INSCRIBED IN SKIN: THE MARKED BODY AS SITE OF WITNESS IN CONTEMPORARY WOMEN'S LITERATURE

by

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Abstract

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Ann E. Wallace

Advisor: Professor Nancy K. Miller

"Inscribed in Skin: The Marked Body as Site of Witness in Contemporary Women's Literature" examines scarred bodies within American literature of the past twenty-five years. Building on current theories of traumatic memory, "Inscribed in Skin" investigates texts that rely upon the body to convey intermediary stages of knowing, between the actual traumatic event and the creation of a coherent narrative. Recent women writers have repeatedly turned to the spectacle of the marked, disfigured body as both a site of memory and a site of resistance. They use tangible, visceral images to stake out what has not been fully or convincingly conveyed in words, both in protest against the abjection their protagonists suffer and in an effort to bring together communities of people with similarly horrific yet unacknowledged, perhaps unimaginable, experiences.

Beginning with Audre Lorde's political aim in *The Cancer Journals* to unite an army of one-breasted women, and moving into women's witnessing literature of AIDS from the 1980s with analysis of mediated and literal representations in the work of Susan Sontag and Jamaica Kincaid, "Inscribed in Skin" examines how failing bodies figure prominently as unsettling evidence of disease. In the 1990s embodied imagery takes on more metaphoric roles as a means of questioning the task of bearing witness in poetry by Marilyn Hacker and essays by Eve Kosofsky Sedgwick. Contemporary African-American novelists, including Margaret Walker, Toni Morrison, and Sherley Anne Williams, have relied upon images of whipmarked bodies of bondswomen as a point of entry into the horrors of slavery, in pivotal scenes of family or community members confronting the scars. These representations of inscribed bodies from the historically removed experience of slavery allow for an empathetic return to the traumatic past.

Acknowledgements

When I was struggling through a difficult early stage of my dissertation, Chris Suggs passed along some advice I have carried with me ever since: "Think of your dissertation as a gift to yourself – if you don't do that you will never finish. No one else cares whether or not you finish, so you have to do it for yourself." His point holds true, but I am well aware that the gift of finishing was never simply self-generated. And so I am indebted to the many gifts – of time, patience, companionship, love – that so many people have bestowed upon me as I have been immersed in this project.

My advisor, Nancy K. Miller, has demonstrated incredible stamina in seeing this project through from its beginnings as a paper for her seminar on trauma, to the form it takes here, many years later. I feel I have tested her patience throughout, with my inability to settle into writing as my sole, primary commitment. Indeed, I became pregnant soon after my prospectus was approved, in effect stalling my progress before it had even begun, and told her I was expecting a second child a couple of years later ("*Again?*" she said), just as I was facing the final chunk of writing and revising. Yet she always remained a demanding reader and an invaluable advocate for me.

As poet, Marilyn Hacker has inspired me since I first heard her give a reading in 1991 when I was an undergraduate with a naïve aversion to poetry. Little did I then suspect that by the next year we would both be undergoing treatment for cancer and that the work she created out of her experience would profoundly reshape my understanding of how to live with and through illness. While she was obviously an ideal reader of this dissertation, she found herself working under less than ideal circumstances, communicating with my via email from abroad, receiving chapters at the eleventh hour, and calling in to my defense from Paris. Her generosity – on so many levels – has truly been impressive.

And Chris Suggs, my final committee member, has been a calming presence throughout. His ability to put me at ease about my work, coupled with his contagious range of intellectual curiosity, made meetings with him lively and restorative at the same time.

The work horses of this dissertation, the ones who read every chapter in three or four iterations, are the members of my dissertation group: Jennifer Lemberg, Christa Baiada, and Jaime Cleland. Even though I was consistently late for our meetings, I always looked forward to our weekly sessions – both for the companionship and for the intellectual feedback they provided. Indeed, over the course of a year and a half, I began to write with each of my groupmates in mind – thinking that Jaime won't like that turn of phrase, or Jennifer's going to call me on this lazy idea, or Christa will ask for more clarification of this point. I cannot quite imagine how one writes a dissertation without such savvy, supportive readers, and I am glad I did not have to find out.

I have often heard that, aside from your committee, no one – not even your own mother – will ever read your dissertation. Fortunately, for me, that does not hold true – and I have my mother, Janet Wallace, to thank for offering her sharp proofreading skills at a point when I simply could not bear to read through these pages one more time. As a teenager I often fell asleep to the clacking of my mother at her typewriter in the next room, writing papers for seminary or composing sermons for church. Her example of lifelong learning and intellectual inquiry has been a powerful motivator as I pursued my doctorate.

My final thanks are reserved for my family – Jason Burch and our daughters, three year old Molly and three week old Abigail. Jason's unflagging love and support have sustained me in countless ways over the years. In particular, his willingness during this past year of upheaval – a year in which I was in the thick of my dissertation, in which I was pregnant with Abigail, in which our house was gutted leaving us without heat or a kitchen for months on end – to look after all of the things, both crisis and routine, that I did not have the mental energy or time to handle has truly been a godsend. The gift at the end of every day for me was coming home to Jason and to Molly, whose life marked the beginning of this dissertation and whose newborn fragility made it all the more difficult, but also meaningful, to read texts of trauma and pain. And now, three years later, providing a tidy set of bookends for this chapter of my life, Abigail and her imminent arrival inspired the urgent completion of my writing. Her cries interrupt me now as I hurry to finish typing, a clear message that this dissertation is, must be, finally complete.

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Introduction

"With, or despite our scars, we stay alive"
Marilyn Hacker, "Scars on Paper"

"Try to look. Just try and see."
Charlotte Delbo, *None of Us Will Return*

In her 1975 memoir, *The Woman Warrior*, Maxine Hong Kingston reimagines the Chinese legend of Fa Mu Lan, inserting herself into the role of the woman warrior as "a female avenger" (51) and protector of her community. After fifteen years away from her family secretly in training for battle, Fa Mu Lan returns home to take her aging father's place in the army. Before she sets out disguised as a male soldier, her parents inscribe a message into the flesh of her back:

> "We are going to carve revenge on your back," my father said. "We'll write out oaths and names."
>
> "Wherever you go, whatever happens to you, people will know our sacrifice," my mother said, "And you'll never forget either." She meant that even if I got killed, the people could use my dead body for a weapon, but we do not like to talk out loud about dying.
>
> My father first brushed the words in ink, and they fluttered down my back row after row. Then he began cutting; to make fine lines and points he used thin blades, for the stems, large blades.
>
> My mother caught the blood and wiped the cuts with a cold towel soaked in wine. It hurt terribly – the cuts sharp; the air burning; the alcohol cold. The hot – pain so various. (41)

The mythical back tells the story of a family's enduring pain and trauma, the depth of which Kingston can only suspect. The words etched in the woman warrior's skin convey a message that has been – and still remains – unspoken, and even as the embodied tablet upon which it is now written, she cannot read the text, hidden as it is from her view upon her back. Yet the parents affirm her role in the family in making her the bearer of their silenced history.

Shifting from the reimagined myth into the realism of memoir in *The Woman Warrior*, Kingston reasserts the warrior image, finding her body's power in its ability to carry words.

> The swordswoman and I are not so dissimilar. May my people understand the resemblance soon so that I can return to them. What we have in common are the words at our backs. The ideographs for *revenge* are "report a crime" and "report to five families." The reporting is the vengeance – not the beheading, not the gutting, but the words. And I have so many words – "chink" words and "gook" words too – that they do not fit on my skin. (62-63)

Writing against silence and against racism, Kingston begins with the imagery of ideographs carved into her skin. Her parents' unspoken words become her weapon, inspiring her to fight on their behalf, as her body becomes not only their sacrifice but their witness.

The warrior's inscribed body, though a powerful textual image, remains hidden along with the woman's gender beneath layers of armor and military uniform. The parents only mean for the back to be seen if the daughter dies in battle – but yet, as affirmation of her *as their daughter* it plays a potent textual role, a constant reminder of who the warrior is and why she is fighting. Kingston's image of the scarred female body – as text, as metaphor, as identifier, as witness, even as protector – used to claim communal identity arguably marks the beginning of what Marianne Hirsch calls "the visual discourse of trauma" of the late twentieth century (72). Within literature, the wound, Hirsch explains, is "a sign of trauma's incommunicability, a figure for the traumatic real that defines the gap between survivors and their descendants," which is here interestingly placed on the female body of a daughter who takes up the battle, on faith and familial bond, for her immigrant parents compelled to leave their homeland in China. The daughter holds onto the wound imagery, even as she finds the story of pain that she carries on her back transformed by her experience in a new world.

Twenty years after Kingston wrote *The Woman Warrior*, in *The Longest Shadow,* Holocaust scholar Geoffrey Hartman addresses "the challenge of reattaching imagination to the collective memory, or creating a communal story under modern conditions" (106). He wonders how we remain sensitive to human suffering in an age in which "the media makes us bystanders of every act of violence and violation" (100). The proliferation of visual and textual information, rather than leading to action, creates a profound public skepticism and paralysis; we cannot – nor do we necessarily care to – respond to so much pain and trauma. Yet literature, Hartman claims, still has the potential to create collective, rather than public, memory, around that which remains absent, unrecorded, and silenced. The memory work involved in piecing together a story out of fragmented knowledge "needs a special love" that necessarily leads to the creation of a community with the shared responsibility of recovering absence and trauma (111).

Time and again, over the past thirty years, contemporary women writers have relied upon the image of the scarred or surviving body, like the woman warrior's inscribed back, as a fruitful starting point for accessing lost stories such as Hartman discusses. For instance, Toni Morrison aptly describes her process of fiction writing in "The Site of Memory" as one of moving from image to text, as Kingston does in *The Woman Warrior*. Transforming the spectacle of the marked body into a site of memory, contemporary women's witnessing texts attach the evidence of trauma to the intimate space of the suffering, often female, body as a means of breaking silence and creating a communal narrative. Writers in the 1970s and early 80s like Kingston and Audre Lorde, intent upon identifying women's everyday oppression and invisibility, find agency in the body marked by scars that transform them into warriors. For them the personal is indeed political, as they stake out cultural politics on and with their bodies during second wave feminism.

Later, with the burgeoning of trauma studies and multiethnic literatures as fields of inquiry, women begin to use the marked body in ever more complex and exciting textual ways not just as a tactical response to silence but as a way into larger unspeakable traumas. In her 1995 novel *Solar Storms*, Chickasaw writer Linda Hogan introduces readers to her protagonist, Angel, through her absence, in a mourning ritual performed by the community for the girl. When seventeen-year-old Angel becomes the narrator a few pages later, taking over from her great-grandmother, she is returning to the community that mourned her departure years earlier, in search of the unknown past marked on her disfigured face, which she keeps hidden behind a cascade of hair:

> Like a waterfall, I imagined, and I hoped it covered the scars I believed would heal, maybe even vanish, if only I could remember where they'd come from. Scars had shaped my life. I was marked and I knew the marks had something to do with my mother, who was said to be still in the north. While I never knew how I got the scars, I knew they were the reason I'd been taken from my mother so many years before. (25)

Even though her scars are (all too) plainly visible on her face, Angel is like Kingston's woman warrior in her lack of understanding of the familial story etched into her skin. Yet as Angel returns to her familial home, she enters a space of silence and fear, out of which she learns the story of her face in bits and pieces from her female elders.

Not only does Angel confirm that her scars have "something to do with [her] mother," but in a violent transcription of scars across generations that Marianne Hirsch calls transposition, she learns that they come directly from Hannah, the mother. Angel's step-grandmother recalls the shock of seeing Hannah's battered body uncovered, years earlier, for the first time:

> She removed the pants while I wiped the table. She came down to a swimsuit, much too large. But when I saw her in her small nakedness, I stopped and stared. Beneath all the layers of clothes, her skin was a garment of scars. There were burns and incisions. Like someone had written on her. The signatures of torturers, I call them now. I was overcome. I cried. She looked at me like I was a fool, my tears a sign of weakness. And farther in, I knew, there were violations and invasions of other kinds. What, I could only guess. (99)

Soon, we learn that Hannah's body was "the meeting place," "where time and history and genocide gather and move like a cloud above the spilled oceans of blood. That little girl's body was the place where all this met" (101). With ghosts of the unspoken past locked inside her, she is literally beaten from within, unable to escape the traumatic history of her people. In her misdirected attempt to fight back, as a young mother she takes aim at her daughter "because [Angel] was part of her and she hated herself" (345), scarring her in a more public way, upon the face.

Angel's face is the embodied image that takes readers into a multi-generational journey of recovery, guided by an elder woman whose life work has been reassembling the ancient bones of nearly extinct animals. Protesting the continued destruction of native territory, returning a great-great-grandmother to her homeland to die, and tracking down Angel's missing mother become the three-fold mission of the novel's female characters, as the initially shameful spectacle of Angel's face becomes representative of the many, many losses finally brought to voice in the novel. Although the mother marked the daughter, the daughter resists the mother's fate, refusing to become Hannah even as she identifies with her pain, and thereby breaks the violent repetition of trauma that Hirsch explains is integral to the transposition of scars.

As *Solar Storms* confirms, conveying a story of trauma has become a fraught issue within contemporary culture, with language either inaccessible or inadequate for representing the depths of pain. In *Untimely Interventions: AIDS Writing, Testimonial, and the Rhetoric of Haunting* (2004), Ross Chambers claims that despite the inundation of atrocity reporting in the news, western cultures do not have the language to articulate extreme experiences. Like Hartman, he believes literary witnessing texts have the potential to pull readers out of denial, apathy, or ignorance, positing them as wake up calls and, significantly, hauntings. Chambers writes that "*recalling* history, *calling* to awareness – that is, awakening to pain – …constitute a good definition of what the genre of witnessing literature, as a whole, is all about" (xvii). In attaching an unspoken past to the immediate corporeality of the present, the uncomfortable, shocking image of the scarred body, like Angel's disfigured face in *Solar Storms*, often functions as a haunting in contemporary literature, bespeaking losses that extend far beyond the body of the marked. As such, witnessing texts play a crucial political role, awakening readers to the fact that silenced communal experiences are not unique (and thus easily dismissed as exceptional), but rather happen "*again* and *again* and *again*" (xx).

The problem of traumatic repetition, whether through generations as in *Solar Storms* and *The Woman Warrior*, or across a community in a moment of crisis as in contemporary AIDS or cancer literature, is a fundamental concern within witnessing texts. While frequently conveying the experience of a single person, the trauma itself is never singular. As poet Marilyn Hacker learns quickly when she is diagnosed with breast cancer, "It *is* exceptional to die in bed / at ninety-eight" (Winter 91); indeed, most of us are not so fortunate. The intimate image of the scarred or otherwise marked body, therefore, becomes a point of identification that raises awareness of the communal aspect of trauma. So when Audre Lorde refuses in *The Cancer Journals* (1980) to hide her mastectomy, she does so as "a female outcry against all preventable cancer, as well as against the secret fears that allow those cancers to flourish" (10). Politically motivated to unite a community of women with breast cancer, "an army of one-breasted women" as she puts it, Lorde understands the potential of her refigured body – along with that of so many other post-mastectomy women – as spectacle (16).

Although, as disability studies theorist Rosemarie Garland-Thomson effectively argues, the scarred or disfigured body usually functions as spectacle in debilitating ways both culturally and literarily, stripping its owner of subjectivity while reducing him or her to the fact of disability, writers like Lorde use the idea of spectacle in politically innovative ways. Understanding full well the normative expectation that female bodies have two breasts (or, in different contexts, normal bodies are unscarred, unmarked, untattooed, and so on), Lorde *wants* to create a spectacle, to make public mastectomy as a silent disfigurement that many women shamefully feel compelled to hide. It is only in making themselves visible that women with cancer will be able to identify one another and that others will be confronted with one-breasted women as a disconcertingly common presence. To that end, the spectacle of the marked body forces witnessing and invites identification from viewers, creating a form of knowledge impossible to attain when bodies remain deceptively whole and intact.

In instances in which bodies are inscribed *as* a form of torture or objectification, such as Angel's scarred face in *Solar Storms*, or the tattooed arms of concentration camp victims, or the whipped and branded bodies of slaves, another form of spectacle is operating. Although Claudie Benthien argues that skin itself is not a text, she acknowledges that "it may very well express intention" (12). To that end, skin can function precisely as a text, used, often violently by the one leaving his or her mark, to convey a particular set of information or knowledge to viewers. Mae Henderson describes the beatings of enslaved African Americans as the "master('s) code" written into the flesh by masters asserting the authority of their ownership, meant to be read not only by the beaten but by other slaves, who were frequently forced to witness beatings and hangings meant to be instructional, as well (Beloved 68). Whether it is a slave owner, a Nazi SS, or even Angel's haunted mother doing the inscribing, a similar process of stripping away identity is at work when one permanently and deliberately leaves their mark in another's skin. Further, because as Roberta Culbertson explains, "to recall this nearly-lost self in its bodily presence is the essence of tortured memory," scars, as visible reminders of the violation of the body, ensure the persistence of the objectification (172).

Psychoanalysts Dori Laub and Nanette Auerhahn cite Holocaust survivor Jean Améry to explain that torture entails a loss of "'trust in the world'" (qtd in Empathy 377). The fundamental expectation of having one's needs recognized and mediated is broken down when no one comes to the rescue, severing the connection between self and other. But this phenomenon is not exclusive to acts of violence like those cited above. Audre Lorde, for example, is surrounded by friends who care for her, yet she feels unseen as a woman with cancer on the social level, by a community that is not outraged by the predominance of breast cancer. In an attempt to make the connection to the violence of other atrocities, Lorde and the AIDS activists who follow her deliberately appeal to metaphors that draw parallels between the wars they are waging within their bodies and against an apathetic public, while depending upon the visual impact of their bodies to create a social presence.

Narratives of trauma are stories about the shock of displacement, the involuntary movement from one identity into another based on a traumatic event, whether as a cancer patient, a Holocaust survivor, or a whipmarked slave. These displacements are literally embodied: disease, torture, imprisonment, and genocide are all experiences in which the body is split from the self. Améry argues that in torture, the metaphysical self, split from the all too present body in pain, experiences death firsthand (34). This rupture does not mend after the torture has ceased and the pain subsided; there is no return from the knowledge of such a living death. Culbertson offers a similar explanation of the loss of self in her description of wounding as a social act, which can only be survived with the social act of telling, of arranging memories into a narrative, linking repressed memories and feelings to the event (179). Even though, as Dori Laub explains, the victim relives the event through telling, and so is necessarily afraid to put the memory into words, telling is a way into knowledge, bringing the embodied event into the domain of the self (Testimony 67).

Culbertson envisions telling as "a process of disembodying memory," but within the texts considered here the body remains integral to the memory and to the process of recall, as the image which sets the narrative, fragmented and incoherent as it often is, into motion (179). The social violence of the inscription is subverted only when the scarred subject, even as yet unable to speak the trauma of the wounding, invites empathetic viewers to bear witness and provide a community-based rereading of his or her body, as when Angel gradually comes to tuck her hair behind her ears and allows her elders to gaze upon her face not as a source of shame but as evidence of a tribal history of oppression. In this way, it is the viewers, as witnesses, who create a community of trust and allow the survivor to begin her story.

In the testimonial texts examined here, members of witnessing communities confronted with the site of trauma located on the disfigured bodies of survivors (whether of cancer, AIDS, or slavery) step into the experience, not only as witnesses but as fellow survivors. In his work with Holocaust survivors, Laub explains that the presence of the witness to traumatic testimony is crucial both in restoring the survivor's trust in the empathetic other and in becoming "a co-owner of the traumatic event" who "through his very listening…comes to partially experience trauma in himself" (Testimony 57). Witnesses must come to understand scars inscribed on bodies as fragmented memories indicating a larger unspoken narrative of collective trauma that the community together must reassemble. When that narrative is not recovered, inscribed memories are relived and transferred out of context, as happens when Angel's mother transcribes her own scars onto her young daughter's face. Within historical trajectories of trauma, such as in narratives of the Holocaust and slavery, the repetition of inscribed memories can only be broken when witnesses come together as a community over the fragmented memory, each adding in her own piece of the silenced narrative, so that the burden of memory no longer rests on the body of the scarred survivor.

Certainly, within contemporary illness narratives, there is no such generational transmission of trauma to contend with, yet the fear of the lateral repetition of illness and death is palpable, as whole communities seem to succumb to AIDS and cancer in the 1980s and '90s. Within these testimonies, the marked body is deployed both as evidence of illness and as a site of identification, allowing the sick and dying to find one another and inviting witnesses to confront their own tenuous place within the ranks of the healthy. These texts again and again ask readers to see *beyond* the body marked by illness, to bear witness to the death that surrounds them.

To that end, writers of illness narratives regularly appeal to metaphors of genocide, the Holocaust, and war to indicate the urgency of their work and to make sense of the unarticulated experience of illness. When, as Ross Chambers contends, no discourse of extremity is readily available, writers of witnessing texts turn to the language that is available and metaphors begin to travel from one trauma to another. Laub and Auerhahn explain that the reliance on metaphors to articulate extreme experiences as a "form of traumatic memory [or knowledge] comes more from a need to organise internal experience than…from a need to organise the external historical reality" (Knowing 298). Even though such metaphors and comparisons unquestionably distort the reality of illness, as Susan Sontag famously argues in *Illness as Metaphor*, the sick and dying understand the rhetorical and cognitive necessity of speaking of cancer as a war or AIDS as the gay holocaust; without such language audiences and writers alike remain unsure of the larger meaning of their illness.

The Holocaust, as the pivotal twentieth century atrocity that provided now-iconic photographic images of desperate survivors being liberated from concentration camps, provides the framework for many of the critical demands writers of witnessing texts today continue to make of readers. Most notably, Charlotte Delbo's instructive but difficult refrain from *None of Us Will Return*, "Try to look. Just try and see" continues to haunt the work of bearing witness (84). In Auschwitz, Delbo was caught between the constantly competing impulses to watch and remember, and to turn away and forget. As readers, we struggle with the same choice, though safely removed from the horrors she recalls and so more easily distracted from the urgency of her text. Yet her testimony, like the others examined here, provides us with images of the suffering body as a starting point, the spectacle of which draws us in as witnesses. Once we have committed to looking, a scar or mark becomes a site of memory, the silence breaks and a story emerges.

This project begins in chapter one with a consideration of the historical context for Audre Lorde's outcry against the silencing of breast cancer. In 1980, recovering from her mastectomy, Lorde posed the crucial question, "I'm a black lesbian feminist poet, how am I going to do this now?" (28). Unable to find acceptable role models for living with cancer, Lorde rejects the compulsory prosthesis urged upon her by doctors and survivors alike, viewing it as instrument of denial, and creates her own radical breast cancer politics around the image of a warrior. Despite Susan Sontag's thoughtful deconstruction of cancer metaphors in *Illness as Metaphor* (1978), Lorde needs the powerful spectacle of an army of one-breasted women fighting back against the cancer establishment in order to counter the extreme silencing surrounding women's health at the time. Similarly, in the 1980s British photographer and writer Jo Spence reveals her lack of agency as a woman with breast cancer by putting her scarred body into her pictures, acting out intensely personal anxieties in a process she calls phototherapy. As a cultural sniper, Spence takes aim at the hierarchy within medicine to present a silenced perspective, that of the powerless patient. Lorde and Spence create new visual metaphors for women to imagine themselves living with cancer so useful that by 2005, when cartoonist Marisa Acocella Marchetto finds a malignant lump in her breast, she follows in their tradition by calling herself a cancer vixen, drawing her malignant body into a comic strip for *Glamour* magazine.

While the largely white, middle-class breast cancer community was not quite ready for Lorde's radical politics when *The Cancer Journals* was published in 1980, the gay community borrowed directly from her during the early years of the AIDS epidemic in the ‘80s, using the dying bodies of gay men as spectacles meant to raise alarm, and concern, from the government and general public. The visible presence of the disease-marked body was effectively used by AIDS activists to override silence. Chapter two considers the difficult work of witnessing done by the women watching close by as their friends and family members succumb to AIDS. Susan Sontag in her short story “The Way We Live Now” and Jamaica Kincaid in her memoir *My Brother* take strikingly different approaches to representing the spectacle of AIDS within their texts. Sontag provides the important perspective of a community coming to terms with a friend’s illness, yet at the expense of the dying man himself, who the well meaning friends just cannot bring themselves to look at and therefore remains absent – body and voice – throughout the text. Conversely, Kincaid is so intent upon studying the body of her brother as he dies in Antigua that she is unable to hear anything he has to say. Focused on the symptomatic body as source of information, all other forms of communication shut down in *My Brother* until the brother is dead and Kincaid is left staring at his corpse, her many questions about his life unanswered. Faced with the challenge of bearing witness to AIDS, neither Sontag’s characters nor Kincaid can find the appropriate distance from which to watch and tell the story.

Chapter three continues the inquiry into the work of witnessing illness, turning from the literal bodies that Sontag and Kincaid struggle with representing to the metaphorical vision adopted by Rachel Hadas, Eve Kosofsky Sedgwick, and Marilyn Hacker. Caught in the relentless, communal work of mourning in the 1990s as countless men and women around them die of AIDS and cancer, each woman takes up the task of writing elegies, determining the appropriate angle of vision and literary mode to adopt as surviving witness. Yet the work of witnessing is profoundly disrupted for Hacker and Sedgwick as they are each diagnosed with breast cancer, unsettling their understandings of what it means to be a survivor. Sedgwick and Hacker understand more deeply the shifting boundary between health and sickness, and, cognizant of the limits of their vision, that not every illness is marked as spectacle, they find new identifications with their peers. Hacker, in particular, allows her illness to grant her a more expansive vision, wondering about other unspoken, forgotten atrocities that, because she has not been looking in the right places, she has failed to witness.

In a move away from illness, the final chapter of this dissertation builds upon both Lorde's protest against silence and Hacker's broad vision that forces her to look into the past for unspoken traumas. Taking up the work of Margaret Walker and Toni Morrison, this chapter examines how each writer, within novels set in the post-slavery Reconstruction period, uses the spectacle of the whipmarked back of a slave woman as evidence of the enduring legacy of slavery in African American communities. Writing in 1966 against the persistent silence surrounding women's roles within the slave community, Margaret Walker frames her great grandmother's story in *Jubilee* as representative of one woman's place, as wife and mother, within a community unable to live freely even after emancipation. The revelation of the protagonist Vyry's scarred back at the end of the novel serves both as evidence of the unspoken pain that will not go away and as unifying a family torn apart years earlier around the fact of their pain. Morrison's *Beloved*, written two decades later, picks up the work of *Jubilee*, beginning rather than closing with the scars as site of memory. When Sethe reveals her scarred back in the novel's early pages it does not create closure on the past but rather opens up a complex, communal history of pain that Sethe alone cannot bring to voice or put to rest. Much like in Linda Hogan's *Solar Storms*, the work of piecing together the fragmented narrative inscribed in one woman's skin belongs to the entire community.

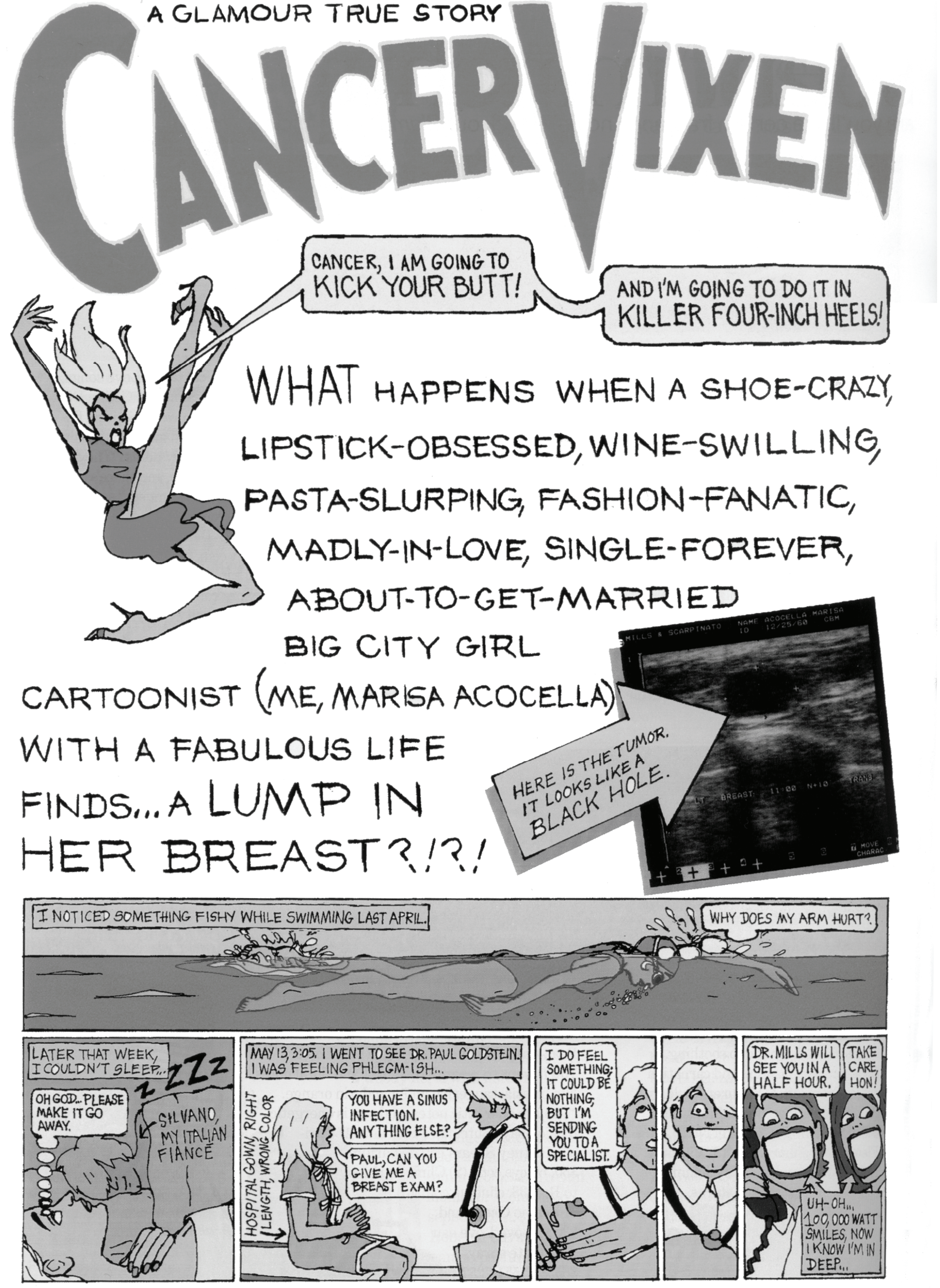
Chapter 1

"The face of your fears": Warriors, snipers, vixens and the shaping of breast cancer literature

In May, 2005, cartoonist Marisa Acocella Marchetto published a six-page strip entitled "Cancer Vixen" in *Glamour* magazine. Next to a drawing of a blond woman, her stiletto-clad foot thrust high above her head, proclaiming "Cancer, I'm going to KICK YOUR BUTT! And I'm going to do it in KILLER FOUR-INCH HEELS!" the strip is set up with the following exclamatory hook:

> What happens when a shoe-crazy, lipstick-obsessed, wine-swilling, pasta-slurping, fashion-fanatic, madly-in-love, single-forever, about-to-get-married big city girl cartoonist (me, Marisa Acocella) with a fabulous life finds…A LUMP IN HER BREAST?!?! (260)

Positing a cancer diagnosis as something of an unlikely action adventure, "Cancer Vixen" balances the terror of cancer with the tongue-in-cheek use of comic strip conventions (Figure 1). Formally, Marchetto disrupts readers' expectations by concluding the excitement of the introductory blurb with the realism of a black and white photographic image from her breast sonogram, pointing out the tumor (as "a black hole") with a fat green arrow (260). Marchetto's juxtaposition of the comic form with the actual sonogram image is indicative of the competing impulses of her character to mask the visible effects of her illness under the invigorating persona of a cancer vixen, while, as an artist, exposing the reality of cancer through drawings that run through the strip. Torn between making light and being terrified, between depicting the fabulous shoes she wore for chemotherapy and diagramming breast biopsies, between resisting all embodied effects



Illustrations by Marisa Acocella Marchetto

Figure 1 - Excerpt from *Cancer Vixen* (reprinted with permission from the artist)

of cancer and accepting the most aggressive care available, Marchetto finds the comic strip a form malleable enough to handle contradictory expressions.

