

Exploring Breast Cancer Memoir

by

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A Dissertation

Presented to the Faculty of

The Graduate College at the University of Nebraska

In Partial Fulfillment of Requirements

For the Degree of Doctor of Philosophy

Major: Human Sciences

Specialization: Gerontology

Under the Supervision of Professor James A. Thorson

Lincoln, Nebraska

August, 2008

UMI Number: 3325857

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Exploring Breast Cancer Memoir

Gina Marie Wagner, Ph. D.

University of Nebraska, 2008

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This précis explores the lived experiences of ten English speaking women journalists and/or highly acclaimed authors who have written breast cancer memoirs spanning the years 1975 to 2003. The ten narratives include: *Breast Cancer: A Personal and Investigative Report* (1975) by Rose Kushner, *First, You Cry* (1976) by Betty Rollin, *The Cancer Journals* (1980) by Audre Lorde, *In the Company of Others: Understanding the Needs of Cancer Patients* (1982) by Jory Graham, *My Breast* (1992) by Joyce Wadler, *Fine Black Lines: Reflections on Facing Cancer, Fear, and Loneliness* (1993) by Lois Tschetter Hjelmstad, *Seeing the Crab: A Memoir of Dying Before I Do* (1996) by Christina Middlebrook, *Before I Say Goodbye: Recollections and Observations from One Woman's Final Year* (1998) by Ruth Picardie, *The Victoria's Secret Catalog Never Stops Coming and Other Lessons I Learned from Breast Cancer* (2001) by Jennie Nash, and *Uplift: Secrets from the Sisterhood of Breast Cancer Survivors* (2003) by Barbara Delinsky.

The topic of breast cancer is universal. Nearly everyone is touched by breast cancer in some way. In 2008, the American Cancer Society reported that breast cancer is the most common cancer diagnosis among women and one in eight women in the United States will contract breast cancer during their lifetime. In addition, the writing and telling of breast cancer stories provide a deep, meaningful legacy for future generations.

The primary questions which guide this study are:

- What are the common themes which emerge from their stories?
- How has this genre of literature transitioned from the mid-1970s to the present day?
- What legacies do these memoirs leave for the next generations of women?

The goal of this dissertation is to create a scholarly study of women's memoir writing that appeals to a wide audience of readers, from cancer survivors and their families and friends to health care providers and activists, from teachers of women's health to professors of women's studies. This study provides a template for how women generally cope with a life-threatening illness like breast cancer. Through a discussion of common themes, this précis furnishes the reader with a sense of reassurance and guidance for the caregivers and women suffering from this disease.

Included in this dissertation is an extensive overview of the historical, political, and cultural underpinnings of breast cancer as a disease afflicting women for thousands of years and of the evolution of the literary genre of breast cancer memoir. Each memoir is dissected, and analyzed for common themes and evidence of the legacies presented for future generations.

Dedication

This doctoral dissertation is dedicated first and foremost to my father and mother, Wayne F. and Mary Claire Wagner, who gave me life and a great passion for reading and learning. Their unconditional and abiding love has given me courage, strength, and hope to find my voice and place in the world. Thank you Mom and Dad for guiding and supporting me through this magnificent journey, we call life. I love you both.

In addition to my parents, I must acknowledge my “significant one” and soul mate, Matt Allen, who keeps me centered and grounded. His compassion and patience sustains me and I look forward to growing old together. I love you.

I must also recognize my siblings, Terri Tessmer, Deb Wagner-Humpal, and Scott Wagner who have given me the greatest gift I could ask for in the form of “My Kids” (nieces and nephews). Being Aunt Gina to Mandy, Pat, Megan, Molly, Gabe, Grace, Luke, and Ben provides me with endless joy, happiness, and the beauty of always living in the present moment. I love you all.

Finally, I want to identify the source of inspiration for the subject of my dissertation, Diane Brich. Di and I have been best friends since eighth grade. In 2001, Diane was diagnosed with breast cancer. Then in 2005, Diane had a recurrence of her breast cancer with metastasis to the bone. Throughout these seven years Diane has remained my hero. She continues to receive frequent treatment for the cancer which can take its toll on the physical body. However, her breast cancer has never dampened her spirit. Di is the most positive, courageous, and beautiful woman I have ever met. Di inspires and rejuvenates everyone she meets. She is true “breast cancer emerger.” I love you.

