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The Aesthetics of Illness: Narratives as Empowerment

Franziska Gyga

In the recent past a great number of autobiographical accounts on life-threatening illnesses such as cancer or AIDS have appeared. These so-called autopathographies frequently deal with the autobiographer's attempt at creating some sense of time and/or sequence, and, if possible, with the search for a new order, reason, and sense of life. Stories about illness in particular demonstrate the way we create meaning through narrative because the experience of such a life-threatening illness calls for a (re)construction of our vulnerable self. In my paper I would like to explore some challenging ways in which autobiographical texts about the experience of cancer and AIDS can be called intriguing aesthetic projects because they often use highly unconventional narrative structures to express the suffering, pain, and anxiety. I will focus on Eve Kosofsky Sedgwick's short narratives "Queer and Now" and "White Glasses" (1993), Nikki Giovanni's short text "A Deer in Headlights" (2002) and Christina Middlebrook's *Seeing the Crab: A Memoir of Dying Before I Do* (1996). The paper will discuss the aesthetics of the personal narrative and relate it to the cultural and social implications of illness.

Towards the end of her autobiographical book on the cultural construction of cancer, *Teratologies: A Cultural Study of Cancer*, Jackie Stacey states that "[d]eath confers authority upon the narrative and the narrator" (243).¹ This powerful sentence seems to be particularly pertinent to illness narratives that relate stories confronting possible death and whose narrators may equate the writing process with living, in other words implying that as long as one is writing one is still alive. There may be other explanations for the relationship between writing and death,² but in this

¹ Stacey's book is a combination of autobiographical narrative about her experience of cancer and theoretical debate on the cultural and social construction of cancer.

² Elisabeth Bronfen, to whom Stacey also refers (240-41), has written extensively on the relationship between death and femininity, suggesting that both evoke a desire for control and mastery; see Bronfen, *Over Her Dead Body*.

essay I want to explore how the experience of a life-threatening illness confers authority on the narrator and also to examine the nature of that authority.

The rapid development during the past few years of the new field of literature and medicine – both in terms of research and teaching – demonstrates the importance and necessity of paying heed to the power of narratives that deal with the experience of illness and disability. Medical anthropology, the medical humanities, and disability studies have shown vividly that narrative is a primary means to connect the personal with the cultural, and “narrative medicine,” a term coined by Rita Charon,³ is used to emphasize the enormous impact of narratives in interactions between patient and doctor, between medicine and its public. Methods from the field of literary studies, for example, contribute to and interact with the medical “gaze.” Narratological methods can be applied not only to literary, but also to medical texts. Moreover, a diagnostic procedure can profit from reading or listening to an autobiographical account by the patient to create a more encompassing understanding of notions such as “ill,” “pain” or “disability.” The rapidly growing number of illness narratives, both autobiographical and biographical,⁴ appears to express a desire to write against the proliferation of fragmentary representations of illness. Given the enormous impact today of biomedicine with its objectifying, fragmentary approach to the body, such narratives offer an encompassing view of illness which may be cathartic for everyone involved in the suffering. Critics such as Thomas Couser, Rita Charon, Anne Hunsaker Hawkins, Marilyn Chandler McEntyre and Kathryn Montgomery have commented extensively on specific characteristics of such illness narratives, on the impact of story-telling, and on the effects such a narrative act can have for their sick narrators. In general they all agree that for most autobiographers, writing about the frightening and depressing experience of being confronted with a life-threatening illness enables them to understand their illness and the resulting disruptions in a more encompassing way. Although there are various reasons why these individuals decide to write down their illness experience, the pow-

³ Rita Charon is professor of medicine at Columbia and also holds a PhD in English. She is the founder of the narrative medicine program at Columbia. See also her most recent book *Narrative Medicine: Honoring the Stories of Illness*.

