

Rhetoric of Silence in American Studies

Retoryka ciszy - perspektywa amerykańistyczna

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The Rhetoric of Silence in Contemporary Autopathography: Susan Gubar and Eve Ensler on Gynecological Cancer

Retoryka ciszy we współczesnej autopatografii: Susan Gubar i Eve Ensler o nowotworach ginekologicznych

Abstract

Despite Mary Deshazer's affirmation that "living with cancer has become the topic of our times" (2005, 1), some cancers are still covered by a blanket of secrecy. This paper discusses Susan Gubar's and Eve Ensler's autopathographies about gynecological cancer in relation to silence. It explores their discussion of the possibility of finding words for their illness and their reflection about the unspeakability of the sick female body, concluding that they construct silence as undesirable and ineffective.

Pomimo stwierdzenia Mary Deshazer, że życie z rakiem stało się tematem naszych czasów (2005, 1), o niektórych rodzajach nowotworów wciąż się nie mówi publicznie.. Niniejszy artykuł omawia autopatografie nowotworów ginekologicznych Susan Gubar i Eve Ensler w kontekście ciszy. Studium dotyczy trudności autorek w znalezieniu terminów na określenie doświadczenia ich choroby oraz braku społecznie akceptowalnego sposobu opisywania chorującego kobiecego ciała. Analiza wykazuje, że cisza konstruowana wokół problemu jest niewskazana i nieefektywna.

Key words

gynecological cancer, autopathography, narrative strategies, silence, shame
nowotwory ginekologiczne, autopatografia, strategie narracyjne, cisza, wstyd

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The Rhetoric of Silence in Contemporary Autopathography: Susan Gubar and Eve Ensler on Gynecological Cancer¹

1. Introduction: More than memoirs

In *Fractured Borders*, Mary Deshazer wrote that “living with cancer has become the topic of our times” (2005, 1). Nevertheless, the diverse manifestations of the illness make this statement only partially true, since some forms of cancer feature frequently in culture and the media, while living with other types is not part of the public conversation. If we focus on the female experience,² breast cancer is paradigmatic of the first scenario. Barbara Ehrenreich declared it “the biggest disease on the cultural map” and described “the cornucopia of pink-ribbon-themed breast cancer products” (2009, 22) that has surrounded us for the last four decades. Breast cancer entered the agenda when the First and Second Ladies of the Ford administration were diagnosed and decided to go public about it. In 1974, Betty Ford underwent a single mastectomy and Happy Rockefeller lived through a double breast amputation.³ Around the same time, journalist Rose Kushner found out that she suffered from the disease and started writing about it for *The Washington Post*. One year later, her book *Breast Cancer: An Investigative Report* was issued, closely followed by NBC correspondent Betty Rollin’s memoir *First, You Cry* (1976). These first-person stories inaugurated a branch of illness narratives in which Audre Lorde’s *Cancer Journals* (1980) constitutes a landmark. While Dorothy Abbott’s *Nothing’s Changed*, published in 1981, insisted that breast cancer was “not so bad” (1981, 1, 47, 64, and 62) and displayed a narrated *persona* that behaved like a submissive patient, never questioning the doctor’s orders and resorting to a prosthesis to look “normal” (1981, 60), the African-American author and activist

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2. Breast cancer is dubbed a “female” issue because only one percent of the cases are diagnosed in men. Also, its mainstream representation associates it with femininity.

3. Shirley Temple had revealed some information about her diagnosis of breast cancer in 1973, but the news of both the First and Second Ladies being sick at the same time had a greater impact on the American public.

constructed a text that did what Abbot confessed she could not do: “work up [a] rebellious steam” (1981, 53). Lorde wrote a piece that was personal, but also political within its diary form,⁴ intersectional in its awareness of race, class, gender, and sexuality, and transgressive in its rejection of the culture of passing: she opted against prostheses and reconstruction, instead advocating for the disruption of silence and the visibilization of breast cancer and its consequences. Her third chapter displayed a very revealing title in this regard: “Breast Cancer: Power vs. Prosthesis.” In it, she concluded that prostheses were an instrument to put others at ease, because they prevented them from facing mortality and difference.

In a similar vein, but working within the world of fashion, which made her gesture more shocking for the general public, model and artist Matuschka created her controversial self-portrait series *Beauty out of Damage*, which made the cover of *The New York Times Magazine* in August 1993.⁵ She set out “to create something entirely different” from the mainstream representations of the disease that were circulating and to exert the responsibility that she felt “to take on the establishment” (Matuschka 1996, 250). In her visual project, she fused pride, dignity, self-love, and rage in order to address Middle America and to speak the truth about what breast cancer does to women’s bodies (Matuschka 1993). The photographs signaled radically the absence of the breast, bringing on the opposite effect to what Lorde through prostheses did: Matuschka’s series forced audiences to look at cancer without subterfuges or protection. After it and until today, a whole range of narratives has continued to be generated, including autobiographies, self-help manuals, news and op-eds, photo-essays, and graphic novels. Whereas Lorde’s and Matuschka’s works were explicitly feminist, critical of the cancer industry, and focused on self-education and consciousness-raising about the causes and effects of the problem, most texts around breast cancer since the turn of the century have displayed a postfeminist position towards the disease and the medical establishment (Dubriwny 2013), highlighting the figure of the survivor and the *previvor*⁶ within triumphant stories of positive thinking and overcoming. In the 21st century, pink ribbon culture, with its races for the cure, merchandising and pinkwashing charities, is the dominant representation of breast cancer, and in it, “[a]wareness beats secrecy and stigma” (Ehrenreich 2009, 22).