Author Acknowledgements

I would like to graciously acknowledge the support, guidance, and mentoring provided by my outstanding doctoral committee: James A. Thorson, David Corbin, Susan Maher, and Josie Metal-Corbin. Thank you for giving generously of your time, energy, talent, and expertise during this process. I am honored and grateful for all you have bestowed upon me during this journey.

PREVIEW

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Preface

“It isn’t, it isn’t cancer, is it, Doctor? I haven’t got cancer?” Pavel Nikolayevich asked hopefully, lightly touching the malevolent tumor on the right side of his neck. It seemed to grow almost daily, yet the tight skin on the outside was as white and inoffensive as ever. Unforeseen and unprepared for, the disease had come upon him, a happy man with few cares, like a gale in the space of two weeks (Solzhenitsyn, 1968, p. 1).

I begin the preface of this doctoral dissertation with an excerpt from the very famous and controversial novel, *Cancer Ward* by Alexander Solzhenitsyn. So, why begin with a story about cancer? The simple answer is that this précis explores the lived experiences of women surviving, living, and dying from breast cancer as evidenced by ten memoirs chosen for this study. However, I believe that in order to fully comprehend the magnitude and influence of these narratives, they must be understood within the context of the incidence and fear perpetuated by cancer as well as the transformational power of the telling of a story (henceforth referred to as story). So, before the introduction begins, I set the stage by presenting the reader with some statistics about both cancer and breast cancer, in addition to some evidence regarding the importance of story in the lives of people suffering from a life threatening disease like cancer.

Review of Statistics on Cancer and Breast Cancer

Cancer: Rage, fear, confusion, a feeling of impotence and exile – all born of that single chilling word. The problem is one of image. Cancer conjures up images of wretchedness, death, and dying. Most of us would rather have cardiovascular disease, a disintegrative neurological disease, diabetes mellitus, or alcoholism. Many of these are far worse than cancer, yet they somehow seem cleaner, less threatening, more acceptable and palatable. Cancer is seen by many of us as utterly foul.

The topic of cancer is universal. Nearly everyone is touched by cancer in some way: self, friend, family member, neighbor, or colleague. In 2008, the Centers for Disease Control and Prevention (CDC) and the American Cancer Society (ACS) reported that cancer was the number

two cause of mortality in the United States after heart disease. The National Cancer Institute (NCI) in 2008 stated that the lifetime probability of developing cancer anywhere was one in two for men and one in three for women and the lifetime probability of dying from cancer in any part of the body was one in four for men and one in five for women in the U.S. And finally, the American Cancer Society (ACS) in 2008 estimated the leading sites of new cancer cases and deaths. For men, the number one cancer diagnosis was prostate, while for women the number one cancer diagnosis was breast. However, the number one estimated cancer death for both men and women was lung.

As a woman and dear friend of many women fighting and surviving breast cancer, it seems appropriate to focus my doctoral dissertation specifically on breast cancer memoir. According to the American Cancer Society (ACS), breast cancer is the most common cancer diagnosis among women, accounting for nearly one in three cancers diagnosed in U.S. women and the incidence of death increases with age (2008). It is well known today that one in eight women in the United States and one in eleven in the United Kingdom will contract breast cancer during their lifetimes if they live to be eighty-five or more. White women have a higher incidence of breast cancer than African American women after age 35. In contrast, African American women have a slightly higher incidence rate before age 35 and are more likely to die from breast cancer at every age (ACS, 2008).

The crisis of cancer surrounds us and most of us shudder at the thought of such an ominous burden. Why does this disease carry so much terror for us? Perhaps it is due to the constant media attention (both *Newsweek* and *Time* magazines have claimed a “war on cancer”), or maybe the message that the treatment seems almost as bad as the disease wreaks havoc on our senses. There is also the uncertainty of a cure -- 44% of those who do get cancer die within five years (American Cancer Society, 2007). For women there is the added burden that cancer often develops in our sexual or reproductive organs. Then there is shame and doubt that overwhelms

the person given a cancer diagnosis. Questions arise such as “what have I done to deserve this?” or “what could I have done to prevent this?”

