Mammographies
DeShazer, Mary K.

Published by University of Michigan Press

DeShazer, Mary K.
Mammographies: The Cultural Discourses of Breast Cancer Narratives.

_for additional information about this book_
https://muse.jhu.edu/book/24186

_for content related to this chapter_
https://muse.jhu.edu/related_content?type=book&id=899474
The critical term autothanatography is in one sense redundant, for as Susanna Egan acknowledges in *Mirror Talk: Genres of Crisis in Contemporary Autobiography*, “the spectre of death hovers over all autobiography, usually unnamed” (196). However, in breast cancer memoirs written by women whose disease has metastasized to stage four and whose demise seems imminent, death’s spectral presence emerges as central to the narrative in ways potentially problematic for both writer and reader. As Egan notes, autothanatographers wrestle with existential as well as textual questions.

How does one represent the unrepresentable? And why? . . . How does one connect representation of living persons to representation of their dying bodies so as to persuade a reading public that this profoundly disturbing experience is not obscene? How to make narrative sense of a body that is intrusive because often in pain and a time whose anticipated trajectory has been radically foreshortened? (195–97)

Unrepresentable moments of psychological crisis or bodily abjection, potentially intrusive textual renderings of suffering, subsequent loss or gain of textual control, and ethical conflicts of open self-disclosure versus “obscene” confession pervade life writing about deathward dissolution. In this form of autobiography the narrator often wavers between subject-in-process and subject-in-erasure, an anxiety-producing position. Moreover, as Egan observes, any reading public that engages autothanatography “has its own fear to contend with and its tendency to avoidance or denial, self-protective forms of resistance that say ‘not me,’ ‘not really,’ ‘not yet’” (197). Hence readers may resist autothanatography or respond with voyeurism or horror, despite the dying memoirist’s desire to avoid conjuring it.
Nonetheless, when narrators and audiences engage life writing about dying in ways that are mutually respectful, perhaps even mutually constitutive, they collaborate, implicitly or explicitly, in the production of textual and testimonial agency. The results of such collaborations are narratives of suffering and witness that Arthur Kleinman describes as transactional, Arthur Frank as interhuman, and Egan as dialogic (cited in Egan, 197). In Mirror Talk Egan summarizes well the distinctive features of autothanatography: “Dialogic forms of narrative juxtapose the disappearing act of lived experience and the production of the record so that the autothanatographer is restored from fading body into the community of text even at that most singular moment, ‘in the face of death’” (198). Through polyvocality, reciprocal mirroring, readerly identification, and textual restoration, a reader-writer contract can evolve via narrative “co-responsence” (3). Einat Avrahami makes a similar point in The Invading Body by arguing that as readers witness “the materiality of bodily transformation and deterioration,” they confront their own “moral and rhetorical complicity” with text and writer (133). Furthermore, since time elapses between moments of writing and moments of reading, readers of autothanatography are frequently aware that the writer has died although the subject-in-representation lives on. Hence reader and narrator together engage a textually embodied presence even as the reader recognizes the subject’s corporeal absence. Granting a dead or dying subject discursive legitimacy and existential meaning thus requires textual collaboration.1

Two British journalists who published feature articles and subsequent memoirs about living with and dying of breast cancer, Ruth Picardie and Dina Rabinovitch, illustrate well the restoration from fading embodiment to communal textuality. Their writing forms the basis for this chapter, which probes the interweaving of medical, maternal, and sartorial discourses as these writers chronicle for an avid reading public their final months of life.2 Picardie’s seven columns for Observer Life magazine, published in the weeks before her death in September 1997, recount her struggle to reframe breast cancer as but one of her embodied identities. In these essays she employs a narrative voice understandably anguished on the one hand, surprisingly hilarious on the other, as she explores the intersections of corporeality, motherhood, and terminal illness. Picardie’s memoir, Before I Say Goodbye: Reflections and Observations from One Woman’s Final Year, is a hybrid text composed of her magazine
columns, emails to and from family and friends, letters from readers, and posthumous tributes by her husband and sister, the book’s editors. This collaborative narrative documents the memoirist’s ravaged body, resilient psyche, and eventual death via narrative strategies of strategic self-exposure, polyvocal textuality, and communal memorialization.

Rabinovitch’s 2004–7 columns in the *Guardian*, along with the memoir published shortly before her death in October 2007—*Take Off Your Party Dress: When Life’s Too Busy for Breast Cancer*—and her fundraising blog, “Take Off Your Running Shoes,” illuminate the shifting autobiographical, cultural, and memorializing contours that have shaped postmillennial breast cancer narratives. Unlike Picardie, Rabinovitch challenges medical hegemonies and pink-washing in ways that reflect shifts within the feminist breast cancer movement from awareness to resistance. In addition, by representing her experience of metastatic breast cancer as publicly as well as privately meaningful, Rabinovitch employs what S. Lochlann Jain terms an “elegiac politics,” an analytical framework that “argues for pushing the private face of cancer cultures—grief, anger, death, and loss into the public cultures of cancer” (“Living in Prognosis,” 89).