⁴ Cf. Thomas Couser’s comment on the difficult distinction between an illness memoir (usually a first-person narrative focused on someone other than the narrator) and an illness narrative written by a first-person narrator who is the sick person, Couser, p. 6 and footnote, p. 16.

erful effect of helping "to relieve the suffering of the self" (Couser 289) is always acknowledged.

I would like to suggest that the "relief" from suffering goes hand in hand with the authority being conferred on the narrative and the life narrator mentioned above; having thought about or faced death, one becomes a survivor and seems "to possess knowledge of the secrets of life, as well as the secrets of death" (Stacey 245). Therefore, narratives recounting serious illnesses often have two effects: they empower the writer on the one hand, and reassure the reader on the other. In this essay I want to focus on the specific ways in which the autobiographer is being empowered and the narrative becomes a site of empowerment. It is common knowledge that narrating has a healing effect, and narratological studies of autobiographical accounts demonstrate that:

"[t]he self of self-knowledge is the fruit of an examined life [. . .] And an examined life is, in large part, one purged, one clarified by the cathartic effects of the narratives, be they historical or fictional, conveyed by our culture". (Ricoeur 247)⁵

Yet, the specific narratological strategies of autobiographical accounts of illness must be more clearly analyzed and interpreted in order to perceive the transformation that takes place in the process of experiencing an illness and writing about it.

My three examples are cancer narratives, two of them about breast cancer and one about lung cancer. Nikki Giovanni and Eve Sedgwick are professional writers, the former a poet and author of many books, the latter the well-known founder of queer theory and professor of English at New York University. Christina Middlebrook is not a professional writer, yet she skillfully wrote a challenging autobiographical account of her terminal breast cancer.

The three autobiographers choose different approaches to narrating their experience of cancer. Middlebrook's *Seeing the Crab: A Memoir of Dying Before I Do* (1996) deals with her mastectomy and the final awareness that she will die. Giovanni's short text "A Deer in Headlights" describes her recurring feelings of anxiety after she has recovered from an

⁵ For some influential studies on the theory of autobiography see Paul John Eakin (1991 and 1999), Sidonie Smith and Julia Watson, eds. (1996 and 1998).

operation. In contrast, Sedgwick's two short texts⁶ explore her experience of breast cancer within a framework of theoretical issues about the cultural constructions of cancer and identity. Despite their differences, all these texts exemplify that illness narratives are intricately connected with the (daily) lives of their writers and indeed "restory" (Couser 295) their lives. Nevertheless, in all four texts, the experience of illness is narrated within a different context; that is, the illness is embedded in a narrative context that throws light on the transformation of the actual experience of illness into a narrative form, that is on the complex translation of the experience of illness into articulation, or, to use Elspeth Probyn's words, into "an element of an enunciative practice" (28).

The relationship between the autobiographical (the self) and experience is theorized by Probyn in a way that is useful for my questions. She insists that the autobiographical "must be made to work as an articulation between epistemological and ontological levels" (28-29). Thus, it is not the personal uniqueness or truth that is at the core of the autobiographical utterance, but the possibility of understanding "experience as incorporated within a mode of theorizing and of speaking within theory" (27). This critical use of the experiential has an enormous potential as Probyn suggests, namely that within cultural theory the self makes possible a radically new way of relating critic, experience and text (see 31). The self is analytically useful to illuminate different relationships within social formations and must therefore be seen as a "theoretical manoeuvring" (Probyn 106). She adds, and I strongly agree, that the so-called "conjunctural moments," those moments in which experience is transformed into a site of articulation, emphasize "social distinctions and experiential differentiations of gender, class, ethnicity, race, sexual preference, economics and age" (30): and I would, of course, include here illness. Although Probyn is mainly concerned with the use of the autobiographical in cultural theory, her discussion of the theoretical uses of the self can illuminate how the experience of illness can be responsible for narrative authority.⁷

⁶ Since Sedgwick's two short texts are very similar in the way they integrate the experience of illness I will not deal with them individually; when discussing Sedgwick's example, I am referring to both texts.