And no wonder! All around us the word cancer is used to describe any particularly immoral or illegal situation. For example, drugs and juvenile delinquency are routinely labeled as “cancers” on society. Susan Sontag, in her brilliant book *Illness as Metaphor*, recalls John Dean’s explanation of Watergate to Nixon: “We have a cancer within – close to the Presidency - that’s growing” (1977, p. 84). The Arab/Israeli conflict throughout the last century has been termed “the cancer of the Middle East” (Sontag, 1977, p. 84). On the lymphomation.org website, in September 2001, Karl Schwartz compared the sickness and unreality of a cancer diagnosis to the experience of what Americans felt on 9-11. Schwartz stated “the enemy is similar. It comes from ourselves and is somehow twisted (mutated) to become something that betrays us – that seeks our death. Just as every siren post 9-11 evokes renewed fears of assault and senseless violence; every new feeling and symptom carries with it a fear that the cancer is back and growing.” For many people in our culture, metaphorically, cancer is used to describe an event or situation that is unqualifiedly and unredeemably wicked.

This fear and shame mean that many of us avoid thinking or talking about cancer even when we ourselves have it. Because of this aversion and avoidance, we do not always make the best medical decisions or more importantly live our lives as fully as possible. There is no doubt that the diagnosis of cancer induces confusion, shock, and disbelief that profoundly changes lives forever. However, like other crises, cancer can provide an opportunity for personal growth and healing. Whatever the response, cancer forcefully motivates each person to focus on issues of self-esteem, morbidity, mortality, survival, spirituality, and a number of other traits that give substance and meaning to life. They experience cancer in an individual way, based not only on the specific diseases they get, but also on who they are, where they have been in life, and what their environment is like. Loss of a person’s previous, more stable life situation can stimulate a

physical, psychological, and spiritual quest to make sense of the new existence marked by uncertainty, suffering, loss, and the possibility of premature mortality.

“Everyone who is born holds dual citizenship in the kingdom of the well and the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obligated, at least for a spell, to identify ourselves as citizens of that other place” (Sontag, 1977, p. 3).

The Power of Story Telling

So, why write a dissertation about breast cancer memoir? Because sharing, reading, and writing cancer stories connect us at a human and spiritual level. Perhaps those with cancer, or their families and friends, can learn, grow, and find peace and comfort in the written stories of self and others. As human beings it is our nature to tell stories, listen to stories, read stories, and collect them. In fact it's hard to conceive of life without story. Story is the mechanism through which we explain our world and come to understand who we are and why we are here. Story becomes the vehicle through which we organize the things that happen to us. At the end of our lives, after we have passed on, all that is left of us is our story. Our story is our passport to immortality. Knowing that future generations will retell our stories liberates us into a realm of timelessness. In telling personal stories we provide a deep, meaningful, and intimate legacy for the future. Archeologist and mythologist, Joseph Campbell in his book *The Power of Myth* stated the following regarding myth and story:

People say that what we're all seeking is a meaning for life. I don't think that's what we're really seeking. I think that what we're seeking is an experience of being alive, so that our life experiences on the purely physical plane will have resonances within our own innermost being and reality, so that we actually feel the rapture of being alive. That's what it's all finally about, and that's what myth helps us to find within ourselves (1991, p. 4 -5).

Crisis, pain, and suffering find meaning and purpose in the telling of or reading of a story. In stories we find a common bond. Story may be our one thread that can connect us to each other. As our world moves and shakes beneath our feet, we are challenged daily to find new ways of coping with and making sense of it all. The narrative structure of story impresses understandable patterns of meaning on experience. This shows up most vividly in the midst of personal crises.

According to Dr. Rita Charon, internist and professor of Narrative Medicine at Columbia University, “Sick persons and those who care for them become obligatory story-tellers and story-listeners. Hippocrates knew this, Chekhov knew this, Freud knew this, and yet knowledge of the centrality of storytelling was obscured in medicine throughout much of the last century” (2005, p. 261). With the rise of interest in the humanities among medical educators and practitioners, as well as nursing education and practice (AACN position statement on humanities, 2005), it seems relevant and critical in the care of patients, family, and friends that we pay close attention to the stories that are told, of living with or dying of, breast cancer. In the memoirs of breast cancer patients, the reader can sympathize at a deep level with the women living with, surviving, or dying from this disease. As early detection and more effective treatments secure long-term survival for more and more women, the physical, psychological, social, and spiritual impact of this diagnosis and its treatment must be addressed. The life-long consequences of breast cancer treatment need to be recognized, acknowledged, and managed so women can enjoy the lives they go on to live. The crisis of breast cancer does not end with the final chemotherapy, surgery, or radiation treatment. In many ways the journey is just beginning.