---

**Shifting Corporeal Identities: Ruth Picardie’s Last Will and Testament**

What is at stake for writer and readers in confronting autobiographical representations of dying bodies? In *Lost Bodies: Exploring the Borders of Life and Death* Laura E. Tanner argues that “thinking about the body in the context of mortality” reveals its liminal status and complicates the cultural contexts in which it circulates. “Although we cannot talk about the body outside the mediating discourses within which it is culturally constructed,” Tanner explains, “we cannot, at the same time, disentangle knowledge or perception from the living-moving body through which we experience the world” (7). If ill bodies have long been “lost to cultural view,” as she contends, then memoirs of terminal illness reinstate somatic visibility and invite readers to affirm a living body even as a narrator describes its disintegration (2).

Picardie’s representation of the multiple, contingent bodies that she
inhabits as a metastatic breast cancer patient can be analyzed through a series of questions that Sidonie Smith poses in a valuable essay on women autobiographers and embodiment, “Identity’s Body.” The first questions—“Whose body is speaking?” and “What are the implications for subjectivity of the body’s positioning?”—can be used to illuminate Picardie’s narrative representations of medicalization following her diagnosis and subsequent unsuccessful treatments, including chemotherapy, radiation, and various holistic therapies (271). Picardie’s first Observer Life column of June 22, 1997, juxtaposes an account of her stable relational and professional life before breast cancer with the unstable future she confronts upon learning that her disease has metastasized. The narrator’s use of direct address via the second-person pronoun you, followed immediately by a shift to the first-person plural we, invites reader identification.

You’re 32, a stone-and-a-half overweight . . . but, still, life is pretty great: you’ve got a husband who can make squid ink pasta and has all his own hair, your one-year-old twins are sleeping through the night and, as for your career—well, you might be interviewing George Clooney next week.

And that lump in your left breast, the one you noticed after you stopped breastfeeding last summer? . . . your lump, I’m sorry to say, is actually cancer. Or should we say lumps, because, oops, it’s spread to the lymph nodes under your arm and in your neck, which means it’s stage three cancer and you’ve a 50:50 chance of living five years. (44)

Picardie portrays vividly how a metastatic breast cancer diagnosis disrupts domestic contentment, forecloses professional opportunities, and erases any presumption of a normal life span. As if these concerns were not troubling enough, the narrator further acknowledges having recently learned of her liver and lung metastases: “Abruptly, you enter the bleakly euphemistic world of palliative care. Pollyanna commits suicide” (45). This stark rendition of quick movement from diagnosis to palliation stuns readers, and shock might well turn to voyeurism were it not for Picardie’s implicit invitation to respond as reciprocal witnesses to the unfolding crisis of a medicalized subject-in-process.

Any hope readers amass that alternative therapies or massive chemo-
therapy might improve Picardie’s prognosis dissolves upon encountering the opening paragraph of her August 3, 1997, Observer Life column, in which she reveals further metastasis.

It’s official, then. After nine months of talking bravely about 50:50 survival rates . . . of bone disease being a really “good” form of secondary breast cancer . . . of a new, “natural” chemotherapy regime which is showing really promising results . . . of confident declarations of recovery from my healer and Chinese doctor . . . I now have a brain tumour . . . So no more false dawns, no more miracle cures, no more Alien-style eruptions of disease (I now have a “full house” of secondary breast cancer sites—or “mets,” as we professionals like to say). The bottom line is, I’m dying. (68)

In this passage Picardie unmasks the optimistic discourses of both Western and Eastern medical practitioners who have purveyed false hope despite her cancer’s spread. While her chatty tone, wry appropriation of medical colloquialisms, and casual presentation of a devastating prognosis initially deflect attention from the seriousness of her plight, Picardie’s final proclamation—“I’m dying”—positions her narrative subjectivity as that of a terminal cancer patient.

As Picardie disavows once more her internal Pollyanna, she wrenches the fantasy of miraculous recovery away from readers as well. While she claims not to be surprised by her brain tumor, since she has experienced frequent severe headaches, she admits fearing that she is “going bonkers” despite her oncologist’s explanation that her brain’s affected right frontal lobe is not essential to cognition (69). His subsequent reassurance that “the liver disease is going to get [you] before the brain tumour” comforts her in a macabre way (69). After outlining for readers the effects of secondary liver cancer—nausea, appetite and weight loss, extreme itching, jaundice, and severe pain—Picardie finds only slight solace: “Turning into a bruised lemon is, I reckon, better than going mad” (69). As a critically ill speaking subject with tumors in every major organ, she represents her breast cancer body as incurable and delivers that news to readers in an elegiac yet witty manner.

An additional question that Smith raises in “Identity’s Body” is relevant to Picardie’s textual presentation of her disrupted maternal body: “What are the strategic purposes and uses around which the body has
been autobiographically mobilized?” (272). A grieving maternal discourse devoid of self-pity is evident in her first Observer Life column, in which she confides her bone metastasis and diagnostic shift to stage-four breast cancer. At that point, Picardie explains, both she and her physician begin to rationalize.

Your oncologist tells you that this is the “best” secondary breast cancer to have, because the skeleton isn’t a vital organ and you can live with it for years. . . . As for not seeing your babies grow up, better to have had half a life with your beautiful children than a whole life without. (45)

Readers immediately recognize, however, that secondary cancers are life-threatening and that as the mother of infant twins, the writer has enjoyed not half a lifetime with her babies but merely a year. Picardie turns to gallows humor in her third column, published a month later, complaining that “having a terminal illness is supposed to make you extremely wise and evolved, turning you into the kind of person who thinks, ‘What is being 11 stone compared with the joy of seeing my children run through a flowery meadow as if in a junior Timotei ad?’ Unfortunately, I just can’t get my head around Zen meditation” (57–58). This wry representation of children as imaginary advertisement fodder wards off reader pity, even as the writer challenges culturally sanctioned visions of a terminally ill woman’s capacity for maternal transcendence.3

Picardie’s deflection of sympathy through humor dissipates in her next Observer Life essay, in which she confronts the secondary cancer that has invaded her brain. In this August 3, 1997, column the writer mobilizes her maternal body as a site of mourning.