4. In 1988, Lorde published *A Burst of Light*, in which she included the homonymous essay about living with cancer. The *Journals*, however, are taken to be her main contribution to the breast cancer corpus from an African-American queer perspective.

5. See <http://www.beautyoutofdamage.com/Aboutphoto.html>

6. The American organization FORCE (Facing Our Risk of Cancer Empowered) coined the term *previvor* to refer to “individuals who are survivors of a predisposition to cancer but who haven’t had the disease” (<https://www.facingour-risk.org/understanding-brca-and-hboc/publications/newsletter/archives/2009winter/what-is-previvor.php>). A famous case is Angelina Jolie, who shared her medical decisions after testing positive for the BRCA1 gene (<https://www.nytimes.com/2013/05/14/opinion/my-medical-choice.html>). For more information see Roth 2010.

At the other end of the spectrum of topicalization of female experiences of the disease are gynecological cancers, still covered by a heavy blanket of shame. Reflecting about ovarian cancer, literature scholar Martha Stoddard Holmes has labelled it “an invisible or silent killer” (2006, 488) whose scarce public presence makes it difficult to prepare for. American critic Susan Gubar – best known for the feminist classic *The Madwoman in the Attic* (1979) – also used the expression “silent killer” repeatedly in *Memoir of a Debulked Woman* (2012), an autobiographical narrative of living with this illness. In turn, and precisely with the intention of dispelling the silence around her condition, in the uterine cancer memoir *In the Body of the World* (2013), New York-based author and activist Eve Ensler – creator of *The Vagina Monologues* (1998) – countered the lack of articulation with explicit chapter titles such as “Shit” or “Leaking”.

Using Gubar’s and Ensler’s texts as primary sources, and adopting a narratological approach, this paper offers a comparative close reading of the two books in relation to the concept of silence. Three aspects are discussed: firstly, Gubar’s and Ensler’s views on the im/possibility of finding words for their illness. Secondly, their reflections about the unspeakability of the female body with gynecological cancer. Finally, as a corollary to the previous two, their engagement with silence as a literary strategy. I sustain that Gubar and Ensler share a consciousness-raising objective in their autobiographical praxis that is rooted in their feminist perspective of the disease and of literature, and that this compels them to construct silence as undesirable for the patient and ineffective for the writer. Through self-conscious metanarrative texts, they resist the workings of shame as an incapacitating feeling associated with the ravages of gynecological cancer.⁷ In so doing, their process of self-exposure echoes beyond the revelation of an individual plight, acquiring a political dimension in line with their previous production as feminist authors.

The two volumes studied here use the same term for the specific form that they take: *Memoir of a Debulked Woman / In the Body of the World*. A **Memoir**. In contemporary texts, this concept is associated with “density of language and self-reflexivity about the writing process” (Smith and Watson 2010, 4). Furthermore, narrowing down the more general *autobiography* – which Gubar and Ensler cultivate by presenting their experiences in the first person and sustaining the pact that identifies author with protagonist and assumes the truthfulness of her testimony – their

7. In the second volume of his seminal work on Affect Theory, Silvan Tomkins (1963) classified shame as one of the negative affects, and he studied it in relation to the impact of humiliation on the individual. Drawing on Tomkins, Eve Kosofsky Sedgwick and Adam Frank defined shame as “the affect of indignity, of defeat, of transgression, and of alienation” (1995, 133). In their illness memoirs, Gubar and Ensler discuss these issues as part of the cancer process.

contributions to the cancer corpus can be labelled *autopathographies*.⁸ This is because they are “personal narratives about illness or disability that contest cultural discourses stigmatizing the writer as abnormal, aberrant, or in some sense pathological” (Smith and Watson 2010, 261), which is not always the case with stories of gynecological cancer. Some, like Gillian Rose’s *Love’s Work* (1995) are dense and complex, reflecting about language, identity, and the function of writing. Others, such as Gilda Radner’s *It’s Always Something*, use humor to reflect the narrated self’s spirit and to offer readers a palatable experience, despite the realization that “[c]ancer is probably the most unfunny thing in the world” (Radner 1989, pos. 73).⁹

Standing on the shoulders of Radner, Rose, and few others that shared their impressions about ovarian and uterine tumors in the 1990s and 2000s, Gubar and Ensler went further in the 2010s. They developed an autobiographical manifestation that makes transparent their hybrid position as subjects (of the story) and objects (of medical surveillance and treatments), while at the same time cultivating the personal narrative as a form of action. Theirs are not self-help books or commercial autobiographies in line with the current postfeminist tendencies.¹⁰ They are multi-layered texts that perform the important cultural work of verbalizing, de-stigmatizing, and raising awareness about the disease from a feminist viewpoint, encompassing other women in similar situations. Gubar embeds her narrative within the corpus initiated by others: “I would borrow from the library as many patient accounts and imaginative works as I could find, to twine my experiences with those of other women, fictional and real, from the past and the present” (2012, 11). Ensler places the biomedical violence that she experiences and the memories of her father’s abuse, which recur during the treatment, side by side with the sexual abuse of women in the Congo, where she was working on a V-Day project when she was diagnosed.¹¹ For instance, we can find descriptions of procedures at the hands of inconsiderate practitioners that disturbingly echo rape:

“Stop. Please. Stop. It’s too much. It hurts too much, hurts. Stop.” He does not pause. “Please drugs. Give me drugs. This is too much. Really. Please. It hurts.” I am screaming, crying, begging. [...] He just keeps shoving the garden hose deeper into my infected center. Deeper and deeper. He might as well put his hand over my mouth. He might as well tell me not to scream, not

8. The term *pathography*, understood as the description of a disease, was first introduced in Robley Duglison’s 1856 dictionary of medical terms. It was connected to narratology by Anne Hudson Jones in “Literature and Medicine: Traditions and Innovation” (1990). Three years later, Anne Hunsaker Hawkins coined the word *autopathography* in *Reconstructing Illness*, placing emphasis on the subjectivity of the narrative and its embodied quality. She also attended to the form(s) that texts about illness can take, discussing how aesthetic choices are linked to the symptoms presented (1993, 24).