I belong to a Clan of One-Breasted Women. My mother, my grandmothers, and six aunts have all had mastectomies. Seven are dead. The other two who survive have just completed rounds of chemotherapy and radiation. I’ve had my own problems: two biopsies for breast cancer and a small tumor between my ribs diagnosed as a ‘borderline malignancy.’ This is my family history (Tempest Williams, 1991, p. 281).

The following chapter introduces the purpose of this doctoral dissertation, the research questions to be answered in chapter three and discussed in chapter four, and a brief biography of the ten memoirists chosen for this study.

Chapter 1: Introduction

Women's literary representations of breast cancer provide a focus for this doctoral dissertation, which offers a comprehensive critical analysis of ten selected breast cancer memoirs. As I dissect, examine, and analyze each writer's depiction of her journey through the diagnosis, treatment, and aftermath of breast cancer, my scholarly approach lies primarily in a close interpretive reading of each text as a nurse and professor of literature. Given the limited scope of a doctoral dissertation, I have chosen to confine my study to exploring the lived experiences of ten English speaking women journalists and/or highly acclaimed authors who have written breast cancer memoirs spanning the years 1975 to 2003.

The primary questions which guide this study are:

- What are the common themes which emerge from their stories?
- How has this genre of literature transitioned from the mid-1970s to the present day?
- What legacies do these memoirs leave for the next generations of women?

What will my study contribute to the body of knowledge on this topic? My goal is to create a scholarly study of women's memoir writing about breast cancer that appeals to a wide audience of readers, from cancer survivors and their families and friends to health care providers and activists, from teachers or professors of women's health to teachers of women's studies. I want *Exploring Breast Cancer Memoir* to make a contribution to at least a few people in the world; thus, I have attempted to write a paper that is both scholarly and widely accessible. I hope that my analysis of women's breast cancer memoir will be intellectually and emotionally engaging for all those who choose to read it and that readers will find sustenance, as I have, from reflecting upon these galvanizing works of art.

In addition to providing the reader of this paper with an outstanding reading list and a historical overview of breast cancer, my study provides a template for how women generally cope with a life-threatening illness like breast cancer. Through the discussion of common themes in chapter four, I believe my study furnishes both a sense of solace and guidance for caregivers and women suffering with this disease. When people read about how others struggle and survive or struggle and succumb, they see that they are not alone. There is consolation if a sense of community and support is formed and strengthened. Also, my dissertation acknowledges the need for advocacy and its value in proclaiming for women's rights to knowledgeably choose the treatment options that are best for her. Many of these writers spoke out about how they should be treated, what their psychological states were, and what their medical and social needs were. Finally, my study illuminates the controversy over the persistent "war" metaphor used to describe the cancer journey. There is also the term "survivor" which is widely contested by breast cancer patients, preferring to consider themselves "cured," "living with cancer," "cancer free," or free of labels altogether, however, most cancer patients agree that their lives changed dramatically at the moment of diagnosis.

In the case of breast cancer memoir, there has been a void in past literature which stands in stark contrast to the extremely visible and vibrant breast cancer memoir of today. Up until the last thirty years of the 20th century, breast cancer as a subject for literature had been orphaned and separated from the mainstream, just as the experience of the disease itself had been cordoned off from society, a private experience suffered by women individually, at the margins of public consciousness. Before the 1970's, breast cancer literature could be found primarily in the pages of medical histories. Written largely by medical men, these histories relegated breast cancer victims (mostly women) to no more than the carriers of disease; they rarely appeared as actors in the drama. Over the past few decades, two genres of literature have arisen that have turned these histories upside down, not only introducing women into the story, but placing them at the center.

These are the personal narratives of illness written by women with breast cancer and the self-help manuals written largely by medical professionals.