What hurts most is losing the future. I won’t be there to clap when my beloved babies learn to write their names; I won’t see them learn to swim, or go to school, or play the piano; I won’t be able to read them Pippi Longstocking, or kiss their innocent knees when they fall off their bikes. (69)

This litany of lost maternity evokes death’s power to snatch the writer’s future, as she laments her coming absence from her children’s daily lives. To be sure, Picardie briefly turns again to mordant humor in an attempt to undercut her anguish: “(All right, so I won’t have to clean pooh out of
the bath, or watch *Pingu* for the 207th time, or hose spinach sauce off the floor.”) (69). However, as she writes about preparing memory boxes for her twins, Lola and Joe, Picardie evokes her readers’ emotional identification and invites compassionate witness: “How do you write the definitive love letter to a partly imaginary child?” (69–70).

This question haunts Picardie’s friends and readers, as is evident in their letters reassuring her that the children will remember her. A friend identified as Carrie insists to Picardie via email,

> I have done some reflecting on the issue of J&L’s memories of you. I am not saying this to make you feel better. But I think they will remember you. Firstly, I remember before I was 2—I have memories that nobody would ever have bothered suggesting to me because of their complete banality. . . . Secondly, you are so central to their little lives that they will ask about you constantly, and be shown photos and videos and you will be talked about. (63)

*Observer Life* reader Sarah Briggs assures Picardie that her children will come to know her through her columns: “I have just read your article in the *Observer* and felt I must write to you—don’t worry if you are unable to compile memory boxes for your beautiful children—just make sure someone keeps this article for them and they will understand and know what a wonderful person their mother is” (71). And reader Susanna Harris affirms, “Your kids will always know what a special mother they had. Scant consolation, I know, for not being there. But life is cruel at times, and there’s no point in avoiding that fact. Your memory will stay alive forever, in your Matthew’s mind, in that of your friends . . . And the tales that everyone tells will build up a picture for your kids. And that will help them” (74).

Picardie’s forthright discussion of anticipated maternal loss thus facilitates communal witness.

Another question from Smith’s essay “Identity’s Body,” “Is the autobiographical body being given to the reader, or withheld?”, can be usefully applied to Picardie’s narrative use of sartorial discourses, as she confesses an obsession with negative body image exacerbated by her breast cancer diagnosis and treatment (272). A comical discussion of finding appropriate clothes after gaining weight from medications begins early in Picardie’s *Observer Life* columns, alongside an evolving addiction to therapeutic shopping. In her July 27, 1997, column she complains that while “everybody thinks cancer makes you thin . . . I’m getting fatter
and fatter” and describes her daily garb as “clever Ghost clothes with elasticated waists”; in a subsequent column she admits that “it’s bloody tough living in limbo, not knowing exactly how long I’ve got left,” then deflects her worry by asking rhetorically, “Can I justify going to the next Ghost sale, and who gets my black skirt after my death?” (57, 70). In these passages Picardie employs mordant humor and seduces readers who can identify with her gendered bodily angst.

Picardie offers further sartorial confession in a column published four weeks before her death, in which she jokingly extols consumerism as an antidote to despair: “After months of careful research, I have discovered a treatment that is a) cheaper than complementary therapy; b) a hell of a lot more fun than chemotherapy, and c) most important, incredibly effective! Retail therapy!” (90). Despite a bounced credit card and a swollen brain, the writer feigns relief that her “other problem—my enlarged liver—I believe has been solved by my later splurge at Whistles sale (blue skirt, lilac shirt). Even if the dread organ doesn’t shrink, the clever bias cutting hides most of the lumps” (91). At the end of this column she asks her audience to stay tuned for publication of a self-help book she is writing, Shop Yourself Out of Cancer. As these examples attest, Picardie uses strategic exaggeration to shift readers’ attention from metastases to fashion dilemmas.

This self-deprecating discourse of clothing consumption occurs as well in email exchanges with friends that are incorporated into Before I Say Goodbye. In a February 25, 1997, email to India, for instance, Picardie confides plans for an upcoming holiday with her husband—“FIRST NIGHT WITHOUT THE KIDS”—and admits that she “blew 425 pounds on underwear (including stomach hiding silk slip) from Agent Provocateur” (24). Although she acknowledges this purchase as excessive, she justifies it as a distraction from her prognosis and an affirmation of her marriage: “Stupid, or what? But I look like such a slob most of the time, and Matt will be so excited and, what the fuck, I’m dying. You can wear it after I’ve kopped it. Bye!” Picardie signs off “From a Pig,” signaling both her worry about weight gain and her pleasure in having exceeded the boundaries of retail propriety. In subsequent emails to India, Picardie describes herself as “busy finding my inner Shallow Fashion Bimbo before I die,” reassures her friend that “you ALWAYS look fabulously well-groomed, chic, elegant, stylish and make me feel even more like an overgrown student,” and again extols the distraction of shopping.
My life as a fashion bimbo continues: yesterday bought pair of linen trousers (elasticized waist) and linen shirt from Hobbs (my new favourite shop, though size 16 jacket was too tight) and new pair of (brown, three strap) Birkenstocks. What is happening to me? But it is such good therapy. I wish summer would hurry up: I never know what shoes to wear in the winter. (29–31)

The irony of a dying woman wishing time would speed up rather than stand still, merely for the sake of easier shoe selection, evokes readers’ elegiac laughter, as does the speaker’s wry sartorial detail.

