they discuss appointments- / a PET scan, blood tests, x-rays" (4). In these poems, the depersonalization and misdirection of physicians' language only serves to further wound an already vulnerable, hurting patient.

Physicians as Usurpers. Other poems express the sense of being overrun by the physician's view of their situation, with the result that the women feel exiled from their own lives. "Living in the New Extension" shows Darling employing the metaphor of "doctor gardeners" who have taken over her home: "Then, what was once my home was given over / to a team of doctor

gardeners, to phantom nurses” (26). They have literally colonized her house (a metaphor for her life). In this usage, the doctors are not benign cultivators but purveyors of pesticides who at the end of the day leave the narrator alone with her ruined life. In a poem that uses another garden metaphor, “That Was the Fruit of My Orchard,” Goedicke laments that her breast, this precious fruit, was plucked from the field of her body, and trampled by harsh, clumsy doctors (21-22).

Masks of Cheerfulness. In “Ink and Green Wash: In the Oncologist’s Waiting Room,” Hall comments unfavorably about doctors who “offer laughter constantly,” their unrelieved cheerfulness grating on her as she waits once again for her oncologist to arrive (31-32). This observation echoes Samantha King’s reference to the “tyranny of cheerfulness” (101-115) that plagues much of the breast cancer movement. Fleur Adcock, in “The Soho Hospital for Women,” also notes sardonically this fake ritual of cheerfulness: the doctor

turns his practiced smile on me:
 “How are you this morning?” “Fine,
 very well, thank you.” I smile too.
 And possibly all that murmurs within me
 is the slow dissolving of stitches. (1745)

The wonderful insertion of the adverb “possibly” conveys her protest and frustration. Darling appreciates that the physician’s falseness requires similar fakery in the patient, as portrayed in her poem “Macaroon”: “I must never be pale. I smile fiercely. Run. / There are words I must not say: pain or Macmillan [sic]. // [...]Let me show you / how heartily I can eat a macaroon” (36).

The Breast Cancer Marketplace. The ancillary members of the healthcare team who appear in poetry are mostly women, who we might expect to offer more personalized, compassionate care. The majority of poems reviewed, however, are more likely to render them as representatives of

Cancer Inc. (DeShazer, *Fractured* 87) and the Breast Cancer Marketplace (Ehrenreich 43-53) - more interested in “selling” the restitution story than in understanding the individual needs and desires of their patients. For the most part, in poetry they seem willing accomplices of the doctors and the healthcare system that employs them. In poems that do not shy away from anger, the poets reserve special wrath for these individuals and the products they promote to restore a certain stereotypic femininity. For example, in “Breast Care Nurse” Best describes the blithe cheerfulness of her nurse: “She whistles in flat shoes, primary colours, / wide smile,” and she nonchalantly advises her patient, “Remember to take some softies when you leave - / nobody’ll guess. Then call and make a date / for silicone ones, any size you fancy [...]” (38). The poet resists this automatic assumption that a patient will want to masquerade her new appearance from others, as well as the supposed “benefit” of having the opportunity to select her breast size.

In “‘Girl’ Friends” Cosner writes:

The topic today areola nipple tattooing-
[...] The “breast” specialist talks about women
recapturing our former selves.

She has other services available -
[...] to make our beauty everlasting.

You can look even better than you did.
Some of us frown, others’ eyes tear up. (62)

This author, who in other poems mourns the loss of her sexy, alluring appearance in very stereotypical terms (the forfeiture of her blond hair, bikini, tan and flat stomach) (65), feels defiant as she asserts that women are more than their beautiful bodies. She adopts the language of Lorde and other feminist writers as she concludes, “we are...warriors” (63).

COMMUNITARIAN DIMENSIONS OF BREAST CANCER

In *Welcome to Cancerland*, Barbara Ehrenreich notes the “ultrafeminine” cancer narratives in mainstream breast cancer culture that are characterized by gratitude and positivity, with little or no anger or reference to the larger issues of race, class, access to care and environmental contamination implicated in breast cancer (Lorde, *Cancer Journals* 65-66; DeShazer, *Fractured* 12). Indeed, because society by and large accepts the medicalization of cancer, it tends to see the disease primarily as an individual problem, and relies on personal blame or heroics to resolve it. Women whom others perceive as “not caring about their health” do not take preventive and screening measures to protect themselves from cancer, do not seek treatment early enough and consequently may die. Heroic women and their heroic doctors fight valiantly against the disease and triumph over it.