In 2005 Marchetto can simultaneously resist and play off the spectacle her body may become through breast cancer because the disease no longer holds court as an invisible, stigmatized death sentence in a way it did before women like Audre Lorde and Jo Spence used their cancer-marked bodies in intentionally visible, politicized ways in the early 1980s. Indeed, the transformation of Marchetto's outward appearance from cancer becomes a highly fraught issue for the autobiographical character Marisa Acocella. Claiming that "My husband owns a restaurant where all the most beautiful people go and I can't look like crap!" she tells her doctor she will kill herself if she loses her hair (263). But even though at moments like this in her comic Marchetto comes across as consumed by surface issues, "Cancer Vixen" itself is testament to her willingness, her need, to make her cancer experience public and visible – on her own terms. In an innovative use of the comic form, Marchetto makes visually explicit her fears about cancer.

Marchetto's concerns about looking good through cancer may not seem so distinct from those of many other women of her generation[1] – readers, in fact, identify with her precisely because of this – but her artistic response to those feelings unquestionably draws upon the radical politics of Audre Lorde, who was diagnosed with breast cancer over 25 years earlier. While Marchetto is not willing to turn her lived experience, her body, into a statement against cancer, "Cancer Vixen" serves as a critical commentary – with the autobiographical body at its center – on beauty conventions and cancer treatment options that builds off the work against silencing that Lorde undertook

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[1] Current breast cancer memoirs include titles like *Why I Wore Lipstick: To My Mastectomy* (2004) by Geralyn Lucas, featuring a provocative cover girl photo of a smiling Lucas in a little tank top, with her thick brown hair blowing behind her.

in *The Cancer Journals* (1980). Delving into her fears about being sick, Marchetto directly counters her instinctive desire to cover over the effects of cancer in the very public act of publishing a comic strip on living with cancer in *Glamour*.[2]

For Marchetto then, living with cancer entails the work of making intimate dilemmas known, just as it does for the other women examined in this chapter, all of whom faced breast cancer in the 1970s and 80s, from Betty Rollin and Susan Sontag, to Audre Lorde and Jo Spence. Each concerned with the limitations of language and public discourse in the larger sense in acknowledging and representing what it means to be a woman with cancer, these women writers take on the often uncomfortable work of making invisible, silenced experiences known. In an address to an academic audience at a lesbian literature panel at the annual Modern Language Association (MLA) conference in 1977, Lorde precisely articulates the challenge for herself and her colleagues writing through cancer:

> What are the words you do not yet have? What do you need to say? What are the tyrannies you swallow day by day and attempt to make your own, until you will sicken and die of them, still in silence? Perhaps for some of you here today, I am the face of one of your fears. Because I am black, because I am lesbian, because I am myself, a black woman warrior poet doing my work, come to ask you, are you doing yours? (21)

Although Lorde had not yet been diagnosed with cancer when she gave this address, the question retained its poignancy when she included it in her collection *The Cancer Journals* even though the audience and the issue had changed. Indeed, again and again

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[2] The strip in *Glamour* attracted attention from several publishers and Marchetto is currently under contract for a book-length version of “Cancer Vixen” with Knopf/Pantheon. No publication date has been set yet.

throughout her activist life cut short by cancer, Lorde looks to her body, marking so many facets of oppression, to represent her own and others' fear – and to ask the pointed question: are you doing your work?

Over the last three decades, women with cancer like Marchetto have responded to this directive in creative ways by making use of their diseased bodies in self-consciously performative ways precisely *as* the face of their own and others' fears. When language proves incapable of representing the pain, both physical and psychic, of cancer, as Elaine Scarry convincingly argues in *The Body in Pain*, the materiality of the body can signify the fact, if not the severity, of the experience. Yet, disability studies theorist Rosemarie Garland-Thomson explains that the very presence of a disfigured or sick body can overwhelm one's identity, leading to objectification as a spectacle. Artistic and intellectual women, beginning with Lorde and Spence in the seventies and eighties, and Marchetto more recently, deploy untraditional genres and forms to challenge the persisting image, silenced and stigmatized, of the woman with cancer and transform the spectacle of the sick body into an active, speaking figure – warrior, sniper, or even vixen.

As early groundbreakers within the breast cancer communities in the United States and in England respectively, Lorde and Spence consciously reveal their visibly disfigured bodies as evidence of the trauma of cancer in order to build awareness, whereas Marchetto, a few decades later, no longer feels compelled to wear her cancer in quite the same way. Instead, she investigates the continuing and troubling disjunction between how one really lives as a woman with cancer and one's sense of responsibility and connection to the cause, an inquiry that prompts her to create an autobiographical figure whose terrified, at times myopic, vision is revealed by Marchetto as cartoonist.

Within their journals, memoirs, essays, poetry, and comics, contemplations about the role of these women's lived experiences and their written work keep emerging: What does it mean to be a woman with cancer? Or to work in the name of cancer? For whom? And to what end? In spite of the work of the women's movement in disrupting damaging performative expectations regarding women and beauty, in the 1970s and 80s harmful myths about cancer persist in shattering women's self-image *as* women. Women with cancer are shamed into silence – or if not silence, then into the rigid boundaries of the generic survival story –, their mastectomies covered over by prosthetic forms. Lorde and the other writers examined in this chapter each find something terribly wrong with this state of cancer awareness and of gender expectations. They understand that self-definition and self-consciousness are crucial foundations for surviving cancer and the prevailing perceptions of what it means to live as a woman with cancer leave little room for such explorations.

In her 1976 breast cancer memoir, Betty Rollin lays the groundwork for other women writing through cancer by recording, in excruciating detail, the limited expectations she sets upon herself and feels enforced from society as a post-mastectomy, one-breasted woman. Two years later, when faced with her own cancer diagnosis, Susan Sontag provides crucial analysis of the powerful notions of illness such as Rollins runs up against, rejecting meanings that keep those with cancer from defining the experience for themselves. But it is Audre Lorde who sets the standard, in1980, for living a considered life post diagnosis. Refusing to hide her mastectomy behind the façade of prosthesis – which she sees as an instrument of denial –, Lorde challenges the silencing she has experienced throughout her life as a black lesbian and transforms her body into "a female outcry” against cancer (10). Her missing breast comes to signify the pain and abandonment she feels, and by making its absence visible Lorde is insisting that women with cancer once and for all be acknowledged and heard. Similarly, photographer Jo Spence draws from her working–class background in England to create a new visual vocabulary capable of countering the powerlessness she feels as a woman with cancer at the mercy of her doctors and the medical establishment. Over the next few decades though, the impulse to display one’s one-breasted body as a statement about cancer lessens and the question turns to the reliability of the visible. Bodies are not so predictable or easily decipherable; there are signs of illness other than mastectomy or hair loss. Subject positions can reverse swiftly (as Marilyn Hacker and Eve Kosofsky Sedgwick, examined in chapter three, learn firsthand) – forcing crossings between health and illness, witness and witnessed – and the visibility of disease that was so crucial for Lorde and Spence in making known their status as women with cancer has become a more vexed issue by the time Marchetto receives her cancer diagnosis and sets out to record her experience in comic form, blending word and image, in the early 2000s.

In each of the texts by Lorde, Spence, and Marchetto considered here, marked bodies have the potential to make known what it means to have cancer and to identify a community of survivors at a time when, as Sontag argues so forcefully, cancer remained a shameful, hidden disease. These bodies, represented so vividly, so poignantly through word and image in the work of Lorde, Spence, and Marchetto, are deliberately, even shockingly, deployed in the service of transforming the metaphors, expectations, and treatment of breast cancer. When these women speak of being of use, they mean it in the most political, communal sense. Creating flexible new forms, genres, and metaphors for representing their corporeal reality, they rely on their bodies to bring women together around the experience of having breast cancer and engaging communities in the fight for recognition, prevention, and, ultimately, a cure. Each in her own way, as warrior, sniper, or vixen, they get to work telling a different side of cancer – or at least quieting the myths.

The spectacle of illness: the 1970s and the compulsory prosthesis

In 1976, television news reporter Betty Rollin, author of *First, You Cry*, the first popular memoir of breast cancer, poignantly articulated the difficulty of living within a one-breasted body even in a decade noted for the women's movement and body politics:

> Dammit, I thought, why can't I go to the store for a can of olives with one side of me sticking out and the other side not sticking out? Who the hell would care? But I couldn't do it. Because *I* cared. People might notice and I couldn't face that. I couldn't face the possibility of shocking and repulsing my fellow shoppers. In America, bodies are whole, and teeth are straight, and the sight of a deformed person – that's you, kid – is a turnoff. It's unpatriotic to be a freak. (149)

Settling upon the decidedly unhealthy metaphor of a freak for describing her post-mastectomy self, Rollin cannot find precise language or images for articulating her reconfigured body and reality. While it was gradually becoming more openly discussed socially and in the media, breast cancer remained an invisible disease at the time in that the devastation it wrought on women's bodies and on their lives remained completely hidden. Triumphant narratives with predictable trajectories of diagnosis, treatment and survival made for popular news stories, but even those women who felt compelled to tell such stories kept their prostheses firmly in place within their blouses and their tears quickly brushed from sight. When Rollin, a successful young white woman working in New York City, published her memoir, she acknowledged that other women – Betty Ford, Happy Rockefeller, Shirley Temple Black – had recently paved the way for her by openly talking about their illnesses and recoveries.[3] But the problem, as Rollin saw it, was that the success stories of these prominent white women living in the public eye left no room for the expression of feelings and experiences that fall outside the trajectory of the victorious narrative.

Setting the stage for Lorde's work a few years later, Rollin pledges to tell a different kind of story by honestly sharing the dark side of cancer and raising concerns about the psychological impact of radical mastectomies at a time when the effectiveness of such procedures were being hotly debated within the medical community.[4] She composes a narrative that is not about being brave but about feeling, as she says, like a freak. She feels repulsed and betrayed by her own body, yet the depth of her fear forbids her from confronting the full extent of the havoc cancer has wreaked in her life. Referring to the missing breast from her modified radical mastectomy, she confesses, "I was big and brave with the words, but I wanted nothing to do with the reality of that place on my body" (119). Terrified of seeing what has happened to her body, Rollin skillfully avoids even passing glances in mirrors or glimpses of herself as she dresses or bathes; she literally cannot face what her reshaped chest now represents to her. So she searches for the perfect, ever elusive, prosthetic to replace the breast she lost to cancer, directing her

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[3] In *Beyond Slash, Burn, and Poison: Transforming Breast Cancer Stories into Action* Marcy Jane Knopf-Newman lays out a long history, beginning with Fanny Burney in 1811 and extending through Alice James, Mary Austin, and Charlotte Perkins Gilman (who killed herself rather than undergo surgery), of women writers recording their experiences of breast cancer and mastectomy.

[4] Surgeon George Crile, Jr.'s controversial book *What Women Should Know about the Breast Cancer Controversy* from 1973 challenges long-held beliefs about the effectiveness of radical mastectomy, drawing on "the feminist rhetoric of choice" in urging women to elect – or at least be informed of – surgical options that save the breast (Knopf-Newman 12).

frustration toward the inadequacies of the “four-dollar wad of Dacron” tucked inside her blouse (128):

> The phony tit wasn’t making it. I couldn’t get the damn thing to stay down. Even when I fastened it with a safety pin and lowered the left bra strap to zero, after a half hour or so the entire amalgamation rose like a buoy. It stayed down more when I hooked the bra tighter around me, but then it dug into the part of the wound that dipped under my arm, and that hurt. Also, the damn thing had no nipple. That wouldn’t have mattered if my own remaining nipple didn’t show, but God or whoever hands out nipples gave me a perpetually erect one. The only solution was a return trip to the tit shop to buy a proper made-to-order one-half-pound breast. (151)

Unlike Audre Lorde who immediately threw a similar piece of lambswool in the trash, Rollin tries to make do with hers, resorting to pins and tape and uncomfortable maneuverings to get a proper fit. Rather than admitting to herself that no prosthesis will ever look or feel like her missing breast, she focuses her outrage on the shortcomings of the prosthetic industry. In 1975 it was nearly impossible to find a decent prosthesis, so Rollin kept the nearly useless soft form in her empty bra cup and adjusted her wardrobe, looking for tops that hid her chest. But it was the 70s and she was a fashionable, attractive woman in the public eye. She was not accustomed to wearing sack-like blouses, so nothing looked normal.

That is the point; there is no normal after cancer. Or more precisely, there is no return to normal. Yet the displacement into an identity based on disease was more than Rollin could handle. Her career as a news reporter depended upon projecting a certain image, one of health and vibrancy. For Rollin, an intact body was required for her work and her sense of self, so she desperately grabbed for the Dacron form. But her dependence on her body image does trouble Rollin. She asks,

> Was this a feminist talking? Was I not a woman whose self-esteem hung on her personhood, rather than her looks? What was this perverse terror of *not* being a sex object? Was I, am I, not above that? Answer: No, I am not and have never been and probably never will be above that. Nor are most women I know, most of whom are ardent, authentic, card-carrying feminists. (109)

Rollin can find no model for disfigurement and she is not ready to be the one to break ground on that issue. Even as feminism had taught the women of Rollin's generation all about body image and the damaging effect of conventional beauty myths, she cannot stand up against the normative expectation that women have two breasts.

Rollin is not entirely mistaken in her belief that as a post-mastectomy woman she will be perceived as a freak, with viewers honing in on her asymmetrical chest, the point of her difference. For as Rosemarie Garland-Thomson states, "Disabled people have variously been objects of awe, scorn, terror, delight, inspiration, pity, laughter, or fascination – but they have always been stared at" (Politics 56). She argues that able-bodiedness is strictly and punitively normalized and that only the unmarked body meets its requirements and is exempt from the stare. The visibly one-breasted woman is a spectacle, her body read "as an icon of deviance" in its inability to meet the requirements of conventional femininity and womanhood (Extraordinary 26).[5] All aspects of individuation are erased as the marked body is reduced to the mark of its difference and then subsumed under the larger identities of illness and disability. Even in the most mundane of activities, like running to the corner store for a jar of olives, Rollin knows that she cannot avoid the objectification and stigmatization implicit in the look of those who note the absence of her breast and perceive her as an unwelcome aberration.

As Susan Sontag argues so astutely in *Illness as Metaphor* (1978), cancer operates as a dread disease in destructive ways within the public imagination. Explaining the abiding disgrace felt by those like Rollin who are ill, Sontag articulates the complex difficulties of coming to terms with having a disease like cancer while demystifying its popular misconceptions.

> Although the way in which disease mystifies is set against a backdrop of new expectations, the disease itself (once TB, cancer today) arouses thoroughly old-fashioned kinds of dread. Any disease that is treated as a mystery and acutely feared will be felt to be morally, if not literally, contagious. Thus, a surprisingly large number of people with cancer find themselves being shunned by relatives and friends and are the object of practices of decontamination by members of their household, as if cancer, like TB, were an infectious disease. (6)

Sontag details the extreme secrecy surrounding cancer in particular, mentioning as an example that the 1966 Freedom of Information Act forbids the disclosure of cancer treatment as an "'invasion of personal privacy'" because of its potentially harmful

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[5] Many women have addressed the defeminizing aspects of breast cancer, as a disease that destabilizes one's sense of womanhood. See for instance Deborah Hobler Kahane's *No Less a Woman: Ten Women Shatter the Myths about Breast Cancer* (1990).

consequences on a patient's reputation and well being (8). While tuberculosis functioned as a romanticized illness within literature and popular thought in the nineteenth century, Sontag argues that cancer has been mythologized as unspeakable, painful and ugly: "Cancer, as a disease that can strike anywhere, is a disease of the body. Far from offering anything spiritual, it reveals that the body is, all too woefully, just the body" (18). The spectacle of the one-breasted body, evidence of the vulnerability of even a seemingly vibrant young woman like Rollin, creates an uncomfortable identification between the disfigured woman and the involuntary witnesses, both men and women, forced to acknowledge that their futures too might contain cancer.

The inability to reveal her reshaped body publicly, even while telling of personal, embodied experiences, guides Rollin's story throughout, creating a peculiar blend of self-awareness and denial that marked the state of breast cancer in the 1970s. Ultimately *First, You Cry* cannot quite straddle the distance between the unarticulated pain Rollin feels so deeply in her body, along with her repudiation of the damaging cancer myths that Sontag later elucidates, and the victorious narrative that her career as a reporter tracking human interest stories has trained her to reproduce. Her accounts of the travails of finding an adequate prosthetic breast stand in for the completely overwhelming shame and sadness residing within her body. She cannot waver from the beliefs that "bodies are whole" and that a woman with just one breast is incomplete not just as a body, but as a woman. Rollin perceives the traditional male gaze that views women's bodies as sexualized objects transformed into a stare that strips her womanhood and reduces her to no more than a freak. Publicly sharing – through her immensely popular book – the pain of trying to reclaim her subjectivity proves to be not enough, as one might hope, to redefine her sense of normalcy. As Lorde will argue a few years later, a reliance on prosthesis ultimately fosters a state of denial and prohibits the level of self-exploration necessary to deepen one's understanding of health and disease.

What's in a form? The usefulness of a story

Rollin's memoir, with its linear narrative of illness, takes readers through the day to day difficulty of living through diagnosis, mastectomy, treatment, and beyond. The chronological format takes readers deep into the pain of Rollin's prosthetic dilemma without providing any way for us – or for Rollin – to move beyond that undoubtedly serious, but nonetheless cosmetic, issue. We remain stuck in the question of the breast even as Rollin, in her explicit aim to take us into the dark side of cancer, asserts her desire for her readers to consider the broader implications of cancer as a traumatic experience. Four years later, Audre Lorde finds the traditional autobiographical form inadequate to represent her experience as a black, lesbian, feminist woman warrior poet with cancer.

Constantly on the fringes, never firmly in the center even of any off-center group she feels an affinity for, Lorde came of age demanding an ever-increasing awareness of those living outside of or in between the identity categories of the women's movement. Lorde's search for a place for herself carries her into a new arena of identity politics when she is faced with breast cancer in 1978:

> Off and on, I kept thinking. I have cancer. I'm a black lesbian feminist poet, how am I going to do this now? Where are the models for what I'm supposed to be in this situation? But there were none. This is it, Audre. You're on your own. (28-29).

With no model, no mold within which she can fit herself, Lorde keenly feels the challenge of finding herself – literally and literarily – within the largely white, middle-class cancer advocacy movement of the time. In particular, she is aware that the breast cancer incidence and mortality rates are far bleaker for poor and minority women, whose tumors are generally detected at a later, less treatable stage of development, than for the more affluent white women such as appear in the media or in her hospital room bearing gifts of pink prosthetic forms.[6] In her need for a more flexible tool for representing the full trajectory of her response to cancer, Lorde departs from the limitations of narratives like Rollin's by integrating discrete personal forms – of journal, essay, and poetry – in *The Cancer Journals*, all placed within a complex rubric for thinking about silence and survival in relation not only to cancer but to apartheid in South Africa, the gay community, and the many other arenas in which Lorde functions.[7]

Lorde's book, though entitled *The Cancer Journals*, is not simply a republication of a year and a half of diary entries. Lorde has created a collage, culling pieces, sometimes just a line, other times whole pages, from the original journal and weaving them into thematic chapter-length essays. The journals provide the raw material, but the editorial process – complete with Lorde's insightful if occasionally bitter commentary,

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[6] Lorde writes in *The Cancer Journals* that "According to the American Cancer Society's own statistics on breast cancer survival, of the women stricken, only 50% are still alive after three years. This figure drops 30% if you are poor, or Black or in any other way part of the underside of this society" (63). While in 2006 the American Cancer Society's website (www.cancer.org) states that the breast cancer mortality rate is going down, so that "the chance of dying from breast cancer is 1 in 33" today, it does not break down survival rates by race or income level. Under the heading of race, in a section on prevention, though, the ACS does claim the following: "White women are slightly more likely to develop breast cancer than are African-American women. But African-American women are more likely to die of this cancer. Many experts now feel that the main reason for this is because African-American women have more aggressive tumors (see basal-like breast cancer, below). The reasons for this are not known. Asian, Hispanic, and Native American women have a lower risk of developing and dying from breast cancer."

[7] Marcy Jane Knopf-Newman provides a thorough analysis of Lorde's discussion of apartheid in relation to her breast cancer as illustrative of Lorde's expansive thinking about the silencing of black women on a global scale, even when consumed by her own personal trauma of illness.

extended bits of narrative recounting important moments, and the addition of an essay on the power of language composed a year before Lorde's cancer diagnosis – is what turns the story of cancer into a weapon against silence and invisibility. Adding layers of reflection absent from traditional narratives while foregoing a full chronology of illness, Lorde has carved out a space within her slim volume for analysis of silencing, denial, and community that remains unexplored in Rollin's memoir, which takes us deep into the experience of living with cancer but cannot quite figure out where to go from there. *The Cancer Journals* is Lorde's effort to put the pain she has felt to work in the service of women with cancer.

In creating a new model – for herself and for others like her eager to make meaning of their disease – with *The Cancer Journals*, Lorde sets down with raw emotion and energy the politics, anger, isolation, pain, and fear of breast cancer. As Elizabeth Alexander argues in an essay on Lorde's larger body of autobiographical work, throughout her life Lorde deliberately constructs her story as a collage, out of fragments, "in which process is always apparent and the self is presented as an unfinished work in transition and progress" (699). Despite her insistence on remaining in process, Lorde finds wholeness through the many pieces of identity. Alexander explains:

> Lorde continually states that she claims the different parts of herself – "I am lesbian, mother, warrior,…" speaking through difference. It is her credo, a way of living, that all people, but particularly those said to be marginalized, must refuse to be divisible and schizophrenic. It is in the way that she takes us through the history of her body, in both *Zami* and *The Cancer Journals*, that Lorde maps the new terrain of what over 100

> years ago Linda Brent had to whisper and withhold from her readers: all that a corporeal history embodies. The link between Lorde and Brent is crucial: for both, the issue is control over one's body and the power to see the voice as a literal functioning *member* of the corpus, an organ that works and must be self-tended. (713)

Lorde's refusal to be divisible comes to bear on her work in many ways: as a woman with cancer she is furious that she is given no medical option other than for her body to be literally torn apart by the amputation of her breast; as an activist she claims her many, seemingly disparate identities simultaneously; and as a writer she continually joins forms and genres, and voice with body, to create new kinds of meaning out of her corporeality. In referring to Harriet Jacobs's *Incidents in the Life of a Slave Girl* (written under the pen name Linda Brent), Alexander places Lorde within a tradition of African American women's literary efforts to maintain control over their bodies and to find forms for writing through that embodied reality. Indeed, as Marcy Jane Knopf-Newman points out, "For enslaved women, and for Lorde, writing was a part of surviving" (112). Yet while Jacobs spent years in hiding in order to protect her body and even in freedom encoded in palatable prose the violence inflicted upon her as a slave woman, Lorde reveals her body – literally and textually – in order to protect it, along with the bodies of other black women with cancer.

As Lorde can attest, however, in the late 1970s that Rollin describes most women are unable to embrace such creative, multi-faceted strategies for raising awareness of breast cancer as it affects the individual body. Even Sontag, as a woman with cancer theorizing on the metaphorical and social meanings of disease, cannot overcome the silencing of cancer's embodiment completely. Indeed, it is not until 1989, over a decade after the publication of *Illness as Metaphor*, in her analysis of the latest health crisis in *AIDS and Its Metaphors* that she reveals herself to be a cancer survivor, stating that she earlier wrote on cancer in response to the stigmatization she felt when she was ill. Sontag details the harmful yet commonly perceived revulsion of cancer – frequently internalized by those diagnosed with malignancies – as a disease that strikes people with particularly weak, repressed characters before explaining her motivation for omitting her subjective experience. Like activist Rachel Carson before her, who did not want public knowledge of her own breast cancer to overshadow, or raise questions of subjectivity on, her political work on carcinogens and cancer rates, Sontag too does not want her status as woman with cancer to detract from her investigation into cancer as it operates in the public imagination.

> I didn't think it would be useful – and I wanted to be useful – to tell yet one more story in the first person of how someone learned that she or he had cancer, wept, struggled, was comforted, suffered, took courage…though mine was also that story. A narrative, it seemed to me, would be less useful than an idea. (101)

The question Sontag resists, however, is why she now includes her status as cancer survivor; how is that information now more "useful" than it would have been before? Perhaps in the company of gay men, the main subject of her analysis of AIDS, she has found a way to claim a community for herself. For the vocal activism of gay men against AIDS sparked a new understanding of the power of community in the face of stigmatized diseases. At any rate, Sontag's initial impulse to keep herself out of *Illness as Metaphor* is the converse of Lorde's, for whom cancer is most effectively fought only when it becomes a personal story that is told and told again, from a multitude of perspectives.

In *AIDS and Its Metaphors,* Sontag explains further:

> The purpose of my book was to calm the imagination, not to incite it. Not to confer meaning, which is the traditional purpose of literary endeavor, but to deprive something of meaning: to apply the quixotic highly polemic strategy, 'against interpretation,' to the real world this time. To the body. My purpose was, above all, practical. (102)

Sontag is tired of the debilitating metaphors that have real consequences on the health and outlook of both those with cancer and those around them, including their doctors. She fears that telling her own story of illness would perpetuate the narrativizing impulse, revitalizing damaging metaphors that equate cancer with negative imagery, rather than bring the reality of illness back to the body.

As Sontag empties out meaning, Lorde's project is to *create* a new kind of meaning. This is where the two differ most markedly; both strive to be useful but have strikingly opposed formal strategies for achieving that end. Lorde is attempting to produce a text that women with cancer can look to as a tool, even a comfort, in facing the disease and all that it entails, including mastectomy. In setting forth her project, she declares a new identity position for herself on the opening page, "I am a post-mastectomy woman who believes our feelings need to be voiced in order to be recognized, respected, and of use" (9). This was not an entirely revolutionary notion coming out of the "personal is political" feminist moment she was in, but the breast cancer community, such as it was, could not exactly have been called feminist or activist in the late 1970s. Lorde's inclination to borrow from her consciousness-raising training and use her experience to help other women with cancer was viewed with suspicion, even hostility. Her efforts to present her body as bearing evidence of her life with cancer, from mastectomy and diagnosis to treatment and survival, were spurned because people did not want to hear about the disease in all its fullness, much less see it marked so permanently on Lorde's chest.

So for Lorde, breaking silence *is* her work, declaring in a poem that prefaces the first chapter, "Our labor has become / more important / than our silence" (19). Lorde tells the story she feels has been silenced by the very myths Sontag discusses. Ultimately, she must "give form with honesty and precision to the pain faith labor and loving" that she has so deeply felt and then carefully transformed into a vital strength. Lorde does not shy away from the painful emotions she finds still within herself as she writes her book eighteen months after her mastectomy:

> I had to remind myself that I had lived through it all, already. I had known the pain, and survived it. It only remained for me to give it voice, to share it for use, that the pain not be wasted. (16)

In making use of the range of emotions she experienced – from loneliness, to rage, to sadness, to grief, to faith, to strength – Lorde reshapes her story, giving it a deliberate "form" that lays bare the emotions and her efforts to transform them into an activist tool.

Susan Sontag turns from the story altogether, choosing silence. Bombarded with the countless ways in which cancer has been laden with meaning and used metaphorically in the service of something else altogether, Sontag declares on her opening page,

> I want to describe, not what it is really like to emigrate to the kingdom of the ill and live there, but the punitive or sentimental fantasies concocted about that situation: not real geography, but stereotypes of national character. My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is *not* a metaphor, and the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking. (3)

Writing with the same motivation (to be useful), but a different aim from Lorde's, Sontag will not point to her own body, her own time of illness, in her efforts to let cancer simply be cancer. Despite her use of the kingdom metaphor in the passage above, she is otherwise careful not to confer new meaning while stripping away the old. In 1978, Sontag is so wary of how her body might be misread by a public easily distracted from the idea she is invested in expressing that she leaves her intimate relationship with cancer out of her text altogether.

When Sontag nods to her illness in her later analysis of AIDS, she does so quickly, as one more narrative among many ("mine was also that story") without bringing her readers into the reality, the particulars, of it. It is as if there is only one story – and we all already know it. Odd, in light of her project to empty cancer of its meaning, that Sontag allows, even encourages, her readers to make such a facile assumption of the story of cancer. It is the telling, not the experience itself, that has become commonplace – and ultimately this is what Sontag refuses to reify: another programmatic tale of woe. Sontag searches for a new way to talk about cancer, one that splits the myths open without referring back to herself, and without appealing to her readers' pity for yet another poor woman possibly dying of breast cancer. She does this by turning away from narrative altogether.

Creating a spectacle: Lorde's army of one-breasted women

Audre Lorde needs a more direct way of shattering our expectations of the cancer narrative, a way that brings the story back to the subject while exposing the depth of her pain and fear. She turns to the body. Rather than arguing against interpretation of the body afflicted by disease, as Sontag does, Lorde views her body as bursting with potential meaning, and with political potential. A prosthetic breast empties the body in illness of meaning, leaving nothing for interpretation, nothing visible to which to attach even our most damaging myths. For Lorde, showing her maimed body is intended to counter the damaging taboo of cancer, bringing attention to the disease's very real effects. Such an act of defiance, marking the absence of her breast so forcefully, so visibly, actualizes the idea that Sontag opens up for discussion yet will not risk attaching to her own body.

Lorde excels at, perhaps even delights in, using her body for political aims. It *is* risky business, but Lorde was never, like Sontag, looking to "calm the imagination" (Sontag, 102). She has little patience for the myths that identify breast cancer as a shameful, hopeless disease. But she keenly feels the abandonment that metaphors produce on a social level all around her – when her pain is not acknowledged, when she is urged to hide her missing breast, when she cannot find an adequate support community, when she sees that no one is doing anything to put an end to cancer. Feeling that she has been left for dead, Lorde writes, "I am an anachronism, a sport, like the bee that was never supposed to fly. Science said so. I am not supposed to exist" (13). She fights against this abandonment – represented in her mind most poignantly by the enforced invisibility of her mastectomy – by her medical staff, by cancer support volunteers, by all those who refuse to acknowledge the devastation cancer has wrought on her life. It is, indeed, as if she does not exist, at least not as a woman with a mastectomy. Garland-Thomson states that such feelings are common among the disabled and ill, as those who "are sometimes fundamentally isolated from each other, existing as aliens within their social units" (Extraordinary 15). An intuitive knowledge, however, that "only the shared experience of stigmatization creates commonality" angers and energizes Lorde (Extraordinary 15). Other women are being crippled by the same stigmatization even as they struggle to maintain their tenuous hold on life, and Lorde is determined to gather them together into a vibrant community of protest.

What she is up against though is a community of women intent upon preserving the silences.[8] Lorde recalls a volunteer from the Reach for Recovery breast cancer support group who came to visit her in the hospital while she was recovering from the modified radical mastectomy of her right breast. Despite her good intentions as a cancer survivor, this woman's approach wholly misses the mark in Lorde's opinion:

> Her message was, you are just as good as you were before because you can look exactly the same. Lambswool now, then a good prosthesis as soon as possible, and nobody'll ever know the difference. But what she said was, "you'll never know the difference," and she lost me right there, because I knew sure as hell *I'd* know the difference. (42)

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[8] Melissa Zeiger, in her work on breast cancer elegies, notes the painful irony that even after Lorde's death to cancer in 1992 the silences surrounding the disease persist. Not one of the tributes on the back cover of Lorde's final collection of poetry, nor any of the scholarly essays published after Lorde's death mention cancer as the cause of death. As Zeiger states, "In short, the tributes are exclusively anodyne, performing an act of silencing so complete as to pull the reader up short" (137).