The fact that Picardie did not live to see her columns, letters, and emails published in Before I Say Goodbye raises issues discussed here regarding the ethics of representation (chapters 5 and 6, this volume). The posthumous publication of private emails—a decision made by Picardie’s husband and sister but with the agreement of the authors—invites the question of whether Picardie’s permission was ever sought and granted. In his foreword Seaton assures readers that Picardie wanted her emails and letters included should her memoir ever be published: “Ruth knew she had left a rich resource of writing in her e-mail correspondence—in fact, it was her idea that any book of hers might include a selection from them. In compiling this book, I know that we have been carrying out her wishes” (ix). Readers can thus conclude that Picardie endorsed Before I Say Goodbye as a project of self-memorialization.⁴ A further aspect of the book’s memorializing capacities is the inclusion of a final Observer Life column by Justine Picardie that announces her sister’s death and an afterword by Seaton that shares details of his wife’s last days. Readers learn from Justine Picardie that Ruth entered hospice, “confined to a wheelchair, and very weak” but still engaging with her family and noticing “the small things that make people happy yet are too often forgotten: the colour of a bright lipstick, the scent of late-flowering sweet peas, the pleasure of a newly-planted pot of lavender” (106–7). Justine further testifies to Ruth’s ultimate inability “to breathe without oxygen, choked by the obscene tumours that had invaded every part of her brave body,” and to her sister’s peaceful face immediately after dying, “though her eyebrows were raised in a slightly quizzical manner: as if to say, how can this be?” (107). Seaton’s commentary reveals his wife’s sporadic bouts with dementia, her alternating modes of gentleness and willfulness, and his own suffering as Picardie distanced herself from him, often angrily labeling him her
“gaoler,” as a wrenching but “a necessary part of letting go” (128–29). As witnesses to Seaton’s grim testimony, readers wrestle with both the ethics of his revelation and the validity of his claim “that the true meaning of dying is its absolute loneliness”—an assertion mitigated by his subsequent acknowledgment that Picardie’s children remain “her piece of the future,” by the communal nature of Picardie’s columns and emails, and by the dialogic autothanatography that is ultimately published (129–31).

As Kelly Oliver has argued, witnessing is “the constitutive event and process” of human subjectivity (17). Reader identification with Picardie’s narrated life and death thus evokes an ethical encounter with the subjectivity of another human facing the abyss, as we must all eventually do. Such encounters induce a collaborative form of witness that in Oliver’s view “is the heart of the circulation of energy that connects us, and obligates us, to each other” (20). Although such interconnections circulate powerfully in Picardie’s memoir, they remain more personal than political. Her testimony does not critique hegemonic medical practices, question the economics of the breast cancer marketplace, or challenge mainstream cancer culture. As we shall see, comparing Picardie’s memoir to Rabinovitch’s highlights differences in cultural perspective between premillennial and postmillennial autothanatographies.

Shifting Cultural Contours: Dina Rabinovitch’s Dying Words

A London-based journalist who specialized in children’s literature and family issues, a wife-mother-stepmother at the center of a blended family with eight children ranging in age from two to nineteen, and an Ashkenazi Jew with strongly held Orthodox beliefs and close ties to Israel, Rabinovitch was diagnosed in 2004 at forty-one with an aggressive form of estrogen-negative, stage-three breast cancer. From September 2004 through August 2005 she wrote a fortnightly features column for the Guardian, “Getting to Know the Enemy Within,” that candidly chronicled her cancer experience, attracted thousands of readers, and received journalistic acclaim. As her health declined over the next two years Rabinovitch provided update articles for the Guardian; published the memoir Take Off Your Party Dress, a revised, expanded version of her columns; and began a fund-raising blog that she entitled “Take Off Your Running Shoes.” The final posting on her blog, a personal and cultural lamen-
An additional theoretical question that Sidonie Smith explores in “Identity’s Body” can help readers probe the contingent modes of bodily identity that Rabinovitch represents: “What specific body does the autobiographical subject claim in her text?” (271). As with Picardie’s narratives, Rabinovitch’s columns and memoir present maternal, sartorial, and medicalized bodies in discursive registers that range from witty to grief-stricken. Rabinovitch’s narrative differs from Picardie’s, however, in its use of outrage—at the British medical establishment’s experimental treatments on stage-four patients despite virtually no hope of remission, at breast cancer culture’s crass displays of October pink, at widespread cultural silence about the reality that mothers everywhere are dying even as their daughters, sisters, and friends don ribbons and run races.