9. I have used the Kindle edition of Radner’s book, which does not provide page numbers, but *positions*, hence the reference. The same applies to Klawiter (2008) below.

10. For a detailed analysis of the shift from feminist to postfeminist narratives of illness, see Dubriwny 2013. For a discussion of the tension between feminist and postfeminist ideological vectors in *In the Body of the World*, see Fernández-Morales (2020).

11. About V-Day see Fernández-Morales (2015) or www.vday.org. More on the Congo connection and its transcultural and racial reverberations below.

to tell. He might as well remind me I am not even really there. It goes on forever, me screaming, him shoving the needle attached to the long thick tube. Then he is done. Abruptly he makes some final adjustments, takes off his radiology gown, and without even looking at me, walks out. I lie there on the table, stunned, achy, bruised, and raw. I know these bruises. I know this stunned moment after. (2013, 82)¹²

Like the stories of illness and disability discussed in *Recovering Bodies* (Couser 1997, 295), these two reclaim bodies from medical colonization and try to reinvest dysfunction with meaning. Gubar draws on her erudition to establish a parallelism between her situation and that of the female protagonists of dark romantic literature. She remarks the docility that was expected from those figures and, by extension, from her as a sick person:

[W]hat comes to my mind are the innocent maidens of Gothic fiction, for a gurney conveys me denuded and sheeted through crooked corridors, beds waylaid here and there, shapes hunched under white linen with tubes from every orifice, until I land back in my room where I will be tied up and then branded. In this passive grammar, I am being held captive, used and abused, and none of the hospital gowns tie up properly in the back or the front. (2012, 144)

Enslér's meaning-making process implies looking at her disease as part of a larger whole where inequality and violence impinge on female citizens. After years of interviewing women about the scars that patriarchy leaves on their bodies, she found herself ill and in need of connection:¹³

All the stories began to bleed together. The raping of the Earth. The pillaging of minerals. The destruction of vaginas. They were not separate from each other or from me. [...] Cancer threw me through the window of my disassociation into the center of my body's crisis. The Congo threw me deep into the crisis of the world, and these two experiences merged [...] Suddenly the cancer in me was the cancer that is everywhere. (2013, 5-7)

The relationality that both writers crave is achieved through their self-conscious storytelling, elaborated through a combination of metanarrative reflection, literality and metaphorization at different degrees, and a constant awareness of their own vulnerability as narrating and narrated selves.

2. Where are the words?

Human beings are animals with narrative powers. Plots, characters, and timelines are integral to our way of understanding the world, and when cancer strikes, there

12. Margaret Edson's *Wit*, a tragicomedy about ovarian cancer that won the Pulitzer Prize in 1999, stages an extremely humiliating pelvic exam that professor Vivian Bearing undergoes at the hands of her former student, Dr. Jason Posner. In her analysis of the text, critic Pamela Cooper concluded that the scene "suggests itself as a rape" (2002, 26). Enslér's narrative is more explicit in pointing towards direct violence. For more on Edson's play and biomedical exercises of power, see Fernández-Morales (2006).

13. In fact, the second edition of her book was entitled *In the Body of the World. A Memoir of Cancer and Connection*.

is no escape from the urge to articulate it. As cultural critic Jackie Stacey explains, “[i]llnesses become narratives very rapidly” (2013, 5), and several recurrent patterns for this process have been identified, for example restitution, quest, and chaos narratives in Frank (1995) and triumph stories in Conway (2007). Narratives are elaborated by medical professionals, by patients and their loved ones, as well as by the media, and the words are found at a crossroads: “Illness idioms crystallize out of the dynamic dialectic between bodily processes and cultural categories, between experience and meaning” (Kleinman 1988, 14). Oftentimes, these narrators resort to the cultural repertoires at hand (e.g. the breast cancer previvor story of the 21st century), activating recognizable formulae that have proved effective (Kleinman 1988, 49). But sometimes there are no scripts available, and they must open new paths or adapt the extant forms.

Discussing the genre, autobiography scholars Smith and Watson have explained that “[c]ultural discourses determine which aspects of bodies become meaningful – what parts of the body are there for people to see” (2010, 50). Following from the earlier comparison between high and low-profile cancers, it could be said that mammograms, mastectomies, chemotherapy, reconstruction, and so-called preventive surgery have become common within the mainstream conceptualization of breast cancer as a war waged by survivors, doctors, the pharmaceutical industry, and pink ribbon charities. On the contrary, the asymptomatic quality of many gynecological cancers, their invisible surgical manipulations, and their abject consequences have not secured a place in our cultural productions. This poses a methodological and philosophical dilemma for writers, because the materiality of the body becomes inescapable during the creative process, and the appropriate meaning-making strategies must be identified. As cultural theorist Vivian Sobchack has suggested, “it is usually not until we suffer illness, physical incapacity, or social discrimination that our bodies become major hermeneutic problems” (2004, 190). In the case of gynecological cancer, the challenge is greater than with other diseases.