In claiming their voices, many of the poets I reviewed also emphasize a triumphalist individual autonomy, privileging the search for personal self-growth and transcendence over more socially situated communitarian approaches (Bahar 29-31; Klawitter 74; Hunsaker Hawkins 193). Focusing on the systemic and structural aspects of breast cancer is only occasionally in evidence, and is more likely in writings of African-American and Jewish women, who often have suffered generational and communal losses to breast cancer. Perhaps in consequence, they appear more motivated to look beyond their individual experience toward what they perceive as the greater evils of environmental pollutants, racism, anti-Semitism and militarism.

Race and Ethnicity. Unsurprisingly, given their history of exploitation and mistreatment in the healthcare system (Williams, Mohammed, and Shields 2138-49; Heiney, Hilfinger, Felder et al

217-24), African-American women are most adamant in their suspicion of the medicalization of the body and their physicians. In “No News is BAD NEWS,” an anonymous woman writes,

They sit you in the room
They wait for hours
and hours and hours
before they tell you anything.
No hurry now – I’ve told myself
and I done decided it’s BAD NEWS.” (Kooken, Haase, and Russell 907)

The patient sees the endless waiting as a lack of caring, a lack of communication, and she reclaims control, deciding on her own what the outcome will be. Similarly, in “The Pink Ribbon Shield,” another African-American woman writes, “You have to watch / when you go to the doctor. / Sometimes, they be in a hurry / [...] But they come in the room / [...] never looking at me” (Kooken, Haase and Russell 909). Finally, in “ERAC” (care spelled backwards), the anonymous poet describes

Two doctors examining me
talking to each other,
as if I am not there.
I guess I should be glad
at least they talk among themselves.
It is the only way to get
information about myself. (Kooken, Haase and Russell 911)

In the same poem, she wonders whether her doctors are “scared to touch me / [...] because I am ... African-American?” (911).

As already noted, Lorde consistently interprets her breast cancer within her experience as a black woman in a racist, sexist culture. Like Lorde, many of Lucille Clifton’s poems routinely place her own breast cancer in a similar context. In “1994,” she warns women to avoid denial and speak their own stories: “you know how dangerous it is // to be born with breasts / you know how dangerous it is / to wear dark skin” (493). In “Watershed,” Tracey K. Smith, an African-

American poet, tackles environmental contamination from a DuPont factory as a possible contributor to her own and others' breast cancers. She understands this as just one more sign of oppression and inequity:

Dupont: did not make this information public
 declined to disclose this finding
 [...] They knew this stuff was harmful
 And they put it in the water anyway [...]
I suspect that the Earth may be a place of education [...] (2017)

In "We Carry: I Carry Personal Stories," Felicia Johnson writes about the cost of breast cancer's legacy across generations: "I am a generational breast cancer overcomer [...] / We carry breast cancer disease attacking our women [...] / We carried our tears [...] / We carried the shared experiences..." (2010).

Marilyn Hacker, who was Jewish, repeatedly situates her personal suffering within larger, collective suffering. She demonstrates awareness of other women living and dying with cancer and acknowledges "how lives are braided / how those women's deaths and lives, lived and died, were / interleaved [...]" (*Winter* 75-76). When she can't sleep because of her terror about recurrence of her cancer and imminent death, she tells herself her circumstances are not as bad as Auschwitz. Like most post-Holocaust Jews, she commits to life, all the while noting her own unimportance in the scheme of things: "I'm still alive, an unimportant exiled Jew" (81).

Environment. Alicia Ostriker locates her cancer within the larger context of the Gulf War, thereby gaining perspective on her private suffering, and declares in favor of activism rather than despair: "[...] although we can perhaps do little to heal either the world or ourselves, we can do *something*. Something is not the same as nothing" ("Scenes" 197). In "The Mastectomy Poems: The Bridge of Fantasy," pursuing the theme of profit-driven environmental contamination she

notes that a carcinogenic world has created the cancer cells that have planted their “Judas kiss / Inside the Jerusalem of the breast” (1996). Jo Shapcott peppers her thoughts about breast cancer with allusions to the Iraq war and climate change: “[...] those other / places where all the frontiers end with a question” (4). Susan King also addresses possible environmental factors in her disease (30-31) and situates marches advocating for breast cancer research and funding within a long tradition of political activism (95-97). What all these writers have in common is a refusal to define breast cancer only as an individual affliction, rather acknowledging it as complicated by larger societal and structural concerns - only one instance of suffering in a world filled with injustice and sorrow.