As an autobiographical subject Rabinovitch claims a maternal body that is familial as well as culturally inscribed. As the nursing mother of a son, Elon, who is almost three when she is diagnosed with breast cancer yet who still enjoys a nightly dose of “meee,” his word for breast milk, and a mother-stepmother to other young children who wander into the room when she is bathing or disrobing, Rabinovitch recognizes her precancer body as not entirely her own. Her narrative recounts moments prior to her diagnosis in which she has happily given her breast to Elon for nourishment and has comfortably exposed her body to domestic observation. Breast cancer represents a major rupture in these mutually pleasurable acts of corporeal revelation. The surgeon who diagnoses her, having probed in alarm her 7-centimeter “Tony Soprano of lumps,” insists that she stop breast-feeding immediately and sends her home after biopsy with her breast bandaged yet oozing, too painful to be touched (25). A huge part of Rabinovitch’s embodied maternal identity must therefore shift, given her earlier claim that “I can breast-feed anywhere, and have done, including on top of a camel in the Sinai desert” and her prior delight in conversing unclothed with her children during their bathroom forays (15).

Rabinovitch’s early representation of her maternal body as a source of agency and nurture is complicated by her uneasy admission that she did not heed her body’s warnings. She acknowledges to her consulting breast surgeon, and subsequently to readers, that although she found a small lump during pregnancy, she did not consult a doctor until three
years later, when it “felt like a rectangular slab of metal embedded inside” (7). When she asks her surgeon, “I should have come earlier, shouldn’t I, childlike, seeking dispensation,” both she and we as readers are relieved that he “offers it instantly. ‘We don’t talk about what’s already happened, no, no, no, it’s closed’” (2). What distracted Rabinovitch from investigating the lump were the bodily rhythms of pregnancy and lactation and a complex domestic life with an infant and seven other children, not to mention marriage and a multifaceted journalistic career. Post-diagnosis, Rabinovitch’s embodied identity and her household routines change of necessity. She describes, for example, her anguish at telling Elon that she can’t feed him anymore when he cries “I only want meee,” and she recounts her dismay at finding her ten-year-old daughter weeping in the bathroom after her mother loses her hair from chemotherapy, afraid that her hair too is thinning (71, 86).

In narrating her struggles with sartorial as well as maternal embodiment, Rabinovitch scrutinizes her breast cancer body’s subjection to public and private gazes. She often does this humorously through a pragmatic focus on fashion issues for the post-mastectomy woman, from how to choose a party dress that deemphasizes her one-breasted status to which types of organic cotton are comfortable enough not to irritate her irradiated chest. A recurring issue is what an ill woman wears when being photographed, as she often was while conducting interviews with Philip Pullman or Madonna and attending public functions as the wife of a prominent London attorney: “I am now adamant that I don’t want clothes that fake it. I want a look that works with the reality of my body. Not the ‘cumfie’—soft, foam-filled stuffing for the gap in my bra” (129). Rabinovitch also recounts amusing sartorial anecdotes about her children: a teenaged daughter’s text message that reveals discomfort with her mother’s baldness (“Pls, Mum, can U wear hat to pick me up. XXX”); her toddler son’s glee at pulling down the neckline of his mother’s carefully selected bathing suit to reveal her breastless chest to an astounded lifeguard. Although she admits occasionally desiring to conceal her one-breastedness, Rabinovitch’s narrative self-disclosure publicly affirms her breast cancer body.

Another question that Smith raises in “Identity’s Body”—“Where is the body narratively to be found and how does it circulate through the text?”—resonates in Rabinovitch’s memoir as well (271). A survey of the narrative body’s representation in Take Off Your Party Dress reveals a catalog of adjectives whose connotative weight threatens to strip agency
from the speaking subject: flat, scarred, skewed, foggy, battered. Yet Rabinovitch also proffers a post-mastectomy counterdiscourse composed of present participles that connote embodied vitality: healing, writing, cooking, shopping, interviewing. Through use of a strategically fluid autobiographical lexicon she affirms multiple, if contingent, embodied identities.

Two additional questions from Smith's essay—“How is the body the performative boundary between . . . the subject and the world?” and “What kind of performance is the body allowed to give?”—provide a useful framework for analyzing Rabinovitch's narrative representation of medicalization (272). She begins her memoir by recounting the circumstances of her diagnosis and personalizing her surgeon, Mr. Al-Dubaisi, whose assistance in translating unfamiliar medical discourse she appreciates and whom she playfully compares to the Old Testament patriarch Abraham; she appreciates his sensitivity to bodily privacy in covering her left breast when he examines her right and his sigh upon realizing that his nurse neglected to do this already. Bodily concealment and revelation feature prominently throughout the narrative, as Rabinovitch interrogates breast cancer's public spaces and recounts her experience of mastectomy, radiation, chemotherapy, multiple recurrences, experimental drug trials, and skin and bone metastases. In both columns and memoir she argues that private/public boundaries shrink when a breast cancer patient is infantilized, her body a site of surveillance. In the 2005 column “One Year On,” for example, she echoes Ehrenreich in discussing how medical practitioners and even family members strip her of agency: “It is, above all, infantilizing to have a life-threatening illness,” to find one's identity transformed from being an all-singing, all-dancing mom, “to being labeled with this mortal sickness that makes everybody lower their voice before they get to the end of the word can- cer, so the second syllable comes out in a reverent hush” (171). To resist objectification Rabinovitch mobilizes her body as a force to contend with. In a memoir chapter on metastasis, for example, she describes an angry chest covered in swollen lesions: “I can see the cancer growing. It's on my chest wall, I can see the red patches” (241). This line depicts an alien but potent body in which cancer has literally surfaced—a traumatized site that garners physicians' amazement and defies infantilization by “speaking” harsh somatic truth.