⁷ For an intriguing analysis of the *self* in autobiography see Eakin (2004). He relies on findings by a neurologist who links the notion of the self to the neurological structure of the brain. Eakin emphasizes, though, that this kind of neurobiological theory is still speculative (Eakin 2004, 125). See also Eakin (1999).

The consideration of both the experiential and the theoretical entails a further aspect that is crucial for the experience of illness and, above all, for the experience of inhabiting a deteriorating body. I am referring here to the complex debate about the material and semiotic. A number of feminist critics – and also cultural critics in general – have shown that the body is neither purely material, nor exclusively constructed in discourse. On the contrary, there is an “interactionism” (Schriempf 68)⁸ based on the awareness that there is no split between the biological and social, the material and social: “Everything is ‘always already social and material’” (Schriempf 68). I would now like to argue that utterances and narratives about one’s sick body tend to foreground the material/physical experience, and that at certain stages of an illness the body’s state can even be represented as if it were equated with life; that is, the bodily dysfunction can become so central that it is representative of the author’s life. This tendency to emphasize the immediacy of a sick body could underlie the need for further inquiry and rethinking of the “bodily” experience by the writing subject. At the same time, depending on the seriousness of the illness, the body may also appear as something quite distinct from the self because the autobiographer wants to distance himself/herself from this sick body.

In the following section I would like to describe such “conjunctural moments” (Probyn 31), those moments in which the experience (of illness) may be turned into an articulated position from which the patient/self/critic is able to narrate and theorize.

Middlebrook’s *Seeing the Crab* is a moving, yet never sentimental, account of what it means for her to be confronted with impending death and yet still immerse herself in the everyday, ordinary world so that she still feels alive. Her narrative is not a chronological account from the moment of her diagnosis, through surgery, chemotherapy, bone marrow transplant, and the little time she has left to live. Her nonlinear narrative includes moments of terrible pain, anger and sadness, but also of serenity and deep insight.⁹ The main point though, is her attempt to write against – or with – time before imminent death. The following is the beginning of her narrative:

⁸ Schriempf herself refers to Nancy Tuana who uses this term in her article “Fleshing gender”.

⁹ For a more detailed analysis of the temporal organization of Middlebrook’s narrative see Rimmon-Kenan, 19-20.

My hair reaches my shoulders now. I didn't think I would live to feel it tickling my skin ever again. The first time my hair came back, it reached only a fuzzy Afro stage before I had to start chemotherapy again. This hair that tickles my shoulders now, this new hair, is about ten months old. My bone marrow transplant was fifteen months ago, and its chemotherapy curl hangs below my ears. Though I look funny, curly on the bottom and straight on top, I am reluctant to cut off the chemo-curls. (1)

The first sentence and the entire subsequent paragraph are representative of the everyday life concern that is absolutely crucial for the writer's self: "My hair reaches my shoulders now." The following sentences already connect the ordinary statement about her hair with cancer: "I didn't think I would live to feel it tickling my skin ever again" and "I am reluctant to cut off the chemo-curls." The narrator establishes a link between her experience of chemotherapy and a concern about her hair with hair functioning, like Eve Sedgwick (who also lost her hair after chemotherapy) suggests, as a cultural construct of "archetypal Female-ness" ("Queer and Now" 13). Thus, Middlebrook's hair, radically affected by the medical treatment of cancer, is also part of a self that has nothing to do with her illness, and yet is marked by it. This mini-story about her hair demonstrates that there is a constant dialogue going on between the experience of illness in a medical sense and everyday experience.¹⁰ This example reveals that illness is perceived as a multidimensional phenomenon by the patient/writer. Furthermore, to speak with Probyn, we can say that Middlebrook's self is not only an "ontological projection" (Probyn 29): it addresses issues that surmount mere self-description, such as here, for example, where the reference is to chemotherapy. Such a statement opens up an epistemological realm that explores a social and cultural environment. The self can comment on a prevailing discourse in such a way that it makes new questions and explorations possible. Thus, a continuous construction of such "conjunctural" sites takes place.