LOSS AND THE QUEST FOR A NEW IDENTITY:

APPEARANCE VS. TRANSFORMATION

Mastectomy as a Threat to Identity. Breasts are socially constructed in the sense that, at least in modern Western culture, they have come to be synonymous with feminine desirability. But obviously breasts also have subjective, very personal meaning for the women to whom they belong; and this meaning often involves their identity as maternal, erotic and sexually desirable beings. Thus, a cancer that threatens the breast may also threaten identity, both in the eyes of others and in one’s own eyes.

In “A Wait,” Caroline Webb-Wiltshire grieves the disappearance of a breast that a man once held and kissed, that a child suckled (2016). Other writers regretfully celebrate the form, functions and delights of the breast. In “Breast Count,” Irish poet Marie Cadden remembers her breasts “brimful of squashy / choice for the mouth, / lush pasture for the eyes, / undulating

landscape / on a balanced horizon” (22). Others, like Che’Vonceil Echols, fear that without a breast they will no longer be lovable or desirable:

My perfectly lovely round brown breasts
Aren’t so perfect, lovely, or round anymore
And I can’t help but wonder
Will he still love me tomorrow? (8)

After her mastectomy, Echols reflects in “Who Am I?”: “My Name Is Self-Hatred / Yeah, Call Me That! / ‘Cause Nobody Love A Woman With No Breast” (80-81). The contrast between the plumpness of the breast and the flatness of the mastectomy scar is a constant reminder of the sense of diminishment in her own eyes and in the eyes of society. In her poem “Mastectomy,” Kay Schodek focuses on the ugliness of mastectomy: “My terrain’s dry / and flat as baked clay” (40). Ostriker describes her scar as “...a skinny stripe / That won’t come off with soap / A scarlet letter lacking in meaning” (*Little Space* 203); she’s been branded not for the temerity of adultery, but for having a fallible body.

Women often find the resultant absence of symmetry particularly distressing, reverberating symbolically as an existential threat to wholeness, balance, equilibrium and what society has told them is the “normal” condition. In “After Surgery,” Alice J. Davis views herself with disappointment: “I am lopsided / flatter than a boy” (41). Cummings reflects sadly on a blue dress, a reminder of her “before” when she had “both sides matching” (2002). When Goedicke looks in the mirror, she wonders, “Who is that lopsided stranger?” (33), and Susan King confesses that she doesn’t “have the guts to greet the world each day/as an amputee [...] / [...] Think of the connotations of ‘unbalanced’” (59-60).

While appearance does matter, many poets are ready to “forsak[e] symmetry for survival” (Shaughnessy 17). Best, for instance, is unambiguous about what she has gained. In “Consolations,” she begins with a list of trivial benefits – hearts closer when she hugs her lover,

no bras to ruin the wash, no bouncing boobs when running, but ends poignantly by pointing out she has traded her breasts for life: “press your ear to this ribcage, / hear me live” (54). After the passage of time, in “Seduction,” she writes that her breasts have been “excised, remembered, grieved / and almost, now, forgotten” (56).

Prostheses and Reconstruction. Rosemarie Garland-Thomson identified the role of appearance in the medicalization of women’s bodies: socially constructed ideologies of normalcy and beauty see the female body as something primarily to be gazed at (1557-58, 1567). Cancer makes the already less-than (because not-male) female body “leaky” in Shildrick’s terms - unpredictable, unstable, contaminated (10-14). The role of the surgeon is to restore the patient from the margins where disease has relegated her back to life at the normative center through vanquishing the unruly cancer but also through recreating the body that existed previously (i.e., with two breasts).

There is no question that many women long for their pre-cancer breasts, in part because they symbolize pre-cancer lives. In “Untitled (About Carol),” the authors channel her voice: “My life was smooth before. / But there’s this rough patch. / Having cancer. / But now it’s getting smooth again” (with reconstruction) (Reilly, Lee, Lauz et al. 196). Susan Krebs Deerfield writes about the importance of reconstruction for her: “Being whole is worth any cost” (“My Breast Cancer Journey”). After initial stanzas that show estrangement from her body, mourning the loss of her hair, and wondering if she will ever feel like a woman again, she writes, “My body has changed but I’m now so alive / my future no longer looks bleak, / I see myself now as the woman I am, / I’m no longer, in my mind, ‘the freak’” (2013). With reconstruction of her breast, she appears to feel restored to her pre-cancer state.