Even as Lorde desperately needs to find other women with breast cancer, she feels Reach for Recovery and its members represent a community based upon denial and shame. Not only will Lorde not look the same as before, she knows implicitly that is something she does not *want*. Cancer has reshaped her life and filling her bra with lambswool will not change that fact, or her knowledge of it. Lorde is deeply troubled by the suggestion of covering over the most visible and horrifying mark of her disease and the silencing that such an action entails.

Lorde discovers that, for most women, life after mastectomy forever bears the scent of death, marking them as "untouchable" (49). She resists the connection, quickly recognizing the misleading complementary implication: if mastectomy equals death, then prosthesis must signify health, or at least the look of health. At the time, Lorde could see prostheses as no more than instruments of denial.

> The emphasis on wearing a prosthesis is a way of avoiding having women come to terms with their own pain and loss, and thereby, with their own strength. I was already dressed to go home when the head nurse came into my room to say goodbye. "Why doesn't she have a form on?" she asked Frances, who by this time was acknowledged by all to be my partner. (49)

Under pressure from her nurse to carry that attitude – in the shape of a temporary prosthesis – home from the hospital, Lorde gives in but removes the form once she leaves the grounds, refusing to carry with her the state of mind it promotes. For Lorde, being prosthesis-free is a way "to look death in the face and not shrink from it," accepting a transformed life and figuring out how to live even if on borrowed time, post mastectomy (47).

With the form discarded, Lorde consciously transforms her body into the very kind of spectacle that most post-mastectomy women, such as Betty Rollin and the Reach for Recovery volunteer, fear becoming. Rather than equating spectacle with objectification or loss of self, Lorde imagines the potential of women with cancer making themselves visible to one another, so they can emerge out of the invisibility of isolation into a formidable presence.

> When other one-breasted women hide behind the mask of prosthesis or the dangerous fantasy of reconstruction, I find little support in the broader female environment for my rejection of what feels like a cosmetic sham. But I believe that socially sanctioned prosthesis is merely another way of keeping women with breast cancer silent and separate from each other. For instance, what would happen if an army of one-breasted women descended upon Congress and demanded that the use of carcinogenic, fat-stored hormones in beef-feed be outlawed? (16)

Perhaps drawing inspiration from the recent activism of a group of women with hysterectomies who indeed did confront Congress in the late 1970s to protest the high number of unwarranted surgeries to remove women’s uteruses each year (as documented in Knopf-Newman, 14), Lorde goes a step further in imagining the visual impact, the spectacle that such a group of women with mastectomies would create. Lorde’s activist spirit comes through most clearly in passages such as this, in which she lays out the problem as she sees and feels it, observes other women’s behavior and quickly puts her finger on the social motivations and consequences. Then she offers an empowering metaphor and a course of action so politically striking that it bears the potential for social transformation.

Garland-Thomson offers an explanation of the cultural perception of disabled bodies that helps elucidate the radical political potential of Lorde's vision. She writes:

> Bodies that are disabled can also seem dangerous because they are perceived as out of control. Not only do they violate physical norms, but by looking and acting unpredictably they threaten to disrupt the ritualized behavior upon which social relations turn. The uncontrolled body does not perform typically the quotidian functions required by the elaborately structured codes of acceptable behavior. (Extraordinary 37)

Lorde understands that an army of one-breasted women would be perceived as uncontrolled and uncontrollable – and it is precisely this threatening impact that would give its presence so much power. For who can predict what other strictures of acceptable behavior a mass of women refusing to cover up their mastectomies would resist?

But Lorde arrives at this realization only after meeting with resistance and fear from others when she, as a solitary woman, challenges expectations of what a healthy female body might look like. In a 1979 journal entry, she describes the utter loneliness of living as an openly one-breasted woman:

> *I don't feel like being strong, but do I have a choice? It hurts when even my sisters look at me in the street with cold and silent eyes. I am defined as other in every group I'm a part of. The outsider, both strength and weakness.* (12-13)

One of the earliest instances of rejection and disapproval occurred barely a week after Lorde's mastectomy. Still weak from surgery but feeling vibrant and confident as she headed in for a checkup at her doctor's office, Lorde wore a special tunic and assymetrical jewelry to balance out her freshly reconfigured frame. After asking how Lorde felt, the nurse coolly noted that she was not wearing a prosthetic breast: "'You will feel so much better with it on,' she said. 'And besides, we really like you to wear something, at least when you come in. Otherwise it's bad for the morale of the office'" (59). Blatantly ignoring Lorde's assertion that she in fact felt "pretty good," the nurse honed in on the missing breast and projected her own uneasiness with its absence onto Lorde.

Lorde felt the blow of the nurse's judgment so forcefully as to silence her. In that moment of disbelief and shock she could not find the words to respond, but by the time she compiles *The Cancer Journals* language has returned in full:

> Here we were, in the offices of one of the top breast surgeons in New York City. Every woman there either had a breast removed, might have to have a breast removed, or was afraid of having a breast removed. And every woman there could have used a reminder that having one breast did not mean her life was over, nor that she was less a woman, nor that she condemned to the use of a placebo in order to feel good about herself and the way she looked. (59)

Two things are most striking about this scene: that Lorde, an articulate lifelong activist, is rendered momentarily speechless; and that Lorde's attempt to display her body proudly is so violently rebuffed. Lorde cannot fight this battle alone – and the hostility of the nurse's reaction suggests that this is indeed a battle –, so she must amass an army to struggle side by side.

Warriors and snipers: Transforming metaphors and declaring war

The war-laden imagery Lorde uses throughout *The Cancer Journals* can be traced back to this critical moment in the doctor's office, when Lorde draws a parallel between the frequently displayed war wounds of soldiers and her own body scarred by disease. She compares the nurse's response to her body as a demoralizing presence to the strikingly different public reaction to the Prime Minister of Israel who wears an eye patch:

> The world sees him as a warrior with an honorable wound, and a loss of a piece of himself which he has marked, and mourned, and moved beyond. And if you have trouble dealing with Moishe Dayan's empty eye socket, everyone recognizes that it is your problem to solve, not his. (60)

Lorde is constantly reminded that rather than a war wound to be displayed with honor, her mastectomy is a shameful mark to be hidden. And it is when Lorde's display of her maimed body – still proud and full of life – is criticized, not as distasteful or unattractive, but actually as *harmful* to other women facing cancer that Lorde jumps to attention. Garland-Thomson extends her discussion of the uncontrolled disabled body to provide an explanation of how Lorde's prosthetic refusal might be read as "individualism run rampant." The disabled body, she claims, "mocks the notion of the body as compliant instrument of limitless will and appears in the cultural imagination as ungovernable, recalcitrant, flaunting its difference as if to refute the fantasy of sameness implicit in the notion of equality" (Extraordinary 43). The irony is that Lorde, who believes she is acting in the best interest of the terrified women sitting in her doctor's waiting room, is seen as a threat, as an unhealthy presence, because she is offering a realistic image of what life after mastectomy can look like. Women with cancer are being kept apart, and in their isolation they remain silent. The feeling of shame propagated by the prosthetic imperative divides women who might otherwise instinctively find one another.

By visibly and vocally declaring herself a one-breasted woman, Lorde, weary though she is, refuses the shaming impulse and aims to draw other post-mastectomy women out of isolation and into the fray:

> If we are to translate the silence surrounding breast cancer into language and action against this scourge, then the first step is that women with mastectomies must become visible to each other. (61)

This is the key. Only when women with cancer are able to identify one another will their shame subside and anger rise to the surface in its place. Lorde sets the example with her own body, eager to reveal cancer for what it is: merely another all too ordinary disease that, rather than remaining covered up and unspoken, requires our full attention. In the spring of 1980, she writes, “I feel like another woman, de-chrysalised and become a broader, stretched-out me, strong and excited, a muscle flexed and honed for action” (14). Nearly two years after her mastectomy Lorde envisions her refigured body’s power, not just to draw in other women with cancer, but to provide the inspiration for her activism. Her language is heavy with embodied imagery, inspired by the potential of a newly formed muscle or a chrysalis ready for flight.

Lorde speaks of being so “completely self-referenced right now” that her body is at the center of everything she does. Its day to day reality colors her thoughts, words, and actions. She depends upon it to make her argument – so when she mourns the loss of other women to cancer, it is reasonable that she finds a place for both her grief and their memory under her skin, where they become part of the story she tells:

> I carried tattooed upon my heart a list of names of women who did not survive, and there is always a space left for one more, my own. That is to remind me that even survival is only part of the task. The other part is teaching. I had been in training for a long time. (40)

Lorde inscribes her body in mourning with the names of so many already dead, imagining herself as yet one more woman with cancer among them. Replacing women's lives with their names, Lorde transforms loss into visualized markers deep under her flesh. Yet as the site of this figurative memorial for lost lives, her body reveals its own fragility and impermanence, for what kind of permanent statement can one make upon a body whose own mortality is already known? But this is not a memorial; it is a reminder, instructing Lorde to fight on behalf of all the women named within her.

The connection between body, death, fear, and responsibility never loosens – and the body at the center of Lorde's story is of course her own. Although Lorde does not dwell upon her scars, she does make a point of looking carefully under her bandages the first opportunity she gets and sharing what she sees with her readers. Lorde does not expect to like what she finds, but her long, detailed description is surprisingly peaceful – and notably devoid of metaphors.

> I looked down at the surgical area as [the doctor] changed the dressing, expecting it to look like the ravaged and pitted battlefield of some major catastrophic war. But all I saw was my same soft brown skin, a little tender-looking and puffy from the middle of my chest up into my armpit,

> where a thin line ran, the edges of which were held closed by black sutures and two metal clamps. The skin looked smooth and tender and untroubled, and there was no feeling on the surface of the area at all. It was otherwise quite unremarkable, except for the absence of that beloved swelling I had come to so love over 44 years, and in its place was the strange flat plain down across which I could now for the first time in my memory view the unaccustomed bulge of my rib-cage. (44-45)

Lorde's unflinching gaze and description would almost seem detached, were it not for the tenderness and love infused into this passage. Indeed, as Lorde determines to learn her body anew, she anticipates finding a horrific war zone inscribed in her flesh. Instead, she refuses to project the violence and chaos of the social experience of breast cancer onto the intimate space that is her body.

The contrast with a similar scene from Betty Rollin's memoir could not be more striking. When Rollin's doctor peels away the soiled bandages and discards them in a nearby wastebasket, Rollin panics, "It was like watching a friend jump off a cliff" (132). The bandages had provided a crucial layer of protection from the terror of what lay beneath them. Rollin forces herself to look at her newly exposed chest:

> On the left half of my chest, where a breast had been, was a flat, lumpy surface like the ground, covered with, instead of dirt, skin. Across the surface, a long, horizontal, red, puffy welt meandered crazily from the center of my chest, where a cleavage once was, to the other side, under the arm, and around toward the back.

> Alongside this little Hiroshima of the torso, on the unbombed half, grotesque by contrast, lay a right breast, pretty and whole as a healthy baby. (133)

Rollin looks carefully, beginning in a measured, objective tone, but jumps quickly to a simile ("like the ground"). And when her eyes encounter an incision that "meandered crazily" across her chest, she begins to lose her sense of order – and so do her readers. The welt goes on and on, curving around her side and out of sight. The damage – and with it, the psychological pain – is endless. By the next paragraph, Rollin finds herself in a war zone that has left one breast ravaged and the other obscenely untouched. Rollin's jolting reference to Hiroshima conjures up images of mushroom clouds, the massacre of innocents, utter destruction and chaos – all of which she projects onto her still raw chest just days after her mastectomy. Four days later, the imagery is set, and Rollin steels herself for the torture of looking, stating, "I stuck my eyes on the place of demolition" (134). The "destruction" of her left breast now reminded her of out of control train tracks, zipping across her body. Rollin tries to "camouflage the war zone" (103) and refers to herself as "damaged goods" (114). In her efforts to share the bleakness of cancer, Rollin virtually overflows with destructive imagery to assign to her body, reverting to the war metaphor time and again.

In *The Body in Pain*, Elaine Scarry examines the difficulties people have in expressing moments of pain and our dependence on metaphorical language to convey sensations that otherwise escape words. Similes provide momentary relief to those in pain, allowing for comparisons between known and unknown sensations ("the pain was like…"), but they ultimately color the listener or reader's understanding of the experience that produced the pain without ever allowing for total identification. Rollin's use of war-tinged imagery to describe the scars of a mastectomy, conflating cancer with an actual war in which her body serves as the battleground, is shocking. According to Patricia Yaeger in her essay "Testimony without Intimacy," readers can empathize with and through figures of speech such as metaphor only to a certain extent, but when extreme imagery is suddenly introduced, such as Rollin's reference to "this little Hiroshima of the torso," we cannot follow through with our identification. The metaphor is too far afield from our expectations and understanding. And as Rollin continues to turn to battlefield imagery throughout her memoir, her readers have no other way of interpreting or relating to cancer. Susan Sontag's assessment of the damaging potential of such tendencies – not only on Rollin but on her readers – could not be more poignantly represented. Rollin has internalized the negative metaphors surrounding cancer to such a degree that she despises her body and focuses all her energy on keeping the ugliness of cancer, as represented by her breastless torso, hidden from view. The war she sees upon her flesh is being waged within her.

Warfare imagery is often deployed in thinking about cancer, but not to these ends. Visualization techniques, even medical discourse, use metaphors to transform the immune system into a battleground, with cancer cells posited as invaders and doses of chemotherapy as stealth bombers striking back. Patients are frequently encouraged to picture a murderous war waging within their bodies during each cancer treatment, during which the mutinous malignancy must always be defeated.[9] Lorde is doing something

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[9] Gilda Radner's memoir of her treatment for ovarian cancer, *It's Always Something* (1989), contains extended descriptions of the type of visualization technique espoused by doctors like Bernie S. Siegel (see *Peace, Love and Healing: Bodymind Communication and the Path to Self Healing* from 1989). Anthropologist Emily Martin provides useful critiques of military metaphors within medical and

entirely different with her use of war imagery. Her body is not at fault and is not to be placed under attack. There are larger entities to blame – the government, medical researchers, industrial polluters, the list goes on – that Lorde is willing to take to battle in the effort to protect her own and other women's lives.

Most notably, Lorde removes the battle from her body, reserving her war talk for the political arena. Her body, already marked by the amputation of her breast, is untouchable, a site she fiercely protects even while displaying it proudly. Lorde demarcates a fine line between imagining her body as a discrete battlefield versus as the bearer of scars from a war that extends far beyond the fabric of her skin. In the first instance, the war is an internal one, fought within the body of the diseased; in the other, the struggle is between the one with cancer and the social tendencies and institutions that allow cancer and its debilitating metaphors to flourish. In a lengthy passage comparing her mastectomy to the battle wounds of soldiers, Lorde is extremely clear about which war it is she has a stake in:

> I have been to war, and still am. So has every woman who had had one or both breasts amputated because of the cancer that is becoming the primary physical scourge of our time. For me, my scars are an honorable reminder that I may be a casualty in the cosmic war against radiation, animal fat, air pollution, McDonald's hamburgers and Red Dye No. 2, but the fight is still going on, and I am still a part of it. I refuse to have my scars hidden or trivialized behind lambswool or silicone gel. I refuse to be reduced in my own eyes or in the eyes of others from warrior to mere victim, simply

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therapeutic discourses in her work, *Flexible Bodies: The Role of Immunity in American Culture from the Days of Polio to the Age of AIDS* (1994).

> because it might render it me a fraction more acceptable or less dangerous to the still complacent, those who believe if you cover up a problem it ceases to exist. I refuse to hide my body simply because it might make a woman-phobic world more comfortable. (60)

Lorde is not using war imagery as fodder for similes or metaphors to make facile comparisons between cancer and war; her connection between the two is more direct. In stating, “I am not only a casualty, I am also a warrior,” she declares war on cancer (21). Recognizing that her body is at the center of the war, a target, Lorde deliberately claims an identity for herself beyond that of victim. She may be a casualty by default, but she chooses to fight back as a warrior. Not as a victim or even as a survivor, but as a warrior. Indeed, Lorde’s terminology is worth noting; neither “casualty” nor “warrior” are words usually associated with breast cancer or even medicine more broadly. Instead, they are words from times of war. Talk of casualties brings to mind ranks of soldiers injured in an attack or battle. There is nobility in the term “warrior,” conjuring up images of powerful one-breasted Amazon women pulling back their arrows and taking aim. Lorde’s identity claim is a serious warning, and a call to arms to other women with breast cancer. As such, Lorde wears the absence of her breast as a uniform, turning a potential sign of victimization into one of power and solidarity.

As a woman warrior enlisting an army of one-breasted women, Lorde adopted politics that were unique in the United States at the time, yet across the Atlantic photographer and writer Jo Spence was working on the visibility of breast cancer in a similarly confrontational vein in the U.K. during the 1980s. Through photographs of herself in various costumes and settings, Spence, like Lorde, presents her sick, aging body as forceful and aggressive, engaged in the fight of her life. As Annette Kuhn writes in the introduction to Spence's posthumously published collection *Cultural Sniping: The Art of Transgression* (1995), "this body categorically refuses to portray itself in the only culturally endorsed mode available, as victim" (Sniping 20). The surface of Spence's body becomes the site where war is waged for the camera. Each image becomes an instance of cultural sniping, with Spence taking precise aim at norms and metaphors that undermine the power and subjectivity of the sick. Labeling herself a sniper rather than a warrior, Spence works in a more intimate, solitary manner than Lorde who is assembling an army. Yet they share the same activist spirit in targeting medical and cultural politics on behalf of a community of women with cancer.

Years of confronting class and gender inequalities through photo therapy and writing provided Spence with the tools to unpack society's attitudes toward women's bodies. So when she was diagnosed with breast cancer in 1982 her immediate response was not to look for a cure but to take on the medical system, which, from her outsider position as a member of the working class, she felt viewed women's bodies "as merely a set of parts, and those parts are someone else's property" (Sniping 125). Aware that "people are used to the 'narrative resolution' of illnesses like cancer" Spence determined to present herself as a "subject in daily struggle" (Sniping 122). She brought her camera to the hospital and documented, from her perspective of as patient, the processes of receiving a mammogram, being prepped for surgery, waking in the recovery room, and so on.

Spence had built a career exposing repressed, unseen memories and histories through her process of photo therapy, a therapeutic model of staging scenes representative of deep-seated familial conflicts and roles. In an impulse similar to Lorde's, when Spence was diagnosed with cancer she turned to the tools she already had at hand: her camera and her body. Using the raw footage her hospital photographs provided of her place within the medical system, she began working through her experience as breast cancer patient in photo therapy sessions:

> It had become clear that in documenting my physical progress, I had entirely left aside questions of how I experienced my illness. Through photo therapy, I was able to explore how I felt about my powerlessness as a patient, my relationship to doctors and nurses, my infantilization whilst being managed and 'processed' within a state institution, and my memories of my parents. (Putting 156)

Much like Audre Lorde's peculiar juxtaposition of journal entries, commentary, and poetry in *The Cancer Journals*, Spence's combination of photographic techniques – documentary images with composed photo therapy portraits – provides a complex representation and critique of the objectification and silencing of the sick body of the patient within western medicine.

Spence is trying to create a new visual vocabulary for breast cancer, "beyond an image of a woman palpating her breast or 'living with one breast'" (Sniping 138).

> Given that women are expected to be the object of the male gaze, are expected to beautify themselves in order to become loveable, are still fighting for basic rights over their own bodies, it seemed to me that the breast could be seen as a metaphor for our struggles. The fact that we have to worry about its size and shape as young women, its ability to give food

> when we become mothers, and its total dispensibiliy when we are past child-bearing age, should be explored through visual representation as well as within healthcare. (Putting 155).

But if it is difficult to shift the visual metaphors within medical communities, it is even harder to break open the expectations of the art world. Up against a centuries-long tradition of the male gaze, Spence's deaestheticized therapeutic photographs of her deeply scarred breast have no place. So she directs her attention outward: "By taking a metaphor from outside the art world, the sniper, terrorist, freedom fighter…, I was able to understand that there are many others like me. We must now continue to identify each other so that we can form alliances and create cultural groupings which are more complex than simply being 'black' or being 'woman'" (163). Spence identifies with members of other oppressed groups and uses her photographs to make present the shame she continually feels about her body and her voice.

Turning the lens in toward her own body, as sniper she composes photographs that reveal the kind of body most people do not like to think about. Not only is she scarred, overweight and old in these images, but frequently Spence is shot in highly aggressive, alarming poses, allowing herself to act out in ways not otherwise socially permissible. Performing against the male gaze, Spence transforms her body into a spectacle of cancer – acting out her fears, desires and angers. These images are not easy to look at. To be sure, Spence makes her viewers squirm and turn away, but the photographs are not easily forgotten.

Patricia Yaeger's argument on metaphor and reader expectations within testimonial literature provides a tool for thinking through the way the sheer rawness and ugliness of the identities Spence assumes in her photographs work on us as viewers. In her discussion of how Holocaust survivor Charlotte Delbo's use of shocking metaphors often distances her readers rather than drawing them in closer, Yaeger writes:

> Just as we are trying so hard to bear witness, to come to know by concentrating on the voice of a subject in pain, a simile enters the text like a missile or a void. It initiates an abrupt change of reference, where the reader, trying so hard to pay attention to the survivor through her narrative, gets dropped from this "story" into some other dimension – a domain of comparison where the vehicle feels so far from the tenor that they might as well be in different operas, as distinct as night and day. (414)

Just as readers of Delbo feel pushed away by the insertion of an unexpected metaphor at a moment when they feel drawn close in, Spence's performative photographs of her body with cancer initiate the same kind of aborted intimacy. Her documentary hospital images from 1982 grant viewers her perspective as cancer patient, in which we are invited to see, quite literally, through her eyes as she is wheeled into the operating room or looks at scans of her breasts. Yet, the very identification that Spence encourages in those pictures is abruptly denied in her photo therapy images, in which she works through her identity as a cancer patient. The anxieties she performs here, using costumes and body paint and props to create an unusual breed of studio portrait, are so intimate that, as viewers, we simply cannot follow. She is using a visual vocabulary familiar to her but that is new and jarring for us, as an audience trained in the aesthetics of the male gaze for looking at women's breasts and bodies. Unlike Delbo whose disarmingly elegant language feels out of place within Holocaust testimony, Spence brings rawness to that which has been normalized as beautiful, creating images of the female body that deliberately unsettle notions of feminine beauty, power, and voice.

In her refusal to be objectified as a woman or as a cancer victim, Spence works to create new ways of presenting women's bodies. She claims that her photography is "concerned with the continual reconstruction of [visual signs and symbols] in ways which are more in the interests of those they signify than those who traditionally control signs' production and circulation. Such work is a form of cultural sniping" (Sniping 135). Even if as viewers our identification is broken at moments when we are so engaged and want to understand the full depth of Spence's experience, we know we are witnessing something personally profound for Spence in the elaborate reconstruction of her subjectivity. And so, as Yaeger encourages readers of Delbo, we follow with her, even when we cannot make sense of and are uncomfortable with what it is we are seeing, because we recognize the depth of expression represented with the shocking visual metaphors Spence is using. While Audre Lorde draws on existing military metaphors of cancer in claiming identity as a warrior and encouraging other women with breast cancer to join her army, Spence as sniper works alone, using visual references that others may or may not connect with to target the myths and misperceptions that leave her feeling helpless and silenced as a woman with cancer.

Becoming a vixen: Marchetto's comic transformations of cancer

In 2005, Marisa Acocella Marchetto, as a young woman newly diagnosed with breast cancer, moves far beyond the unsettling images of Lorde's aggressive warrior and Spence's confrontational sniper. She has found a new visual metaphor for herself: vixen. It is a sexy, sassy image well suited for cartoon renderings of a fashionable young woman confronting cancer in a moment when the rawness and ugliness of earlier breast cancer activism had been repackaged into a large, mainstream movement. The strip's heroine Marisa Acocella, who crumples with fear in private, flashes a radiant smile as she tells her fiancé of her diagnosis and asks him not to come with her to the hospital for her lumpectomy, explaining, "I know it's ridiculous, but I only want you to see me at my best" (262). It is important to Marisa to present an unaltered appearance to Silvano, and she exerts a great deal of mental energy worrying about how to look good. Between getting her hair colored and practicing "shoe therapy," it seems as if Marisa believes her haircolorist's vapid assertion that "If you look healthy, you'll feel healthy" (263).

Underlying Marisa's excessively dramatic performance, not surprisingly, is a profound uneasiness about her self-image as a woman with cancer, and, more pointedly, about her sexuality and attractiveness as new wife to Silvano, a man who is surrounded by a "nightly buxom buttless blonde parade" at his restaurant (264). She makes light of her fears, drawing a quick cartoon of a bald woman claiming "'I'm having a bad wig day'" while in her doctor's waiting room, until an actual bald woman walks by and Marisa is reduced to tears. "It's different when you see it," she says to her mother, who comforts her (262). Indeed it is. Betty Rollin's dilemma persists, even three decades later: it is difficult to confront the cancer-marked body, whether your own or another's. But is it bad for the morale of the office, as Lorde's nurse asserted so many years before?

Although Marisa breaks down when she sees the bald woman, just a little further down on the same page Marchetto carefully depicts Marisa's lumpectomy (Figure 2). A drawing of an actual size needle across the page provides a visual break between the crying heroine and the full frame image of a breast inserted with a needle, but Marchetto

Figure 2 - Excerpt from *Cancer Vixen* (reprinted with permission from the artist)

uses Marisa’s statement that it’s different when you see it to prepare readers for, and explain the necessity of, the lumpectomy image. Marchetto’s unflinching image is followed by a visual representation of a metaphor provided by her doctor: “Dr. Mills told me the operation was a success, and <u>if the tumor was a peach pit</u>, there were <u>no fuzzy cancer tentacles</u> on the perimeter, so it looks like it didn’t spread into my lymph nodes…PHEW!” (262). The irony here is that Marchetto, presented as a woman who refuses to “look like crap” and has difficulty understanding what it might mean to have cancer, can represent her own lumpectomy with clarity and directness, whereas her doctor turns to what looks like a rather belittling metaphor when visually depicted as a peach pit within the strip to describe the tumor.

Just as much as her amazing shoe collection, it is this directness that reveals Marchetto as a vixen: moving from frame after frame showing a distraught Marisa looking for comfort from her phone tree of friends to this poignant juxtaposition of images in which Marchetto is calm and assertive while her doctor must rely on images of peach pits when she could be speaking with her patient in more sophisticated terms. But coupled with this expression of Marchetto’s capacity for visual accuracy is her focus on another vixen-like quality, Marisa’s sexuality. Despite her sore breast and her later unexpected weight gain from chemotherapy, Silvano remains (of course) deeply attracted to his wife, assuring her after the lumpectomy that “As long as we have your ass, we’re good, baby!” (262).

Marchetto’s strip provides comfort to readers with breast cancer that whatever their experience, it is all right: Silvano’s reassurance seems aimed to calm the worries of women who lose their breasts that their sexuality can be situated elsewhere; Marisa later finds herself admiring another woman's stylish headwrap, wondering "maybe I should've gotten the heavier chemo!" (264); and finally, the strip ends with an image of Silvano and Marisa dancing, with Silvano professing, his hand once again on her bottom, "By the way…I like you chubby like this" (265). Marisa's proclamation, "Oh my god…I've never been happier" turns "Cancer Vixen" into a triumphant cancer narrative, which concludes with Marchetto's life-affirming endnote that "despite the months of radiation yet to come…my negativity had vanished" (265). The heroine lives through diagnosis, overwhelming sorrow and fear, others' judgments of her every action, and ultimately emerges victorious, not over cancer necessarily, but over the fear it generates. She might be a little heavier, but she is still sexy, appealing, and in love.

Though using a narrative arc that the other writers in this chapter reject in favor of more complex representations, Marchetto brings a new form to cancer literature that blends conventional expressions of the disease with a self-consciousness learned from the likes of Audre Lorde and Jo Spence. Marchetto finds a unique formal strategy for representing her competing impulses as a woman recently diagnosed with breast cancer, blending the kinds of fears Betty Rollin describes in 1976 with the recognition of the importance of Lorde's and Spence's fight against powerlessness and invisibility. The reliable narrative text and imagery provided by Marchetto as cartoonist sit apart from the insecurity of Marisa the autobiographical heroine, providing critical commentary on – and visual documentation of – Marisa's life. While Marchetto as a woman refuses to go bald, she does not flinch at showing her breast (albeit, as depicted in cartoon) palpated during an exam on the first page of her comic strip. This play between the desire to hide the cancer-ridden body and to lay bare the full experience – from sitting on the examining table, to crying on the phone with friends, to dancing naked with her husband – of cancer makes *Cancer Vixen* a text interestingly representative of cancer politics in the early 2000s.

For while undoubtedly the war against cancer is still on, the need to amass armies of one-breasted women has lessened, not least because the campaigns of the 1970s were effective in opening up treatment options for breast cancer that do not always include mastectomy. But more significantly, women with breast cancer like Marchetto are using their bodies in new ways, presenting a united front as a community, even if still largely white and middle-class, in neatly packaged ways. Borrowing from AIDS activist organizations like ACT UP and Gay Men's Health Crisis, which ironically learned much from the political work of Audre Lorde, women with breast cancer began to understand the importance of becoming visible as a group in the 1990s. But rather than baring their bodies to do so (though this too has happened, as when the one-breasted members of the San Francisco group Breast Cancer Action's Audre Lorde Action Brigade took off their shirts and took to the streets in 1998), they don pink ribbons and organize walkathons and races, with breast cancer survivors distinguished from the general mass of supporters by their pink hats and shirts. For, as Marchetto's comic strip affirms, breasts remain such a strong signifier of femininity and sexuality that, given the choice, most women with breast cancer opt for other, more palatable – and less permanent – ways of marking their identity.

Doctors and medical literature now note that some women choose to live openly one-breasted, refusing both prosthesis and breast reconstruction, but very few actually do. Although Audre Lorde and other women after her created the possibility for women, in some ways their work negated the need to become an embodied symbol of breast cancer. In her essay "Reconstructing the Posthuman Feminist Body Twenty Years after Audre Lorde's *Cancer Journals*" (2002), Diane Price Herndl explains the difficulty of her decision to break tradition from Audre Lorde and have breast reconstruction surgery after her recent mastectomy:

> I had always assumed, before I had breast cancer, that I would choose what I thought was the feminist alternative: refusing reconstruction or prosthesis, Lorde's choice. Things have changed since her experience. Now, living without a prosthesis is an alternative that is open, out there, always mentioned as one possibility. I thought it was the right choice. I thought it was the feminist choice. I couldn't do it. (149)

Herndl discovers that she "didn't have to wear cancer in the same way" (150). Because refusing prosthesis or reconstruction was no longer a feminist necessity, she could not commit her body to a form of protest that had lost its urgency. The notion of cancer as something one wears points to self-construction that one must undergo after diagnosis. The very availability of choices today regarding how to dress the body with cancer affirms the success of Lorde's central argument about expectations of two-breastedness silencing women's experiences, fears, and options – and so Herndl should not feel compelled to make the same choice Lorde extolled twenty-five years earlier when choice functioned in a very different way.