Although Rabinovitch rarely expresses direct anger at her oncologists or at the research scientists whom she consults while participating in drug trials, she acknowledges that often “all I get is an incredibly battered
feeling, and I leave in tears” and recounts confronting one specialist with her vulnerable body’s full force: “I feel like I’m in a dark room . . . and you’re all chucking apples at me, hoping one will hit home” (253–54). In passages such as these she questions medical hegemony despite acknowledging the limitations of available treatments for metastatic cancers. In addition, she indicts pharmaceutical companies for marketing lucrative targeted breast cancer treatments rather than sponsoring cause-seeking research, and she notes that one renowned physician acknowledged her critique: “It’s commercial,” Dr de Bono says. “The drugs companies won’t put money into diagnosing the structures of tumours, only into cures” (254). The physician’s calm then shifts to outrage: “You can make a profit, you see, out of ‘curing’ people; they pay for the medicine. Work out the cause, though, and they may not need the medicine after all” (254). Confronted with economic injustice, the frustrated narrator describes sobbing uncontrollably as she leaves the hospital: “I shouldn’t have come on my own” (254).

Despite moments of despair, Rabinovitch is never passive in the face of medicalization; she questions the efficacy of many procedures even when submitting to them. Having agreed to genetic testing, for example, because her maternal grandmother and several cousins died of breast cancer, she expressed skepticism about her negative test results—“I don’t trust the genetic screen”—although she is relieved that the alleged outcome is “good news for my daughters” (199). Having endured the side effects of several drug trials, she accuses her oncologist of experimenting on a generation of women much as physicians did during the thalidomide era fifty years before and responds ambivalently to his reply that enrollment in trials does not constitute experimentation as long as a patient might be helped. At times Rabinovitch disarms readers with humor at her physicians’ expense, as when she admits that to distract herself from her dying body she “wonders how these doctors are when they confront their partners’ breasts in bed,” a fantasy that represents physicians as vulnerable and enhances her narrative agency (221). At the same time she confesses her own embodied vulnerability: “I find myself obsessively checking the Nottingham Prognostic Index, a calculating tool you can read on the Internet, by which you multiply the grade of your tumour by 0.2 and add the stage of your cancer . . . and then you can find out whether your chemotherapy is going to work or not. Or something” (226). Near the end of her memoir she recounts dismay at having entered “the outer edges of cancer treatment,” a phrase her physicians
use too often (258). In such passages Rabinovitch chronicles the anxiety that accompanies the threshold space of mortal unknowing that Jain has termed “living in prognosis” (Jain, “Living in Prognosis,” 77–78).

Another strategic purpose for which Rabinovitch’s narrative mobilizes her dying body is to assess the value of an individual life. This terminally ill woman’s anguished negotiation of the boundaries between self and world is evident in a June 8, 2006, column (later incorporated into her memoir) entitled “What Is My Life Worth?” After answering this question—“seventy-five thousand and eighty-five pounds, and fourteen pence”—she wryly identifies the sum as “the cost of my treatment to date” (220). This calculation of the economics of cancer echoes the ethical scrutiny in an earlier column, “One Year On,” of her class privilege as a private cancer patient: “What do you do when you know there’s a life-saving drug available, but only the patients who can afford it can have it?” (www.guardian.co.uk). Acknowledging that wealth allows her private hospitals, single rooms, and expensive experimental drugs, Rabinovitch expresses guilt at her decision to seek cutting-edge treatment from famous U.S. oncologists. Dismayed that most ill women lack these privileges, she creates a blog to raise funds for patients who cannot afford care at her North London private hospital.

As an autothanatographer, Rabinovitch mourns the fact that despite endless medical experiments nothing works; her remissions are brief, her tumors grow, and “increasingly, I need ever harder-core diversions to distract me from what’s happening to my body” (221). To understand the narrative trajectory of her final memoir chapters and subsequent columns, we can consider Egan’s questions in Mirror Talk: “How do people who are terminally ill think autobiographically?” (27) What narrative strategies can be used to represent a “confrontation with annihilation,” the tensions of a body under erasure that nonetheless remain a “living presence”? (197–98). Rabinovitch’s goals are pedagogical, testimonial, and political, as her final published column of October 22, 2007, attests. When she “check[s] out the depressingly regular obituaries,” she explains, “the ages [are] always similar—46, 41, 48, leaving behind a son, a daughter, two children, maybe three”; such obituaries describe dead women’s accomplishments but never explore “how, actually, one is supposed to live each day with illness” (www.guardian.co.uk). Thus Rabinovitch desanitizes her experience of dying in hopes of helping readers understand what not surviving breast cancer really means. To this end she catalogs ineffectual chemo cocktails prescribed by her frustrated on-
cologists: massive doses of Herceptin intended to combat her estrogen-negative tumor (the only effect of which is a dual recurrence); unsuccessful attempts at pharmaceutical “synergy” (a favorite medical word, she notes) through an innovative combination of Herceptin and Omnitarg; a brief flirtation with capecitabine, “a standard chemotherapy drug” that fails to shrink her tumors; and eventual enrollment in three experimental drug trials featuring first the “flaming orange” and nauseating Tykerb, then concoctions with surreal labels such as 17AAG and 17 DMeg—all injected over many months to no avail. However well she masters the spelling and side effects of “this year’s magic bullet,” no drug prevents her cancer’s spread. Unable to master her disease or its medical discourses, Rabinovitch resorts finally to the voice of a child in tantrum: “I have it, is all I know, and I just don’t want it” (www.guardian.co.uk).