Commented [SJ1]: Here I think the usage is appropriate because I refer to normalcy as an “ideology”

In the restitution narrative, the idea that reconstruction or prosthesis could be rejected seems irrational and unthinkable, because it restores (an approximation of) external appearance. This narrative is one that is comfortable for many breast surgeons because it conforms to their training to “fix things.” Interestingly, as various poets sort through their sense of loss and mutilation, their disappointment at the emphasis on appearance, their frequent rejection of prostheses and reconstruction and their eventual (although sometimes ambivalent) embracing of their status as “one-breasted women,” in their poetry itself they do not share any of this journey with their doctors. Of course, we don’t know *why* there is no poetic evidence of such conversations. Did they not occur? Were they not deemed important enough to be transformed into poetry? It is possible that, because of the dominance of the restitution narrative and the medical model, women accepting their one-breastedness might have worried about negative judgment from their physicians. Regardless, I did not discover poetic evidence that such conversations occurred.

Early feminist poets uniformly questioned the push toward prostheses, and Lorde unequivocally saw prosthetics as a step that disempowered women, an expectation that forced them to deny the truth of their current situation. Later writers often similarly resisted what they deemed a misplaced emphasis on appearance rather than subjective sensuality or chosen self-image. Other more contemporary poets echo the dismay and anger Eve Kosofsky Sedgwick expresses in her essay “White Glasses.” Participating in a hospital support group, Sedgwick is shocked when a social worker reassures the participants that “with proper toning exercise, makeup, wigs, and a well-fitting prosthesis, we could feel just as feminine as we ever had and no one (i.e., no man) need ever know that anything had happened” (69). These poets comprehend that restoring appearance is not, in fact, the same as regaining their pre-cancer body. Best

mourns the loss of her nipples in “The Nipple Place,” (44) and in “Flatlands” describes her chest as “regions of polar snow-/uninhabited, no sensation” (45). In “Circles,” Carol Dine reflects, “Tomorrow, I will remove a bandage / unveiling /the plastic surgeon’s rendering - / my tattooed nipple / that cannot be suckled or aroused” (253). Further depersonalizing the reconstructed breast, Raz emphasizes the commercial nature of her prosthesis:

My new breast is two months old,
 [...] stays cold under my skin
 when the old breast is warm;
 catalogue price, \$276. My serial number,
 #B-1754, means some sisters under the skin
 [...] my new breast is sterile,
 will never have cancer. (*Divine* 24)

The Single-Breasted Amazon. Lorde’s vision of the Amazon warrior gave post-mastectomy women an alternative to the restitution story. It is important to note that Lorde offered this image not as a warlike metaphor, but as a proud adaptation to life-threatening circumstances. Deena Metzger’s poem “I Am No Longer Afraid” is another early celebration of the one-breasted body: “I am no longer ashamed to make love: / [...] I have the body of a warrior who does not kill or wound” (71). In her accompanying iconic bare-breasted photograph, she proudly displays the tattoo across her chest that symbolizes life and renewal.

The image of the Amazon occurs frequently in other women’s poems, sometimes in celebration, as in Pastan’s unambiguous identification with one-breasted Amazon women in “Routine Mammogram” (46-47). Ostriker’s poem “Wintering” includes a similarly straightforward call to Amazon status: “A woman should be able to say / *I’ve become an Amazon, / Warrior woman minus a breast, / The better to shoot arrow / after fierce arrow*” (*Little Space* 209). Best writes, “We are warrior women, marked by a lack of breast - / [...] We

live by our wits, we live on the move” (“Amazons” 48). In her poem “Asymmetry,” Susan King affirms the value of her new form and defiantly asserts, “I am a living sculpture; I am / in-the-flesh performance art.” She admonishes the reader, “Resist the impulse to center the remaining breast, / to cut it off. Live with the discomfort. / You will learn to find me beautiful” (48-49).