Herndl views her palpably artificial, reconstructed breast as a visible sign of her cancer much like a mastectomy scar because she will never mistake it for her original breast. The difference, of course, is that others cannot see the fact of the breast's construction or the disease that it signifies. So the onus is upon Herndl to voice her story, taking the burden of telling off her body as marker. This is precisely the decision that Marchetto, though she was never faced with mastectomy, has made in creating her comic strip about the dilemma of how to wear cancer as a vixen. Neither Herndl nor Marchetto ultimately want to be warriors or snipers, displaying unattractive or scarred bodies that permanently place them on cancer's battlefield; instead, they remain acutely aware of the persistent meanings and values attached to breasts and subsume the excessiveness of cancer into the self-conscious performance of feminine ideals to find new ways of representing their embodiment as women with cancer.

Chapter 2

"Look at this, just look at this": Women witnessing AIDS

A few pages into her 1997 memoir, *My Brother*, Caribbean-American writer Jamaica Kincaid writes of a pivotal phone call from a friend of her mother's in Antigua:

> I was in my house in Vermont, absorbed with the well-being of my children, absorbed with the well-being of my husband, absorbed with the well-being of myself. When I spoke to this friend of my mother's, she said that there was something wrong with my brother and that I should call my mother to find out what it was. I said, What is wrong? She said, Call you mother. I asked her, using those exact words, three times, and three times she replied the same way. And then I said, He has AIDS, and she said, Yes. (7)

Though the call is unexpected, Kincaid's response is not one of surprise. She explains of her brother that "he lived a life that is said to be typical in contracting the virus that causes AIDS: he used drugs (I was only sure of marijuana and cocaine) and he had many sexual partners (I only knew of women)" (7). We do not ever learn how Kincaid knows these things about the brother whose life, lived in her Caribbean familial home, is so removed from her own existence in the United States, and her parenthetical asides become central to the strangely jolting turn the text later takes. As readers we come to understand, even anticipate, how information is passed along indirectly between Antigua and Vermont. Indeed, what is initially most striking about this passage is not that the brother has AIDS but that Kincaid learns about it so circuitously, via a phone call from a friend of her mother's. She describes the dynamics of her family, in which "not speaking to each other has a life of its own, it is like a strange organism, the rules by which it survives no one can yet decipher" (6-7). Over time, Kincaid has learned to negotiate the layers of mediation and the often attendant miscommunication it entails.

Kincaid's memoir is not a straight narrative of AIDS. Kincaid bears witness as directly as she can, sifting through information gleaned from her own personal memories of Antigua, from family, from doctors, from friends, from her brother himself, from the signs written on his failing body, searching to piece together the story of how her brother's life came to end in the hopelessness of an AIDS diagnosis. But Kincaid is not alone in bearing witness to AIDS through indirect means; she is part of a generation of writers, many of them women, who, in taking on the responsibility of telling the story of AIDS from an outside position of relative health, must rely upon whatever forms of information are available to them. Over a decade earlier, public intellectual Susan Sontag adopted a similarly mediated approach for telling a symbolic narrative of a community's response to AIDS in her short story "The Way We Live Now" (1986). Responding not to a breakdown in communication such as Kincaid documents, but to an overflow of inadequate information at the height of an unchecked epidemic, Sontag creates a close-knit circle of friends talking in an endless stream as they watch a silent and nameless peer who has fallen ill to AIDS-related symptoms.

Sontag's and Kincaid's approaches to the bodies at the heart of their stories – either turning away from or steadying their gaze upon – as sources of uncomfortable, unspoken information create tension in these texts that, ultimately, are about the kinds of identifications witnesses to AIDS seek and/or deny between themselves and those whose decline they are recording. As sites of either identification or disidentification, the bodies in these texts are treated differently. Sontag's characters, intent upon maintaining their identification with their dying friend, resist acknowledging his difference by turning away from the physical decline marked on his body. Kincaid, on the other hand, in relying upon the embodied signs of her brother's state of health as her one direct source of information, paradoxically distances herself from her brother in her attentiveness to his body above all else. In keeping with a long literary tradition of using the disabled or sick as figures against whom others react and base their own identities, Kincaid and Sontag grapple with the role of the witnessing community in relation to the dying subject in an age of AIDS.[10]

Meeting the challenge posed by the gay community of acknowledging and writing about AIDS, both writers tell a very different kind of story from their position of looking in on AIDS than do their male peers who are sick or dying. Sontag and Kincaid resist metaphors of alienation and warfare that the gay community, in the tradition of Audre Lorde's vision of an army of one-breasted women battling breast cancer, so intentionally employs for their shocking ability to draw readers' attention. Instead, these women each remain attentive to the difficulty of finding language to convey the experiences they are witnessing, selecting highly stylistic modes of representing their position in relation to their subjects. Sontag writes a tale noted for its allegorical lack of specificity, while Kincaid's memoir is composed of long, complicated sentences that aim, in their extreme precision, to make explicit the many silences within her text. The lack of both a direct source of information and language for talking about AIDS proves problematic for these

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[10] See Rosemarie Garland-Thomson's *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* for a discussion of how disabled characters (such as Tiny Tim from *A Christmas Carol* or Clifford Chatterley in *Lady Chatterley's Lover*), including those disabled through illness or injury, traditionally exist as spectacles within literature, foils against whom protagonists come to understand themselves.

women as they attempt to bear witness, and the physical presence of the failing body with AIDS itself becomes textually fraught as evidence of the illness's progression.

The gay holocaust: metaphors from the death camps

In his recent book, *Untimely Interventions: AIDS Writing, Testimonial, and the Rhetoric of Haunting* (2004), Ross Chambers explains that AIDS is one of relatively few 20th century concerns (along with the trench warfare of World War I and the deportations and death camps of the Holocaust) so unusual and unexpected within the West that they defy language. He argues that most western cultures are unaccustomed to large-scale human atrocities and so generally have little need for "discursive models of witnessing" (xvii). As a result, they are ill-equipped to record such events when they do occur. With no literary witnessing tradition or "discourse of extremity" (viii) to turn to, writers have difficulty telling the story of trauma and telling it in such a way that it is both heard and understood. Indeed, Sontag's and Kincaid's texts, with their problems of watching and naming, locate new ways for thinking about how to convey the traumatic experiences of others.

For Sontag, the question of how to bear witness is an important one. Merely describing trauma is not adequate. Indeed, years before she published "The Way We Live Now" when she deliberately chose not to write an autobiographical account of her experience with breast cancer it was because "a narrative, it seemed to me, would be less useful than an idea" (Illness 101). All too often, sick or disabled figures within literature, particularly those with reputedly shameful conditions like cancer and AIDS, become identified and identifiable only by their condition, which becomes an indicator of a flawed or lacking personality.[11] Sontag's alternative response to her illness was her seminal essay, *Illness as Metaphor* (1978), an astute analysis of how cancer and tuberculosis figure in the popular imagination. For Sontag, exploring the *idea* of illness, as it functioned culturally, was more compelling and productive in countering ignorance, complacency, flawed analogies, and myths than the *story* of her illness.

Yet telling the story – by breaking silence and writing testimonies – does play a crucial role in the gay community confronting AIDS in the 1980s and searching for ways to make meaning. Susan Sontag argues in *AIDS and Its Metaphors*, written two years after contemplating how AIDS had transformed "the way we live now," that "part of making an event real is just *saying* it, over and over" (164), and this is precisely the work that the gay community had undertaken in the face of widespread denial, silencing, and misinformation. Two primary trends emerge within literature by American gay men writing about AIDS in the 1980s and early 1990s. The first brings readers into the political moment by expressing outrage at the American public's ignorance and lack of concern regarding the pandemic's ever-increasing death count. Writers like Larry Kramer, David Wojnarowicz, Andrew Holleran, and David Feinberg rely upon the effectiveness of biting humor and/or extreme anger to stir their readers to action. In the other tendency, gay men intent upon normalizing their lives invite readers to identify with men with AIDS through domestic narratives of illness. These texts, such as Paul Monette's *Borrowed Time: An AIDS Memoir* and Mark Doty's *Heaven's Coast*, ask the American public to recognize them as human, both in their desires and their needs.

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[11] To see how disability theorists have more recently picked up this argument, see Garland-Thomson and the essay collection *Disability Studies: Enabling the Humanities*, edited by Sharon Snyder, Brenda Jo Brueggemann, and Rosemarie Garland-Thomson (2002).

The more overtly political writers build off Audre Lorde's breast cancer activism from the 70s by deliberately tapping into the potential for alarming metaphorical language and radical politics to draw attention to the crisis as such, and to their firsthand experience of it. For example, throughout the 1980s, Larry Kramer, co-founder of the Gay Men's Health Crisis in 1982 and of the more confrontational ACT UP five years later, most notably used the words genocide, plague, and holocaust throughout his collection *Reports from the Holocaust: The Story of an AIDS Activist* (1994) to describe AIDS in the United States. Appropriating the language of paranoia already prevalent within American AIDS discourse, Kramer turns to such imagery to inspire fear and shame – and ultimately action – in his audience (which alternately included both the general public *and* gay men at risk – he was not above placing blame on his peers for not taking AIDS seriously enough). At a 1987 gay pride event, Kramer declared, "AIDS is our holocaust. Tens of thousands of our precious men are dying. Soon it will be hundreds of thousands. AIDS is our holocaust and Reagan is our Hitler. New York City is our Auschwitz" (173). He and other gay men feared the worst: that their community would be decimated by mass illness and death, on par with the genocide of the Jews during World War II, yet no one would take notice. While Kramer held an extreme view of AIDS as "the systemic, planned annihilation" of "an undesirable portion of the population" (263), his fears about so many lives being lost, unrecorded and undervalued, to the epidemic were all too real.

Like Kramer, many other gay writers, even those composing domestic narratives, rely heavily on metaphors in their memoirs, essays, and novels to use familiar imagery to convey the alien, violent experience of being thrust into a world of disease and impending death.[12] The very titles they select are alarming: *Borrowed Time*, *Afterlife* (both by Paul Monette), *Heaven's Coast* (Mark Doty), *Ground Zero* (Andrew Holleran), *Close to the Knives* (David Wojnarowicz), *This Wild Darkness: The Story of My Death* (Harold Brodkey), the list goes on. As one example, Paul Monette's *Borrowed Time* makes use of multiple metaphors to express a variety of emotions within his memoir of his lover's death. Early on he sets up what will be a continuing motif running through his text, describing his lover Roger's diagnosis as "the day we began to live on the moon" (2). Monette repeatedly turns to language filled with military and holocaust imagery to reflect the finality of an AIDS diagnosis and the total transformation of one's life that comes with it. Literary scholar John M. Clum describes AIDS as functioning to shatter the American Dream that Paul and Roger, along with the gay couples chronicled in other narratives, had been living out until that moment. Within a narrative that invites reader identification with Monette and his lover's heretofore unremarkable life together, the loaded rhetorical device of metaphor forces readers to see them as victims not only of AIDS, but, more tragically, of a dangerous apathy among the American public that has allowed this horrifying medical crisis to escalate so rapidly into something akin to genocide. In spite of Sontag's well-argued and accurate critique of how metaphorical thinking obscures the reality of illness, thinking of AIDS as an unjust war filled with upheaval, exile, and suffering gives Monette license to become angry and fight back, and

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[12] Michael Sherry's essay "The Language of War in AIDS Discourse" analyzes the limitations of activist uses of war imagery, as setting up relationships between events that are not in fact parallel, establishing unrealistic expectations of "winning" the war on AIDS, and so on.

to appeal to his readers for backup troops. Monette and his peers understand implicitly how military language, in its very ability to exaggerate and mislead, creates a heightened sense of urgency and responsibility among their audience.

The holocaust metaphor, unsettling as it is, that so many writers adopt succinctly demonstrates how gay men saw themselves as members of what Jason Tougaw calls a "community of risk" (173). As he argues in "Testimony and the Subjects of AIDS Memoirs," gay men with AIDS created community through their testimonies, writing a collective experience that was shared by other gay men via a model of relational subjectivity. Whether they wanted to or not, they found themselves within other men's stories. The problem as Tougaw presents it, however, was that "When the community constituted through a memoir is fragile, the act of writing itself is precarious. When the body of the writer is losing strength, that person lacks the agency required to keep writing." (179-180). While some men are able to write about and through illness, many of their peers do not have the emotional or physical stamina, or the distance, to remain the subject of their own texts. But if the men stop writing, the community is in danger, for, as they all adamantly proclaim, borrowing the words of ACT UP, Silence=Death.[13]

Circles of talk: Susan Sontag's "The Way We Live Now"

Sontag and other women writers cannot – and, at least in Sontag's case, would not want to – tell the same kind of story as dying men, yet their peers with AIDS have invited them in, in some cases asking, even forcing, them to look closely and remember what

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[13] Cindy Patton's *Inventing AIDS* and Douglas Crimp's "AIDS: Cultural Analysis / Cultural Activism" both provide analysis of various practices of cultural activism (including ACT UP and Testing the Limits) within the gay community, with Crimp in particular finding activism against silence more effective politically than the proliferation of elegies of loss. David Feinberg further details many activist strategies for countering silence that play on the spectacle of the body with AIDS in his scathing and painful memoir *Queer and Loathing*.

they have seen. Sontag, who was so taken aback by the apocalyptic, moralistic, and militaristic rhetoric overwhelming the epidemic that she wrote *AIDS and Its Metaphors* as an indictment against such tactics, instead turns to an allegorical narrative that allows her to sift apart various understandings of AIDS. Indeed, Sontag shifted her focus from cancer to AIDS because, she argued, "In recent years some of the onus of cancer has been lifted by the emergence of a disease whose charge of stigmatization, whose capacity to create spoiled identity, is far greater" (104). She rejected inflammatory imagery that had taken root in the national discourse on AIDS in favor of straightforward language to address the local and global health implications. Sontag's chief concern is that talk of AIDS as an invasion, a war, a plague, caused by an alien invader or a threat from within (or without) leads people to assign blame, stigmatize, and pass judgment on those with AIDS rather than to support the infected and devote the necessary time and resources toward finding a cure. Beginning a discourse about AIDS as an idea that has taken on life within the public imagination, however, helps reveal and debunk those very myths.

Sontag's short story "The Way We Live Now" (published in *The New Yorker* in late 1986, then in book format in 1991), presented as a chronicle of a community's response to AIDS puts the discourse surrounding the disease squarely in the hands of those bearing witness. The narrative of one man's illness from an unnamed but instantly recognizable disease powerfully demonstrates how easy it is even for a close set of frightened friends to drown out the voice of the one afflicted with AIDS. Expressed entirely from the viewpoint of the friends watching and commenting while the 38-year-old gay man suspects he is ill but refuses to be tested (presumably for HIV, but this, along with AIDS, remains unspoken throughout the text), contracts pneumonia, endures one extended hospital stay, and then another, Sontag's story includes everyone's words except those of the central character; although we are often assured secondhand by characters of what "he said," within the dizzying circle of dialogue the voice of the man with AIDS never makes it onto the page (7). We know only what others tell us of him, and it is often difficult to untangle the competing accounts or even to keep straight who is saying what. Everyone is so busy speaking about and for him that Sontag's protagonist, if he can be called that in his silent, anonymous state, never comes alive on the page. It is as if the earliest hint of AIDS sets into motion not only the process of dying, but also of silencing – of the voice, of the disease, of all particulars that might link this individual man to an identity beyond his HIV status.

Unwilling to represent a point of view unavailable to her, that of the man with AIDS, Sontag creates a symbolic narrative, one that remains true to the specificity of how AIDS takes hold of a particular group of friends, while also indicating the compounding impact. She tells not of one particular man's tragedy in order to create sympathy for him, but of one man's illness affecting a community that has seen others die before him and will continue to bear witness as others die after him. This is not a story of personal triumph; indeed, it is not a personal story at all. As with her response to cancer, Sontag shies away from the singular experience in favor of what she believes to be a more useful representation of the larger impact of disease. She creates a text meant to stir both the characters and their audience out of complacency, an awakening to trauma on several levels.

In her allegorical account, Sontag presents a cluster of friends watching the progression of a disease whose chief horror lay in the fact that its devastating potential was, at that historical moment, still unimaginable. With the continual stream of dialogue creating a story whose focus is constantly shifting, never landing squarely on the voiceless, nameless sick man at the emotional center of the narrative, the trauma of AIDS is always filtered through the voices of compassionate witnesses struggling as they learn how to watch and speak about the health crisis taking hold of their community. Even as they insist on being present and attentive to the end, Sontag's characters are continually pushing away from the reality of the sick body in their midst, to such an extent that it becomes the glaring absence at the center of the story. Their endless circles of talk provide a level of textual mediation, allowing Sontag – along with her characters and her readers – to take the attention off the man with AIDS and redirect it toward the group of friends. Anticipating her readers' potential identification not with the dying but with those bearing witness to the dying, Sontag provides a momentary but disarming glimpse into life reshaped by the expectation of losing one after another of one's friends and peers to a seemingly unstoppable epidemic.

Even though it is never given a proper name and is only rarely referred to even as "the disease," AIDS and the fear it inspires in those living outside of it (as distinct from, yet overlapping with, the terror chronicled by men with AIDS and their partners), dominates the running dialogue of Sontag's "The Way We Live Now" (18). Readers are presented with startlingly little information of the life of the afflicted man beyond his status as AIDS patient. Over the course of many pages we learn only that he is a childless single gay man with a mother in Mississippi, a collector (of what and whether by profession or by hobby is unstated) who lives in a New York penthouse and who until recently has had a rather carefree sex life. These details exist in the background of the story, mentioned in conversation and providing just enough information to make the man seem real, even representative, but not too specific.

The story, then, is not about the man with AIDS – who indeed could be anyone with AIDS – but about his community's response to him as such. This, to Sontag, is a more useful story to tell than the personal saga of diagnosis and decline. Indeed, it can be argued that in the 1980s representing how the presumably healthy community responded to AIDS was a more important narrative, in expressing the difficult necessity of taking on the responsibility of caring for the dying, than that of how those who were already sick died. The fact that the man here has a community of men and women who pull in tightly around him is wonderful, as the characters themselves are pleased to acknowledge. One of the few positive results of AIDS striking a community of risk – gay men – , is that these men and their allies form a ready-made support group, well trained from years of activism in pulling together, whether en masse or in small groups.

This sense of purpose is evident in an exchange late in the story, "Coming here in our twos and twos, there's no doubt about what our role is, how we should be, collective, funny, distracting, undemanding, light" (28). And so they take orderly turns at their friend's bedside, preparing his meals, bringing him sweets, protecting him from bad news. Always ready with some amusement or distraction, these people act not only out of love and friendship, but also out of fear. As the story's title indicates, Sontag invites us into the world of living with AIDS, that is, living with one who is living with – or as the case may be, dying from – AIDS. Although the title "The Way We Live Now" raises the question of who "we" is referencing (gay men dying of AIDS? Americans in general? involuntary witnesses?), the story's steady focus on the circle of friends responding to the man's illness is telling. As one character says early in the narrative, "everybody is worried about everybody now,…that seems to be the way we live, the way we live now" (12). This set of presumably 30-something friends has abandoned its carefree lifestyle and adopted a mantle of fear.

The terror at the heart of this story is the group's inability to protect their friend in spite of their swift and attentive care, and in turn, to protect anyone, including themselves, from AIDS. The perception of the unstoppable nature of AIDS has them fumbling for answers, terrified but resolved to remain calm, to "wait and hope, wait and start being careful, be careful, and hope" (8). In a mediated text without a narrator, voices blend into one another, making it difficult for readers, and probably the characters themselves, to distinguish one speaker from another. Together, they – along with the readers, who are identifying with them – become the "we" of the title, struggling to maintain their foothold in the land of the living, set against the never fully acknowledged "they" who are dying, including the friend around whose bedside they gather.

Even as each friend is named and has a distinct personality it is initially difficult to distinguish one from the other, and together they create an anonymous collective. Like the man with AIDS himself, who, though the functional center of the story, has no identifying traits other than his illness, which is itself unnamed but immediately recognizable, the friends are largely denied subjectivity as well. Each friend finds a role for him or herself: Quentin as protector and confidante, Stephen as health expert, Kate as comforting optimist, and so on. Despite these characteristics, no one voice stands out; so many are speaking at once, completing each others' sentences, all with a common anxiety about their friend and equally helpless in their role as direct witnesses.

They create a closed circle, making endless rounds of phone calls to one another looking in vain for some kind of reassurance. The one thing this group is undeniably capable of doing is talking, recycling the same bits of information over and over, hoping to arrive at a useful insight or find a tidbit of knowledge when no other news – about AIDS itself, about their friend, about alternative treatments – is available. A community quickly forms through these conversations, friends who pull together early on when one of their own's suspicious weight loss and lingering illness turn into a serious bout of pneumonia requiring hospitalization, and the long-avoided HIV test, which unsurprisingly comes back positive. In their shared state of helplessness and fear, they identify powerfully with one another, and – despite their valiant efforts to imagine themselves in his situation – not with their peer who has AIDS.

Ever watchful, ever worried, the friends create a running commentary on the man's state of mind and physical health:

> And when he was in the hospital, his spirits seemed to lighten, according to Donny. He seemed more cheerful than he had been in the last months, Ursula said, and the bad news seemed to come almost as a relief, according to Ira, as a truly unexpected blow, according to his friends, because his relation to Ira was so different from his relation to Quentin (this according to Quentin, who was proud of their friendship), and perhaps he thought Quentin wouldn't be undone by seeing him weep, but Ira insisted that couldn't be the reason he behaved so differently with each. (9)

What at first appears to be a discussion of the sick man’s state of mind proves far more revealing of the friends’. In a passage riddled with phrases of conjecture: “his spirits seemed to lighten,” “according to his friends,” “perhaps he thought,” “that couldn’t be the reason,” Sontag reveals that no one knows anything for sure, and that, close as they are, the gap between their own knowledge and that of their friend who is living AIDS is vast. So, fighting the constant impulse to turn away, they strive to watch and listen carefully, offering their interpretations and trying to convince themselves that the actual diagnosis, so terrifying that they cannot speak its name, is a positive turn.

Feeling little risk of contracting AIDS herself but mourning the many who have already or may become sick, Sontag, too, existed close to the edge, yet on the periphery nonetheless. It is an uncomfortable position but one that allows for an important perspective on the profound cultural shift that was taking place within American consciousness in the decade following the burgeoning of public awareness of AIDS in the mid-1980s. For Sontag, the emergence of AIDS in the United States sparked a renewed sense of urgency in her to address the dialogues and myths that shape public understandings of disease. Still resisting the common impulse to create metaphorical representations of illness because of her conviction that such tendencies conceal the truth, Sontag instead composes a symbolic story that captures the crisis of witnessing that America was facing. In her depiction of a community afraid to watch as one of its own becomes ill and dies to a condition whose name they are afraid to even name, yet unable to shirk off the responsibility of bearing witness to yet another AIDS-related death, Sontag forces her audience to face the epidemic through the eyes of those watching closely.

With their endless circles of talk, the friends in "The Way We Live Now" are constantly bringing each other back to AIDS, looking for some kind of reassurance while also deliberately retaining the uncomfortable immediacy of the crisis:

> It seemed that everyone was in touch with everyone else several times a week, checking in, I've never spent so many hours at a time on the phone, Stephen said to Kate, and when I'm exhausted after the two or three calls made to me, giving me the latest, instead of switching off the phone to give myself a respite I tap out the number of another friend or acquaintance, to pass on the news. (8)

The network of phone calls and conversations throughout Sontag's story serves as continual traumatic awakenings. In a reading of Freud's case of a man reliving his child's death through recurring nightmares of the fatal fire, Cathy Caruth discusses such awakenings. Each night the father awakens too late to save his child, with the words "'father can't you see I'm burning?'" still ringing in his head (102). While Lacan reads this as a story of the ethical responsibility, Caruth posits that the child speaks to the father not so he can save its life but so he can awaken and tell the child's story. It becomes his responsibility to bear witness so the death will not go unnoticed.

In a complementary take on awakenings, Ross Chambers examines the trope found often within literature of AIDS (and breast cancer as well[14]) of the ringing phone pulling one from sleep or from some mundane activity to announce the somewhat expected yet still disarming death (or diagnosis) of another friend. For Chambers the

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[14] We see the trope of the phone call functioning from a different perspective in Audre Lorde's *The Cancer Journals*, though nonetheless as an awakening bringing others into the immediate experience of breast cancer; Lorde recalls that, in response to her need for support, "The call went out," inspiring the creation of an ad hoc community.

midnight phone call – or, now, email message –, like the awakenings in the Freudian case, startles one out of the complacency or denial of daily life, back into forced recognition of a traumatic experience that has been temporarily set aside. For witnesses of trauma, such as Sontag's cluster of friends, the fact of life beyond that experience, however limited, leads to frequent moments of rest, even forgetfulness, that are shattered by the kind of phone call Kincaid receives early in *My Brother*. Yet rather than welcoming these passing respites, the characters in Sontag's story are largely afraid of slipping out of the heightened awareness required by bearing witness, bound by their ethical responsibility to watch. So they talk and they talk, calling each other even when there is no new information to be had, repeatedly awakening themselves and others to the reality of trauma. Frustrated by their inability to save their friend from AIDS, they are determined to tell the story, interrupting their few moments of respite by picking up the phone and placing call after call even when there is nothing new to record.

Mimicking the parallel cycle of awakening and forgetting that even the most conscientious among her audience experience in regards to AIDS, Sontag repeatedly pulls readers back into the moment of traumatic witnessing. As the text's focus shifts from one voice to another, readers follow along, never able to settle into the trajectory of a linear narrative of illness; Sontag leaves no space in her constantly shifting narrative for lapses in our attention. Indeed, Chambers proposes that witnessing texts themselves become wake-up calls, intermediaries that pull audiences out of complacency or denial and bring them to the uncomfortable knowledge of the inevitable repetition, or continuation, of trauma. In his central argument about testimonials, he claims:

> Their point, and occasionally their explicit burden, is rather that such an atrocity – the same or another – *can* always happen again…*That* is what we need to know and acknowledge – if only we can be awakened sufficiently from the effects of cultural Dalmane to take it in; *that* is why the untimely interventions of testimonials are needed, *again* and *again* and *again*. (xx)

Like Sontag's array of characters constantly pulling one another back into the witnessing moment, the repetition of AIDS testimonies, text after text documenting the same experience, draws readers out of its complacency. While Sontag is wary of the potential waning impact of telling "yet one more" testimonial of someone falling ill and fighting for his life, the power for Chambers is in that very repetition. Out of her resistance to writing another such AIDS narrative and because she of course cannot tell that first person story of AIDS anyway, Sontag recreates the reawakening process within a text of communal witnessing, documenting the realistic cacophony of many voices speaking to and against and over one another. Together their voices shape a narrative that reflects how the idea of AIDS circulates throughout their community and beyond, more than the particular story of one man's decline. The friends watch and speak and interrupt one another out of shared compassion, to be sure, but also with uncertainty about how to function simultaneously as individuals and as a community continually reawakening to the unrelenting epidemic in their midst and to the crisis of bearing witness.

The mediated text: the polyphony of communal witnessing

In a poignant scene toward the end of "The Way We Live Now," when the man with AIDS asks for a story or bit of gossip to entertain him, his friend cannot oblige, responding simply, "*you're* the story" (29). He is all they talk about and his life has taken on near-mythic proportions in representing the narrative of AIDS for them. How that story gets told is up to those watching: from a point of identification versus disidentification; revealing the complexity of conflicting truths or settling into an easier narrative; representing a community's worst fears or its silencing denial. We watch as they struggle through each of these alternate responses, unable to locate a stance they should, even must, take as witnesses. Sontag depicts a circle of allies, forced witnesses to AIDS as it were, in solid agreement on one point: that their friend must not be blamed, ostracized, hyper-sexualized, or submitted to any of the many damaging stereotypes of AIDS. The characters remind us that by the late 1980s AIDS had passed its most overtly stigmatized stage, rattling off the improvements: "People weren't afraid to visit [AIDS patients], it wasn't like the old days,…they're not even segregated in the hospital anymore,…there's nothing on the door of his room warning visitors of the possibility of contagion, as there was a few years ago" (10). And yet, still they grapple with difficult choices, time and again disagreeing over not only how to best support their friend but also surprisingly unsettling decisions like precisely how to watch as he falls ill.

One might think the body could be depended upon to provide the basis for an objective, truthful representation of AIDS and its progression, but the act of looking itself is fraught. In "The Way We Live Now," Sontag's group of allies, for all its efforts to support the sick man in their midst, does *not* look, unable both individually and collectively to acknowledge that they cannot save yet another friend as his health fails. These characters are so intent upon not reading the evidence on their friend's body that his body, like his name and his voice, is altogether absent from the text. Within the continuous dialogue, Sontag leaves no space for a narrative description of the man's body and the friends cannot agree in conversation on their perception of what is before them. The audience is kept distanced from the man, who after all functions more as an idea than an individual, because there is no embodied image within the text available for us, as readers, to see, and, in turn, to interpret.

The stark devastation wrought on some bodies may actually force well-meaning witnesses like this man's friends to turn away, preferring to leave space for an alternative narrative of hope in their silence. If they will not see the signs of AIDS on the body, then as readers we are left to speculate that perhaps there are none. Yet with the body, and the grounding it could provide for readers, glaringly absent from "The Way We Live Now," as readers, rather than holding out hope, we are never sure whether to trust the characters' assessments of their friend's health. It is as if a visual representation of the body would allow us to see something (but what?) for ourselves, either confirming or invalidating the speakers' integrity as witnesses. As the friends turn away from the body, offering opinions and observations on just about everything other than their friend's physical presence, they settle upon telling their own story of AIDS, the experience of living close to the edge yet of remaining unable to identify wholly with those at the center of the epidemic taking hold of their community.

For despite the insistence of the character mentioned above to her peer with AIDS, whose story it is remains very much undecided. In the layers of conversation, with information and comments passed around the group, a process of agencing, as Chambers calls it, takes hold, "through which messages must pass…when supposedly direct connections…are unavailable" (x). Sontag's story is replete with agencing – every shred of information it contains has been mediated through conversation and the passage of time. Indeed, our knowledge of the dying man at the center of the narrative has been so mediated that he is never given the chance to speak through the whole twenty-odd pages of text. Supporting her earlier claims about illness and metaphors, Sontag demonstrates in "The Way We Live Now" that it is through this very process of speaking about, even for, the traumatized that meaning gets made. Direct information is always impossible to convey across the divide separating the sick from his friends watching from the safety (even if impermanent) of their health – and so witnesses do the best they can. Yet personal fears, identifications, and preconceptions shape what, how, even whether, they are able to see and record. Chambers asserts that agencing and mediation are necessary, functional elements of discourses of extremity precisely because characters and audiences alike are so prone to forget or "blot out" knowledge experienced through direct communication (x). Sontag's audience's mediated experience of AIDS, through the friends bearing witness and constantly stirred back to a state of wakefulness, closely mimics both the difficulty of transmitting trauma and the reality of turning away from such knowledge.

In a telling passage from the end of "The Way We Live Now," Sontag reveals that the dying man at the center of her narrative had been keeping a journal, becoming his own witness but remaining silent in his refusal to allow anyone to read it. When one friend manages to sneak a look at the end of the text when the man's health is rapidly deteriorating, she "was horrified, according to Greg, not by anything she read but by a progressive change in his handwriting: in the recent pages, it was becoming spidery, less legible, and some lines of script wandered and tilted about the page" (30). This visual clue impossible to misread is one he kept hidden from everyone but himself, but once the journal's secret contents have been divulged, friends who had earlier refused to acknowledge the physical decline of their friend's body can no longer ignore the decline marked by the illegible penmanship. In a mirroring between the man's failing health and his loss of the ability to write, the evidence that the friends refused to see of AIDS' toll on his body is impossible to misread in the illegibility of his journal entry.