While breast cancer has found its modes of articulation (some with a stronger social sanction than others, as is the case of the smiling hyper-feminine survivor or the brave previvor taking things into her own hands), gynecological cancer stories are still sparse and struggling to establish a language of their own. Their narrative object continues to be taboo, and their narrated selves have yet to be acknowledged. In *Memoir of a Debulked Woman*, Gubar calls attention to the scarcity of texts about ovarian cancer that she has located: “There are very few published personal accounts [...] women have generally maintained silence about the silent killer” (2012, 2). The patterns that exist for other manifestations of uncontrolled cell multiplication are not there for ovarian cancer patients. As done above in this paper, in her first chapter Gubar compares ovarian and breast cancer to highlight

their unbalanced cultural presence. The latter, she concludes, even has its own patron saint – St. Agatha – and ‘Bible’: *Dr Susan Love’s Breast Book*. There are no analogues to these for ovarian cancer victims (2012, 24). Therefore, adapting Gubar’s own theorization about female literary figures of the 19th century, we could suggest that the gynecological cancer writer is susceptible to a certain *anxiety of authorship*, “a radical fear that she cannot create” (Gilbert and Gubar 2000, 49) because she has no precursors. According to Gubar, the rationale behind this is twofold: few texts broach the subject “not only because it is difficult to narrate progress within a cheerful recovery framework but also because such stories would inevitably address still stigmatized (and thus hidden) bodily afflictions” (2012, 23). Hence the heavy silence that falls on the backs of women living with or dying of this condition.

When explaining her efforts to find words for uterine cancer, Ensler does not approach the problem from the point of view of the critic, as Gubar does. As an author that has thrived in the margins of the canon, she does not compare her production to others’; neither does she look for a literary tradition to insert her proposal. *In the Body of the World* appears as a natural manifestation of her artistic and political mission, which continues to expand beyond the examination of her immediate cultural scenario.¹⁴ Ensler recalls her research for *The Vagina Monologues* and her commitment with the V-Day movement. After decades of working around gender violence, she comes to recognize the Congo as the ultimate reference point; one where all her preoccupations about inequality come together: racism, the capitalist exploitation of resources and people (especially women), patriarchal violence, and environmental indifference fuse in the same place with destructive consequences. The stories that she hears, the pain that she undergoes during cancer-related procedures, the traumatic memories of sexual assault that resurface, and the narrative that she produces are measured against the brutality there. When her body, sick with cancer, “becomes a site of narrative teleology that demands a retelling” (Stacey 2013, 5), the Congo turns into a constant presence in Ensler’s mind and text:

There were men cutting into [my body] and tubes coming out of it and bags and catheters and needles bruising it and making it bleed. I was blood and poop and pee and puss. I was burning and nauseous and feverish and weak. I was of the body, in the body. I was body. Body. Body. Body. Cancer, a disease of pathologically dividing cells, burned away the walls of my separateness and landed me in my body, just as the Congo landed me in the body of the world. (2013, 7)

14. Ensler’s struggle for an inclusive, transcultural approach in her work, as well as the criticism that her texts have aroused due to their potential for reductionism and appropriation, are discussed in Fernández-Morales (2020), with a special focus on *In the Body of the World*.

Despite the side effects of surgeries and treatments, upon which Gubar and Ensler expand in excruciating detail, gynecological tumors are frequently *silent*, or at best, *whispering*. They have few recognizable symptoms, because most are confused with less serious malaises or taken as mere indications of midlife. This generates a gap in the narratives: the *finding the lump* moment that is traditionally present in breast cancer stories cannot be included, for example. Women must take the leap between healthy and sick without previous suspicion or warning. Yet, Gubar explains that her perception had nothing to do with silence, because her body “yelled out repeatedly, loudly and clearly” (2012, 56); the problem was that she had not been trained to listen. She approaches this paradox by investigating ovarian cancer thoroughly, combining scientific and humanistic knowledge. The second chapter, for instance, entitled “Ovariana,” contains self-examination only in the first and last paragraphs, moving on to a medical and cultural history of the ovaries and their specific ailments in between. Gubar references philosophers, doctors and scientists, and she connects their construction of knowledge about the female reproductive system with literary and audiovisual representations thereof (e.g. W. H. Auden’s “Miss Gee,” Thomas Mann’s *The Black Swan*, Isabel Coixet’s *My Life without Me*). For her part, Ensler composes an autopathography that is more personal than academic. Far from Gubar’s scholarly presentation of the topic, with research-based sections differentiated from her more personal narrative, Ensler’s unifying thread is the phenomenological, without possibility of detachment from her instances or illustrations. While Gubar quotes from other narratives and critical texts, Ensler’s writing is self-referential, framed within a female-centered universe that is common to all her titles. The cruel irony for her is that the woman who has probably said the word *vagina* most often in the last twenty years is afflicted by a fatal disease in that exact part of her body. When the risk of recurrence makes the doctors propose radiation, she snaps bitterly: “Radiate my vagina. I feel like a character in a futuristic sequel to *The Vagina Monologues*. Radiate my vagina. Do you know who I am?” (2013, 182).