Middlebrook's self-reflexive use of the language of illness illustrates an attempt to make sense of the incoherence of illness. At the same time, this reflection also marks such a conjunctural moment: telling her readers about the basement storage and her children's lives she touch-

¹⁰ In their study "Women's Narratives in Primary Care Medical Encounters" Stephany Borges and Howard Waitzkin emphasize the crucial role that this everyday life plays in patients' narratives of illness besides the life of medical details. See particularly p. 31.

ingly shows how her children are part of her illness, yet the implicit dread of having to leave them behind is omnipresent. She suddenly switches to the "spot on [her] spine," as her doctors prefer to call her tumor; Middlebrook considers this word to be a kind of "camouflage for the stink words: tumor, metastasis, recurrence" (7). It illustrates that the power of discourse is a cultural phenomenon that shapes the experience of illness as much as the organic deterioration of one's sick body shapes it. Middlebrook's mention of the "stink words" tumor, metastasis and recurrence is symptomatic of another representational characteristic of cancer narratives, namely the concern with the "C" word, with what connotes the disturbance of order, the irruption of horror and abjection. Relying on Julia Kristeva's concept of abjection, we can say that illnesses, in particular cancer and AIDS, are associated with malignant and deviant cells, in short with everything that does not respect borders or rules. A crossing of borders is inherent in an illness narrative because the sick body becomes an abject body, one that has crossed the border between the normal and the deviant.

Middlebrook seems to distance herself from her sick body and even uses different pronouns to make a distinction between her self [sic] and her body; thus, the body does not become foregrounded in such a way as to establish an equation between her self and her body. On the contrary, she imagines her self to be outside of this body: "I had not stayed inside my body to suffer the death of every fast-growing cell. My body was a poisoned wreck. [. . .] To save myself, I, the me of me, retreated to a far corner above the room" (62, her emphasis). As Middlebrook herself describes it, she has split off from her body in order to survive. Being a Jungian analyst, she compares this state to multiple personality disorder and catatonic states endured by victims of child abuse or concentration camps or soldiers under bombardment (62). Retaining a part of her (old, healthy) self, the *I* helped her to stay alive because it was that part that those who visited her could recognize: "And why didn't *I* disappear forever during that hideous fight [high-dose chemotherapy]? I think because the witnesses called me back" (66, her emphasis). Middlebrook informs us that this split between body and "*I*" went unnoticed by her "witnesses" (family members and friends), thus emphasizing her unique experience on the one hand, and the tireless support from her loved ones on the other. Middlebrook's account of her experience of intense bodily suffering and the resulting split from her body enables her to become aware of the tremendous support she could count on and

on the "dialogue" that took place between her and them: "They, my witnesses, chatted together at my bed and engaged in conversations about the world I used to inhabit" (62). Reporting her experience and minutely describing this split she draws our attention to the crucial role of family and friends tending a sick person even if he/she is not able to respond. The separation between "my body" and "me" can be found in many cancer autobiographies and is indicative of the autobiographer's difficulties in accepting her body and linking to her self the body that is trying to kill her.¹¹

The last chapter called "the dier" ends with an account of a conversation between Middlebrook and her twenty-year-old daughter. The dialogic characteristics of this short, yet very intimate, mother-daughter conversation illustrate how a particular self is created in the process of a dialogue. Middlebrook describes her daughter's strength in being able to accept that her mother will most probably die. The mother-daughter bond represented in the final conversation of the book is part of other female life worlds that are indispensable for Middlebrook as she clings to life. One such female community is her breast cancer support group. The frequent use of the personal pronoun "we" also expresses the bonding among these women.¹² Throughout her narrative Middlebrook is engaged in a dialogue with others, either with her family, friends or other women suffering from breast cancer. This dialogic nature is a characteristic of many illness narratives and contributes to the process of building a self "into a community" (Price Herndl 228). Middlebrook's last words are addressed directly to a "you," who could be her daughter and/or the reader, further emphasizing the pervasive dialogic nature of her writing. Thus, Middlebrook even succeeds in creating meaning from letting go. Of course, her narrative ends before she does. In this way, the story goes on because the self is writing beyond her ending.