Yet the presence of the diary, unreadable as it is, marks that the man is still alive, still speaking. The specific words on the page do not matter; they have done their job in staking out that the man indeed has a voice. The irony, of course, is that the friends who are itching to see the contents of the AIDS diary could go directly to the source, the man still living, to learn what it is they think they need to know. In providing a slight remove from the event, a diary allows its reader to distill and make sense of information that is unbearable or difficult to discern in the moment. While no one can read the words of this diary, obscured as they are by the toll of illness, its presence bears that the man has something to say that is not being and has not been heard. The endless chatter in "The Way We Live Now," always stemming from what "he said" and branching out into webs of circular conversation, is too much. The friends, yearning for the kind of answers and meaning they cannot find in talking amongst themselves, hope the dying man, in offering up his observations in writing (about what? life? dying? *them*?), might have something more permanent than his passing flesh that they can hold onto. Yet that too proves elusive.

Earlier in Sontag's story, word had gotten around that the man had begun writing about his illness because he wanted "to do something parallel to what the doctors were doing" in writing notes in his chart each day.

> Perhaps it wasn't so important what he wrote in it, which amounted, he said wryly to Quentin, to little more than the banalities about terror and amazement that this was happening to him, to him also, plus the usual remorseful assessments of his past life, his pardonable superficialities, capped by resolves to live better, more deeply, more in touch with his work and his friends, and not to care so passionately about what people thought of him, interspersed with admonitions to himself that in this situation his will to live counted more than anything else and that if he really wanted to live, and trusted life, and liked himself well enough…, he *would* live, he would be an exception. (14)

Offering an alternate account of his life than the one his doctors are creating, the man sets out to write a very ordinary journal, marked by "banalities" and "the usual," though he holds out hope for an exceptional ending. AIDS has such a firm hold on his larger community that terror now qualifies as banal and remorse has taken on a sophomoric quality. Like Ross Chambers's take on the recurring nature of trauma, as event that happens *again* and *again* and *again*, this man understands how completely his life has reversed direction in imagining a cure as an exceptional ending. Dying is what is to be expected. He readily admits no expectations of having any new insights on that process. Ironically, he anticipates what will be considered an ordinary death to what just a few years earlier was regarded as an extraordinary health condition.

Troubled identifications: mediations between the well and the sick

Sontag puts her readers in front row seats as the myths surrounding AIDS take shape, using the technique of mediation to represent involuntary witnesses wanting to turn away but unable to resist the urge to talk and make meaning out of the latest health crisis. Her title claims that this is the way we live now, obsessed with bearing witness and creating meaning out of illness. Even if not all Americans feel close to the edge, the twenty pages or so of continuous dialogue by this group of city folks living in the epicenter of AIDS in the ‘80s represents a crystallized version of the national response to the disease. The “we” of the title – the friends, Americans in general – bear witness from the periphery, set firmly against the “they” with AIDS. As intimately bound to the man with AIDS as they are, these well-intentioned peers ultimately remain removed from him, so that their story leaves no room for his voice, his body, or his unmediated experience of illness.

Sontag’s tight-knit circle yearns to reach some kind of elusive narrative resolution. The endless network of phone calls demonstrates that as conversations go around and around, new meanings begin to emerge based solely on the most persistent fears and desires. Within the space of a few conversations, the terror of diagnosis that at-risk Americans lived with is handily transformed into the imagined relief of knowing for sure, providing a modicum of comfort for the concerned witnesses unwilling or unable to acknowledge the fear, panic, despair or any other powerful emotions that may be taking hold of their friend. Likewise, alarm in the ‘80s created a national discourse focused on finding answers – not necessarily a cure that would help those with HIV or AIDS, but information that would calm the imaginations of the panicked general public, set upon creating boundaries between us and them

In identifying – and alternately refusing to identify – with each others’ fears, the friends in this narrative are testifying to the havoc AIDS has wreaked on their lives.

Obstinate (if not always successful) in their frightened unwillingness to imagine themselves as the one with the AIDS diagnosis, many of the characters given voice by Sontag congratulate themselves on their concern while chastising their peers who are negligent. It is the comfort provided by their self-perceived distance from AIDS that enables them to be most compassionate as friends. But as disability theorist Rosemarie Garland-Thomson claims in her work on the disabled or sick as a threatening presence, "the disabled figure in cultural discourse assures the rest of the citizenry of who they are while arousing their suspicions about who they could become" (*Extraordinary*, 41). Nowhere is this fear regarding the impermanence of one's health more palpable than in AIDS discourse from the 1980s, when the unknown contagion of the HIV virus created an atmosphere of near panic, even within close-knit communities. By struggling to outdo one another in attending to their friend's every need, Sontag's characters are asserting themselves as reeking of health, unsusceptible as witnesses and caregivers to the threat of AIDS.

At least one character, Quentin, is savvy enough to realize that if they were able to admit that AIDS might be in their futures, that they might soon be the same as this man they are watching, perhaps they would not be so pleased with their good works.

> But don't you think, Quentin observed to Max, that being as close to him as we are, making time to drop by the hospital every day, is a way of our trying to define ourselves more firmly and irrevocably as the well, those who aren't ill, who aren't going to fall ill, as if what's happened to him couldn't happen to us, when in fact the chances are that before long one of

> us will end up where he is, which is probably what he felt when he was one of the cohort visiting Zack in the spring. (16)

As AIDS melts away the seemingly solid boundary between illness and health, witnessed and witness, Sontag's characters fumble to place themselves on one side of the divide, striving for perfection as friends, as visitors. They become invulnerable in their role as witnesses. And yet how quickly this man moved from his relative comfort as mere spectator, paying a visit to a friend in the hospital, to the spectacle, the one in need of a visit. We are told that the man himself knew how slippery that line was and struggled to maintain his footing in the realm of the healthy. We learn that "he hated hospitals" and only visited Zack the one time, keeping his distance (16). Quentin implies that it is those who truly feel at risk who may turn out to be the most unreliable friends, kept away by a frightening recognition of themselves in the face of the man in the hospital bed.

The conversation ends with the unexpected identification of one of the friends with the main character's vulnerability: "Oh, he was one of those, Aileen said. A coward. Like me" (16). Although Aileen at first instinctively separates herself from his failure as a friend by saying "one of those" rather than "one of us," she quickly edits herself by adding "like me," recognizing herself in his behavior, condemning – and simultaneously creating sympathy for – both of them. It is in moments of identification like these that Sontag's cluster of friends living close to AIDS stand apart from popular discourse portrayed and perpetuated by the media, when the "we" of the story departs most dramatically from the "we" of America in general. Sontag keeps these spaces of identification open in her narrative, demonstrating how empathy, rather than judgment or intolerance, can arise out of moments of fear.

Indeed, it is interesting that it is a woman, Aileen, who relates to the man's cowardice because elsewhere in the story identification breaks down along known risk categories, with the men (presumably gay men) feeling more vulnerable, more like their sick friend, even from their accepted position of health. In fact, these identity distinctions, which have become a matter of life and death, are a source of palpable tension between the men and women in the narrative, most notably in an episode that begins with Quentin speaking to Ellen:

> It's not the same for you, Quentin insisted, it's not the same for you as it is for me or Lewis or Frank or Paolo or Max, I'm more and more frightened, and I have every reason to be. I don't think about whether I'm at risk or not, said Hilda, I know that I was afraid to know someone with the disease, afraid of what I'd see, what I'd feel, and after the first day I came to the hospital I felt so relieved. I'll never feel that way, that fear, again; he doesn't seem different from me. He's not, Quentin said. (19-20)

Hilda expects to witness something unrecognizable, even alien, in the hospital, and this possibility frightens her. When she sees that her friend is not disfigured, but is in some way distinguishable as the man she knows, she can still identify with him as his friend. Sontag provides no visual image of the body with AIDS for her readers – and like Hilda we depend upon our imaginations, fueled by images from the media and other sources certainly, to fill in the blanks. The man with AIDS turns out not to be a monster, or the skeletal remains of life, or whatever else we might be expecting. Hilda's fear ends in the hospital, but for the men Quentin listed, their fear begins there, when confronted with the reality of a fate they may eventually share. Their terror is not of being unable to identify with AIDS, but their inability *not* to.

The look of health: identifications across the failing body

Whether they are identifying with the man or with the illness, Sontag's characters rely upon their friend to remain the picture of health. If he turns into the image of AIDS that Hilda had internalized she may no longer be able to recognize her friend beneath the illness, and for Quentin and other men reading their futures in their friend's body, they need him to be the one who does not die, the exception. And so, in their insistence on identifying with their friend, the members of this community find that their friend remains remarkably recognizable as what he was, even after a prolonged hospitalization that surely has taken its toll. Instead, his most frequent visitors resist pinpointing what, if anything, has changed:

> he started asking everyone who visited how he looked, and everyone said he looked great, so much better than a few weeks ago, which didn't jibe with what anyone had told him at the time; but then it was getting harder and harder to know how he looked, to answer such question honestly when among themselves they wanted to be honest, both for honesty's sake and (as Danny thought) to prepare for the worst, because he'd been looking like *this* for so long, at least it seemed so long, that it was as if he'd always been like this, how did he look before, but it was only a few months, and those words, pale and wan-looking and fragile, hadn't they always applied? (21-22)

Visual cues quickly become unstable even for his friends. They search his face, his body, for signs of recovery or illness yet are unsure what is new and what was already there, what should be cause for concern and what should be celebrated.

The friends' charitable reports regarding his appearance begin to blur their sense of reality, as their own stake in his health and their friendship makes it difficult to read his body. Rosemarie Garland-Thomson posits that "because staring at disability is considered illicit looking, the disabled body is at once the to-be-looked-at and not-to-be-looked-at" (Disability 57). The intensity of the stare, directed at someone "aberrant" such as the sick or dying, immediately reduces one to one's status as different (Disability 56). Well trained in the niceties of not staring and unwilling to turn their friend into spectacle as AIDS patient, Sontag's compassionate characters avert their potentially objectifying gaze and reaffirm their identification.

In the infrequent moments when they do allow themselves to look, the friends' observations are conflicted, marked by their struggle to understand what it is they are seeing: "His eyes looked dull, extinguished, Wesley said to Xavier, but Betsy said his face, not just his eyes, looked soulful, warm; whatever is there, said Kate, I've never been so aware of his eyes; and Stephen said, I'm afraid of what my eyes show, the way I watch him, with too much intensity, or a phony kind of casualness, said Victor" (28). Searching his eyes for some kind of sign or meaning, the group becomes conscious of what their own eyes may reveal. As friends, they try to mask their responses to the horror of AIDS, but more often than not, they choose not to take in yet another distressing image. As witnesses then they are not terribly reliable or trustworthy, unwilling to remember whether he looks better this week than last. Everyone wants him to be well so that is the evidence they look for on his body. They have transformed their visual memory of him when he was healthy to include "pale, wan-looking and fragile" – but would they really have ever used those words to describe a man without AIDS?

Physical health and visual appearances are inextricably bound together here. Even the sick man feels the impulse to use his appearance as an indicator of his well being, asking others to read his body for him. It is as if he believes his friends know how he is doing better than he does. As if he cannot trust his own observations, or he cannot separate out his intimate experience of illness from his perception of his body. Alternatively, if the interpretation his friends make as outside witnesses is not more accurate, then it may be less frightening. Perhaps he can trust his friends' compassionate blindness, relying on their unwillingness to see decline marked on his body even if illness has taken its toll.

Everyone remains acutely, yet silently, aware of the secrets that the body hides beneath its surface. The community of friends becomes complicit in allowing itself to be duped by the look of health, or, more accurately, the absence of betraying signs.

> And one Thursday Ellen, meeting Lewis at the door of the building, said, as they rode up together in the elevator, how is he really? But you see how he is, Lewis said tartly, he's fine, he's perfectly healthy and Ellen understood that of course Lewis didn't think he was perfectly healthy but that he wasn't worse, and that was true, but wasn't it, well, almost heartless to talk like that. (22)

What is acceptable to speak about is a constant trouble for the characters in Sontag's story, particularly among a group that cannot bring itself to utter the word "AIDS." If these close friends allow themselves to be blinded by the absence of betraying signs and in turn pass their false optimism on to the man with AIDS, then Sontag's text raises the important question of who is willing to confront the truth – or at least search for the truth – about the disease.

The push and pull of identifications within a circle of friends desperate to remain removed from the threat of AIDS yet eager to be compassionate convey the competing impulses in those bearing witness to AIDS in the late 1980s. With the narrative focus removed from the personal experience, "The Way We Live Now" expresses the difficulty of positioning oneself as witness in relation to an epidemic that is striking one's own community. Sontag demonstrates the conflicted responses of the witnessing community as critical in shaping understandings of AIDS. Meaning gets made in the simultaneously intimate and communal space between compassion and fear, in the seemingly endless rounds of conversation between terrified friends adjusting quickly and uncomfortably to the way we live now. With a community's voices filling the pages of her allegorical account of one man falling ill to AIDS, Sontag creates a text that mediates the direct experience of the epidemic, in which the symbolic sick man around whom everyone has gathered functions as the missing center of the story precisely because his otherwise attentive friends have rendered him absent. They push away, refusing to see the signs of AIDS written on the body before them, unable to hear the story he wants to tell, and ultimately, are left with the impossible task of bearing witness to a condition they cannot know. And yet again and again they return, afraid to put down the telephone or forgo the hospital visit, anxious not to succumb, even momentarily, to the cultural complacency and amnesia that they so abhor.

Jamaica Kincaid's *My Brother*: confronting the past through the brother's body

It is the strength of the community represented by Susan Sontag that complicates the act of bearing witness for her characters as they hold onto former identifications with their friend even as he moves further and further from their own realm of knowledge. In staking claim to their commonalities, they resist seeing the advancing mark of AIDS on his body. Within Jamaica Kincaid's 1997 memoir *My Brother*, the problem of a shared past emerges in very different ways to trouble the work of watching AIDS take a loved one's life. In a text that has a dual purpose of mourning the lost opportunities of her newly deceased brother's life and of belatedly (and continually) mourning the long ago loss of her familial home in Antigua, Kincaid juggles her alternating identifications and disidentifications that emerge from the fact of their shared heritage while also composing an AIDS testimony from across a vast cultural divide.

While Kincaid composes a singular account – of one woman, the author, bearing witness to her brother's death – many of the questions and difficulties present in Sontag's story remain: how to bear witness from an outside position (in this case from many miles away); how to identify with and across AIDS; and, what to do about the body. Further, despite the particularities of Kincaid's text, the (non)eponymous man at the center of the story, as in "The Way We Live Now," remains peculiarly unnamed and silent for most of the text. In Sontag's allegorical narrative such an omission works to make the story more representative of the way a common "we" lives in the midst of an epidemic, but within the memoir form chosen by Kincaid it is indeed unexpected. Yet the silences persist, across genre and the span of a decade.

What we come to learn over the course of the memoir is that Kincaid has an unusually distant relationship with her brother: she left her family home in Antigua for the United States many years before when he was only three and she was sixteen, escaping the grip of her dominant mother and the increasing responsibilities expected of her as a teenager caring for her three younger brothers. If anything, the birth of the youngest child – the brother who later dies of AIDS –, as remembered in the opening pages of the book, marked a profound shift in Kincaid's life. Though the family had not planned for and could not afford this third son (and Kincaid implies her mother repeatedly tried to abort him), Kincaid's mother is fiercely protective of her most vulnerable child, saving him from an attack of red ants when he was barely a day old. Such protections were not extended to Kincaid, as the oldest and only female child, and she recalls the explosive tension in the household between her love of reading and learning and her mother's expectations for her regarding the family.

Indeed, in one pivotal incident so traumatic that Kincaid repressed its memory for many years, her mother left her with her then two-year-old brother for the day, only to return to an untended toddler wearing a diaper sagging from its heavy load. Kincaid, immersed in a book for the day, had altogether forgotten her little charge. In a burst of rage, Kincaid's mother searched the house for her disappointing daughter's many stashed-away books:

> and in all those places she found my books, the things that had come between me and the smooth flow of her life, her many children that she could not support, that she and her husband (the man not my own father) could not support, and in this fury, which she was conscious of then but

> cannot now remember, but which to her regret I can, she gathered all the books of mine she could find, and placing them on her stone heap…, she doused them with kerosene (oil from the kerosene lamp by the light of which I used to strain my eyes reading some of the books I was about to lose) and then set fire to them. (133-134)

Setting into motion Kincaid's resolve to leave Antigua with the torching of the beloved books, the mother solidified her daughter's lifelong perceived opposition between the freedom attained through literature and learning and the confinement on her selfhood imposed by her family in Antigua. Making her escape to the United States a year after this episode to pursue life as a writer, Kincaid does not see her brother again for nearly two decades, by which time he is well out of diapers and seemingly no longer in need of her care. It was during this first visit home to Antigua that, while coming to recognize the stifled creativity festering without an outlet within her brother, she witnessed firsthand the freewheeling, highly sexual lifestyle that he had adopted as a bachelor still living in his mother's home, and he laughed at her uninvited advice that he protect himself from AIDS.

So the somewhat expected call a few years later, not from Kincaid's mother with whom Kincaid was not speaking, but from a friend, announcing the brother's diagnosis precipitates another return to Antigua. This time it is to see her brother as he is dying and to try, belatedly, to come to understand his life. Frustrated by her inability to know the person her brother is, she turns to his body as the conveyor of so many layers of loss – the impending loss of his life, the loss of his future, and the loss of their relationship to be sure, but also the loss for Kincaid of her own past. She perceives her brother's body to provide a direct connection with the person her brother is, a way around the always circuitously unreliable communications within her family. Within the physicality of her brother's failing body, Kincaid searches for some truth, inscribed by the marks of AIDS in his flesh, about his life – and, by extension, her own. Not only do we come to learn that the body is woefully inadequate in telling the story of her brother's life, but Kincaid's focus on that body, as sick, ultimately becomes yet another means of distancing herself, as healthy and unmarked, from her dying brother. Indeed the body foregrounded within Kincaid's text, rather than providing a means of connection, comes to designate all that is different between Kincaid and her brother, between her present life and the one she left behind in Antigua.

Seeing is believing: the body as evidence

In its biographical function of telling the story of a man's death of AIDS, *My Brother* is told indirectly, unable to assert the facts of that life. All information is mediated, just as in Sontag's "The Way We Live Now," passed from one to another, beginning with the overseas call from the friend of the mother about the brother, in which that friend refuses to convey the AIDS diagnosis herself, but instead directs Kincaid to make another call. As Ross Chambers so aptly explains, "Discourses of extremity inevitably rely on agencing. They come in foreign languages, are recorded on answering machines, depend upon the intermediary of a friend who cannot speak their true content" (x). More extreme even than Sontag's group of friends ten years earlier talking around the subject of AIDS without ever naming it, the intermediary who calls Kincaid indeed cannot even hint at the content of the mother's message, but Kincaid intuits what is wrong from that very refusal to speak. AIDS, as a shameful, hopeless condition in

Antigua, is utterly unspeakable. Indeed, even in the mid 1990s it remains a death sentence there.

In contrast to the changing attitudes reflected in Sontag's story towards AIDS in the United States in the late 1980s, Kincaid offers a startlingly different description of the conditions under which her brother is suffering alone a decade later in Antigua:

> In the hospital they place patients suffering from this disease in rooms by themselves…It was a dirty room. The linoleum floor was stained with rust marks; it needed scrubbing...The walls of the room were dirty, the blades of the ceiling fan were dirty, and when it was turned on, sometimes pieces of dust would become dislodged. This was not a good thing for someone who had trouble breathing. He had trouble breathing. (21-22)

Medicine is in short supply in Antigua, with no protease inhibitors available at all – the consensus that there is no point wasting precious resources on the dying. And the widespread fear of AIDS leaves those afflicted horribly ostracized, with no visitors aside from family venturing into their hospital rooms. Indeed, it is telling that, paralleling the continued silence of Sontag's characters, Kincaid leaves AIDS unnamed in her description above, reflecting the disease's stigma even within medical settings in Antigua. After one brief visit from his friends, in which they come to confirm that he does in fact have AIDS and thus write him off as dead, the only person left to care for Kincaid's brother is their mother – and, ironically given her adolescent resistance to the work of caretaking, Kincaid herself, when she comes from the U.S., bearing AZT and other drugs that she has asked physician friends to prescribe.

Denial of AIDS runs rampant in Antigua – from the general public's refusal to see those who are suffering, to the inability of someone like Kincaid's brother to admit, first, that he is at risk, and, later, that he is sick. His denial is so deep that he never can bring himself to utter the word "AIDS," repeatedly calling it simply the "chupidness" (stupidness). This refusal to speak truthfully creates a distance between Kincaid and her brother that is compounded by their literal inability to understand one another across their current cultural and linguistic divide: "I had lived away from my home for so long that I no longer understood readily the kind of English he spoke and always had to have him repeat himself to me; and I no longer spoke the kind of English he spoke, and when I said anything to him, he would look at me and sometimes laugh at me outright. You talk funny, he said" (18). But just as the brother resists talking with his sister, afraid to understand or be understood, Kincaid fails to extend the effort to communicate with him.

Despite her repeated textual comments about her desire to understand her brother, Kincaid only rarely includes snips of conversations with him in the book written as memoir to him. In those moments when she does include his words, they are always inserted in parentheses after her own paraphrases and are inflected with the local accent, which she has effectively already translated for her readers. The first instance of this occurs just a few pages into the memoir, when Kincaid has returned to Antigua after learning of her brother's illness. In the hospital, she observes his body until he awakes: "When he opened his eyes and saw me, he made the *truups* sound (this is done by placing the teeth together while pushing out both lips and sucking in air with force all at once). He said he did not think I would come to see him ("Me hear you a come but me no tink you a come fo' true")" (9). The brother's words are included like local color, added to give readers a glimpse of his speech patterns while subtly but firmly distancing us from him on that most immediate level of his voice. He comes across as foreign and unintelligible, and Kincaid's words frame his in such a way that as readers we feel almost thankful that she has provided the key to his incomprehensible speech. In effect, we are left thinking that it is no wonder she has a hard time talking to him, momentarily forgetting that this is Kincaid's *brother*, whose voice should not sound alien but should resonate of home and belonging for her. In fact, her act of translation directly belies Kincaid's statement that she can no longer understand the kind of language her brother speaks. Nonetheless, she sets up this voice as yet another barrier, another layer of mediation, to her ability to comprehend and empathize.

So Kincaid turns to his body as her one reliable, seemingly unmediated source of information. The opening line of the book in which Kincaid claims that her brother "was said to be dying of AIDS" reveals her suspicion and her need to see for herself before she would be convinced of the mediated diagnosis her mother had passed onto her (3). After seeing his failing body though, she subtly concedes that the reports are correct:

> When I saw my brother lying in the hospital bed, dying of this disease, his eyes were closed, he was asleep; his hands were resting on his chest, one on top of the other, just under his chin in that pious pose of the dead, but he was not dead then. His skin was a deep black color, I noticed that, and I thought perhaps I noticed that because I live in a place where no one is of his complexion, except for me, and I am not really of his complexion…His lips were scarlet and covered with small sores that had a golden crust. (9)

These things – black skin, bright lips, the sores of thrush – become the signs for Kincaid of the extreme depth of AIDS, the gauge by which she measures him for the remainder of his life. First identifying and then contrasting him both with herself ("I am not really of his complexion") and with the dead ("but he was not dead"), she alone carves out an intermediary space for him, in which he has AIDS but is still alive, when everyone else has given him up for dead.

In contrast to the parenthetical inclusions of her brother's voice, repeated descriptions of his body merit lengthy passages within Kincaid's text. She keeps close account of his outward symptoms:

> When I first saw him, his entire mouth and tongue, all the way to the back of the inside of mouth, down his gullet was paved with a white coat of thrush. He had a small sore near his tonsil, I could see it when he opened his mouth wide, something he did with great effort…When he ate porridge or drank the fortified liquid food supplement that my mother had brought for him, he had to make such an effort, it was as if he were lifting tons upon tons of cargo. A look of agony would come into his eyes. (15-16)

In his silence, Kincaid focuses in on what she can see, turning to simile ("as if he were lifting tons") when concrete descriptors evade her.[15] Because she has so attentively noted the extent of his decline, Kincaid immediately understands the significance when, after going on the AZT she has flown in from the States, he begins to "look better," even gaining one monumental pound. Soon, in an unprecedented, anomalous recovery, she states that "he did not look like someone who had AIDS" and he is well enough to leave

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[15] For a discussion on the impossibility of understanding or articulating another's pain and the requisite turn to simile in such moments, see Elaine Scarry's *The Body in Pain*.

the hospital (52). Over the course of many months, he resumes his life, talking of finding a job and, to Kincaid's horror, of starting a family.

But the improvements do not last. Kincaid, back home in Vermont, receives another phone call, this time from an old friend, who bears the bad news. Kincaid recognizes the signs:

> She said his hair had gotten very thin. She said his lips had gotten red again. When I first saw him in the hospital, lying there almost dead, his lips were scarlet red, as if layers and layers of skin had been removed and only one last layer remained, holding in place the dangerous fluid that was his blood. His face was sharp like a carving, like an image embossed in an emblem, a face full of deep suffering, beyond regrets or pleadings for a second chance. It was the face of someone who lived in extremes, sometimes a saint, sometimes a sinner. (83).

Even overseas, Kincaid cannot escape the burden and responsibility of bearing witness. Her friend brings her back to Antigua, once again through the agencing of a phone call. Like the phone calls in Sontag's story, this one brings Kincaid back to the work of witnessing trauma. She pictures the body her friend describes, returning to her first look at him in the hospital. She again turns to simile, and then adds meaning to the recurring physical signs, relying on them to reflect who her brother is and how he has lived. By the next page of the book, as we all expect as readers, having learned to read the body along with Kincaid, the brother is dead.

Deflecting the stare: the brother responds

On Kincaid's first visit home, her mother tells her about a troublesome sore she had seen on her son's penis. He rebukes his mother's concerns about it, and after that she remains silent. Kincaid herself has not seen this sore, so after an early mention it does not figure into her checklist of symptoms. But this is not to say she does not know of the ravaging effects of AIDS on genitalia, for she has been to an explicit lecture, accompanied by a graphic slide show, on sexually transmitted diseases by the one AIDS advocate in Antigua:

> The pictures were amazing. There were penises that looked like ladyfingers left in the oven too long and with a bite taken out of them that revealed a jam-filled center. There were labias covered with thick blue crusts, or black crusts, or crusts that were iridescent. There were breasts with large parts missing, eaten away, not from a large bite taken at once but nibbled, as if by an animal in a state of high enjoyment, each morsel savored for maximum pleasure (37).

Kincaid is so disarmed by the images that she cannot focus on any other information Dr. Ramsey shares. The doctor is speaking but the images stand alone; no other communication is possible. In this moment of extreme imagery, the regular precision of Kincaid's descriptions, always marked by the compiling clauses and parenthetical comments meant to clarify meaning, gives way to vivid metaphors. In an unusual turn from her usual linguist precision, Kincaid refuses to find the language to describe the disfigured penises and labias and breasts she is seeing. Rather than staying with these images long enough to find precise descriptions, she gives way to horrifying but evasive imagery, turning away from the photos before her.

A similar process of distancing and turning away is happening in Kincaid's relationship with her brother, even – or especially – in those moments when she seems most tuned into the state of his health. She initially turns to his body as an unmediated source of information when they have difficulty speaking with one another. But, the above description raises the question of whether there is a point at which her brother is trying to communicate, but Kincaid is so tuned into the horrors written on his body that she can neither see nor hear. Is there a point at which his body, in its extremity, is too much and begins to get in the way?

In a crucial scene two months before his death, the last time Kincaid sees her brother alive in fact, he turns to his body as evidence of something utterly unspeakable. Sensing his sister's unrelenting gaze as he lay sleeping, he interrupts her stare:

> I stood looking at him for a long time before he realized I was there. And then when he did, he suddenly threw the sheets away from himself, tore his pajama bottoms away from his waist, revealing his penis, and then he grabbed his penis in his hand and held it up, and his penis looked like a bruised flower that had been cut short on the stem; it was covered with sores and on the sores was a white substance, almost creamy, almost floury, a fungus. When he grabbed his penis in his hand, he suddenly pointed it at me, a sort of thrusting gesture, and he said in a voice that was full of deep panic and deep fear, "Jamaica, look at this, just look at this." Everything about this one gesture was disorienting; what to do, what to say; to see my brother's grown-up-man penis, and to see his penis looking like that, to see him no longer able to understand that perhaps he shouldn't

> just show me – his sister – without preparing me to see his penis. I did not want to see his penis; at that moment I did not want to see any penis at all. (90-91)

Kincaid had never tried to see or monitor the sore penis her mother told her she worried about. She selected her own set of more public, perhaps less troubling signs to use as her gauge of her brother's health. Resonant of her adolescent refusal to change her brother's diaper, she is not interested in the kind of caretaking her mother engages in and looks to his body as evidence of something larger (his general health, his state of being, his life) not as something to be touched or tended to. She delivers her care through medicine and funds for supplies, not through the intimacy of her own hands.

In this scene, Kincaid's brother catches her looking and takes control, showing her what he believes she needs to see to understand the depth of his pain. In contrast to Sontag's characters' resistance to staring, Kincaid has engaged in a violent kind of witnessing throughout her brother's illness. Rosemarie Garland-Thomson explains the impact of being the object of the stare: "the stare sculpts the disabled subject into a grotesque spectacle…the stare is the gesture that creates disability as an oppressive social relationship. And as every person with a visible disability knows intimately, managing, deflecting, resisting, or renouncing that stare is part of the daily business of life" (Extraordinary 26). In the act of staring, Kincaid is asserting her difference from her brother, looking at his body as alien, a passive object to be comprehended and made sense of. And for the first time, in the final encounter between brother and sister, the sick man meets that stare and challenges his sister, the woman he surely knows is recording his life as she has written their family history so many times before, to look at something he needs to show her. He cannot find words to express his agony beyond the imperative to “look at this,” but the soft wounded flesh of his penis stands in for what he needs to convey. In keeping with a lifetime of making sexually explicit gestures and advances toward women (and, ironically, of being the one who stares), he relies upon his body to articulate a wordless plea. Kincaid feels assaulted by his gesture, repeating the word “penis” over and over in the passage to reflect its offensive presence. When her brother is finally able to speak, she cannot hear what he has to say, distracted by his penis as she is. We know from her vivid description that she looks, transfixed by the spectacle of her brother’s penis. But as with the disturbing slides Dr. Ramsey showed her before, she cannot directly see the body before her, turning to metaphor when more direct descriptors escape her. Confronted with her brother’s deepest pain, she does not want to see.

Whose story? mourning lost lives

Kincaid’s desire to turn away from the rawness of her brother’s expression raises the question of to what degree this book is about the brother, and to what degree it is really about Jamaica Kincaid and her confrontation with her past, as represented by her dying brother. Critic Leigh Gilmore claims that *My Brother* is part of the serial autobiography that Kincaid has been writing her entire career, in which she is able “to take multiple runs at self-representation” (103). In *My Brother*, Gilmore argues, Kincaid continually returns to the question of whether she loves her youngest brother, the sibling whose birth set into motion her family’s financial decline and Kincaid’s conflicted relationship with her mother. As Kincaid watches her brother’s struggle against AIDS, she is catapulted, literally and figuratively, back to the site of her childhood trauma, back to the home where her mother burned her books when she neglected to care for her youngest brother and soon after removed her from school.

Despite her unsettled feelings toward him, Kincaid identifies with her brother as the one who did not escape, as she herself did, who remained in his mother's home and thus never found himself. As such, Kincaid continually wonders who her brother might have been, how his life might (or might not have) paralleled her own had he ever left home. And, conversely, she imagines the course her life might have run. Instead of viewing her brother's body as representing something she might eventually become, which disability theorists argue is the general tendency for regarding the physically disabled and sick, as is borne out in "The Way We Live Now," Kincaid looks at her brother and thinks about how she might have ended up like him, dying young and unfulfilled, had she stayed in Antigua. Rather than reflecting her potential future, he is the image of a past she consciously escaped. But Kincaid speculates about these possibilities, unsure to the end of who her brother is and how his identity and desires actually depart from hers. Despite a strong sense of his creative soul, linked to her in his need to express himself through artistic means (as a gardener, as a musician), she ultimately does not know what it is he wanted to say.