Some acknowledge the image while adding an ambivalent twist. Clifton welcomes Amazonian iconography: “what is the splendor of one breast / on one woman?” – but it is not an uncomplicated embrace. She warns that if she, or any other woman with breast cancer, “...begins to cry // if you do, you will cry forever” (491-92). Shaughnessy describes herself as a reluctant Amazon with a “quiver full of fears,” observing that she did not choose this designation, though now “the deed is done” (19). Cosner yearns time and again for the restoration of her old self – beautiful, sexy, flirty. Still, “Now, bald, hollowed by a surgeon’s knife / [...] I tunnel into my ruined self / and transition to a scarred warrior” (82).

Post-Traumatic Growth and Challenges to “Normalcy” in an Altered Body. Some poets’ confrontation with their radically changed form at times suggests debased abjection (Kristeva 1-3; DeShazer, *Fractured* 43). As we have seen, this not-uncommon sentiment is promoted by medicalized understandings of breast cancer that women can internalize and experience subjectively. However, at some point many of these poets question their initial reaction and ultimately embrace their difference as transgressive. Some challenge how much the breast really matters. Joanne Selzer asks in “Breasts,” “What’s a breast? Illusion” (55), reflecting voices in the lesbian and transgender communities that push back against the assumed primacy of the breast. In “White Glasses,” for example, Sedgwick describes her lack of attachment to and identification with her breasts, and disputes the idea that they are central to either her sexuality or her identity

(69-71). In “The Lost Breasts,” Pat Riviere-Seel confesses that she didn’t even especially like her breasts (37). Less can be more, these poets assert.

Poets who resist the dominant definitions of femininity and what it means to be “normal” in this manner reject the idea of being less-than because they are, in one poet’s humorous phrase, “...on the lighter side / that would be the front” (Hartung 15). Ostriker, in “Wintering”, takes to heart a friend’s words: “*You know what? You’re the same person / After the mastectomy as before. An idea / That had never occurred to me*” (*Little Space* 210). In “Normal,” when she returns to teaching, colleagues tell her she looks normal, making this judgment of course based on her external appearance. She replies defiantly, “I am normal” (211), recognizing the paradox that, were these same people to see her naked body, they would pityingly assess her as “not normal.” Instead, she claims her one-breasted self as a valid way of being in the world, and in doing so upends conventional definitions of “normal.” Echoing Ostriker, Lois Tschetter Hjelmstad states in “Affirmation” that while mastectomy is indeed a disfigurement, it “Need not include / My soul” (81).

Such reinterpretations and revisioning may contain an element of posttraumatic growth (Brennan 1-18; Sears, Stanton and Danoff-Berg 487; Tedeschi and Calhoun 58-60). Rejecting what they perceive as an empty pursuit of appearance, these women embrace transformation instead (Wear 81). Poet Lisa Katz (elsewhere in this book) asks, “Couldn’t we / admire the ruined, the torn, the perfect / error [...]?” (“Reconstruction”); and in “The Form,” she declares “[...] I will accept / the transformation, for worse or better: / the wife into bird, the mother into stone. / Not least of all I want the story meaningful.” Similarly using images from nature, Shaughnessy describes herself as “yew-burnt. / yew-red. / new” (18), including the metaphor of a trial by fire from which she emerges not unscathed, but transformed. After losing her breast,

Commented [SJ2]: I think the use of the word “normal” in this context is appropriate, because it is the title of the poem and the language the poet uses to redefine normality. In terms of the specific sentence the reviewer questioned, what I was trying to say is that, just as queer theorists reclaimed this pejorative label and fashioned it to their own purposes, Ostriker in her statement “I am normal” claims that as a one-breasted woman she too is “normal.” I’ve tried to revise the offending sentence so this idea comes through more clearly.

Ostriker commits to “love myself courageously” (“Scenes” 188), as she is. A sense of possibility seems inherent in Best’s “The Surgeon’s Album.” After her doctor shows her photos of full and partial reconstruction and implants, she muses, “[...] But how would I look/ flat? No extras. Straightforward scars” (31) and then decides against reconstruction. In a later poem, “Recovery Room,” Best knows that in fact she will have to reconstruct herself piece by piece (35).