Nikki Giovanni's text "A Deer in Headlights" published in the book *Quilting the Black-Eyed Pea: Poems and Not Quite Poems*, and the most recent of the three texts (2002), is a short piece in which Giovanni narrates the moment when she was told that she had lung cancer. This moment of "horror" is, as is quite often the case in illness narratives, alluded to indirectly and represented in a mini-narrative. Giovanni, shopping with a friend, has the sudden impression of "losing" one of her breasts. Her

¹¹ See also Diane Price Herndl (226).

¹² See the dominant use of "we" in the breast autobiographies analyzed by Diane Price Herndl (223).

friend reassures her: "[I]t cannot fall off. You are well. Your surgeon says you are well. [. . .] You are sewed up. Nothing can fall out" (95). This comforting, though slightly belittling, response triggers reminiscences of the moment when Giovanni was informed that she had a tumor, and she then tells us about the conversations between herself and the oncologist and about the subsequent preparations for her operation. What is striking in this account are the seemingly disjointed passages about the everyday situation of shopping with a friend, then the moment of diagnosis, and the memories of her childhood in Cincinnati – because Cincinnati is where she wants to get a second opinion. Furthermore, it is the place which enabled her father to take on another job instead of becoming just a "Bellboy," the only job that the "gentleman of color [. . .] attending college and obtaining a degree" (96) would have got in Knoxville, where Giovanni was born and where her family had lived before moving north. Here we have a striking example of the intricate link between the personal and the political: Giovanni's trip to Cincinnati to get a second opinion of her lung cancer triggers thoughts on the discriminatory climate of the south.

There follows a section on the snow falling on the day she was supposed to travel from Virginia to Cincinnati, this being succeeded by thoughts on the impact of prisons in the US and ultimately on the death penalty and on the people condemned to death. The text ends with the statement that it is cynical to offer a last meal and prayer to these people and that she, Giovanni, does not feel like eating at all before her visit to the hospital. Obviously, a relationship with matters of life and death is established, matters that do concern Giovanni, but the narrative is constructed with elements from an altogether other realm. These matters of life and death in many illness narratives are drawn from other facets of our everyday world. Thus, signs represent ideas that are not usually expressed by them.¹³ There is a symbolization at work that has its origins in the harsh experiences of illness. Through these narratives, the sufferers can make sense of their daily confrontation with illness, pain, anxiety and fear. The representation of everyday life and ordinary experience expresses more than the actual event; rather, it is the attempt to write beyond the traumatic experience and to create an aesthetics of suffering.

¹³ Alan Radley also refers to this configuration (785).

Although Giovanni's text contains many digressions, there are various allusions to death apart from the passage on the death penalty, and they all deal with the possibility of dying from cancer. This issue is presented to us retrospectively; that is, after Giovanni's successful operation, and is always triggered by a quite prosaic act, either by herself or others. The first time Giovanni explicitly mentions her serious condition, she is in the store with her friend who, trying to comfort her as mentioned above, triggers Giovanni's remembrance of her oncologist's reassuring verdict: "Nobody had said things to her like 'Gee, the size of this tumor I'd say you will probably be dead in six months'" (95). Thinking about her friend's reaction makes her reconsider the specific statements of her different doctors and their respective attitudes towards their patient, and she gives us insight into her own reactions. Only by recounting her friend's words does she get to her own, more fear-inspired feelings about her illness. The same conjunctural moment takes place in the passage about her last cigarette: the sentence "I smoked my last cigarette on Tuesday, February 7" (95) makes her ponder on the meaning of "last": if she did not survive the operation it would indeed be her last cigarette. Commenting on the cynicism and irony of her own words she digresses again, but this time going back in time, to her childhood.