In her final column Rabinovitch presents reconfigured testimonial versions of the maternal and sartorial “speaking” bodies that she conjured earlier in her memoir. These shifting representations recall an additional question from “Identity’s Body,” “What is the relationship of autobiographical body politics to the body politic, of individual anatomy to cultural anatomy?” (Smith, 272). In exploring the intersection between her failing body and the bodies of other dying women Rabinovitch reveals a feminist political lens, as she mourns the catastrophic death of a generation of mothers: “Mothers are being targeted by an illness, for the first time in our history, and families are losing their linchpins. We’ve had war, we’ve had plagues, but never before have we had an illness that has killed off the mothers” (www.guardian.co.uk). A mother’s death undoes her family, as her description of being too ill to attend her kindergartner’s awards ceremony, too nauseated to “make tuna sandwiches on days when you can’t face food,” and too exhausted to participate in a BBC-radio discussion of good parenting after divorce attest. In this column Rabinovitch also laments not knowing “what the boundaries of this exhaustion are, how long it will last, what I can manage within its confines” (www.guardian.co.uk). Another maternal regret, the hiring of a daily in-home child care provider, signifies her abdication of primacy in the life of her young son, yet this decision is necessary because “breast cancer, a six-year-old—even with copious older siblings—and no back-up just doesn’t work” (www.guardian.co.uk). “The shifts in how we live are inexorable,” Rabinovitch concludes, an assertion supported in her final column by the sad admission that Elon no longer asks at bedtime for his weary mother to read a story. In another jolting narrative moment she
likens her morphine-induced hazes to the final throes of childbirth, thus comparing her dying body to her maternal one and connecting death to life’s beginnings. “I spent one of the long summer nights in death’s anteroom,” she reports, an experience that felt strangely familiar, like “that moment toward the end of labour, but still with hours to go, when you utterly reject any lingering notion of natural childbirth and you are yelling for the epidural” (www.guardian.co.uk). As Rabinovitch dies at home family life proceeds without her, a truth that the writer (and perhaps her readers) finds paradoxically reassuring and devastating.

Despite the somber tone of this final column, Rabinovitch maintains humor to the end by offering a spirited critique of mainstream breast cancer culture. Objecting to the optimism and pink paraphernalia of Breast Cancer Awareness Month, a corporate-driven annual October event in the United Kingdom as well as the United States, she satirizes the spectacle of “pink ribbons wrapped around buildings, all manner of pink things to buy at tills—including my own bête noire, the tight-fitting T-shirts that are the antithesis of what is comfortable post-mastectomy—why, the very petrol pumps are turning pink” (www.guardian.co.uk).

Still, as disturbing as she finds this sea of pink, Rabinovitch admits relief on one level that Breast Cancer Awareness Month exists. Someone needs to do something to stop this disease, she concludes wearily, “because too many mothers are dying” (www.guardian.co.uk).

Two final questions that Smith poses in “Identity’s Body” are useful for analyzing Rabinovitch’s evocation of communal witness: “Before whom is the speaker revealing/concealing . . . her body? . . . Whose history of the body is being written?” (272). Through her Guardian columns, memoir, and blog this journalist inscribed a public history of her breast cancer body that attracted international readers and raised more than 100,000 pounds sterling for breast cancer research. Responses by readers published after Rabinovitch’s death affirm the dialogic impact of her writing. In an October 30, 2007, letter to the editor, reader Donna Anton confesses, “I burst into tears when I read that Dina Rabinovitch had died. Although she had hinted in last week’s piece that the end was drawing near, I was fooled by her vigorous prose into thinking that she had more time left and we’d soon be reading about a spontaneous remission brought about by her strength of character” (“Remembering Dina,” np). In a Guardian tribute of November 2, 2007, columnist Meg Rosoff explains that she knew Rabinovitch primarily through her writing, which sustained her as a woman whose sister had died of breast cancer and who
had subsequently contracted it herself. Going public with her breast cancer felt impossible to Rosoff: “I found it far too painful and difficult even to acknowledge the process, much less document it—so I let Dina do it for me” (Rosoff, np). Whose history of the body is being written through such intersubjective exchanges? Arguably readers’ histories as well as that of the writer to whom they turn for representation and inspiration.

Communal Grief and Grievability

As breast cancer mammographers, Picardie and Rabinovitch represent both their vibrant pre-diagnostic bodies—gendered, desiring, resolutely maternal—and their wounded post-diagnostic bodies. Each form of corporeality “speaks” alongside or in tandem with other bodies these writers inhabit—symbolic and temporal as well as material, public as well as private. In columns, emails, blogs, and memoirs they invite readers to witness their embodied struggles as addressees whose compassionate attention affirms the writers’ narrative subjectivities—for as Oliver has argued, “witnessing as address and response is the necessary ground for subjectivity” (16). Picardie and Rabinovitch explore threshold spaces as dying women nonetheless embracing family life, as writers reflecting publicly on the internal and communal grief the prospect of their demise evokes. And as obituaries and reader letters attest, their writings have inspired a range of commemorative gestures that have generated spaces for public grieving.