Given the history of breast cancer memoir, I have chosen ten memoirs which I believe best exemplify the progression of this genre from 1975 through 2003. Most importantly, the writers of these narratives pioneered and transformed the historical, political, cultural, or literary foundations of the experience of breast cancer. The memoirs selected are as follows: *Breast Cancer: A Personal and Investigative Report* (1975) by Rose Kushner, *First, You Cry* (1976/2000) by Betty Rollin, *The Cancer Journals* (1980) by Audre Lorde, *In the Company of Others: Understanding the Needs of Cancer Patients* (1982) by Jory Graham, *My Breast* (1992) by Joyce Wadler, *Fine Black Lines: Reflections on Facing Cancer, Fear, and Loneliness* (1993) by Lois Tschetter Hjelmstad, *Seeing the Crab: A Memoir of Dying Before I Do* (1996) by Christina Middlebrook, *Before I Say Goodbye: Recollections and Observations from One Woman's Final Year* (1998) by Ruth Picardie, *The Victoria's Secret Catalog Never Stops Coming and Other Lessons I Learned from Breast Cancer* (2001) by Jennie Nash, and *Uplift: Secrets from the Sisterhood of Breast Cancer Survivors* (2003) by Barbara Delinsky.

These stories were produced by white, middle-class journalists/writers except for Audre Lorde, an African American poet. I chose memoirs which were well written and meaningful. Memoirs by journalists and writers were a perfect fit. I also selected memoirs which appeared to have a positive impact on the society and culture in which they were written. I chose these memoirs because some of them vigorously and tenaciously advocated for the rights of women with breast cancer (Kushner, Rollin, Lorde). Some pushed beyond the earlier histories by inspecting more deeply both the internal processing of breast cancer in their lives and the social, political, cultural, and literary implications of breast cancer incidence and treatment (all of them, especially Graham & Hjelmstad). Some of these writings were produced by women with early stage breast cancer (Rollin & Wadler), while others probed the range of familiarity with advanced and metastatic breast cancer as well as with dying (Middlebrook & Picardie). Finally, some of

these stories functioned as celebratory and inspirational victories of survivorship (Nash & Delinsky). Included in these works are the perspectives of partners, friends, and family members. Rather than overemphasize the courage and triumph over illness, these stories delved deeply into the challenges women face in coping with the devastation of breast cancer. Although they vary in perspective, all of these works echoed one another in identifying salient themes and issues that women struggle with in the face of breast cancer diagnosis, treatment, and its aftermath. All either implicitly or explicitly addressed the dominant cultural constructions surrounding breast cancer in this country.

Before delving into the analysis of the ten memoirs chosen for this study, I would like to present a brief biography of each woman. I begin with Rose Kushner, born in Baltimore, Maryland on June 22, 1929. Today, she is most widely recognized as the woman who helped end radical mastectomy as the only treatment choice for women with breast cancer. When Rose Kushner discovered her breast cancer in 1974, she single-mindedly began her crusade. She refused to accept the “one-step” radical mastectomy as the only available course of treatment. At the time, if a woman had a lump removed for biopsy; if it was malignant, the breast would be removed. Only upon awakening from the anesthesia would the patient learn that she had lost a breast and much of the surrounding tissue. Ms. Kushner believed that women needed time after a cancer diagnosis to find the best surgeon and to adjust to the changes in their bodies. She fought against the one-step procedure. After eighteen telephone calls, she found a general surgeon to remove her lump, and after it proved malignant, she had a cancer specialist remove her breast (*New York Times*, 1990).

Rose Kushner used her talents as a psychologist, teacher, investigative reporter, and medical writer to work tirelessly as an advocate for breast cancer patients. She became the leading lay expert on breast cancer and was responsible for affecting changes in laws and medical practices and giving alternatives to patients. Ms. Kushner is credited as the single most important person to influence the elimination of the “one-step” radical mastectomy in the treatment of

breast cancer. Dr. Bruce Cabner of the National Cancer Institute has commented that, although there was medical evidence that the one-step procedure was not advisable, he doubted that the public would have accepted that evidence, or would have known about it, if Rose Kushner had not been persistent (Kolata, 1990). Later, Ms. Kushner advocated the increased use of lumpectomy – removal of the malignant lump only (*New York Times*, 1990).

Rose Kushner influenced the introduction of a successful Congressional bill authorizing Medicare coverage for mammograms. Although repealed in November 1989, the law was reinstated in January 1991. She started and directed the Women's Breast Cancer Advisory Center (now named the Rose Kushner Breast Cancer Advisory Center) shortly after she discovered her own breast cancer. She authored four books about breast cancer, *Breast Cancer: A Personal History and Investigative Report* in 1975, followed by *Why Me?* in 1982, and *Alternatives: New Developments in the War Against Breast Cancer* in 1985. The 2002 internet edition of her booklet *If You've Thought About Breast Cancer...* is in its eighth edition which began in 1979 (*New York Times*, 1990).