Giovanni's short narrative is full of different conjunctural sites from which she then explores her illness and her feelings before the operation. The narrative begins with a bodily experience, her imagining the loss of one breast while shopping, and then diverges in many directions to conclude with her thought on a "last" supper (as is given to prisoners on death row). The numerous digressions always take her back to the dominating issue: will she survive her operation? Thus, these digressions confer some kind of authority on the life narrator because they enable her not to give in to her fear and doubts.

Eve Sedgwick's narratives differ, as already mentioned, from the other two texts in their demonstration of the theoretical articulation postulated by Probyn. For Sedgwick, the experience of breast cancer is intricately linked to her thinking and theorizing about gender issues. She has always emphasized that "queer" encompasses more than gender and sexuality: race, ethnicity, postcolonial nationality "criss-cross with these and other identity-constituting, identity-fracturing discourses" ("Queer

and Now" 9),¹⁴ and I would add that illness is yet one more identity-constituting category.

"Queer and Now" is an autobiographical piece consisting of a three-part project Sedgwick engages in to discuss the term "queer." Project 3, as she calls it, is about her breast cancer and mastectomy which strongly influenced and still influences her way of theorizing "the self." Sedgwick describes how her experience of breast cancer and mastectomy have brought her insight into "the supposed oppositions that structure the experience of the 'self'" ("Queer and Now" 12). The other short text, "White Glasses," contains autobiographical sections on her relationship with Michael Lynch, who died of AIDS, and on her diagnosis of breast cancer. These autobiographical experiences are linked to a theoretical discussion of the implications of heterosexuality. In this respect these two texts are the most innovative because they are, as Sedgwick states herself, "an adventure in applied deconstruction" ("Queer and Now" 12). These "supposed oppositions of the 'self'" also include "thought and act" – "thought" meaning thinking about death and "act" meaning lifting weights at the gym (cf. "Queer and Now" 12), or the "natural" and "the technological" (the natural being the recovery of her healthy body), the technological being all the machines (the intravenous drip, the bionic implant of the Port-a-cath, etc.). Thinking and theorizing about these experiences, Sedgwick also recognizes that illness, and above all a life-threatening illness such as cancer or AIDS, is interconnected with the social/political and the person involved in the experience of illness:

It's as though there were transformative political work to be done just by being available to be identified with in the very grain of one's illness (which is to say, the grain of one's own intellectual, emotional, bodily self as refracted through illness and as resistant to it) . . . ("Queer and Now" 15)¹⁵

Sedgwick emphasizes that "being a breast cancer patient [. . .] plunges one into an experience of almost archetypal Femaleness" ("Queer and Now" 13), a reaction that both underlines the genderedness of the breast, but also illustrates the very personal relation Sedgwick had to her

¹⁴ "Identity-fracturing" can imply an experience of illness or disability, and/or queer identity. Intersections of queer theory and disability studies are discussed by Robert McRuer and Abby Wilkerson.

¹⁵ Diane Price Herndl also refers to these passages by Sedgwick and emphasizes the political implications of this position (242).