Others echo this sense of potentiality. Riviere-Seel writes in “The Lost Breasts” that, with her breasts gone, she now has “a place to begin in, space that could become anything // freshly plowed earth [...] / waiting for new life” (37). Similarly, Tschetter Hjelmstad sees clearly in “Last Day” that “Life will go on, of course[...] / but I will not / be the same” (32). In “Ward Thirty-Six,” Darling does “[...] the crossword, find[ing] new words / for ‘wreckage’ and then ‘rebirth’” (49). Her life is ruined, but there is a possibility that, Phoenix-like, she will rise again. In “I’ve Been through Something” the anonymous author acknowledges, “The scars are the wounds from the battle. / I’ve been through something. / The scars are the birthmarks – renewed life” (Kookan, Haase, and Russell 913). In “Self-Portrait without Breasts,” Best decides that, although she’s been “manscaped, hills removed [...],” she chooses to believe her lover when she tells her she is “even more beautiful now” because she has become an explorer, a seeker - because now she has developed “an ear for truth” (42).

Baldness Is Also a Threat to Identity. Loss of a breast is devastating, but loss of hair is also traumatic because of its close association with female identity. Many authors describe baldness as a form of spectacle and nakedness, a symbol of vulnerability in a society that judges by appearance. In “The Nakedness,” Christine Stoddard compares herself unfavorably to an egg or

space alien (2015), and in “Cancer Cat Sonnet,” Cummings compares herself to a cat losing fur (2002). When her hair falls out, Echols worries, “Does that mean I am no longer glorious? No longer favored? / No longer beautiful? / No longer desirous? / No longer wanting?” Her poem is an ode to her hair, but she also says with tough resignation, “I’ve learned how to live without it” (2-8).

At other times, these poets embrace their baldness as an opportunity for new perspective. Although in other writing Cosner compares herself bitterly to a “piece of popcorn waiting to be popped / a soft-boiled egg, / a Genoa jellyfish, / a billiard ball jumping off dark corners” (39), in “Christmas Cancer” she sports a hat that reads “My Oncologist Does My Hair” (20). Cummings is advised to get a wig and “Get on with it,” but she is “bewitched by [her] bald head” (2002), and in “Hairless,” Shapcott watches a bald woman “[...] about to raise her arms to the sky; / [...] as she prepared to sing, to roar” (8). Baldness too is an opportunity for identity transformation. Whether hairless or breastless, women resist the imperative for restitution, even as they long for new images, new ways of understanding what their bodies have become - embracing rather rejecting, seeking not appearance but a way toward compatibility with who they now are.

FACING (CONTINGENT) LIFE AND DEATH

Early feminist writers realize that silence is a malignant veil dropped not only over breast cancer, but also over death itself. In her classic poem “A Woman Dead in Her Forties,” Adrienne Rich admits that “*we never spoke at your deathbed of your death/ but from here on / I want more crazy mourning, more howl, more keening / We stayed mute and disloyal / because we were afraid*” (53-58). In fact, research finds that women with breast cancer think about, write about and create art about existential questions of death, meaning and purpose (Reilly, Lee, Lauz

et al. 202). Sometimes these writers' views of death differ considerably from the narratives of physicians and larger society that emphasize invulnerability, predictability, certainty (DeShazer, *Mammographies* 175) and survivorship. It is well known that oncologists have difficulty broaching end-of-life discussions with their patients (Fine, Reid, Shengelia et al. 595-603; The, Hak, Koeter et al. 1376-1381). Further, the medical model often fails to address the reality that, because of the instability of survival, "survival itself can constitute a crisis" (Caruth 3-12). The women in this review wrote extensively about their possible or impending death. What is striking is that these musings, at least as described in poetry, never occur in connection with physicians or health professionals, but instead remain highly personal interrogations.

Living a Contingent Life. In her book *Fractured Borders*, DeShazer points out that the fundamental problem for women with breast cancer is uncertainty as to whether the disease will recur (3). This awareness challenges a linear, coherent narrative in which the patient either dies or is cured, and highlights the ongoing disruption for many women whose lives are not necessarily better but different and uncertain. The contingent nature of their existence going forward is prominent. Adapting to her changed body, Marian S. Irwin writes in "Post-Mastectomy-Week One," "The hard new path / I follow [...] / I am my own unknown [...] / I weep the loss / and wait / whatever certainty remains" (32). Slone-Crumbie goes to Hawaii but can't escape thoughts of recurrence ("The Fear"). Tschetter Hjelmstad writes that "Perhaps maturity is / Knowing there are no answers. / And finding the courage / to live without them." (108). She has, at least in this moment, learned to live without certainty, truth, perfect faith or even answers.