Although their points of departure and tones are very different, Gubar and Ensler display a similar preoccupation with structure. Revisiting a childhood reading experience, Gubar proposes a *choose your own adventure* format that combines details about gynecology, statistics, scientific explanations, and literary analysis with more intimate sections. Readers may follow the text lineally or jump to the chapters that they consider more relevant, invited by the author: “[T]hose addicted to muting commercials or fast-forwarding to the gory scenes should skip the next meditation so as to land directly at the massive surgery that would end up blighting my remaining days and ways” (2012, 34). Meanwhile, Ensler divides her text in over 50 short sections that she calls scans, constructing an analogy

between her medical and creative experiences: “This book is like a CAT scan – a roving examination – capturing images, experiences, ideas, and memories, all of which began in my body. Scanning is somehow the only way I could tell this story” (2013, 9). Again, one can read in a traditional way or find an order guided by personal interest. In both cases, the result is a complex autobiographical manifestation that demands active readership and moves away from the mainstream narrative of triumph over the disease that many authors adhere to, often downplaying the painful or unmanageable dimensions of their experience (Conway 2007, 2).

In their struggle to verbalize cancer effectively, *Memoir of a Debulked Woman* and *In the Body of the World* have another point in common: their reflections about the slippery quality of language. They expose the communication abyss between doctors and patients; a chasm that Rita Charon has written about, concluding that “[w]hat is at stake in this conflict is the singularity of the patient’s life” (2006, 27). Charon envisions a progression of medicine that will bridge that chasm when all the actants involved understand that it is caused by “the desperate need for answers, for knowing, for certainty about why the disease comes and how to remedy it” (2006, 30). In the meantime, Gubar and Ensler identify the gap as caused by the doctors’ use of cryptic jargon or by their unwillingness to speak about certain issues. Gubar confesses that physicians “spoke in lexicons not always comprehensible to [her]” (2012, 31) and feels frustrated about the lack of choices derived from their silence around the debulking procedure (2012, 58). Using a strategy that appears in the two books, Ensler makes a list of the things that doctors do *not* say when she first goes into surgery (2013, 26). She is surprised that they do not even use the word *tumor*, and responds angrily: “I need the truth” (2013, 13). Both authors ponder over the inadequacy of certain expressions – “praying to accept” diagnosis (Gubar 2012, 5), “victims, patients, and survivors” (Gubar 2012, 6); “stages” (Ensler 2013, 88) – and they question the use of euphemisms. For example, upon starting treatment Gubar wonders: “would I find the chemotherapy as innocuous as the term ‘infusion’ makes it sound?” (2012, 96). In the same situation, Ensler recalls “a tour of the chemo ward, otherwise known as infusion suite” (2013, 90).

Being conscious of the limitations of language and the potential traps of conventional renditions of illness, and as Conway has found in other autopathographers, when it comes to activating figures of speech these authors “try everything they can – direct language, metaphor, simile, allusion – to shed light on those aspects of illness that so often remain in the shadow” (2007, 82). Their memoirs navigate between a hyper-realistic embrace of abjection and different levels of figurative language, with metaphor featuring frequently, regardless of Susan Sontag’s classic reticence. Despite Sontag’s oft-cited defence of resistance to metaphorical thinking as the healthiest way of being ill (1977, 3), the semantic fields of warfare,

journey and space proliferate in mainstream cancer narratives, and they also have a place here. Gubar writes about *fighting* the disease, having *courage*, or going to *battle*; Ensler presents doctors as *soldiers* trying to *kill* cancer in the *front line*. They reflect about their cancer *journey* or about *migrating* to the world of the sick, and Ensler exploits the metaphorical potential of the intravenous *port*. During their treatment, they talk about sitting in a *cancer salon*, visiting *Cancer Town* or being privileged enough to be patients at the *Mecca* of cancer research. In this respect, their writings share forms with traditional stories of other forms of cancer. Nevertheless, in her metaliterary analysis of metaphorization in ovarian cancer narratives, Gubar explains that she could not come up with anyone who went beyond vague mentions of “plumbing problems” (2012, 122) to deal with its effects. This awareness of a weakness in previous autopathographies, which is also present in Ensler’s, determines their work. In their intentional highlighting of the unspeakability of the female body undergoing gynecological tumor treatment, they share a feminist ideological stance that transpires in their thematization of the disease and its narrative im/possibilities.

3. My (unspeakable) body, myself... and my bag

The previous section pointed out the role of silence in the discussion of gynecological cancers. Without hints like the lump that signals breast cancer, ovarian or uterine tumors take long to manifest, and when they do so it is often late for full recovery. Surgery does not mean slicing off a conspicuous part and make the body scream *I’ve been amputated*. On the contrary, the patient may feel no need “to display or conceal (by means of prosthetic devices or reconstruction surgery) the ravages of her cancer. Except for a vertical line of stitches down the belly [...] the wounds remain inward” (Gubar 2012, 23). To the outsider’s ear, the body thus afflicted can be completely silent. At the same time, the woman that lives with the condition needs to find the words to manage her losses and organize her experiences. In particular, those that come as a shock because of a lack of previous knowledge. While most individuals diagnosed with breast cancer have some ideas about mastectomy or reconstruction as seen in media and popular culture, not many are familiar with debulking or ileostomies. With these procedures, we enter the dominion of abjection and shame.