breast. Her personal account of her experience of breast cancer demonstrates quite vividly how the experiential is used for the theoretical work and that every aspect of the self triggers new theoretical questions: "I have never felt less stability in my gender, age, and racial identities, nor, anxious and full of the shreds of dread, shame, and mourning this process is, have I ever felt more of a mind to explore and exploit every possibility" ("White Glasses" 263-64). It is precisely this speaking of the self that enables more questions and more theoretical work as Probyn postulates (see 106). Sedgwick then concludes that the "dialectal epistemology of the two diseases [breast cancer and AIDS] has made an intimate motive for [her]" ("Queer and Now" 15) to go on exploring the meanings and implications of queer. Both her experience of breast cancer and her theoretical work are part of her self and her community. Her illness makes her reconsider her "femaleness" on the one hand and feel urged to explore further notions of "queer" and to continue theorizing this concept. On the other hand, the more theoretical debate always refers to the autobiographical, the personal. Therefore, at the end of "White Glasses," which is also the last piece in the book *Tendencies*, ends with her wish "to know more about Michael and other people [who] deal with this long moment, and about how [she] will" ("White Glasses" 266). By "this long moment" she means being so sick that death seems to be imminent. What comforts her is the belief in those who will stay behind and continue to ask questions: they will "demonstrate that the answer can hardly be what anyone will have expected" ("White Glasses" 266). Sedgwick speaks here of death as a possible answer that in the end nobody can know – we can only ask questions about death.

All four texts discussed demonstrate that the experience of illness triggers narratives, and that, following Stacey, "[i]llnesses become narratives very rapidly" because "[s]ome sense is sought of time and sequence, sense for others and for oneself. The past confusion is explained; the present situation requires a story" (5). The triggering moment, though, the conjunctural moment between the experience of illness and its narrative, is quite different in each of my three examples. Middlebrook's autobiographical self is constructed along with the tragic awareness that she will die. Her narrative is not one of healing or recovery, but she nevertheless explores numerous possibilities of coming to

terms with her predicament.¹⁶ Thus, the conjunctural moments in her narrative continuously enable her to comment on her illness, whether she is engaged in everyday affairs or if she has to deal with the imminent deterioration of her body and extreme suffering. Furthermore, the non-linearity of her narrative enables her to focus on sudden reactions, insights, expressions of emotions such as anger, fear, or short moments of happiness. We as readers have to follow her narrative line much like she has to follow her illness and resulting suffering. It is not only an authority of death that is being conferred on the text and its narrator, it is equally an authority of illness which is conveyed through Middlebrook's text. The experience of illness is, on the one hand, Middlebrook's, but on the other hand it is one that could be our own, and, therefore, a link between the individual and the social is established. The self speaking through Middlebrook's narrative is one that rearticulates harsh experience and the thinking and theorizing about it and which can therefore speak as "an embodied individual within the process of cultural interpretation" (Probyn 31), even though Middlebrook's narrative is not a theoretical text.

Giovanni's text begins with a bodily experience of loss; that is, she imagines losing one breast, and ends with her thoughts about the death penalty. This imaginary "loss" triggers the narrative about her lung cancer and her trip to the hospital. The numerous digressions on the one hand seem to divert both the reader and herself from her actual illness, but on the other hand propose the necessity of going on with one's life even if one is confronted with a serious illness. Furthermore, explicit links are established between Giovanni's individual experience and the social and political: telling us about her experience of illness cannot be achieved without reference to her history of being black in the US and to living in a country that practices capital punishment. By commenting on such social and political themes in a decisive and radical tone, the narrative achieves an authority that goes beyond the personal.

Sedgwick's texts most strikingly demonstrate the theoretical necessity that is triggered by the experience of illness. Sedgwick's self continuously moves between the experiential and the theoretical and opens up new possibilities. Her concept of *queer* enables her to ask new and more theoretical questions as she theorizes her experience of breast cancer.

¹⁶ Thomas Couser points out that in the breast cancer narratives he analyzed he mainly found "survivors" (39), though he, too, mentions Middlebrook's illness narrative as one without an "affirmative ending" (75).

Even if death may be imminent (be it that of Michael, her close friend, or her own), it is something that does not prevent her and her most “immediate communities” (“White Glasses” 266) from continuing their probing, their asking of questions the answers to which may never be known: In this way, death confers authority upon a narrative because we can never know its actual ending – what, though, we do need and can create are narratives of illness.

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