Tanner’s discussion in Lost Bodies of epistemological distinctions between grief and mourning provides a theoretical perspective for assessing autothanatography as a potential site of communal lamentation and memorialization. In exploring the U.S. cultural discomfort with ill and dying bodies, she objects to the ways mourning has traditionally been defined as a process through which to loosen the hold of the dead over the living. Reviewing dominant cultural discourses of mourning, the emotions associated with mourning in Western cultures, familiar genealogies of mourning, and mourning’s ethical significance, Tanner wonders whether U.S. culture has moved “beyond mourning” (243, n. 1). Although she does not finally accept a view of mourning as culturally obsolete, she advocates “an embodied theory of loss [that] problematizes prevailing modes of mourning as emotional relinquishment. The term ‘grief’ seems to me less laden with cultural and theoretical assumptions
that implicitly endorse existing disembodied models of loss” (243, n. 1). Breast cancer autothanatographies such as Picardié's and Rabinovitch's work against both disembodied and cultural models of mourning as emotional relinquishment by representing the fullness of dying women's embodied presence.

Judith Butler's theorization of grief, grievability, and mourning offers a final framework for assessing the potential impact of dialogic autothanatography. Although *Precarious Life: The Powers of Mourning and Violence* (2004) and *Frames of War: When Is Life Grievable?* (2009) focus on the cultural invisibility of victims and displaced survivors of wars and genocides, two questions Butler raises—How does a culture determine whose bodies can/should be publically grieved, and how do a culture's orthodox or resistant methods of public mourning circulate?—are relevant to any study of life writing about dying. Bodies are never really private, she contends in *Precarious Life*: “Constituted as a social phenomenon in the public sphere, my body is and is not mine. Given over from the start to the social world of others, it bears the imprint, is formed within the crucible of social life. Only later, and with some uncertainty, do I lay claim to my body as my own, if in fact I ever do” (26). A similar claim occurs in *Frames of War*: “The boundary of who I am is the boundary of the body, but the boundary of the body never fully belongs to me. Survival depends less on the established boundary to the self than on the constitutive sociability of the body” (54).

Butler further argues that public expressions of grief enact constitutive sociability: “Perhaps we can say that grief contains the possibility of apprehending a mode of dispossession that is fundamental to who I am” (*Precarious Life*, 28). Public grieving can become “a resource for politics” that enables mourners to comprehend the vulnerabilities of the dispossessed, whether violated by armed struggle or by amoral disease (30). In Butler's theorization grief “may be understood as the slow process by which we develop a point of identification with suffering itself. The disorientation of grief—‘Who have I become?’ or, indeed, ‘What is left of me? What is it in the Other that I have lost?’—posits the ‘I’ in the mode of unknowingness” (37). Once mourners, and arguably once compassionate readers of autothanatography, “unknow” themselves in the face of the suffering of others, which they witness literally or vicariously, the somatic and existential “mode of unknowingness” that remains can become a public space for reciprocal witness and communal grieving. The AIDS memorial quilt (the Names Project) and HIV-AIDS vigils of the
late twentieth century served as breakthroughs in this regard, Butler sug-
gests, by affirming that “the differential distribution of public grieving is
a political issue of enormous significance”; in contrast, the Bush admin-
istration’s denial of any public grievability of the death of Iraqi citizens
at the hands of U.S. military forces provided what Butler deems an early
twenty-first-century unethical counterexample (38).

Tanner and Butler remind us that public grieving, mourning, and me-
memorializing are culturally shaped and sanctioned. As I have contended
throughout this study, one important example of the ethical stakes of that
shaping is located in the postmillennial explosion of visual and textual
breast cancer narratives, including autothanatography. What cultural
work is accomplished through such public disclosure of private suffer-
ing, and what circumstances have led women to share their breast can-
cer experiences, even their dying reflections, in narratives that constitute
testimonial and memorial projects? One answer lies in autothanatog-
raphers’ frequent resistance to cultural myths and silences. As Martha
Nussbaum has noted, people marked by incapacitating disability or ter-

tinal illness challenge the Western “myth of the citizen as a competent
independent adult”—a fiction of invulnerability that many breast cancer
memoirists refuse to endorse; they instead create forthright narratives
that acknowledge pain and interdependency (411). Also relevant are But-
ler’s comments on the “differential distribution of public grieving” and
the corrective model to discriminatory practices of mourning provided
by HIV/AIDS activists of the 1980s and 1990s, who claimed public ex-
hibition space to honor the dead through images stitched together com-
uminally. As of 2011 the AIDS memorial quilt contained 40,000 panels
and had attracted fourteen million viewers worldwide (www.aidsquilt.
org). Might a breast cancer memorial quilt attract equal numbers of par-
ticipants and have a similar public impact? Like HIV/AIDS memoir-
lists and activists, cancer autothanatographers resist differential modes of
grieving by thrusting their dying bodies and self-memorializing projects
into a sometimes myopic public sphere—and, in some cases, by demand-
ing increased research dollars to investigate understudied causes, new
prevention strategies, promising treatments, and a viable cure for a disease
whose cultural discourses too often focus on survival without acknowl-
edgment of those who have died. Ruth Picardie and Dina Rabinovitch are
two of many autothanatographers whose narratives evoke empathic wit-
ness and communal grieving as a means of keeping the dying subject cul-
turally visible and gesturing toward new forms of breast cancer activism.