In 1980 President Jimmy Carter appointed Kushner to a six-year term on the National Cancer Advisory Board of the National Cancer Institute. She also co-founded the National Alliance of Breast Cancer Organizations and was a member of the National Task Force on Breast Cancer of the American Cancer Society. She received many writing awards for her books and articles in newspapers, national magazines, and medical journals. In 1990 she was posthumously awarded the Society of Surgical Oncology's James Ewing Award for outstanding contributions by a lay person in the fight against cancer. In her *New York Times* obituary her husband Harvey D. Kushner stated, "This is poetic justice because the society's members had booed her off their stage in 1975 after she challenged their standard treatments" (Kolata, 1990). She died of breast cancer in January of 1990. (*New York Times*, 1990).

Betty Rollin is a TV correspondent for CBS, PBS, and NBC, an accomplished author and a captivating speaker. A former correspondent for NBC News, her special reports for *Nightly*

News included a series on the Native Americans of Pine Ridge, South Dakota, which won both the DuPont and Emmy awards. Rollin is the author of seven books, including *First, You Cry*, a moving story – the first of its kind – about her breast cancer and mastectomy. Published in 1976 and republished in 2000 in honor of the author's 25th “cancer anniversary,” it received wide critical acclaim and was made into a television movie starring Mary Tyler Moore as Ms. Rollin. (Belkin, 1993).

It is coincidental that she went to get her mammogram because she had recently reported on the breast cancer trials of both Betty Ford and Happy Rockefeller. At the time, it was unusual for women to rush to their doctors and beg for mammograms, but some American women did just that. Armed with scant information, they demanded treatment, and many women surprisingly found out that they were going to need lots of it. Rollin was one of these women. This remarkably candid and courageous memoir was written in the aftermath of Rollin's personal struggle with the disease. *First, You Cry* was the first memoir of battling the disease to hit the marketplace, and readers responded overwhelmingly. Rollin's most important message was that beyond survival, every woman confronted with breast cancer has her own priorities. She may decide to keep her breast or insist on removal; she may pursue or decline reconstruction; she may refuse chemotherapy or seek out experimental treatment. As much as possible, Rollin believed that everyone, especially physicians should respect the wishes of the patient (Lerner, 2001).

Audre Lorde was born on February 18, 1934 in New York City to Caribbean immigrants. Lorde would eventually become one of the most prolific writers of her generation (especially in poetry). From her mother she learned her love of words and found poetry to be the most effective method of expressing her emotions. After graduating from high school, she attended Hunter College and then later Columbia University where she received a Masters degree in Library Science. While working as a librarian in Mount Vernon Public Library she married Edward Ashley Rollins; the couple divorced eight years later. Together they had two children. In 1968, she received a National Endowment for the Arts grant and became a teacher at Tougaloo College in

Mississippi. During her time at Tougaloo many significant events took place in the country and in Audre's personal life (meeting her life partner, Frances Clayton) thus affirming her belief in the importance of immediate action. Lorde and Clayton moved to New York and Lorde taught writing courses at City College and courses on racism at John Jay College of Criminal Justice (Academy of American Poets, 1997).

Though Audre Lorde faced many challenges in her life as the result of her sexual orientation, race, and gender, one of her most challenging ordeals was her fourteen year battle with breast cancer which she documented in her first prose collection, *The Cancer Journals*. *The Cancer Journals* published in 1980 won the American Library Association's Gay Caucus Book of the year award for 1981. Lorde proudly stood in defiance of societal standards that she should hide that she had breast cancer. On November 17, 1992, Audre Lorde, New York state's poet laureate died of breast cancer in St. Croix, Virgin Islands (Academy of American Poets, 1997).