Upon his death, the loss of ever gaining this knowledge, and of his potential as a person, is profoundly unsettling. In a last, futile attempt to gain insight from her brother's now dead body, Kincaid asks the undertaker to leave his corpse untouched until she can view it. After a prolonged description of the sturdy plastic body bag and the zipper that opens to reveal her brother, Kincaid confronts the body before her:

> He looked as if he had been deliberately drained of all fluids, as if his flesh had been liquefied and that, too, drained out. He did not look like my brother, he did not look like the body of my brother, but that was what he was all the same, my brother who had died, and all that remained of him was lying in a plastic bag of good quality. His hair was uncombed, his face was unshaven, his eyes were wide-open, and his mouth was wide-open, too, and the open eyes and the open mouth made it seem as if he was looking at something in the far distance, something horrifying coming toward him, and that he was screaming, the sound of the scream silent now (but it had never been heard). (178-9)

Kincaid's brother never does scream out in protest or horror or rage at his life, at the death sentence of AIDS, but thrusting his sore penis upon his sister, when she did not ask to see it, surely was his silent scream, his desperate attempt to find empathy from the one most interested in viewing his body. Kincaid resisted seeing her brother's penis then, put off by his aggressive response to her stare and not knowing how to understand the message he was sharing. Indeed, in spite of her reliance on his body as a conveyor of information, it never occurs to Kincaid that her brother was using his body in a like manner, to communicate with her. Only in death is she able to acknowledge his silenced voice, reading a scream onto his corpse. Yet she does not recognize what she is seeing here, claiming that the corpse does not look like her brother. Unable to muster up the courage to scream in life, his sister, even as she imagines the sound emanating from his still body, cannot recognize her brother beneath that unvoiced protest.

The question remains, who was her brother? Even their mother is unsure, later echoing her daughter at the funeral in her insistence that the now cleaned-up body in the casket does not look like her son. Both mother and daughter are looking for the man they knew, the man who existed in relation to their lives. It is telling that throughout most of the book, Kincaid refers to the man at the center of the story namelessly, simply as "my brother." Exactly midway, through the voice of Kincaid's husband, we learn that "'Dalma just called. Devon died'" (99). His name is Devon, and in death he exists outside of Kincaid, as more than her brother. It is at this point that *My Brother* as memoir, takes a turn from the autobiographical function of revisiting and mourning Kincaid's childhood that Leigh Gilmore writes of, to the story of Devon, the man whose life was cut short by AIDS. For in death, Kincaid's and Devon's stories irreversibly part ways: Devon becomes more than just the brother so like Kincaid who stayed (but so unlike her precisely *because* he stayed), the one who represents Kincaid's past, the stifling life she left behind, the life she might have ended up with but never would have because she is, after all, not Devon. And Kincaid is able to move from mourning her own past to mourning the loss of her brother.

After Devon's death and after the funeral, when Kincaid is no longer studying Devon's body for clues about his life and his connection to her, she learns an obvious truth that had escaped her all along. Seeing a familiar-looking woman from Antigua at a book reading in Chicago, Kincaid learns that her brother – a man known for his obscene sexual overtures toward women, even as he was dying – had been living a closeted life as a gay man in intensely homophobic Antigua. This woman had opened her home to gay men every Sunday, and Devon had been a regular visitor, seeking out the place of refuge she had created for them.

The knowledge of Devon's hidden life, indicated but unexplored in her early parenthetical presumption of her brother's heterosexuality when she first learned of his diagnosis, is the ultimate loss for Kincaid, and it changes the course of her memoir:

> A great sadness overcame me, and the source of the sadness was the deep feeling I had always had about him: that he died without ever understanding or knowing, or being able to let the world in which he lived know, who he was; that who he really was – not a single sense of identity but all the complexities of who he was – he could not express fully. (162)

Turning away from her own persistent childhood resentments and sense of unfulfillment, Kincaid now mourns the lost potential and expression of her brother's life. She understands implicitly that in covering up his sexuality, Devon was not able to develop any aspect of who he was. If, as Leigh Gilmore claims, becoming a person is an experiment, unlike his sister who continually writes and rewrites herself into being, Devon was never able to create himself, to experiment with presenting the full complexities of who he was. Instead, he limited himself to a stereotypical expression of aggressive heterosexuality, deflecting any suspicions of his sexuality before they could ever arise.

Kincaid, who knew she would write about her brother as soon as she heard he was ill and deliberately adopts the role of witness, never suspects her brother's performance. Unable to imagine the fact of that performance, the deliberate way in which he presented himself to the world, Kincaid fails to understand that her brother is in fact communicating at all, with her or with anyone else. She is not off track in turning to Devon's body for clues of his existence, but in insisting on making her own sense of the trauma written in his flesh she misses Devon's expressive use of his body, even when he directly implores her to look. Only in learning of his closeted life as a gay man does Kincaid come to see that Devon's life was differentiated from hers long before his death, that he had an entirely separate existence from hers that was certainly marked by unknown and unvoiced pain well before his AIDS diagnosis. Kincaid was so distracted by the spectacle of her brother's body that she was unable to see that he had something to say.

Smoke signals: testimonies of witnessing AIDS

In his essay "Testimony," literary scholar Timothy F. Murphy argues that AIDS testimonies like Paul Monette's *Borrowed Time* and Andrew Holleran's *Ground Zero* extend beyond personal sorrow in calling for action, education, and, above all, a cure to the epidemic. Yet they all begin with the personal, with the life that drew them in, as witnesses, and then shaped into a narrative meant to draw us in, as readers. Murphy lists the kinds of mundane details central to AIDS testimonials, those personal qualities and quirks, good and bad, that make the lives chronicled come alive for readers. Topping this list is the individual name:

> It is not surprising that personal names loom large in all testimony of this kind, because we understand names as symbols of persons, not as summaries – so there is the emphasis to ensure that names endure, names like Peter VonLehm, Roger Horwitz, Eddie Mickler, and all the others. A memorial in the names of the dead suggests that these persons, after all, are acknowledged as a continuing presence. (317)

The act of naming places the emphasis on the particular deceased, asserting that life as a presence rather than just a statistic.

Yet neither Susan Sontag nor Jamaica Kincaid foreground the names of their dying and dead; Kincaid withholds Devon’s name until midway through her memoir while Sontag never reveals her character’s at all. Within traditions of testimony and memorial that rely upon the weight of the name, including most explicitly the NAMES Quilt or the Vietnam Wall with its powerful simplicity of name after name etched in granite, these women deliberately resist creating texts that, like obituaries, begin by stating who has died. For they are not writing obituaries, or even testimonies. What they are recording is the personal process of mourning and witnessing in the midst of an epidemic. For Sontag’s characters, this means the transformation of a community of friends into a network of caretakers and mourners. For Kincaid, it is about the loss, both past and present, triggered by her brother’s illness and eventual death. Despite the centrality of the dying men in each text, “The Way We Live Now” and *My Brother*, in contrast to testimonies by gay men like Holleran and Monette, do not begin with the project of recalling that life as a site of identification and empathy for readers who are then expected to become activists in the AIDS advocacy movement. Indeed, in their focus on the act of witnessing itself, it would be misleading for Sontag and Kincaid to invite us into the particular lives of men with AIDS in their texts, beginning with their names, only to leave readers’ narrative expectations unfulfilled.

Instead, Sontag composes what Ross Chambers might call an indexical text that turns away from mimeticism as the only possible means of representation. He explains that “indexical signs do not mimic their object through various forms of resemblance;

they are indicators, ‘pointing’ to an object that cannot be deduced from the signs, in the way that a fire one cannot see, feel, or smell can be deduced from the presence of smoke” (xv). Sontag gives us the smoke – the dialogue of concern and fear running through a community of friends – but never the fire of the dying man himself. As readers we are expected to read the signs, and are left wondering what will happen next: not whether the man will die but what will happen to the community whose life has transformed so dramatically in the presence of AIDS. Sontag’s text is about these friends learning to read the smoke signals, struggling to make sense of what is before them, and, again and again turning away from the heat of the fire even as they are desperate to save the burning man. As in the Freudian case in which the father awakes every night from the dream of his child burning, perhaps the work of this group is not to save their friend but to awaken to tell the story. While Sontag does not give us the story within her circling text, she does provide a glimpse of what it is like to be in the inner circle of witnesses responding to the flames licking at their feet.

Jamaica Kincaid’s *My Brother*, in its unusual positioning of Devon’s AIDS narrative as a point of entry into Kincaid’s autobiography, seems to provide an alternate kind of index. But, like “The Way We Live Now,” *My Brother* decenters the story of the man with AIDS to such an extent that the memoir that emerges is about the act of mourning. It is just that for Kincaid, this mourning is very different than the witnessing work of the characters in Sontag’s text. Rather than pulling her into a new way of life, AIDS transports Kincaid back to the childhood, where she finds points of identification between her past in Antigua and her brother’s present illness. Mistrusting the information relayed from Antigua to Vermont, from mother to daughter, from brother to sister, from doctor to family, she carves out the space to create her own understanding of Devon’s condition. She does not turn away from the burning body before her as Sontag’s characters do in their reluctance to acknowledge their own helplessness, but instead hones in on it closely, unwilling to be distracted by the smoke, even if it includes the muffled screams of her brother. In staring at the fire, Kincaid misses the smoke signals.

These texts that begin with the problem of watching someone succumb to AIDS ultimately must struggle with the problem of the AIDS-afflicted body at their centers. Sontag and Kincaid present two modes of witnessing in which identifications between witness and witnessed are fraught with fear, denial and loss, and the extent to which those watching can imagine themselves in the place of the dying affects their ability literally to see the decline marked on the body before them. Sontag’s circle of friends, so close to the dying man that they can barely breathe as it were, is terrified of looking directly into the fire, for fear that they may see themselves in it. Kincaid, on the other hand, feels self-assured in the distance her long-ago departure from Antigua and the life it represented provides her from her brother’s present, so she is able to narrow her unwavering stare on him in the hopes of finding some clue to the meaning of a life she believes she avoided but can no longer fully understand.

Chapter 3

Elegiac witness to illness: AIDS and cancer through a metaphorical lens

At the close of 1992, just after the death of Audre Lorde, poet Marilyn Hacker wrote “Year’s End” as a reflection on the way in which cancer provided unwanted bookends for the decade of her forties:

> Twice in my quickly disappearing forties
> someone called while someone I loved and I were
> making love to tell me another woman
> had died of cancer.
>
> Seven years apart, and two different lovers:
> underneath the numbers, how lives are braided,
> how those women’s deaths and lives, lived and died, were
> interleaved also. (75)

Each call interrupts not sleep, as Ross Chambers figures such wake-up moments in *Untimely Interventions*, but love-making. In a decade marked by recurring death calls, Hacker picks up the ringing telephone, “wanting not to, knowing I had to answer” (76), knowing as she does so the nature of each untimely caller’s news. Hacker does not need to be pulled out of a state of denial or ignorance, but, in answering the calls, she instead allows death to enter into the intimacy of her embrace. For the calls are not unexpected, and as received within a moment already infused with love, knowledge of each death is woven, an interleaf inserted between two pulsing bodies, into the experience of making love.

> Each time we went back to each other's hands and
> mouths as to a requiem where the chorus
> sings death with irrelevant and amazing
> bodily music. (76)

Even within the continuous atmosphere of death, love-making must go on. Although Hacker has changed lovers in the seven years between the first call and the second, her response to the loss is the same each time. When death strikes so close to home again and again, claiming the men and women Hacker loves, her body and another's sing their intimate requiem together.

Mourning becomes shared, personal work that takes on unconventional forms in the early 1990s when women like Marilyn Hacker are confronted with the unrelenting string of deaths of their friends and contemporaries to AIDS and to cancer. As Hacker painfully asks in "Cancer Winter,"

> Who's gone?
> The bookseller who died at thirty-nine,
> poet, at fifty-eight, friend, fifty-one,
> friend, fifty-five. These numbers do not sing. (88)

The identifiers and ages run into one another, and even with such a finite sampling of deaths it is difficult to keep track. What is clear, however, is that Hacker is surrounded by death. These numbers – the too-young ages, the rising death count – indeed do not sing. As Melissa Zeiger points out, in *Winter Numbers*, "numbers tell an undeniable story of 'unnatural death,' both collective and individual, but not the whole story" (160). Only by tunneling "underneath the numbers" does Hacker compose her embodied requiem for the unnumbered, uncountable, unaccounted for dead.

As further demonstration of the disturbing repetition of death and trauma that Hacker records, within the space of a single year the writers examined in this chapter – Eve Kosofsky Sedgwick, Rachel Hadas, and Marilyn Hacker – face a number of devastating personal losses: in spring 1991 Sedgwick is preparing a eulogy for her dying friend Michael Lynch when she is diagnosed with breast cancer (Michael dies later that same year); mid-year in 1992 Hadas watches as first her mother and then her dear friend Charlie die six weeks apart, of cancer and AIDS, respectively; and throughout 1992 Hacker writes of friends dying of illness and queries into the 50th Anniversary of the Vel d'Hiv roundup in Paris during the Holocaust before receiving her own breast cancer diagnosis. The death that surrounds Hacker marks her generation, and as witnesses these women writers struggle to find new ways to make meaning of the compounding loss, even as it may encroach on their own bodies.

In *The Broken Connection: On Death and the Continuity of Life*, psychologist Robert Jay Lifton figures "the human being as a perpetual survivor – first of birth itself, then of 'holocausts' large and small, personal and collective, that define much of existence" (164). Although Lifton wrote this in 1979, several years before the advent of the AIDS crisis in the United States and the burgeoning awareness of breast cancer, the notion of the perpetual survivor is a particularly apt description for the generation bearing witness in the 1980s through mid 1990s. As survivors, witnesses must wrestle with their own proximity and vulnerability to death as those around them succumb to deaths that are unseemly, premature, and all too frequent. Interleaving, to borrow Hacker's term, death into life (and, also, life into death), Hadas, Sedgwick and Hacker reflect upon how to incorporate the insertion of an uninvited page into their work as writers. Each builds on the traditional elegiac form, using it to look beyond the limiting scope of a particular lost life to interleave the dying with the well, victims with survivors, the literal with the metaphorical, the visible with the imagined, and loss with love. They turn away from the direct work of watching their peers die to reflect more metaphorically on the vision required to understand the traumatic moment they are in.

Melissa Zeiger claims that elegies in a time of AIDS respond to the changed relationship between the living and the dead, between witness and the elegized:

> As the line between the dead and the survivors dissolves, so too does the customary elegiac politics of subject and object….This breakdown of categories becomes a matter of political and poetic principle, a way of always remembering that those who are not infected have been lucky rather than different in any way from the infected. (108)

She goes on to discuss the dual elegiac function – of simultaneously mourning the already deceased and the soon to be – of poetry written in memory of gay men by survivors who are themselves at risk. Although Zeiger is specifically addressing elegies by gay men for members of their community, a similar blurring occurs within the elegies by women writers. Most strikingly, the poetry of Tory Dent, a woman who lived with AIDS for over a decade before dying in 2006, displays a keen awareness of her role in memorializing her own life as part of a larger cultural loss. Dent's final collection, *Black Milk*, published in 2005, is an extended meditation what it means to have AIDS, to live in anticipation of one's own death for so many years as others are dying.

In a poem, "Time on Fire," written in memory of the artist Robert Farber who died of AIDS in 1995, Dent contemplates how writing will stand in for her life, how paper will come to replace her body after her death, just as Farber's creations have for him. Rather than directly reflecting upon Farber himself, Dent considers his artwork connecting AIDS to the plague and the parallel work of representing AIDS that she must do.

> Although my life mimics, even mocks itself
> in the rapid progression of its illness,
> the way society mocks the plague in the rapid progression of its
> forgetfulness,
> again I drive my pencil point, like the countless needles
> with which I've been forced to puncture my skin,
> allowing "access," in medspeak, to my veins and hence my interior world.

Writing against representations that create mockeries of AIDS in eliding all specificity, Dent uses her pencil to break through the skin of her body as the veil of AIDS. She struggles with how her life will be read, with how to write her life, again and again returning to the image of "driving the pencil point / almost to breaking" into the paper (102).

Anticipating her own absence and writing "into the void…that will replace me," Dent aggressively asserts the presence of her body still alive and witnessing. But the permanence of her words is not secure, for though she presses the pencil which such force as to leave an embossed trace in the paper, pencil is indeed erasable and paper flammable. In a poem laden with fire imagery, early on Dent compares the urge to witness to the upward reach of flames, signaling both a desperate attempt to survive and the potential futility of such efforts.

Yet even with such knowledge, she holds out faith and leaves an embodied imprint, pencil marks inscribed into the page, of her life as one among many to be lost:

> I touch with the trust, palm upon psalm, that the cumulative effect
> of all my writing will concretize as well as convey
> the smoldering circumstance, the uphill futility of what takes place
> primarily by what won't last; the happening flagged by absence,
> the occurrence landmarked by disappearance, starkness, and terror,
> those elements of slaughter, of mass graves outnumbered
> by singular ceremonies. (103)

Placing herself within the vast epidemic, Dent creates a trace of her life to indicate the many individual losses of AIDS. In writing her body onto the page, she confirms that each loss is particular, is embodied – and both is and is not part of the larger "happening" recognizable only for its erasures.

Though without the Dent's certainty of death, Hadas, Sedgwick and Hacker similarly contemplate what it means to bear witness to the all-consuming fire of AIDS, experimenting with the place of self within elegy and asking what it means for a survivor to write elegy in a moment of widespread loss. Literary scholar Timothy F. Murphy's explanation of the elegiac function of AIDS testimony sheds light on the ethics of witnessing with which Dent, Hadas, Sedgwick, and Hacker are concerned:

> Such writing first creates a record of the lives of the dead, sharing details beyond the name, age, and residence. It describes these persons then and

> now still, to the extent that words can provide a verbal equivalent of their presence…If finally…the world itself does not care about the dead, still, there are those who do care when they write, and those who do when they read what has been written. Thus is the writing also a protest of what happens to mortal beings. (310-311)

Melissa Zeiger further comments on the political angle of writers of AIDS elegies, who "deliberately revise [elegiac conventions] in an attempt to write the dead – and the circumstances of their death – into the cultural narrative" (107). Yet in lodging their protests against AIDS' and cancer's claims on their friends' lives, each of the writers examined here relies on vision focused beyond the literal dying bodies before her to a metaphorical ability to see through a death-inflected lens. That is, although they assuredly do create a kind of "record of the lives of the dead," they quickly move beyond the details of the individual life to the larger question raised by Tory Dent of how – and to what end – one bears witness in the age of AIDS and cancer.

As Susan Sontag argues in *AIDS and Its Metaphors*, telling yet one more story of illness at a time when such stories abound is not particularly useful; making sense of the compounding collection of those stories, however, is a task with which the writers examined here all engage, whether directly or indirectly. They watch from across the slippery line separating health from sickness, as their friends fall ill and die, and they compose untraditional elegies that not only serve as remembrance but demonstrate a new angle of vision afforded by identification with the sick and the dead. When trauma proves repetitious, marking everyday life, then the expansive, yearning vision that Hadas, Sedgwick and Hacker seek, each in her own way, provides them with the ability to encompass the vast magnitude of loss surrounding them as one after another of their peers succumbs to the seemingly his-and-her pandemics of AIDS and breast cancer in the late 1980s through early 90s.

Hadas, Sedgwick, and Hacker all engage in direct witnessing, but each is pulled personally into the necessary repetition of trauma in a distinct way, transforming what she sees into a broader metaphorical vision of her own role in these stories that keep repeating. In *The Double Legacy: Reflections on a Pair of Deaths* (1995), Rachel Hadas recalls the dual trauma of watching as first her mother and then, six weeks later, her dear friend Charlie die of cancer and AIDS, respectively. The repetition of death is literal and immediate for Hadas, yet she is able to find distance by identifying each death with the other, rather than with her own mortality. Though she witnesses death up close twice, that proximity does not make her fear for her own life, as gay men writing AIDS at the same time do; instead, the repetition cements her role as witness and she looks for metaphorical remains in new ways once the physical bodies of her mother and friend are gone. Those remains, existing as abstracted remembrances and visual recollections, rather than direct descriptions of the dying bodies themselves, become imprints of death that keep returning to Hadas to be passed on and remembered.

Similarly, Eve Kosofsky Sedgwick in her essay “White Glasses” (presented as a talk in 1991 and later published in the collection *Tendencies*) and Marilyn Hacker in her poetry collection *Winter Numbers* (1994) transform the spectacle of dying bodies into a larger understanding of their limited vantage point as witnesses. Sedgwick expects the repetition of death when her friend Michael Lynch falls ill to AIDS-related symptoms and she yearns for the unusual white glasses he wears, as if they will afford her the inside perspective of witnessing through his eyes. Hacker, on the other hand, is already tuned in to the repetition of death, as those around her are one by one diagnosed with AIDS and cancer. Like Hadas, what Sedgwick and Hacker want for themselves is a nuanced death-inflected lens through which to view the loss surrounding them. This desire arises not out of a heightened sense of morbidity but, indeed, from the ethical obligation to see and record the unarticulated traumas within which they are living.

So it is ironic, or viewed in another light altogether expected, when the threat of death extends itself onto Sedgwick and Hacker themselves. They have each been recording the traumas of those around them with such a keen yet symbolic eye but they cannot see signs upon their bodies when they themselves become ill, victims of the very repetition they find so unsettling. Their identification with the dying has been limited by the fact that they do not expect their own lives to be at risk. And yet, they are. Sedgwick and Hacker have been unable to imagine themselves inhabiting the dual role of victim-survivor aligned in illness with those around them and what that might mean for their work of bearing witness. Looking outward, taking care of the community around them, they never suspect the invisible malignancies growing within their own bodies that link them in terrifying ways to those whose lives they feel compelled to record. But Sedgwick suddenly finds herself behind Michael's white glasses while Hacker becomes haunted by images of long-ago traumas in her newly realized understanding of the exceptional life as that which is untouched by pain and hardship.

Survival in a time of trauma: the role of the elegiac witness

For Sedgwick and Hacker then, the fixedness of the identity categories surrounding illness is challenged: who is survivor, witness, victim, afflicted, at risk? The labels and their meanings begin to overlap and blend together. As Hacker asks herself after the successful treatment of her breast cancer in “August Journal,” “If I’m one of the victims, who survives? / If I’m – reach for it – a survivor, who / are the victims?” (91). Indeed, in what Sedgwick might call the queering of disease, the orderly alignment of discrete and opposite sets of identifiers, sick versus healthy, victim versus survivor, is disrupted when witnesses fall ill (even if not from the disease weighing most heavily on their minds).

In “Queer and Now,” the opening essay of her collection *Tendencies* (1993), Sedgwick explores the vexed and multiple meanings of queer survival:

> [B]eing a survivor on this scene is a matter of surviving *into* threat, stigma, the spiraling violence of gay- and lesbian-bashing, and (in the AIDS emergency) the omnipresence of somatic fear and wrenching loss. It is also to have survived into a moment of unprecedented cultural richness, cohesion, and assertiveness for many lesbian and gay adults. Survivors’ guilt, survivors’ glee, even survivors’ responsibility: powerfully as these are experienced, they are also more than complicated by how permeable the identity “survivor” must be to the undiminishing currents of risk, mourning, and defiance. (3)

Not only is the work of surviving difficult and exhilarating in new ways, it is fair to argue that ways the word survivor gets used in AIDS discourse are also unsettled. Is a survivor the one who outlives another, who watches from a certain distance? (How close must one be?) Or is it the one who lives through an affliction or trauma firsthand? With most traumas the survivors are the ones who have been in the midst of danger yet escape alive, as with a cancer survivor, or even a plane crash survivor. Certainly, in the first decade or so of the epidemic, there are no survivors of AIDS in this sense. The only survivors are people like Hadas, or the kinds of characters that populate Susan Sontag's "The Way We Live Now" – those whose lives are reshaped by the presence of AIDS in their community. The people who manage to escape with their lives intact are the community members, the ones who while at the heart of the epidemic are simultaneously on the periphery. And from that complicated position of within yet outside, they are prone to alternating responses of guilt, glee, and responsibility that Sedgwick lists.

Robert Jay Lifton's definition of humans as perpetual survivors is a useful way of rethinking the complicated kind of witnessing that not only Hacker and Sedgwick, but also Hadas, undertake. For Hadas is quick to acknowledge, just a few pages into *The Double Legacy*, that living is an ongoing process of surviving. Passing by a cluster of elderly people sunning themselves on a city sidewalk, she comments:

> Survivors, all of them, backs to the blackened ramparts of the years, they watch the passing scene. "Watch" may be too strong a word. I think they perceive it with a relentless detachment. An invisible pane separates the spectator from the scene. They do not expect to be greeted, acknowledged; perhaps the pane is so thick they feel invisible behind it. (4-5)

These survivors of long lives have become spectators. Unlike the witness Hadas willfully becomes out of her responsibility to the deceased, these people have become detached, tucked away, even shielded, behind a pane of glass. They can see but feel unseen, thus existing in a one-way relationship with the world. But who really is the spectator in Hadas's configuration? Read another way, she herself is the spectator, separated from the scene she observes of survivors lined up in their lawnchairs. Nonetheless, the pane of glass keeps these survivors from the world that cannot see them, cannot bear witness to all Hadas is sure they have endured in their long lives.

Read yet one more way, Hadas herself is also survivor, of her beloved deceased. For if the elderly, having lived long lives, are presumed survivors, why not Hadas too, having survived the blow of back-to-back losses? For it is as survivor that she takes up the difficult work of peering behind the pane that seems to separate the living from the dead, the spectator from the scene. Or separates the survivors…from whom? The innocent? The inexperienced? In *Winter Numbers* Marilyn Hacker posits that it is from the exceptional. As Hacker's and Sedgwick's slipping place along the continuum of health and illness attests, the pane of glass Hadas envisions is indeed permeable – and one does not need a life-threatening illness to reach the other side. All that is necessary is the expansive vision guided by an understanding of everyday life as a process of perpetual survival.

In composing their elegies for the dead (or the dying, as in "White Glasses"), Hadas, Sedgwick, and Hacker come to identify themselves in relation to the dead, as survivors. Their elegies (even as written "against elegies" as in Hacker's case) arise out of the problem of identification, across difference and across death, for themselves as witnesses with those who are dying. In *Identification Papers* Diana Fuss theorizes this as a Freudian process, borrowing language from Julia Kristeva:

> Identification is fundamentally a reactive mechanism that strives to preserve a lost object relation while simultaneously searching for a substitute gratification…identification works as a kind of elegy, remembering and commemorating the lost object by ritualistically incorporating its serial replacements. In identification the subject paradoxically destroys the love object in order to better preserve it: "better fragmented, torn, cut up, swallowed, digested…than lost." (38)

In staking out her identifications with the dying or deceased around her, each writer examined here adopts a distinct new way of seeing from the dying as a means to find understanding of the larger loss. Hadas invites particular images and phrases, or "verbal echoes," from Charlie and her mother to work their way into her ongoing routine, while Sedgwick wants to rob Michael of his vision by taking his glasses, keeping her own version of the peculiar frames even after she attains, through her cancer diagnosis, the same angle of vision, and Hacker is filled with imagined memories of those who died before her. None of these new ways of seeing can encompass the full depth of loss, but they provide a way for Hadas, Sedgwick, and Hacker to incorporate, piecemeal fashion (for better fragmented than lost), the trauma that she, as witness, is still surviving.

Following a shift from the intimate loss of mother and friend in *The Double Legacy: Reflections on a Pair of Deaths* by Rachel Hadas, to the curtailed mourning in Eve Sedgwick's essay "White Glasses," to Marilyn Hacker's expansive witnessing in the poetry collection *Winter Numbers*, this chapter tracks a trajectory from intimate to collective, personal to public uses of elegy-inspired texts. Hadas's private crisis, documented in her poetry-infused essays, transforms into a larger cultural haunting within the work of Sedgwick and Hacker, for whom illness makes its way into their own bodies in personal and physical ways (through disease certainly, but also through moments such as Hacker's love-making cited above) as they are bearing public witness to the deaths surrounding them. Within each text the level of identification between witness and witnesses increases, from Hadas who links her mother and friend together in death but remains distinct in her role as mourner, to Sedgwick who yearns to see out of Michael's eyes but does not expect to share his experience of illness quite so closely, to Hacker who, even as she struggles to label herself a survivor, finds easier identifications between herself and those around herself once she realizes the expansive reach of trauma within the human experience.

This chapter on witnessing illness, within a dissertation about scarred and marked bodies, then is not about the spectacle of the sick or dying body. As seen by Hadas, Sedgwick, and Hacker, empathetic witnesses all, the bodies – although assuredly present in each of their work – do not become the palpable or problematic presence they are in the texts considered in each of the other chapters. In their attempts to see as, or for, or through, the sick body, Hadas, Sedgwick, and Hacker do not dwell on describing physical manifestations of illness. Indeed, what is at stake is the vision required for identifying with that which is seen, rather than the disarming spectacle of the object itself. Finding themselves witnesses within a traumatic moment, these writers look for identificatory opportunities, in which they compose elegies for an entire generation by metaphorically expanding their field of vision to incorporate the sick and dying into their way of seeing.

Remains of the dead: Rachel Hadas's elegiac reflections

In the wake of the deaths of her mother, Elizabeth Hadas, and her friend Charlie Barber in the early summer of 1992, Rachel Hadas is stunned by the profound loss she feels. Time is reset for Hadas, who says of the deaths that "everything else is before or after" (x). So she writes *The Double Legacy: Reflections on a Pair of Deaths* of this pivotal moment within her life, not as a narrative, but as an intimate reflection that she claims, borrowing the words of John Ashbery, is "about the privacy of everyone" (xi). Timothy F. Murphy asserts that "one writes [testimony] for the world unconvinced, that someone was here and that, death notwithstanding, a presence remains" (317), and it is the dual presence of her mother and of Charlie that Hadas reconstructs in her text. But because their presences remain in pieces, as fragmented memories rather than a full recollection of each life, Hadas commits to occasional writings, short thought pieces that allow her to swing between past and present, from mother to friend, the impressions each has made upon her life surfacing in its own time.

Hadas's nonlinear structure is well suited for her subject if one considers Ross Chambers' point that witnessing texts are like visitations from the dead, with the author as mediator (or medium) of the extreme story. Chambers explains:

> Their uncanniness lies ultimately in their ability, not only to 'return,' as a ghost, and quietly to deliver strange, unwanted and unwonted wake-up messages from sites that are otherwise strangely consigned to the extremes of consciousness, like a tapping at the window that causes an inexplicable anxiety, but also to produce this anxiety as of such a kind as to make us

> feel we have been transported *there*, to the scene of extremity, even as we continue to lie comfortably, warm and safe, *here*. (xiii)

As a vehicle that transports readers, Hadas's textual blend of the everyday with impressions of the deceased and speculations about death allows *here* and *there* to collide and for time to feel "out of joint" (Chambers xiii). Hadas finds reminders of her mother and Charlie in unexpected places: in imagery and language incorporated from their lives to be sure, but also, in the language of others. She repeatedly turns to other poets and writers to convey her own sentiments, incorporating passages into her essays, confirming that, indeed, this text is about private, intimate feelings that are common to everyone. Hadas does not need to invent language to express the mourning process; others have been there before her and she does not hesitate to draw upon snippets of language that have remained with her, even when she sometimes cannot recall or properly cite the source.