Contingency and uncertainty are the inevitable and often unresolvable outcomes of even temporary life. In “Waiting Room,” Darling powerfully juxtaposes waiting for ordinary things with a miracle that will mark the end of cancer: “I’m waiting for / the drugs to work, / this rain to stop, for results, / the tea to brew / paint to dry, // my hair to grow, morning, / the weekend, a miracle” (23). In “Don’t Worry,” another poem by Darling, this staid Englishwoman counsels other breast cancer patients to “Behave badly. Lie on the floor. / Throw a tantrum if you’re bored. / Be late, / Be sordid. Eat six pies.” After all, she reminds the reader, “[...] Beneath your feet / worms aren’t worrying” (25). Death awaits, so why worry what the living think?

Survivorship as a Quest Narrative. If contingent life is a challenge, it is also a second chance. Some poets enthusiastically embrace survivorship as an exemplar of the quest narrative, seeing breast cancer as an experience that has made them better, wiser people. Tschetter Hjelmstad sees breast cancer as a gift because it is a reminder of mortality, a way of learning about oneself and connecting with strength, courage, joy and the preciousness of life (40). In “Cancer’s Impact,” Slone-Crumbie uses an acrostic to enumerate all the positive impacts of cancer: it has adjusted her attitude, renewed her focus and created a purpose-driven life (2015). Susan King analogizes her experience with breast cancer to an alchemical process, a painful but valuable transformation:

When heated directly by fire,
 the fire of trial, the heat of disease,
 infernos of grief and penury,
 the clay we’re made of,
 will it crack and shatter,
 or will it thicken against the blaze
 a shield, refractory, infusible?
 [...] Can we
 hold under the terror,
 the torment of transforming

under the forge
 until we are
 bearers of light [...] (24)

These poems are consonant with a larger sampling of women's attitudes toward breast cancer in general. A 2019 meta-analysis of qualitative breast cancer research concluded that most studies found that women typically viewed changes brought about by breast cancer as positive and an opportunity for positive self-growth. Moreover, experiencing breast cancer often results in a strong commitment to other women dealing with the disease (Smit, Coetzee, Roomaney et al. 241-42).

Challenging the Primacy of Survivorship. Some writers push back against the elevation of survivorship that is conveyed in the quest narrative (DeShazer, *Mammographies* 1). Ehrenreich confronts the “mindless triumphalism” of survivors that denigrates the dread and the dying: “Did we who live ‘fight’ harder than those who have died? Can we claim to be ‘braver,’ better people than the dead?” (43-53). Sandra Steingraber, who experienced bladder cancer and whose mother died of breast cancer, dedicated her collection of poems *Post-Diagnosis* to “nonsurvivors.” (7). In her poem “In Response to a Promotional Ad Claiming that the Number of People Who Have Survived Cancer Could Now Fill the City of Los Angeles,” she makes the point, “And the nonsurvivors fill the Pacific Ocean, / the Grand Canyon, / and the whole of Antarctica. / They fill our silences / And they fill our mouths / when we try to speak” (11-12). Reflecting a similar desire to honor the dead, Hacker notes in her “Journal Entries” that when a nurse brings in photographs of former patients “This routine to induce optimism only made me think of the photos she didn’t have and would never show” (“Living” 211). Elsewhere, Hacker reflects on the dead and how they died:

If I'm one of the victims, who survives?
 If I'm – reach for it – a survivor, who
 are the victims? The heroic dead,
 the ones who died in despair, the ones who died
 in terror, the exhausted ones who died
 tired?

[...] I sit, tethered to a present tense
 whose intimations of mortality
 may ultimately make no difference
 to anyone, except of course to me,
 and finally, to nobody at all [...] (*Winter* 91, 93)

The only answer? Be in the present: “My future, though, is coming toward me fast / [...] All I can know is the expanding moment, / present, infinitesimal, infinite.” (Hacker, *Winter* 91-95).

Ostriker too struggles against her own survivor guilt, first ridiculing the clichés about survival before finally confronting the difficult truth: “Or do I smile in order not to collapse in guilty grief at the thought of the dead?” (“Scenes” 175).