Anthropologist S. Lochlann Jain has problematized the use of the expression *below the waist cancers*, which “calls attention to the way that curtains of discretion can affect the spread of the disease and the likelihood that one will seek advice” (2013, 38). Some people, they state,¹⁵ “literally die of embarrassment, too

15. According to Jain’s profile online, their preferred pronouns are *they* and *them*.

ashamed to speak of the symptoms of ‘below the waist’ cancers” (Jain 2013, 151). If, during cancer treatment, “[t]he body becomes the only reality” (Stacey 2013, 85), stories must tackle the phenomenon. If all autobiographical narrators “are embodied subjects” (Smith and Watson 2010, 49), cancer patients are even more so. In this regard, Gubar writes: “I no longer ‘have’ or ‘relate to’ a body. This injured body rules me” (2012, 74). Ensler feels that, once treatment started, her body “was no longer an abstraction” (2013, 7). Their autobiographical praxis is an effort to comprehend the medical perception of their cancerous body alongside their own phenomenological experience of living with the tumor and its effects. In Arthur Frank’s terminology, their stories tackle the body-as-physiology described by the *disease* talk elaborated by specialists, as well as the *illness* perceived by the individual that has been diagnosed: “Illness begins where medicine leaves off, where I recognize that what is happening to my body is not some set of measures” (Frank 2002, 13). Like other autopathographers’, their texts manifest “the crucial role of bodily transformation in self-examination and self-reconstruction”, insisting “on the concretely situated body not only as an undeniable reality that should be reckoned with but also as an indispensable source of knowledge” (Avrahami 2007, 11). As feminists creating in the wake of the Women’s Health Movement, they vindicate the experience of the diagnosed woman as told by herself, and their memoirs are evidence of embodied writing. In them, the body acquires *resonance*, i.e., autobiography becomes “an echo of a physical experience” (Schmitt 2017, 22).

Every step of the cancer process has a place in Gubar’s and Ensler’s work, and they counter secrecy with a combination of realism and figurative language, as exemplified above. They address the shock of diagnosis, the intrusive tests, the pain, the lack of energy, the hair loss, and the anxiety about the future. But nowhere is their battle against the unspeakable quality of the female cancerous body more intense than in their lucubrations about the ileostomy. This is where the secular silence is most radically shattered, and they activate a literality that pushes the intensity of its accompanying tropes to challenging levels, situating readers face to face with abjection. During cancer, “the abject bodily wastes of ‘blood, shit, vomit, saliva, sweat, tears’ become the currency of everyday life” (Stacey 2013, 82). In gynecological tumor treatments, the invisible becomes visible through the stoma and the bag and, as Julia Kristeva proposed (1982, 4), we resent the disruption of order and identity. Lorde’s and Matuschka’s amazon-like chest forced onlookers to acknowledge the reality of breast cancer, unsettling the shared idea of what a *normal* (i.e. two-breasted) woman looked like. Similarly, the bag here becomes a semiotic indicator of an illness that, up until the moment of this disturbing discovery, had lived only on the inside, conveniently kept away from the others’ gaze. Through the ileostomy, the border between *in* and *out* is blurred,

and the body comes to inhabit a problematic area of ambiguity. Aware of this tension between display and concealment, Gubar and Ensler intentionally articulate the unimaginable in their texts.

In *Memoir of a Debulked Woman*, the analysis of the silence surrounding the embarrassing developments of ovarian cancer begins in her second chapter. Gubar contends that “modesty or reticence [...] continues to inhibit patients from recording their experiences” (2012, 54). She applies the gender perspective to speculate that “[m]aybe the ancient connection between females and filth explains why women rarely bring up the topic” (2012, 123). Moving from critic to narrating self, when the time comes to explain the complications of her disease, she dedicates fifteen pages of her fifth chapter – significantly entitled “Drained and Bagged” – to the stoma and the ileostomy. She describes the new opening in her body in detail:

Without elaborate nerve endings, the rust-red stoma on my belly sticks out, a protrusion less than an inch long, less than an inch wide, about three inches to the right side of my belly button, and a bit lower.

There is a tiny hole at the stoma’s center from which liquefied crap drops intermittently [...] It is a foul mouth with pursed lips, lips that press out to emit crap and then withdraw back in reticence. [...] The mass and heat of its brown liquid weight against my groin until I sit down on the toilet and open the Velcro pleats at the bottom of the apparatus to let the contents drain out. (2012, 151-2)

Throughout the book, Gubar is tormented by fear of a mishap in public, and she explains two mortifying incidents with the bag. After long paragraphs of taboo-disruption that may disturb the unknowing reader, she manages to strike a humorous note: “Could it be possible that the reputation of going to the bathroom the usual way has been highly exaggerated?” (2012, 244). She continues, foregrounding the comparison between cancers sustained throughout this paper: “Recalling the resonant photographs I have seen of women’s mastectomy scars or of their breast reconstructions, I wonder, who would want to see a picture of a bag lady like me?” (2012, 157).¹⁶ Acknowledging her pre-cancer reticence about discussing digestive issues, she is reborn as a self-conscious autopathographer to resist the pull of shame.

The struggle against silence around the ileostomy in *In the Body of the World* becomes obvious in the chapter titles, as pointed out in my introduction: “The

16. Some photographers have begun to break the taboo of the visual representation of the ileostomy bag, but they are still a minority and their work has not circulated as widely as the many breast cancer portraits available in books, exhibitions, blogs, websites, and social media. This is the case, for instance, of Randy Bacon’s *Sweet Life* series in the U.S. (https://www.randybacon.com/sweet_life) or Erika Fetterly’s portraits of Lindsay Percy in Canada (<https://www.cbc.ca/news/canada/edmonton/sylvan-lake-alberta-mom-cancer-survivor-photography-ostomy-bag-1.5033697>). In the U.K., Fiona Munro went public – pictures included – about her ovarian cancer and the bag in 2017 (<https://www.healthista.com/my-bloating-turned-out-to-be-ovarian-cancer-age-of-30/>). More recently, Instagram has hosted an #ileostomy tag that displays selfies of individuals (mostly women) with the bag. Again, its presence is nowhere close to the visibility of breast cancer patients and survivors, which has been the rule since the 1990s.