Hadas similarly and simultaneously allows remains of her own dead to surface within her text. Robert Jay Lifton describes such memories as death imprints that have a haunting effect on those who have come in contact with death yet have survived. He explains:

> The death imprint consists of the radical intrusion of an image-feeling of threat or end to life. That intrusion may be sudden, as in war experience and various forms of accidents, or it may take shape more gradually over time. Of great importance is the degree of unacceptability of death contained in the image – of prematurity, grotesqueness, and absurdity. To be experienced, the death imprint must call forth prior imagery of actual

> death or of death equivalents. In that sense every death encounter is itself a reactivation of earlier "survivals." (169)

The death imprint becomes a visual emblem of the repeating traumas in the midst of which survivors are living. Hadas lives with singular, haunting images of her mother and of Charlie that keep returning to her consciousness. Indeed, she finds it terrible that "drizzly morning or golden afternoon, at any hour of any day this fall and for all I know for the rest of my life, it may happen without warning that the present peels away from my unwilling eyes" and painful, uninvited images of the dying return. While she willfully retains and returns to certain poignant memories, representative of the role Charlie and her mother played in her life, these are not those scenes. They are instead memories infused with consciousness of the fast-approaching end of life, and of Hadas's, indeed anyone's, inability to save the dying.

Hadas describes one such recurring vision from her mother's final days:

> This is what I see and again see:
>
> It is a Sunday morning last May, in my mother's living room. She's been home for a week after her chemotherapy, but clearly she needs to be back in the hospital. With help from my sister and me, she stands up from where she has been sitting on the sofa. She takes a step. Another. But not another. She can no longer lift her feet. My husband lifts her, carries her like a package out of the house, out of her apartment for the last time, through the lobby, down the steps to the sidewalk, into the waiting taxi, whence she is

> bundled, smaller and stiller every minute, into the wheelchair that at last arrives. And so, after long corridors and long delays, to bed: corner room, sunny windows, green views of Morningside Park, clarity of angles, chair to sit up in "when you're feeling better," and how it felt, or if it felt at all, to be changed from presence into absence. (82)

In language slow and deliberate, Hadas provides a haunting image of her mother, reduced by her illness to a bundle in Hadas's husband's arms. As a snapshot of her mother transforming into absence, it is a heartbreaking death imprint that promises to stay with Hadas for a very long time.

As surviving witness, Hadas – like Sedgwick and Hacker – has a choice to make, whether to look forward or to linger over the loss made palpable through the recurring imagery of the dead. Ultimately, for Hadas, this decision is not only about how to live with grief, moving between what was and what is, between the absence of the past and the unknowable path of the new, but also her willingness to listen and speak for others. Acknowledging the death imprints over which she has no control like the one cited above, Hadas counters their pain by engaging with the dead in other ways. Refusing the deliberately detached gaze she witnesses in others in her opening essay or the distancing identification represented in Susan Sontag's short story "The Way We Live Now," Hadas comments, "Crowds of used lives stir beneath the deserted sidewalk, but to hear their voices requires more than a sunny noon's attention" (6). In an image reminiscent of Jamiaca Kincaid's description of Devon's silently screaming body in *My Brother*, Hadas agrees that the dead have something to say:

> At the instant of severance, the dying seemed poised to come forth with their secrets. They glow with generosity. They open their lips. It is customary but misleading to close the mouths of the dead. They are open because the dead have something to say to us.
>
> What they have to tell us is something we the living do and do not want to hear. Part of the heaviness a survivor feels comes from these unspoken gifts, this transaction left hanging in midair, incomplete. (84)

Presented as an as yet unrealized transaction, Hadas's relation to the dead is clarified. Her work of bearing witness has only just begun: she must now complete the story cut short by death, possible only by leaving herself open to deathly visitations. While the elegiac essays of *The Double Legacy* are undoubtedly sorrowful, Hadas's task is not one of mourning her own loss; rather she sets to groping for private ways to hear and share some piece of her mother and of Charlie.[16]

As the leader of AIDS poetry workshops at Gay Men's Health Crisis (GMHC) in Manhattan, Hadas has spent long hours helping young, terminally ill patients find their voices. It was in one of these workshops that she first met

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[16] I first learned of Rachel Hadas in 1995 through a friend of my husband's in Baltimore, John Barber, brother of Charlie. Charlie had been involved with Hadas' AIDS poetry workshops, and his family raved about her important work. A few months later I happened upon a book review of *The Double Legacy*, Hadas' new memoir, and ordered it immediately. Only after it arrived did I learn that it was about Charlie's death. Suspecting that John did not know of the memoir and feeling uncomfortable in knowing something of his brother that he did not, I sent him the clipping along with a note. A decade later, while working on this chapter, I was in the CUNY Graduate Center library looking for Larry Kramer's *Reports from the Holocaust* and thinking about metaphors when I noticed a book in the AIDS section entitled *Ground Zero*. Simultaneously taken aback and intrigued by the title, which had taken on a whole new meaning since its 1988 publication (this, less than an hour after two German tourists outside the Grad Center in midtown Manhattan asked me where the World Trade Center site was), I picked it up. Inside the front cover was a sticker announcing that the book had been a gift to the CLAGS collection at the library from Charlie Barber. In this unsettling way I had stumbled onto my own piece of Charlie, with this memoir that was not his own but was his gift to others.

Charlie and was so taken by his creative energy.[17] Identifying with Charlie as a fellow writer, Hadas eagerly takes up the work of writing AIDS with him, work that she does not allow to end with death. A powerful death imprint that begins with an image of Charlie's hands but leads into the memory of him composing a never completed poem leaves Hadas wondering how she can continue his work:

> It's not true that I remember your hands only because they were yours. I remember them also because so many of our hours were spent sitting in a room in which, fingers wrapped protectively around the pen, you were writing. In the photograph of you I can look up at from writing this, you are intent – face bent to the page, pen visibly protruding from your fist – over the diarrhea sestina, which you ended with the words *To be continued*.
>
> Not. (145)

Though they write from different sides of the divide separating the sick from the healthy, their commitment to bearing witness to AIDS is equally strong. So when Charlie's health begins to fail and he puts down his pen for good, it seems appropriate for Hadas to complete the work of reflecting on his life, even as she feels lost on her own, calling out to Charlie after his death, "Where have you gone? Where are you?" (145).

In a touching exchange, Hadas tells the still-living Charlie of a collection of poems she is writing about him:

> "When will it be finished?" you asked.

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[17] In 1991, Hadas published *Unending Dialogue: Voices from the AIDS Poetry Workshop*, a collection of writings from and about her workshops. Several of Charlie Barber's poems are included in it.

> I was at a loss for words. Then I said something like "When we get to the end of it."
>
> "Yes," you said dreamily. "When we know how the story comes out." (54)

Like Susan Sontag's man with AIDS in "The Way We Live Now," Charlie fully understands that he is the story, and that, given the circumstances, he will not be able to write the ending, even if he dies with his mouth open, still speaking. So, unlike Sontag's characters who look but refuse to see, and listen but refuse to hear, Hadas forces herself to be fully present with Charlie as he is dying of AIDS, even more explicitly than with her mother whose cancer, striking in old age within a more traditional arc of life, is somewhat less disarming. Though Hadas finds symmetry in the dual deaths, in the final months visualizing twin beds "containing two stranded, helpless bodies," (67) it is Charlie's life that more poignantly represents a story lost, a story *to be continued*.

In the essay, "The Farewells," Hadas addresses Charlie posthumously, expressing the unspoken sentiments that perhaps haunt the friends represented by Sontag: "As your here and now became a no-man's land, it began to require an effort to look at you, to try to speak. I tried to steel myself each time; with horror I noted my own readiness, each time, to leave. Sitting with you made me miss you as much as leaving you did" (60-61). It is difficult for Hadas to be with Charlie toward the end because his dying is such a visible process; she can see his body failing. Though she does not devote much space to describing Charlie's body within her text (aside from the recurring hand imagery), Hadas spends a good bit of time watching, even becoming Charlie's eyes when he loses his vision to AIDS, reading to him from *Emma*. Ironically, after Charlie is blind he longs to see faces, whereas Hadas finds it difficult to stay and look at his; as witness, blindness would be welcome relief for her and would relieve her of the potential of his visibly deteriorating body transforming into a death imprint that haunts her after his death.

Indeed, Charlie's comment, "'There is nothing to write about when there is nothing to see'" (147) underlines the stillness of his own pen in relation to Hadas's elegiac responsibility as a friend who does not turn away and thus sees his physical decline. His new silence stands in stark contrast to the quintessential image of Charlie that Hadas has captured in the photo mentioned in the quotation above, with pen gripped tightly in hand, body and voice forever linked, composing poetry in one of Hadas's workshop. But of course Hadas can still see – and the fact that Charlie cannot makes her sight all the more valuable – so while he remains alive she stays and watches and writes, putting the reminders of Charlie down on paper even when it is unpleasant and the burden feels heavy. After his death, when there is nothing left to see, she too has difficulty writing and relies on other poets' words to convey images and ideas to fill in the "pieces of [his] story" that she recognizes (50).

Hadas is both survivor and witness – her mortality is not in question and, unlike the characters in Sontag's "The Way We Live Now" from a few years earlier she does not live in fear of AIDS, or even of the cancer that takes her mother's life. Her own body remains invulnerable. The dual deaths are linked – in time, and through Hadas as witness. She becomes a conduit, bringing Charlie and her mother together in their dying in a way they never were in life. Perhaps it is this unplanned and tragic pairing that allows Hadas to identify one death with the other, rather than with herself. Though identification with her mother's cancer as a woman and daughter or with Charlie's AIDS as his peer and fellow writer would not have been surprising, the double deaths instead cement Hadas' position as surviving witness.

Twice within the span of six horrible weeks she is forced to watch death close up, and rather than wondering if she might be next in line she looks for the many subtle, intuitive ways she can incorporate visitations from Charlie and her mother into her continuing world, such as finding verbal echoes of their signature words or phrases (her mother's "Goodbye, darling"; Charlie's "Oh dear") work their way into her daily speech patterns and finding pieces of their stories reflected in others' texts, so they will not be "completely erased" (70). Rather than composing dual but parallel narrative threads, these are the imprints she has chosen to retain as representative not of death but of life, that Hadas presents for her readers in *The Double Legacy* – the interconnectedness of Charlie and her mother with everything she continues to read and see and do.

Nonetheless, Hadas struggles with her role as surviving witness, returning to the image of sickness and death as a glass barrier that she can see through but cannot penetrate.

> Death magnifies every human limitation. I lay my cheek against the invisible pane of glass that separates – is it the actor from the

> spectator? The traveler from the one who sees him off? The patient from the visitor? All of these. Individual longings merge helplessly into a general yet also a multiply individual, private good-bye. The time was coming, coming, the time came, when one by one all your friends were left behind. (63-64)

At the end of this passage, Hadas shifts the focus onto the friends: it is not Charlie but the surviving friends who are left behind. There is a stark divide between the dying and the witnesses, and Hadas' vantage point as writer is both determined and limited by her position relative to that border. As surviving witness, she determines to incorporate Charlie's and her mother's presences into her story, interleaving their voices with her own: "I am adding to my old voice the intonations and phrases of my two dear dead. Fortified by these additions, or simply changed, I speak out a little differently into the daily din" (88).

Through his lens: Eve Sedgwick's identifications with AIDS

As a queer-identified woman Sedgwick is in the peripheral space of AIDS survivor, expecting, like Hadas, to be left behind and wanting, in a very literal way, to see from behind the pane of glass that separates her from the dying. Her elegiac essay "White Glasses" was written as a eulogy for her sick friend Michael in the expectation that he would succumb to AIDS before her delivery of it at Center for Gay and Lesbian Studies conference at the City University of New York. Through the image of Michael's signature white glasses, she connects the anticipated personal loss of her friend with the desire to identify with both Michael and the larger movement build around AIDS advocacy. She first met

Michael Lynch, a man whose former lover was diagnosed with AIDS that very day,[18] at the 1986 convention of the Modern Language Association, where she had organized a panel on AIDS and homophobia. It was a charged moment, not just for Michael but for gay and lesbian activists within the MLA, a moment when gay and lesbian literary studies, along with AIDS discourse, were being acknowledged and legitimized for the first time in that forum. As fellow members of the small group of people involved in this work, Sedgwick felt an immediate connection to Michael, made more urgent and personal by the confluence of the personal and the political represented by him on that transformative day.

Sedgwick immediately identifies directly with Michael because their work together is gaining exciting momentum and notice but also because she is present at the moment when his life is indelibly touched by AIDS. Rather than latching onto his academic work or his sudden proximity to the epicenter of the health crisis, she focuses her attention on the unusual white glasses he was wearing:

> My first thought was, "Within two months, every gay man in New York is going to be wearing white glasses." My second thought: "Within a year, every fashion-conscious person in the United States is going to be wearing white glasses." My instant resolve: "I want white glasses first." (252)

Of course white glasses never take off as a fashion trend, but Sedgwick does not care, searching for over a year before finding a pair of her own. She expects "every fashion-conscious person in the United States" to be on the lookout as well,

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[18] Michael Lynch was a Canadian-American gay activist, literary scholar and poet who died of AIDS in 1991 when he was 47 years old. His collection of poems about the disease, *These Waves of Dying Friends*, was published in 1989. For more on his work with the queer community in Canada, see Ann Silverside's book, *AIDS Activist: Michael Lynch and the Politics of Community* (Toronto: Between the Lines, 2003).

but only a person with a different kind of consciousness altogether would intentionally identify with a man in Michael's position. She explains that "Michael's availability to be identified with and loved, in my instant, fetishistic crystallization of him through those white glasses, must have had everything to do with my witness of that moment" when he became so closely linked to – and at risk of – AIDS (253). Indeed, if it appears in 1986 that every gay man in New York is about to get something, it is not white glasses, but AIDS. As her first immediate personal connection to AIDS, Michael is compelling to Sedgwick – she wants to be like him, to adopt some recognizable feature from him. And she expects everyone else, gay men first, then the whole nation, to follow suit.

It is crucial that Sedgwick look like Michael. That is, appear like him, but also, more importantly, look through his lenses. Following a different impulse than Hadas, who yearns for the vision to see through to the other side of the metaphorical invisible pane dividing her from the dying, Sedgwick feels the need to get behind the glass. Hoping that one day they might get their matching glasses mixed up, Sedgwick speculates that "I may walk away wearing the wrong ones" (257). Although she has already explained how she wants to connect with Michael as a gay man (something she obviously is not), the compulsion to wear his glasses takes that identification to a new level. She is yearning to see out of his eyes, to watch the world from his perspective, as a gay man at risk. But does she really want a closer view of AIDS? To be able to witness as an ex-lover falls ill and dies, to live in fear of such an eventual death herself? Swapping glasses would take the pain away from Michael, if only momentarily, while enabling Sedgwick to be a different kind of survivor – and a different kind of witness.

What Sedgwick does not anticipate is that she will be given her own white glasses, her own close-up perspective on illness. And though neither one bargained for it, she and Michael will trade places:

> When I decided to write "White Glasses" four months ago, I thought my friend Michael Lynch was dying and I thought I was healthy. Unreflecting, I formed my identity as the prospective writer of this piece around the obituary presumption that my own frame for speaking, the margin of my survival and exemption, was the clearest thing in the world. In fact, it was totally opaque: Michael didn't die; I wasn't healthy. (255)

Michael's dire condition markedly improves, so much that he is still alive when Sedgwick delivers her presumed eulogy for him. And her own mortality is put into question, jarred by the detection of breast cancer that has already worked its way into her lymph nodes. Sedgwick finds that the terrain between life and death proves unexpectedly and interestingly slippery – and the subject of her elegy, presented as planned, is left open-ended.

Sedgwick had wanted to be able to see with the singular focus of Michael's eyes, to see him as he saw himself, to have an intimate look at illness. As a woman with cancer, the function of those death-inscribed glasses changes: she now shares an angle of vision with Michael, claiming "So often I feel that I see with Michael's eyes – not because we are the same, but because the same prosthetic device attaches to, extends, and corrects the faulty limb of our vision" (257). Ironically, Sedgwick did not need Michael's glasses or even her cancer diagnosis to find this vision. The white glasses are merely an outward sign of their common work of witnessing, not a means to that end as Sedgwick had initially expected or a unique vantage point available only to Michael. She had chosen to be a surviving witness before she ever became ill, moving across the unsteady line between life and death. Sedgwick and her friend Michael see the same because, like Hadas listening for distant unheard voices, they choose to. As Sedgwick asserts, "If what is at work here is an identification that falls across gender, it falls no less across sexualities, across 'perversions.' And across the ontological crack between the living and the dead" (257). It does not matter that they are not alike – that he has AIDS while she has cancer; that he is a gay man and she a queer woman; that one may die and the other live – their adopted vision is the same.

Michael identifies with, is even energized by, Sedgwick when she is sick. It is as if her diagnosis literally is restorative for Michael, with his health inexplicably improving as she joins him in illness. In turn, she learns how to be sick from him and others like him.

> From Michael I also seem always to hear the injunction – not the opposite of "out, out" but somehow a part of it – "Include, include": to entrust as many people as one possibly can with one's actual body and its needs, one's stories about its fate, one's dreams and one's sources of information or hypothesis about disease, cure, consolation, denial, and the state or institutional violence that are

> also invested in one's 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… - being available for identification to friends, but as well to people who don't love one; even to people who may not like one at all nor even wish one well. All of these may nonetheless be brought consciously, even if haltingly, into the world of people living with this disease. (261)

Michael has opened himself for identification, even to those not expecting to be affected by AIDS or another illness, which strikes Sedgwick as an impressively generous – and potent – model for living with AIDS. At a time of extreme physical and psychological instability, Sedgwick learns from Michael and asserts her need to remain open to all identity, and identification, possibilities.

Sedgwick deliberately turns to men like Michael with AIDS, not women with cancer, as role models for living with a disease because she prefers their inclusive approach over the more exclusionary tactics of the women's cancer community. If anything, Sedgwick claims that the breast cancer community at the time was one to which she decidedly did *not* want to belong, refusing to allow her particular cancer to locate her as a woman with a woman's disease. Using language much like Audre Lorde's from a decade earlier, Sedgwick recounts some of the same, still unsettling advice she heard from breast cancer volunteers urging women to hide their changed lives under prosthetic breasts and high-quality wigs in order to maintain a sense of femininity. Further, in a development

Lorde could not have anticipated when she was writing pre-AIDS, Sedgwick is appalled by the breast cancer community's (and women's groups' in general) mean-spirited blaming of AIDS for a lack of cancer funding, research, and support – as if cancer would have been cured had AIDS not preempted it. Sedgwick is so distressed by these attacks that she asserts, "I feel I must refuse to identify as a woman on these grounds" (263). The breast cancer community has created such a limiting identity for itself, but more distressingly, for women in general, that Sedgwick wants no part of it.[19]

She finds a more satisfying and potentially inclusive model within AIDS activism and the political use it makes of afflicted bodies that allow for identifications to take place across any number of seemingly unbridgeable divides. In its insistence on maintaining the visibility, even spectacle, of sick bodies, the AIDS community sits diametrically opposite the secrecy promoted by mainstream advocates for women with cancer. In using their bodies in innovative and alarming political ways, men (and, to a lesser degree, women) with AIDS open themselves up for identification. They ask others to identify with them as sick and as human, and, interestingly, this open invitation benefits not only those with AIDS but anyone who might find a touchstone within the experience they make known. Thus, even as a woman with an altogether different affliction, Sedgwick is able to connect with the AIDS community because it has made itself available to her. Women with breast cancer who hide the marks of their disease severely

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[19] Interestingly though, Sedgwick began writing an advice column in the late 1990s for the magazine *MAMM: Women, Cancer and Community*, in which she took an active role in shaping the women's cancer community by directly responding to women's real concerns about appearance, wellness, and perceptions about breast cancer. Several of these entries are collected in *Extremities*, edited by Nancy K. Miller and Jason Tougaw.

limit the possibility of such identifications across differences. Sedgwick resists the identity of woman with breast cancer, looking instead to find commonalties across experiences of illness, not just AIDS or cancer.

Reflecting the activism of the AIDS community on a much more personal scale, Michael turns his body into spectacle[s] through his glasses. Although Michael's white glasses do not mark his body as specifically carrying the HIV virus, it is, literally, his spectacles that transform him into both a marked object to be seen, even stared at, but above all open for identification, and a lens through which to view the world. In understanding his, *their*, glasses as a prosthetic extension of the body that corrects the "faulty limb of our vision," (as opposed to the prostheses urged by the breast cancer community, which conceal rather than illuminate the body's limitations) Sedgwick acknowledges that this way of seeing is not intuitive for anyone, not even them. Read in this way, Michael's singular glasses have the potential to correct the limited scope of everyone who sees Michael allowing himself to be transformed into a spectacle of AIDS. When Michael first puts on the glasses and when Sedgwick later follows suit, their new lenses merely stand in for the metaphorical vision of "include, include" that they have already decided to adopt.

In the midst of death: Marilyn Hacker writing against elegies

Like Sedgwick, who uses the device of Michael's glasses to imagine a more inclusive kind of vision for herself, Marilyn Hacker expresses a commitment to bearing witness to the atrocities of the twentieth century in her poetry. Beginning with those horrors closest to her – AIDS and cancer – and moving backward in time through imagined yet individualized memories of the Holocaust and other acts of destruction, in *Winter Numbers* Hacker locates and records the particularities of embodied traumas, whether directly witnessed or imagined, through her expansive vision. She locates herself as a reluctant witness caught, much like Rachel Hadas, watching as friend after friend dies.

The first poem of the collection, "Against Elegies," opens with a cascade of illness: "James has cancer. Catherine has cancer. / Melvin has AIDS. / Whom will I call, and get no answer?" (11). Hacker is witness, yet the insertion of a comma in that last line reveals her reluctance to take on that role, protesting against the work of writing elegies. "Whom will I call" becomes a question of its own, leaving open the choice of *not* calling, of not risking an unanswered call. She goes on later in the poem to lay out the decision she is faced with at the end of "another century / in which we made death humanely obscene," stating that each death "makes everyone living a survivor / who will, or won't bear witness for the dead" (14). Reluctant to have the role of survivor thrust upon her in the first place (though assuredly it is better than becoming another casualty) as a member of a generation dying too young, the choice of bearing witness versus turning away is not much of one at all.

> I can only bear witness for my own
> dead and dying, who I've often failed:
> unanswered letters, unattempted phone
> calls, against these fictions. (14)

Resisting the comforting metaphors and narratives that people tend to construct for themselves and each other in the face of unjustifiable illness, Hacker admits that, at a loss for words, she has not made all of the calls she could have, turning away from the incomprehensibility of so many deaths. But despite her confessed failings, she will bear witness in the limited way she is able.

Hacker struggles with the signposts that no longer reliably tick off the stages of her contemporaries' lives. Singling out Catherine, who is receiving radiotherapy for her cancer (of the breast? we do not know but suspect as much), as an example, Hacker observes:

> Her schoolboy haircut, prematurely gray,
> now frames a face aging with other numbers:
> "stage two," "stage three" mean more than "fifty-one"
> and mean, precisely, nothing. (12)

The boyish hairstyle signals another age, another body, perhaps slim and smooth chested. But the signs do not align properly and the hair is gray, too early. Catherine is fifty-one but Hacker warns us that her body cannot be relied upon to convey or confirm that. New indicators have replaced age, but they are misleading and opaque. What does – or should – "stage two" look like on the body? How does "stage three" etch itself into one's face? Into one's hair? Hacker does not know how to make meaning out of this kind of information; she does not know what to look for on the body to confirm these medical facts, and it affects her ability to bear witness to the diseases that are ravaging Catherine and Melvin and James.

Even though it means watching and writing without any moorings to help read the visual markers before her, Hacker, like her contemporaries Hadas and Sedgwick, makes the conscious decision to bear witness as her friends fall ill.

> I hope they will be sixty in ten years
> and know I used their names
> as flares in a polluted atmosphere,
> as private reasons where reason obtains
> no quarter. (12)

With logic and justifications unstable and incomprehensible, Hacker uses her friends' fragile lives as anthropomorphized warnings against the wave of death overcoming her generation. Gathering the sick and dying around her, listing their names one at a time, Hacker transforms these individuals into an unsettling collective, meant to alarm her readers with its very presence. The fact that she too may be newly ill, with breast cancer, and added to this community of sorts does not sway the focus of her project, for it is only midway through "Against Elegies" that Hacker reveals she has found an as yet undiagnosed lump in her breast. A later poem, "Cancer Winter," indicates that Hacker began this elegy, even the larger project of the book, before suspecting her own health was at risk; she had already decided to bear witness on behalf of others and the discovery of a lump, while certainly adding a layer of complexity to her work, would not keep her from writing. If anything, her possible cancer serves as yet another instance of the rampant diseases she had already been recording – the case that all too uncomfortably proves her point, as it were. And the fear it incites in her provides a closer glimpse of the terror her peers have already been living, much like Eve Sedgwick's sudden ability to look through her friend Michael's white glasses.

In "Against Elegies" Hacker situates herself as possibly one more middle-aged woman battling breast cancer among a generation of middle-aged men and women seeming to fall ill to cancer and AIDS all the time.[20] As one among many, she finds no more reason, no more meaning, in her cancer than in any of the others' sicknesses. In the closing lines of the poem, Hacker returns to the names of the people with whom she began, this time inserting herself quietly into the list:

> For most of us
> no question what our deaths, our lives, mean.
> At the end, Catherine will know what she knew,
> and James will, and Melvin,
> and I, in no one's stories, as we are. (15)

Harkening back to Susan Sontag's argument in *Illness as Metaphor*, Hacker resists the temptation to narrativize illness. The possibility of death does not shape Hacker's life into something new or heroic, and no new meaning comes of it. Viewed against a whole history of atrocities and unjust deaths, Hacker is

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[20] Although breast cancer is the most common form of cancer among women and incidence rates have indeed increased since 1980, the American Cancer Society (ACS) statistics indicate that early detection and treatment options had had a positive impact by the time Hacker was diagnosed. ACS states that "the rate of increase slowed in the 1990s, compared with the 1980s. Furthermore, in the more recent time period (1987-2000), breast cancer incidence rates have increased only in women aged 50 or older." So while breast cancer rates had not dramatically increased around the time when Hacker was writing, perceptions and awareness of the disease certainly had. In the late 1980s and early '90s the media coverage devoted to AIDS catapulted issues of health to the foreground of the American imagination. Breast cancer activists quickly learned from the media-savvy AIDS advocacy movement and began making themselves more visible and more vocal, in demanding better treatment and care for women with cancer. Hacker's perception that so many of her peers are suddenly being diagnosed is also indicative of the nature of breast cancer, which tends to strike women with increasing frequency once they reach middle age. (http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_breast_cancer_5.asp?sitearea=)

beginning to understand an idea that she articulates more fully later in *Winter Numbers*: that living in a frightening moment with an uncertain future is not unusual. It is, indeed, the unspoken, unwritten reality that most people experience.

Throughout *Winter Numbers* Hacker is surviving witness, like Hadas and Sedgwick, watching the suffering around her. But in a departure from the emphasis on illness of the other writers in this chapter, and in contradiction (or perhaps in protest?) of her own claim that "I can only bear witness for my own / dead and dying," Hacker is in fact concerned with a much broader array of atrocities. Suffering resulting from human injustices, past and present, become points of inquiry throughout the collection. Focusing on local and often forgotten traumatic events, Hacker finds fodder for her empathic inclinations close to home. Most notably, as a Jewish woman living much of each year in Paris, she is deeply stirred by the fiftieth anniversary in July, 1992 of the Great Raid of Vel d'Hiv, the infamous roundup and deportation of 12,800 Jews living in France, including about 4,000 children, some as young as two years old.

Referring to Vel d'Hiv in poem after poem, even devoting one, "For a Fiftieth Anniversary," entirely to its memory, she observes the modern day city and pushes herself to imagine what must have happened in 1942.[21] She watches her 100-year-old neighbor, Madame Melhing, a recurring curiosity for Hacker,

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[21] After being held for five days in Velodrome d'Hiver, an indoor bicycle stadium in Paris, without food, medical assistance, or toilet facilities, the nearly 13,000 Jews rounded up in buses by the French police were deported to Drancy, a concentration camp in France. The adults were immediately sent on to their deaths at Auschwitz, while the children were separated from their families and kept in Drancy (where many of the youngest died of neglect) before eventually being sent to meet the same fate. (http://www.jewishgen.org/ForgottenCamps/Camps/DranEngl.html)

and in “Days of 1992” wonders what she witnessed as a middle-aged woman during the war.

> What did my neighbors do when the gendarmes came
> Jew-hunting in this Jewish arrondissement?
>
> > I’ve never asked my next-door-neighbor:
> > frail centenarian who was fifty-
>
> two then, a few years older than I am, now.
> I’m frightened to investigate memories[.] (71)

Hacker alternates between admiring, sympathizing with and remaining suspicious of Madame Melhing for her long life. She looks for clues of her past but cannot find any, “So,” she writes, “I invent her, paint her with politics / past, while she follows soaps on her TV set, / cleans, totes her bread and wine upstairs” (72). In spite of her fear “to investigate memories,” Hacker becomes quite adept at inventing and imagining on her own without disrupting Madame Melhing’s or anyone else’s daily routine. Instead, she takes the scraps of the past she can see and transforms them into so much more, trying out version after version of personal histories from the safety of her own work table.

Yet Hacker is not completely satisfied with the careful distance she maintains and regrets her hesitance to make personal contact with those who have stories to tell. After Madame Mehling’s death at 102 she recalls in “August Journal” that she had frequently passed by the old woman’s apartment, “thinking that soon / I’d spend an afternoon talking with her” (93). As with the unmade phone calls to sick friends, Hacker admits her reluctance to intervene literally in others' lives as a failure. The question then is why Hacker, so intent on bearing witness, keeps herself apart. It is one thing for Hacker to consider the possibilities about Madame Mehling, that "maybe she liked Pétain, perhaps she / told the gendarmes where a man was hiding" (71), but when these are merely speculations she can move on quickly to more benevolent histories: "maybe she hid a scared Jewish girl in her / dank Turkish toilet on the landing / until an aunt with forged papers fetched her" (72). But what if Hacker had approached Madame Mehling, only to learn ugly aspects of her past, impossible to reconcile with the image of the kindly elderly neighbor to which Hacker always returns? Or what if Madame Mehling's account of the war years was not reliable, pocked by the failings of memory? It is a risk Hacker is unwilling to take, relying instead on her informed imaginings of a past that haunts her. Never presenting her musings as fact, Hacker uses them instead to pose difficult questions about the range of human behavior.

The one story Hacker had not fully imagined is the one in which she soon finds herself. Late in "Cancer Winter," the final cycle of poems in the collection, when Hacker definitively informs her readers that she has breast cancer, she reveals how unprepared she is to bear witness to her own illness. It is one thing to watch and empathize with other people's imagined sorrows, and quite another to slip oneself in as the subject of that gaze. In the poem entitled (like the poem cycle itself) "Cancer Winter," Hacker recognizes the black irony of her cancer diagnosis in relation to her most recent project of writing death.

> It's become a form of gallows humor
> to reread the elegies I wrote

> at that pine table. With their undernote
> of cancer as death's leitmotif, enumer-
> ating my dead, the unknown dead, the rumor
> of random and pandemic deaths. I thought
> I was a witness, a survivor, caught
> in a maelstrom and brought forth, who knew more
> of pain than some, but learned it loving others.
> I need to find another metaphor[.] (81)

As "a witness, a survivor, caught in a maelstrom" Hacker mistakenly felt invulnerable, even as she hovered over a coffin-like pine table writing. It is as if she imagined she had been "brought forth" to record on behalf of her queer, activist community stricken by the seemingly parallel pandemics of AIDS and breast cancer. Being witness and survivor were difficult enough, how could she also be victim?