In 1977, Jory Graham, a newspaper columnist in Chicago, launched her coping with cancer column, "A Time to Live" in the *Chicago Daily News*. The weekly "A Time to Live," syndicated in fifty newspapers across the nation, with an estimated audience of five million, chronicled her spirited eight year battle with breast cancer. Irving Rimer of the American Cancer Society Stated that "Jory Graham had single-handedly done more to publicly discuss the problems of advanced cancer and of death and dying than any other individual I know" (*People*, 1980). Graham first learned she had cancer in the right breast in 1975 and she subsequently had a mastectomy. Then cancer was discovered in her lower spine and thigh bone. After being told she had only a year to live and going through the usual cycle of disbelief, rebellion, and depression, she began her column. In a *People* magazine interview from 1980, Graham stated "I am a writer, so I could help break down the emotional isolation of those who have cancer. I could try to show that a person with cancer can be just as functional, and more concerned, more caring and loving because her life is in danger" (*People*, 1980). Six months after the column, Graham was approached to lecture on cancer which she did in at least thirty-five cities across the country. One

of her key themes was that cancer patients should consider the affliction a chronic disease like arthritis. The possibility of remission makes it more bearable. She said that if you survived it once before, there is always a chance you can survive it again. In 1982, she published her book *In the Company of Others* which encompassed all she had learned, and written about in her cancer column, “A Time to Live.”

Joyce Wadler, a New York writer and humorist, has been a reporter at the *New York Times* for ten years. She is now a feature writer in the House & Home section. Before coming to the *Times*, Wadler wrote books and worked in magazines and newspapers and made enough money writing for television to cover two years of health insurance. She was the New York Correspondent of *The Washington Post* and a contributing editor for *New York Magazine* and *Rolling Stone*. Her memoir about breast cancer, *My Breast: One Woman's Cancer Story*, originally a two part cover story for *New York Magazine*, won numerous awards. *My Breast* was later expanded to a book in 1992, published world-wide and excerpted in *The London Sunday Times*, which called it “the first breast cancer comedy – albeit a black comedy.” *My Breast* was republished again in 1997. A television movie of *My Breast*, written by Wadler and starring Meredith Baxter (as Wadler), was broadcast on CBS and won the American Women in Radio and Television Excellence in Programming Award in 1995 (*Health Matters*, 1994).

Lois Tschetter Hjelmstad, speaker, author, and breast cancer survivor, lives in Englewood, Colorado, where she owned and operated a large music studio for thirty-eight years. Hjelmstad and her husband have four grown children and twelve grandchildren. Lois has given over 500 presentations throughout North America and England, speaking on breast cancer as a catalyst for change. She also addressed; the issues of intimacy, writing about grief, and other related topics. She was featured in *Rosie* magazine and appeared on the Rosie O'Donnell Show. Her first book, *Fine Black Lines: Reflections on Facing Cancer, Fear, and Loneliness* won awards in Colorado and London. *Fine Black Lines* contains excerpts from her journal as she

encountered breast cancer, woven together with her selected poetry and reflections. First published in 1993, it was in its fourth printing in 1996 (Mulberry Hill Press).

Christina Middlebrook, was a Jungian analyst and a member of the C. G. Jung Institute of San Francisco, where she was also on the training faculty before her breast cancer diagnosis. Middlebrook was not quite fifty when she was told that a lump in her breast was malignant and that it had already metastasized (50/50% chance of survival). Her life was by no means average. She had already written several books and she worked before her illness as a Jungian psychotherapist living in San Francisco with her husband and teenage daughter. Middlebrook was still alive in 1996 when her book, *Seeing the Crab: A Memoir of Dying* was published, but she leaves her readers very aware how her fight against cancer is one she will eventually lose. The book gives a heightened sense of how tenuous our grip on life is, and of how there are no guarantees about the future. Furthermore, she shows how once one becomes seriously ill, one's life dramatically changes. Middlebrook received outstanding reviews for *Seeing the Crab* by Booklist, Kirkus, and Publisher's Weekly, as well as continually being recommended by both hospital based and on-line breast cancer support groups (Perring, 1998).