Stoma,” “The Rupture/The Gulf Spill,” “The Obstruction, or How the Tree Saved Me,” “Shit,” “Farting for Cindy,” “Congo Incontinent,” and “Leaking” revisit Ensler’s humiliations wrought by the lack of control over her bowels and by the blockings and explosions in her body and the bag. In an exercise of uncovering the hidden that is close to Gubar’s, Ensler paints a portrait of the stoma that transmits her vulnerability: “The stoma, a minimouth of sorts that was now directing my poop into the ileostomy bag. I was rubbing and feeling it, like some gooey species you find in a cave, and I could tell it was grossing my sister out” (2013, 53). If Gubar – like Lorde in *The Cancer Journals* – is aware of the embarrassment of others in front of her sick self, Ensler does not fail to notice her sibling’s reaction. This reflects back onto her own body, which – illustrating Tomkins’ (1963) categorization of shame as a negative affect and its connection with humiliation and disgust as seen in Kosofsky Sedgwick and Frank (1995) – becomes the object of an intense emotion, because “[o]ne does not feel disgust in the abstract; one feels disgusted by something in which the thing itself seems to repel us” (Ahmed 2004, 85). The inability to keep covering her “fleshy, exposed human parts” (Ensler 2013, 53) conditions the ways in which she relates to others.

Beyond her sister, with whom she manages to reconstruct a link that had been destroyed by their father’s systematic and brutal abuse, the most important figures for Ensler during the treatment are her fellow activists and the survivors that build the City of Joy in the Congo. A safe place for victims of sexual violence, it is the project that revives Ensler when she is about to surrender. This transcultural, gender-based connection with the Congolese women, acknowledged by the local leader Christine ‘Mama C’ Schuler despite the criticism that Ensler’s potential identification with the role of *white savior* has aroused,¹⁷ climaxes in the communion of leaky bodies towards the end, when Ensler travels for the inauguration of the refuge:

We breathe, scream, kick, punch, release, and then there is mad drumming and we dance. I am still weak from the takedown and the chemo, but it doesn’t stop me. As I dance, I have no control over my bowels, and for the first time I don’t care. Before when I was with the women and they were leaking from their fistulas, I could only imagine what it felt like. Now we are one wild mass of drumming, kicking, raging, leaking women. (2013, 198)

Deshazer (2005, 13) has identified five key ways in which women’s cancer has been represented in literature: in medicalized, leaky, amputated, prosthetic, and not dying bodies. Among them, the leaky body dominates in both Gubar and Ensler, especially in the passages about the ileostomy. Their use, however, is far removed from figurative interpretation. In fact, Gubar (2012, 129) rejects the suggestion

17. See Fernández-Morales (2020) or https://www.youtube.com/watch?v=o_-1IY5SBpw.

made by certain feminist critics that it is a trope that signals an act of agency or resistance on the part of the woman. In her and Ensler's stories, it is no more and no less than literal leaking: the wounded body out of control, torturing them physically and psychologically. They feel compelled to write about it, as Gubar explains, because "all the social mores surrounding evacuation and excretion conspire to make the ileostomy unspeakable and unspeakably anxiety-producing" (2012, 155). Because, as Ensler stated in *The Vagina Monologues* and maintains in all her work, "what we don't say we don't see, acknowledge, or remember. What we don't say becomes a secret, and secrets often create shame and fear and myths" (1998: xx).

4. What to do with/about silence (by way of conclusion)

At this stage, the answer to the question "what do we do about silence?" is hopefully clear in relation to the primary texts approached in this paper: dismantle it with everything at your disposal as an author, activist, scholar, patient, woman. Sometimes metaphors work, and you can write like Gubar "I'm inside a deep cave with a series of projected images on the walls, but a very limited perspective of the sky" (2012, 192), but sometimes you just have to say bluntly: "call me putrefaction" (Gubar 2012, 253). On occasion, comparing your body to the Gulf of Mexico because they are both undergoing spills, like Ensler does (2013, 69), is functional. At other times, things are as simple as "[i]t is terrifying not being able to poop or fart" (Ensler 2013, 186). The combination of hyper-realism and metaphorization in the two memoirs examined here is nothing if not a sign of the difficulty of breaking the silence about gynecological cancer for good. As Conway explains through Susanna Kaysen's example,¹⁸ "women do not generally know how a vagina, spleen, or a pancreas feel because these parts of their body are generally without sensation" (2007, 80). When one of these organs suddenly starts screaming, one must be trained to recognize its voice and decode its message.

In *Memoir of a Debulked Woman*, Susan Gubar's experience as critic transpires in her self-awareness as narrator and her metaliterary reflections. About her aims, she is clear: "I hope to raise awareness about a form of the disease that has not received sufficient public attention" (2012, 25). As a feminist scholar, she contributes to this through her analysis of ovarian cancer narratives, and as a sick woman she does it through the public exposition of her case. She places emphasis on the role of other patients' texts for her wellbeing, concluding that "[r]eading and writing about cancer cast a lifeline between me and people whose honesty

18. In 2002, Kaysen published *The Camera My Mother Gave Me*, where she recounted her experience with a painful vaginal disorder and reflected on how difficult it was for her to express what she felt in an area that was usually numb.

about mortal encounters mitigated my fearful loneliness and thereby steadied me” (2012, 262).