Death Itself. Acknowledging the contingency and uncertainty of survival as well as the simplicity of survivor triumphalism, requires that these poets authentically face the possibility of their own deaths. Some approach death with dread, loss of control and sorrow. After a grim metaphor of a road blocked by entropy, ending in a ruined castle, surrounded by bald and blighted trees, Hacker begs, “I don't know how to die yet. Let me live.” (*Winter* 86). In “Getting Well,” Raz receives a present of four hairs from the head of another breast cancer patient that have been pressed into a book. She is unsure of the message: “[...] Work / can keep us alive to the world? / Writing down some truth will help?” (*Living* 134-135). The interrogatory structure suggests she doubts the efficacy of either work or writing to ward off death. Cosner, taking a reflective pause, realizes she could vanish in an instant: “Poof! / I evaporate in a cloud / of pink dust, / return to ashes” (71). Ironically, breast cancer pink still surrounds her, only now it is a

symbol of her death. Eavesdropping on the ordinary sounds coming from the people she loves in an adjoining room, Kelina Leeks wonders “If this is what it will sound like/when I am gone” (31).

For still others, sadness is tinged with acceptance. In “Remission,” Pastan reflects, “It seems you must grow / into your own death slowly, / as if it were a pair of new shoes / waiting on the closet floor.” (57). Aimee Grunsberger gives a rare passing nod to her physicians in “If the Doctors Are Right,” in which she attempts to prepare for death: “I’ve got to make some order / stop wasting what little is left.” She decides watching the lunar eclipse “seems worth a look,” while mourning that everything will go on “without me” (54). Yet, like others, she also celebrates that she is at that moment still alive.

As Silver contemplates her own death in “Limitless,” she confesses that, while she wants to stay, when she must leave, she wants her last words to be “I loved it all” (2002). A similar sense of gratitude for life’s bounty is expressed in Susan King’s “As Death Approaches,” where she writes, with some amazement,

I can’t believe I’m laughing!
I’d have sworn
I’d be shaking or sniveling
[...] That’s why I’m laughing,
I’ve had so much love
[...] So this laughter
I had to work up to
through so many tears
it just keeps coming
like a fountain, a spray.
Let it light on you
refreshment, benediction,
as I’m driven away. (127-128)

Lorde knew that awareness of one’s own mortality could be a means of helping both herself and other women (Barnes 775). “The whole terrible meaning of mortality as both

weapon and power” must be examined, she says (Lorde, *Cancer Journals* 51). In her later work, *The Marvelous Arithmetics of Distance*, Lorde often appears ready to face her death: “*I am not afraid to say / unembellished / I am dying / but I do not want to do it / looking the other way // Today is not the day / It could be / but it is not*” (7-59). “Restoration: A Memorial 9/18/91” analogizes death to “[...] a burnt star / perched on the rim of my teacup” (Lorde, *Marvelous* 40). Here, death becomes almost friendly, familiar, even cozy. Ultimately, though, her mastectomy scar reminds Lorde of her looming death:

I still patrol that line
[...] along the scar
the surest way of knowing
death is a fractured border
through the center of my days. (*Marvelous* 52-53)

Even reconciled to her passing, she mourns “How hard it is to sleep / in the middle of life” (*Marvelous* 60).

FINAL THOUGHTS

The medical model, which objectifies women’s bodies by emphasizing the technology of care, still holds sway in the treatment of breast cancer patients. For thirty years, in their poetry, women with breast cancer both long for the promises of the restitution story and resist its controlling dominance (the silencing of their voices, the certainty of its doctors, the assembly-line organization of its systems) as well as its falseness (the substitution of appearance for reality, its denial of suffering and death). In telling their own stories, these poets often begin with a cry of chaos. Although they understandably yearn for a story of restitution, they frequently come to adopt positions very different from the narrative favored in the medical model. Often, from desire or necessity, they commit to a journey, in part a classic quest story, resulting in a more

aware, more meaningful life, but absent the cheerful sentimentality that characterizes the Panglossian conclusion that everything, even cancer, is all for the best. While celebrating contingent survival, many reject the primacy of survivorship and pay tribute to all those who do not survive their disease. Still others open themselves to the possibility of personal transformations that encompass a different way of being women in the world - one-breasted Amazons who know that their vulnerability is what gives them strength.

Most of these writers know that they can never put their life back as it was before. They mourn the loss, they struggle with the contingency of the future and the possibility of death, but they also embrace their moment and their new selves, sometimes in dread, sometimes with acceptance, always with courage.

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