Ruth Picardie was born in 1964 and grew up in London, England. She studied social anthropology at Cambridge University, but writing was her first love. Picardie was a prolific, prize-winning journalist, writing on everything from fashion frivolity to film criticism. Her work appeared in *The Guardian*, *Screen International*, *Marie-Claire*, *Elle*, and *Mirabella* to name a few. Picardie died from complications following the misdiagnosis of breast cancer in September 1997, leaving a young husband and two-year old twins. Thousands of people mourned her passing although most had never met her because Picardie's sister, Justine Picardie (an editor for *Observer Life* magazine), encouraged her to write about her feelings of living with and dying of terminal breast cancer in *Observer Life* magazine. Her posthumous memoir, *Before I Say Goodbye: Recollections and Observations from One Woman's Final Year* (1998) incorporates her seven columns from *Observer Life* magazine along with Ruth's e-mail correspondence with

friends, selected letters from readers, and accounts of Ruth's last days by her sister, Justine Picardie, and her husband, Matt Seaton. Like Christina Middlebrook's *Seeing the Crab*, Picardie's *Before I Say Goodbye* has been continually recommended by both hospital-based and on-line breast cancer support groups (*Independent*, 1997).

Jennie Nash, a graduate from Wellesley College in 1986, moved to New York City where she worked as an editorial assistant at Ballantine Books and an assistant editor at *New York Woman* magazine. She simultaneously began her freelance writing career. Her essays and articles have appeared in dozens of national newspapers and magazines, including *The New York Times*, *The Los Angeles Times*, *Real Simple*, *Self*, *Shape*, *Glamour*, *Mademoiselle*, and *Reader's Digest*. Her second book, *The Victoria's Secret Catalog Never Stops Coming and Other Lessons I Learned from Breast Cancer* was published in 2001, and in 2002 the paperback edition became available. This memoir was a Lifetime TV Bookshelf Pick for October, 2001. Nash has appeared on several talk shows, including the Rosie O'Donnell Show. She is a popular keynote speaker at major breast cancer conferences and events across the country. Ford Motor Company purchased 110,000 copies of her memoir to use as giveaways in their national education outreach program, for which Ms. Nash waived her royalties. Ford also toured her to major cities to lecture and sign books during Breast Cancer Awareness Month in 2002. She lives with her husband and two young daughters in Los Angeles where she is an instructor at the UCLA Extension Writers Program (homefires.com).

Barbara Delinsky was born on August 9, 1945, in Newton, a suburb of Boston, Massachusetts, where she was raised in a family of lawyers. Her mother died of breast cancer, when she was eight. It was the defining event of a childhood that was otherwise ordinary. In 1967, she earned a B.A. in psychology at Tufts University and a M.A. in sociology at Boston College in 1969. Delinsky's writing career began in 1980, when she read a newspaper article about romance fiction. She researched the field, read forty to fifty category romances and sat down to begin her own. She found that her background in psychology was helpful. Barbara

Delinsky is nothing if not prolific. Since 1980, she has written well over eighty novels, and shows no sign of slowing down. More than twenty million copies of her books are in print worldwide, and translated into over a dozen foreign languages. In 1994, Delinsky was diagnosed with breast cancer, like her mother. In 2001 she published the non-fiction memoir, *Uplift: Secrets from the Sisterhood of Breast Cancer Survivors*.

Delinsky has written nineteen novels that made the *New York Times* Bestseller list. But she says it's her non-fiction book, *Uplift* that has meant the most to her. The book presents inspirational snippets from more than 300 women sharing breast cancer tips and experiences. It also offers advice for breast cancer patients – the type of advice that doesn't come in medical books. "I think everyone needs to hear about the personal side of breast cancer," Delinsky stated in a *Boston Globe* interview, "the part that talks about how to tell your children, how you deal with the workplace, and what kind of deodorant you can use that doesn't affect your skin." Delinsky is an authority on the subject. By the time she and her two sisters turned sixty, they had all undergone mastectomies. Proceeds from the book, published in 2001, have gone to breast cancer research and to fund a breast surgery fellowship at Massachusetts General Hospital. *Uplift*, originally published in 2001, came out in a second edition in 2003. The third edition was available in October 2006 to celebrate the fifth anniversary of the original publication.

The next chapter focuses on the historical, political, and cultural features of breast cancer as a disease. The chapter also captures the development and progression of breast cancer memoir as a genre in narrative literature. This chapter answers the question listed in chapter one: how did this genre of literature begin and what prompted its existence?

Chapter 2 Historical, Political, and Cultural Aspects of Breast Cancer

Before exploring and analyzing these ten stories in detail, I believe it is crucial to look at the historical, political, and cultural underpinnings of breast cancer as a disease. Only in knowing where and how this genre of literature evolved and who the early players of this drama were can we fully grasp the crucial importance of these stories. Chapter two will focus on the historical,