Eve Ensler inscribes *In the Body of the World* within a consistent line of work that can be described as *activist* and that is most obvious in her theater against gender violence and her V-Day project. Pascale Antolin reads the text as part of a meaning-making process that allows Ensler to turn cancer into a lesson about life and a means of self-reconstruction (2017, 8). Although I partially agree with this reading, I believe that the book goes further, moving from *I* to *we* in a relational framework that underlines the political status of the personal, trying to cut across cultural and racial barriers by placing the emphasis on the gender variable.¹⁹ Like she does in her plays, in her cancer memoir Ensler concludes with a call to action: “We, who have been undermined, reduced, and minimized, we know who we are. Let us be taken. Let us turn our pain to power, our victimhood to fire, our self-hatred to action, our self-obsession to service” (2013, 216).

In order to achieve their consciousness-raising aims, these two authors resist the pull of silence in their autobiographical praxis. For them as patients, silence is undesirable in the representation of the disease because it feeds a shame that can cost lives (their own included). As narrators looking to mobilize readers, silence for them is ineffective. The words for gynecological cancer must be found and used if the problem is to be imagined, understood, and fought against. Gubar and Ensler offered their good share of them in the memoirs published in 2012 and 2013, and they continue to do it today: Gubar in her *Living with Cancer* column at *The New York Times*;²⁰ Ensler by touring with the theater version of her autopathography.²¹ Reading them may not be easy, but it is painfully necessary.

Although uterine and ovarian cancer have their own colored ribbon by now (peach and teal, respectively), their presence in the cancer industrial complex is not yet as relevant as other tumors’. In particular for ovarian cancer, the five-year survival rate (48.6 percent)²² is dismal enough for it not to be part of the mainstream story of triumph in for-profit medicine as practiced in the U.S. In general, the gynecological cancer memoir genre has not achieved the same kind of penetration

19. The 21st century has brought a much needed awareness about racial differences in cancer diagnosis, prognosis and treatment, as Keith Wailoo’s *How Cancer Crossed the Color Line* (2011) evinces. Ensler’s work, however, cannot be inscribed in that new tendency in relation to her portrayal of the Congolese community. Her connection to the women in the Congo is via the topic of violence, which marks their bodies with similar scars and health problems (e.g. fistulae). Her only reference to the U.S.-Congo or white-black inequality in cancer treatment *per se* occurs in the chapter “Congo Incontinent,” when she presents her baldness as a marker of her “insane privilege” and identifies the affect of shame in association with it: “I am embarrassed by how much money (insurance), equipment, healers, surgeons, nurses, and medications have gone into saving me” (2013, 196). She is aware that, had she lived like her African fellow activists, she probably would have died. Nevertheless, her text does not explore the intricacies of cancer incidence or treatment in the Congo. For more on the question of white privilege and its potential link to postfeminist thought in Ensler’s memoir, see Fernández-Morales 2020.

20. <https://www.nytimes.com/column/living-with-cancer>

21. <https://bodyoftheworldplay.com/>

22. <https://seer.cancer.gov/statfacts/html/ovary.html>

and commercial success that the breast cancer story – with its much more encouraging 90 percent survival rate – has enjoyed. On a basic level, this is because many women diagnosed with ovarian tumors do not live long enough to become activists and/or tell their story (Gubar 2012, 14). It may also be a sign that this kind of testimony, which frequently visits taboo areas and verges dangerously on the abject, does not invite co-optation. Thus, it may not go in the same direction as the hyper-visible breast cancer, now pivoting between the instrumentalization of survivor/previvor narratives and the militant resistance of organizations like Breast Cancer Action, which in 2002 launched the *Think before you Pink* campaign.²³

In American culture, the reasons why ovarian or uterine tumors have not become a fashionable charity or a hot media topic also have to do with a Puritan tradition that sells sex but does not talk about the *down there* organs involved in it, as well as with a patriarchal conception of femininity associated with the conventional female role, heterosexuality, and motherhood. Gubar echoes this when, in her “Ovariana” section, she concludes that in the 20th century “[d]iseased ovaries still represented a deviation from standard femininity” (2012, 44). This conceptualization does not seem to have changed much despite the publication of a handful of memoirs apart from Gubar’s and Ensler’s since the 2000s (e.g. Van Billiard 2005, Bledy 2008),²⁴ and the wall of silence is barely beginning to be cracked. In relation to breast cancer, Maren Klawiter has suggested that the movement for transformation must go in the line of feminist treatment activism and the creation of new images and representations of women with the disease (2008, pos. 3203). In *Living with Cancer*, Susan Gubar continues to promote advocacy, self and mutual care, and civic participation for all kinds of cancer patients, in particular those diagnosed with ovarian tumors. Through the sustained efforts of V-Day and through her dramatization of *In the Body of the World*, Ensler encourages criticism of inequality and inequity, be it in the use of natural resources, in the management of violence and abuse, or in the access to health care. Their memoirs, as seen throughout these pages, are part of a feminist autobiographical corpus that politicizes the personal in sickness and in health.

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23. <https://www.thinkbeforeyoupink.org/>

24. As anecdotal evidence of the continuing silence that looms over gynecological cancer experiences as seen in these other memoirs, we could cite Van Billiard’s self-description as “a victim of the silent killer” (2005, xv) or her discretion in describing the effects of the treatments: she worries about having “an accident” due to digestive dysfunction (2005, 14), and she demurely accepts that her friends and family see her bowel problems as “probably not high on the list of appropriate social discourse” (2005, 69).

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