In light of her diagnosis, Hacker urgently needs to reposition herself – and her thinking on disease – in a number of ways. From the perspective of the activist queer community to which Hacker belongs, breast cancer serves as a tidy, if morbid, parallel to AIDS, apparently targeting the women while the men fall victim to their HIV status. In fact, it is cancer, not the recently identified AIDS, that has long epitomized a most horrific death, and in Hacker's work AIDS gains status as a dread disease by its positioning next to cancer; together, the two make a most formidable pair. So if men with AIDS in the early nineties appear doomed to die, so too do their female counterparts battling cancer. Hacker readily acknowledges that cancer has served as a recurring signifier of death for her, the very word conjuring up images of newly deceased friends. In one striking example, Hacker's poem "Year's End" opens with reminders of (and is, in fact, dedicated to) two activists, Audre Lorde and Sonny Wainwright, "laid down with the other warrior women," both dead from cancer (75).[22] Despite, and most likely fully cognizant of, Susan Sontag's crucial work on metaphors and illness, in elegizing her friends Hacker claims that it is "as if there's a war on" and consistently yokes death and cancer together. For if Lorde and Wainwright cannot win this war, who can? In a decade of unrelenting death, it is difficult to resist a metaphor that has proven too close to reality time and time again.

But neither cancer nor AIDS is death's leitmotif. As Hacker must remind herself, cancer, terrifying though it is, pales in comparison to many other extreme, traumatic experiences:

> It's not Auschwitz. It's not the Vel d'Hiv.
> It's not gang rape in Bosnia or
> gang rape and gutting in El Salvador. (85)

What distinguishes cancer from the list above is the element of human torture and betrayal. Hacker identifies her body as "self-betraying" (85), but she places no fault on anyone else for her condition. In contrast to Larry Kramer's direct use of Holocaust imagery in positing AIDS as a form of unacknowledged genocide, Hacker claims of breast cancer, that, in fact, "It's not Auschwitz.." Kramer, along

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[22] Audre Lorde, author of *The Cancer Journals* and *A Burst of Light* died in 1992 of breast cancer; Sonny Wainwright, author of *Stage V: A Journal through Illness*, underwent mastectomies for breast cancer in 1974 and 1976, then in 1983 was diagnosed with the bone marrow cancer that eventually took her life in 1985.

with many others, feels blame must be placed on those who stand by and do nothing as gay men die, but Hacker cannot and does not make the same parallel between breast cancer and the Holocaust. Even as part of a community bound up in creating politically potent metaphors out of illness, in the spirit of Susan Sontag she works assiduously to empty cancer of meaning, claiming not that there *is* a war on, but only that it is *as if* there is. Hacker knows the difference.

Cancer inspires Hacker to ask, as so many who have overcome life-threatening illnesses do, "Reprieved / (if I am), what am I living for?" (85). Looking beyond the sickness enveloping her community, she steadies her gaze on traumatic experiences that have left no community of survivors to bear witness in their wake. As an "unimportant exiled Jew" (81), Hacker considers "each numbered, shaved, emaciated Jew / I might have been. They wore the blunt tattoo, / a scar, if they survived, oceans away. / Should I tattoo my scar? What would it say?" (85). Hacker's sick, disfigured, but surviving body becomes a mnemonic device physically linking her to bodies she could have been. Yet Hacker is unsure how – and whether – to write the mark of her own body, and how to position it, as message-bearer, in relation to the numbered bodies of Holocaust survivors before her. In "August Journal," she continues the inquiry, writing,

> Upon my body is superimposed
> the map of Europe I never knew:
> my olive skin, my eyes, my hips, my nose
> all mark as an Ashkenazi Jew
> if anyone were looking for a mark

> to indicate the designated prey. (94)

Her vulnerable body conjures up imagery of violence from a communal past outside of Hacker's own experience. Hacker wonders what kind of tattoo would fill the void of, or perhaps explain the absence of, her missing breast. Embodied traumas compound, one on top of the other, but always breast cancer leads Hacker back, not to her suffering community of men and women with AIDS and cancer, but further into the unknowable past. Cancer provides Hacker with a way into imagining a more horrifying past that might have been hers, but for an array of chance circumstances. Through a wartime image that repositions her into a far away time and situation, Hacker recognizes that she is "more the Jew pursued in the dark / than the scrubbed Yank marching through Normandy" (94). On the run instead of on the march, Hacker will not allow herself to claim the sense of activist entitlement that enables scrubbed Yanks, or, to extend the metaphor in a different direction, even infected AIDS patients, to claim foreign streets as their own.

Denying herself the self-indulgence of "ruminat(ing) upon her own disease, present or past, absorbed, alone, aloof" (94), Hacker rejects dwelling in the solitary nature of cancer, as a disease that no matter how widespread ultimately strikes just one body at a time, instead imagining herself along a broader continuum of Jewish traumatic history.

> I could have been one of the children seized
> that day at 22, rue des Ecouffes.
> I could have been one of the two-year-olds

> not knowing quite how to pronounce my name
> penned in a littered courtyard, blotched with cold
> behind barbed wire, until the transports came (94)

Again recalling the 1942 Raid of Vel d'Hiv, Hacker expands her definition of "my own / dead and dying" by honing in on the most vulnerable victims, the children too young to speak their names or their stories, given up by the French police to the Nazi killing machine. Born in the same year though an ocean away, Hacker literally could have been one of the children she now invites to haunt her, torn from homes in an arrondissement in Paris she now knows well, half a century later. The stories are lost and it takes a keen imagination to look beyond the neighborhood's now trendy storefronts and restaurants to ask, as Hacker does, what happened to the people who were rounded up so many years ago.[23]

Visitations upon the unexceptional

After coming so "close to the bone" with cancer and emerging "still alive" (90), Hacker frequently considers not only what might have been but now also what is already happening. She wonders how many of those around her have survived illnesses and traumas that leave no visible trace, on the body or anywhere else. She deliberately turns her attention to the atrocities she does *not* know about – not the Vel d'Hivs or the Auschwitzes that keep returning to her, but now the individual sufferings that do *not* haunt her precisely because they are so invisible and silenced. These are the intimate traumas of the people she sees every day, the people who perhaps, like Madame Mehling, witnessed and were

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[23] Rue des Ecouffes is in Paris' 4th Arrondissement, traditionally a Jewish neighborhood. A quick Google search shows that 22, rue des Ecouffes is now, somewhat ironically, 7H10, a fashionable lesbian-owned home furnishings store.

scarred by the horrific roundup in 1942, or who are survivors of other unspoken experiences. Longing for an impossible return to normalcy in her own life, Hacker comes to place herself within the larger scope of quiet human suffering. Shifting her focus in "August Journal," the final poem of *Winter Numbers*, she realizes it is time for a new understanding of what it means to be unexceptional:

> I want the dull
> workdays and nights of unexceptional
> unmarked life, with eyelashes and hair.
> It *is* exceptional to die in bed
> at ninety-eight, not having been gassed, shot,
> wrung dry with dysentery, drowned at birth
> in a basin for unwanted girls.
> The unexceptional beg on the street
> outside Red Apple, outside Monoprix[.] (91)

Like Eve Sedgwick who finds herself unexpectedly aligned in illness with her friend Michael, or even Rachel Hadas who examines her role as surviving witness, Hacker realizes that her cancer places her within a much larger community of perpetual survivors. Reversing common understandings of exceptionality, Hacker posits that a cancer diagnosis is not exceptional; instead, it is those who live long, unmarked lives who are unusual.

Hacker comes to understand that even though cancer has left its mark on her body through mastectomy, many other traumatic experiences leave no recognizable trace. Indeed, the breast cancer that leaves its imprint on her surviving body is not the Auschwitz or Vel d'Hiv that could have erased her life altogether. Claiming "my life is wider than these windowpanes," Hacker is making a dual assertion that her identity is larger than her body can convey, and that a broader vision – like that provided by donning Michael Lynch's glasses – is required to see what lies beyond its limited frame. By extension, cancer has taught her that she must work harder as witness to claim as her own responsibility others' experiences, both the known traumas of the past and the unknown of the present:

> Stubborn people of the Book,
> renewed after such disappearances,
> though you are not my past, you are my past
> (there are no atheists in a pogrom).
> my future, though, is coming toward me fast
> from elsewhere, and I cannot know where from
> …
> All I can know is the expanding moment,
> present, infinitesimal, infinite,
> in which the late sun enters without comment
> eight different sets of windows opposite. (93)

Aware of the limited vision others have of her life, Hacker knows that as witness it is her responsibility to look into – and, most crucially, beyond – the windows of those around her. Earlier held back by fear from asking questions about and talking to her neighborly neighbor, Hacker now peers without hesitance into "known neighbors' unknown rooms" (91).

The metaphorical backward glance prompted by hauntings of a past Hacker was fortunate to avoid but nonetheless shapes her identity as Jewish, becomes in these closing thoughts of the collection a more literal way of witnessing the unexceptional around her. Illness transforms Marilyn Hacker, broadening – and ultimately redirecting – the scope of her vision in much the same way that the metaphor of Michael's white glasses provides a new kind of shared witnessing for Eve Sedgwick. While recurring death imprints provide imagery to, and against, which Rachel Hadas responds as survivor of her mother's and Charlie's deaths, Eve Sedgwick and Marilyn Hacker transform their work of witnessing into a vision imprinted by the intimate knowledge of trauma. So Sedgwick's white glasses and Hacker's view into "known neighbors' unknown rooms" is imprinted by the vantage point afforded them by cancer, which they come to learn is all too common.

Chapter 4

Inscriptions of slavery: the maternal body as site of communal memory

Margaret Walker closes her 1966 novel *Jubilee* with a powerful scene in which Vyry, a former slave married to her husband Innis after emancipation, is reunited with her first husband, Randall, who she had presumed died fighting for freedom in the Civil War. Vyry is overwhelmed by the sudden intrusion of the past into her present life as both men lay claim to her. Yet they fail to understand the depth of her trauma as the mulatto daughter of a master who would not protect her from his cruel wife and as a woman whose free black husband had left her in bondage with two young children to care for when he went north years earlier. In a moment of emotional release, she tries to make her two husbands comprehend the physical and psychological abuse she endured as her master's fair-skinned daughter at the hands of her vengeful mistress:

> Big Missy was mighty mean to me from the first day I went in the Big House as a slave to work. She emptied Miss Lillian's pee-pot in my face. She hung me up by my thumbs. She slapped me and kicked me; she cussed me and worked me like I was a dog. They stripped me naked and put me on the auction block for sale. And worsetest of all they kept me ignorant so's I can't read and write my name, but I closed her eyes in death, and God is my witness, I bears her no ill will. Old Marster was my own daddy and he never did own me for his child. I begged him to let me marriage with you and go free and he say no. He ain't punish nobody when he stand to see them beat me… (ellipses in original, 483-4)

Vyry stops there because, while both husbands knew of the mistreatment her mistress regularly inflicted on her, neither Randall nor Innis ever suspected what she lets slip in that last line, that she had been beaten.

Unable to find words to convey what she needs each man to know – and unsure of the power of words to express the fullness of her enduring pain –, she tears at her shirtwaist and apron instead, revealing her back.

> Hysterical now, she had thrown off piece after piece of her clothing, and now in the moonlight the two men stood horrified before the sight of her terribly scarred back. The scars were webbed and her back had ridges like a washboard. Innis Brown's face was working and he covered his face to keep them from seeing him cry. He knew and understood now why Vyry went wild when she saw him with a whip in his hand after Jim. Randall Ware was swearing terrible oaths and chorusing them with "Oh, no, my God, no! Oh, no, my God, no! Look at what those bastards have done." (484)

Mere language could not have contained the overwhelming knowledge expressed by the fact of Vyry's marked back. While Innis is rendered speechless, Randall does not want to believe what he sees. For Randall, the husband who had left Vyry in the swamp, implicitly understands that too much has happened since the day a decade earlier when Vyry was caught with her two small children as she tried to meet him so they could run north together. The marriage for which he had held out hope during over a decade of separation is over. The fact of the whipping has changed Vyry, at once dissolving her trust in humanity and firming, as is now clear to Innis, her steely resolve to create a new beginning for her family. Breaking the repetition of abjection and trauma Vyry had always feared, Randall sees to it before leaving that his children are to be educated and provided for. And so Walker's narrative, based on the life of her own maternal great-grandmother, Margaret Duggans Ware Brown, which begins many years before with two-year old Vyry being called to her mother's deathbed in childbirth in the antebellum south, ends with a repetition of traumatic witnessing. Vyry needs her husbands, temporarily united in emancipation, to bear witness to the lasting imprint of slavery on her body, enabling her to reconcile the deep psychic split within her that emerged on the day of her beating.

Over two decades later, Toni Morrison composes *Beloved* (1987), which, building off *Jubilee*, begins rather than ends with a free slave mother, Sethe, exposing her whipmarks to a man from her past. *Beloved* is another novel set in the Reconstruction era, again inspired by the life of an actual slave mother, Margaret Garner, in which traumatic memories are borne on the back of the female protagonist. In a scene of reunion similar in many ways to *Jubilee*, Sethe finds Paul D, whom she had not seen in the eighteen years since their horribly botched escape from Sweet Home Farm, sitting on her front steps. Sethe explains to her long-ago fellow slave what happened to her on that fateful day they ran to freedom. Schoolmaster, the cruel man in charge of the slaves after their gentle master died, had overseen and taken notes as his nephews had suckled Sethe's breasts, taut with milk for the infant daughter she had sent ahead to freedom. With nowhere else to turn, Sethe had confided in her kind-hearted mistress Mrs. Garner, who wept but could not speak a word, her throat occluded by a large tumor. Sethe ends her story by telling Paul D that "Them boys found I told on em. Schoolmaster made one open up my back, and when it closed it made a tree. It grows there still" (17). Like Randall and Innis in *Jubilee*, Paul D immediately comprehends the burden of memory that Sethe's whipmarked back bears, tenderly opening up her dress to kiss and touch the hardened ridges.

Jubilee and *Beloved* follow in a long tradition of representations of whipped, branded, and injured bondsmen and women within African American slave narratives and novels from the antebellum period, as well as the early years of Reconstruction. Perhaps most famously, just a few pages into his 1845 narrative, Frederick Douglass recalls witnessing as a child the frequent whippings of his Aunt Hester at the hands of his master. In *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America*, Saidiya Hartman claims that in positioning the whipping so early in his text, "Douglass establishes the centrality of violence to the making of the slave and identifies it as an original generative act equivalent to the statement 'I was born.'…[T]he terrible spectacle dramatizes the origin of the subject and demonstrates that to be a slave is to be under the brutal power and authority of another" (3). The threat of violence is central to the condition of enslavement, asserting the slave's status as property – and the absolute negation of subjectivity – within the system of chattel bondage. Douglass and other nineteenth-century African American writers, including William Wells Brown, Martin Delany, and Sojourner Truth among others, identify beatings and brandings, whether their own or others', as foundational moments within their awareness of themselves as slaves and rely upon representations of the brutality to appeal to their readers' sense of justice[24].

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[24] A few of the many other instances of violence used to establish the domination of master over slave within antebellum African American literature include: Brown's mention of hearing his mother cry as she

Despite the rich literary tradition of recreating incidents of extreme violence to indicate the savagery of slavery and to appeal to the humanity of readers, it is not until the late 20th century that African-American writers begin to explore fully the possibilities of using representations of brutalized, enslaved bodies to indicate and recover traumatic communal memory. During the civil rights movement in the 1950s and 60s African Americans depend upon representations of their bodies in the media – beaten with police clubs, sprayed with water hoses, dragged away from lunch counters, marching in civil protest – to gather support within their own community. While such images certainly mobilized white citizens as well, the deliberate appeal to the black community (in contrast to the audience of white abolitionists looking at black bodies in the nineteenth century) as a potential force for change is significant. The decision of 14-year old Emmett Till's mother to allow her son's lynched body, photographed in an open casket, to appear on the cover of *Jet* magazine in 1955 is indicative of this shift, with the black community rallying in protest around the torture and murder of African Americans. The image of Till, who was killed as punishment for supposedly whistling at a white woman in Mississippi, served as both a cautionary reminder and source of outrage for a whole generation of African Americans who grew up with the photograph of his unidentifiable waterlogged face fixed in their minds.

The power of the horrifying picture of Emmett Till arguably marks the beginning in African American literature and culture of what Marianne Hirsch calls a "visual discourse of trauma" (72). Running through to Audre Lorde's political use of her one-

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was being whipped very early in his "Narrative of the Life and Escape of William Wells Brown" (1853); Martin Delany's protagonist's witnessing of brutal whippings, and finding his own wife beaten beyond recognition, when he sets out to learn the full horror of slavery in Part II of *Blake; or the Huts of America* (1859); and Sojourner Truth's description of the regular abuse she received as a slave, resulting in lifelong scars and injury, in *The Narrative of Sojourner Truth: A Northern Slave* (1850).

breasted body as spectacle in the late 1970s, the visual discourse relies upon that which can be seen to indicate and create community around a larger unspoken experience. Distinct from nineteenth-century texts that use images of violated slaves as objective evidence of the inhumanity of slavery, Margaret Walker and Toni Morrison use their respective protagonist's marked bodies to signal the communal and continuing trauma of slavery, as it extends even beyond emancipation. Each writer creates a maternal female protagonist based on an historical figure who has been severely beaten for an act of insurgence: Vyry for trying to take her children to freedom in *Jubilee*; and Sethe for telling Mrs. Garner about the milking just before her escape in *Beloved*.

Despite the brutality of the actual whipping, it is the memory and implications of the torture, rather than the moment of torture itself, that is foregrounded within each narrative. Whereas Walker creates a straight narrative, in which the depth of Vyry's trauma is revealed, via her back, only at the end, Morrison takes her reader into the interiority of traumatic memory immediately in her novel, as soon as Paul D opens Sethe's dress to kiss her scars. Mimicking the bondage/escape/freedom structure of traditional slave narratives as Phyllis Rauch Klotman claims *Jubilee* does, Walker's novel culminates with Randall and Innis – the pre- and post-emancipation husbands – together viewing Vyry's bared back, as the only means by which Vyry can finally be free. For, as Saidiya Hartman explains, emancipation did not create a break within the lives of slaves but rather marked the beginning of continued subjugation, in many ways more traumatic than bondage itself, in which African Americans enjoyed few freedoms and lacked even the protection of the patronage system afforded by slavery. For Vyry this is certainly the case, and her scarred back signifies the enduring but silenced trauma of slavery on her life, as a mother unable to protect and care for her family before or after emancipation. Instructing her husbands, "I wants you to bear me witness," five years into freedom, Vyry is able to voice what she needs from these two men, Randall and Innis, and they begin speaking through the past and making plans for the future together as a family (485). In confronting their losses as a family, they finally heal the rift never fully articulated within the narrative but signaled by Vyry's inability to speak of her whipping that slavery and the loss of her first husband caused in her. Conversely, many years later Morrison takes the opposite route of Walker's narrative, stating that in her process of recovering the interior lives of slaves traditionally omitted from African American texts "the image comes first and tells me what the 'memory' is about" (Site 195). Thus, Morrison's use, not of the whipping itself as in a conventional slave narrative, but of the spectacle of its remains, the marked back, as a foundational image within *Beloved* sets into motion the more overtly psychological recovery work Sethe and Paul D must undertake together to create a final break from the traumatic losses – not only loved ones but also of selfhood – of slavery.

So while the beatings represent the horrors of slavery to be sure, the resulting scars signify the lasting imprint of slavery on the psyches of the women and their families, even after each has survived into freedom. For Walker first, in 1966, and two decades later, Morrison, each use their protagonist's marked bodies as sites of memory, building key scenes of traumatic awareness on their maimed bodies. Although doing different kinds of memory work indicative of the historical moment when each was writing, with Walker asserting the fact of slavery's traumatic legacy beyond emancipation and Morrison examining the interiority of that trauma, both writers – like so many others examined in this dissertation in the context of illness – rely on the visual evidence of the body as a narrative device for signifying, and eventually bringing to voice, the unspeakable. As physical remains of a horrific past, Vyry's and Sethe's scars are laden with meaning the authors could access only through the textual baring of these women's backs at pivotal narrative moments.

Failed escapes: inscribed memories of broken families

In an often cited passage from *Beloved*, Sethe describes to her daughter Denver the lasting power of Sweet Home Farm as a site of traumatic rememory. Sethe explains rememories as visual images attached to places, available for anyone to bump into:

> The picture is still there and what's more, if you go there – you who never was there – if you go there and stand in the place where it was, it will happen again; it will be there for you, waiting for you. So, Denver you can't never go there – it's going to always be there waiting for you. (36)

Rememories remain as fragmented memories, enduring as physical and visual presences outside of time. In the reunion scenes in *Jubilee* and *Beloved*, Vyry and Sethe both have stories they need the men in their lives, their families as it were, to know and understand – but there is danger in how that knowledge gets shared. Sethe warns her daughter against the destructive force of Sweet Home as rememory and shields her from her past, preferring silence over the risk of pulling Denver into the horror.

In a parallel to Morrison's rememory as a physical remain, psychoanalysts Dori Laub and Nanette Auerhahn identify the enduring, timeless nature of memories capable of pulling one back into the traumatic moment. In their studies of survivors of genocide and other human atrocities, Laub and Auerhahn have found that trauma is resistant to knowledge, difficult to organize and make meaning of. When Sethe and Vyry struggle to find words, their scarred backs – as inscribed or fragmented memories – take them into the endlessly repeating story in much the way that one encounters a rememory. Laub and Auerhahn explain:

> The moment the fragment comes to mind…it breaks away from the narrator, obliterating or, at the very least, obscuring the rest of current reality. The individual loses perspective; he is in the experience once again, he is the same again. The memory is timeless, the image frozen. (Knowing 295)

When the lost men from the women's lives track Vyry and Sethe down and unexpectedly turn up at their new homes, the women can find no distance from the past and reveal their backs to signify how completely immersed they remain in the enduring traumatic experience of trying futilely to hold their families together. But as rememories, inscribed memories such as Vyry and Sethe carry on their backs, the marked flesh functions as more than the sign of the continuing trauma. In bringing the men into the traumatic moment that represents all of their pasts, not just that of the marked women, the scars provide a starting point for reconfronting and thinking through, *as a community*, the initial loss of self and of trust that is by now so deeply held within Vyry and Sethe that they do not question it.

Toni Morrison claims in her essay "The Site of Memory" (1987) that the larger truth of memory is lost in the historian's or autobiographer's move from text (or document) to narrative history. For neither traditional slave narratives, with their authorization by white sponsors and tailoring for white readers' expectations, nor historiographies of slavery can access memories that remain either hidden beneath a veil of nineteenth century decorum or undocumented altogether – resulting in silences that are "precisely the problem in the discourse that proceeded without us" (192). Therefore, in a process she calls "literary archeology," Morrison begins with an imaginative act of "recollection that moves from the image to the text. Not from the text to the image" (194). In *Beloved*, that process begins with the image of Sethe's back, which through the course of the novel reveals a complex, silenced narrative web that entangles the whole community in its telling and eventual expulsion. Though *Jubilee* ends rather than begins with the image of the scarred back, it is able to gesture in its final pages toward the interior investigation that Morrison can more fully explore twenty years later, by finally joining Innis, Randall, and Vyry as they acknowledge the trauma that has ruptured their family. The women's backs, as crucial visual cues, generate untold stories, representing what Laub and Auerhahn call the "overpowering narrative," within their framework for the stages of knowing trauma, of Sethe's and Vyry's inability to deliver their families intact to safety that dominates the women's lives (Knowing 295).

In pivotal scenes that confirm the absolute lack of recognition of enslaved families as families, in *Jubilee* and *Beloved* Vyry and Sethe are both whipped on the day they planned to run north with their husbands and children. At Randall's insistence, Vyry is to meet him alone in the swamp, leaving her sleeping children in her cabin. But the baby Minna is teething and Jim sleeps fretfully, waking as Vyry is finally ready to leave. Thinking of the argument she will make to Randall, "'But I couldn't leave my children; I just couldn't. I knows if I leave my baby she will die,'" she bundles them up and heads out into the dark to run as a family (169). But slowed as Vyry is by the children, she does not make it to the swamp until morning. There she is met not by Randall but by the patterroller and guards and the promise of seventy-five lashes. In *Beloved*, Sethe sends her children on ahead so she can stay to look for her husband Halle; instead she is found by schoolteachers and the boys and her breasts sucked dry. For both women, familial delays have disastrous consequences, tearing Sethe from her children and ultimately Halle, and separating Vyry from Randall.

When each woman is beaten, the trauma of her family torn apart by slavery – the family she ran to preserve – is permanently seared into her flesh. The knowledge of a slave woman's utter inability to care for her children is the inscribed memory that the hardened scars will forever signify for each of them. In *Reconstructing Womanhood: The Emergence of the Afro-American Woman Novelist* (1987), Hazel Carby discusses slave women's struggles to meet nineteenth century white ideals of true womanhood – piety, purity, submissiveness, and domesticity – within a system of bondage that identified them, and their children, as property. Most notably, enslaved black women had little control over their sexuality and reproduction, often forced, whether through rape or arranged marriage, into the role of breeder to produce more property for the master.

Resisting the prohibitions against enslaved women controlling their desires and family life, both Vyry and Sethe, unlike their mothers before them, have arranged their own marriages: Vyry to a property-owning free black man, Randall Ware; and Sethe to Halle, a gentle man who for years had given up his one day off each week, working to buy his own mother out of slavery. With knowledge of marriage gleaned from what they see on the plantation and, more significantly, in the big house where they work, each woman has an understanding of her role as wife and mother that is shaped by a definition of true womanhood accessible only to wealthy white women. Using her mistress Mrs. Garner as a model, Sethe describes her vision for her wedding:

> 'I never saw a wedding, but I saw Mrs. Garner's wedding gown in the press, and heard her go on about what it was like. Two pounds of currants in the cake, she said, and four whole sheep…That's what I wanted. A meal maybe, where me and Halle and all the Sweet Home men sat down and ate something special…But it wasn't going to be nothing. They said it was all right for us to be husband and wife and that was it. All of it.' (59)

Disappointed by the lack of ceremony and feasting, Sethe nonetheless marks the occasion by wearing a makeshift wedding gown, constructed on the sly out of bits of mismatched fabric. Halle feigns illness to take the day off, and the two steal away to the privacy of the cornfield to make love.

Jubilee's Vyry, already several months pregnant, is also hoping for more from her marriage – not in ceremony but in freedom. When she asks Master John for permission to marry a free man, he understands that she is asking for her freedom and responds viciously: "'You should have thought of this before you got a free-issue nigger to get a child by. Getting a child by you don't make him own you or own the child. I own you, and I own your unborn child'" (144). Sethe's and Vyry's dreams of how their marriages might be recognized and celebrated are shattered before either even jumps the broom. The owners take the fact of their unions in stride: as slaves, these women are expected to find mates and bear children. But as women placing value in the families they are about to create, Sethe and Vyry expect others to understand the sanctity of their marriages. As Venetria Patton states, "the slave system attempted to degender slaves by treating them as chattel" but, in what is a major transgression of the degendered roles of bondage, the women themselves looked for ways to assert their womanhood (xii).

Indeed, in choosing marriage, Sethe and Vyry see a way out of slavery rather than the hardening of their role within the system that they actually encounter. Despite her initial lack of attraction to the black-skinned man, Vyry becomes entranced by all that Randall Ware represents:

> Rumor was a witness that he had plenty of money, that he had a rich white guardian, and that he was one of those smart niggers with letters in his head. A nigger with book learning? A nigger with money and a nigger free on top of all of this? Was she dreaming? Was such a thing ever heard of in Georgia? *Maybe he can teach me how to read and write and cipher on my hands*. But it was the idea of freedom and the proposition he had raised in connection with that miraculous idea that fascinated her the most. She turned it over in her mind idly, as a child turns over a new play-toy. (94)

Vyry, who had never considered the possibility of life outside of bondage before, is now smitten with the idea, and with the man who might make it a reality for her. Similarly, Sethe in *Beloved* also selects a man who might bring her freedom. For, despite the relatively fair treatment of the Sweet Home slaves, "Halle, who had never drawn one free breath, knew that there was nothing like it in this world" and bought out his aging mother, Baby Suggs (141). The problem for Sethe and Vyry though is that Halle has already committed his labor to paying off his mother's purchase price and Vyry's master refuses to allow Randall to buy his wife into freedom, at any price. So instead of finding freedom through marriage, Sethe and Vyry feel more trapped within slavery than before. For once they have children to protect and care for running to freedom becomes an incredibly dangerous proposition.

Because neither could fulfill her expectations of the roles and responsibilities of motherhood within slavery, Sethe and Vyry make plans to run, with their families, into freedom, so their children will not grow up as slaves. Victoria Bynum claims in *Unruly Women: The Politics of Social and Sexual Control in the Old South* that enslaved women, rather than becoming passive victims, often "resisted society's definition of them and maintained vitality and self-respect through exhibiting unruly behavior," asserting themselves as more than property (3). Hazel Carby concurs, looking to women's slave narratives for moments of resistance more frequently associated with conventional manhood, even the writers of these narratives aspire toward the standards of idealized womanhood.

It is the subtle, often unrecognized, forms of resistance that women reformulating the slave narrative in the late 20th century document. While Margaret Walker clearly states that her protagonist, Vyry, is not a rebellious woman, running only at the encouragement of her husband (though deliberately disobeying him by refusing to leave their children behind[25]), the act of imagining oneself outside of the slave system, functioning as a subject with free will and rights, is itself a form of psychic resistance. Even though Vyry is afraid to run, the image of her family living in freedom – the image that attracted her to Randall Ware in the first place – is so powerful as to enable her to carry her sleepy children through the darkness of night to the appointed meeting place.

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[25] In a 1979 interview, Margaret Walker states that "I tried to show several points of view in *Jubilee*. I am dealing with a number of characters, and I have only one who manifests a kind of militant spirit, and that is Randall Ware. That is precisely what I intended. I could not take a woman like Vyry, who reflects the Christian upbringing of the Quarters and the Big House, and show her as a revolutionary. To me that is completely out of the question" (Egejuru and Fox 29).

Later novelists investigate the many kinds of resistance employed by female slaves more overtly. Toni Morrison's Sethe, along with female protagonists like Mary Ellen Pleasant from Michele Cliff's *Free Enterprise* (1993) or Dessa from Sherley Anne Williams' *Dessa Rose* (1986), led, instigated, or participated in slave rebellions of various forms. These fictional texts, all based on fragmented historical documentation of actual women, work to expand common understanding of the psychological toll of slavery and the limited kinds of agency women sought out for themselves and their families.

Michele Cliff foregrounds the collective ignorance or amnesia – on the part of both the official recorders of history and those directly involved in the incidents who remain silenced – of women's participation in subversive activities in *Free Enterprise*, which provides an account of the Harper's Ferry rebellion:

> …when the smoke cleared the name officially attached to the deed was John Brown.
>
> Who has ever heard of Annie Christmas, Mary Shadd Carey, Mary Ellen Pleasant?
>
> The official version has been printed, bound, and gagged, resides in schools, libraries, the majority unconscious. Serves the common good. Does not cause trouble…Is the stuff of convocations, colloquia; is substantiated – like the Host – in dissertations.
>
> The official version is presented to the people. With friezes of heroes, statues, free-standing in vest-pocket parks…
>
> This is what happened; this is how it was. (16-17)

To be sure, recent historians have sought out alternate stories, trying to flesh out scant details into actual lives, searching for evidence that the official history (even as presented by leading historians like Stanley Elkins whose *Slavery* provided new ways for thinking about the American slave system when it was published in 1959) is lacking. In their 1999 book, *Runaway Slaves: Rebels on the Plantation*, John Hope Franklin and Loren Schweninger study fugitive slave notices and advertisements along with court records to trace the wide range of rebellious activities that slaves engaged in. They provide artifact after artifact proving the fact that slaves did rebel against slavery, not merely by running away, but more commonly by "lying out," or absconding into the woods for spells of time, and by otherwise being insubordinate.

Despite this expansion of common understanding of rebellion, many questions remain unanswered, most notably regarding slaves' communal networks of resistance, which Franklin and Schweninger downplay, stating that slaves most frequently – and most successfully – ran alone, not in groups. This has particular bearing on our understanding of slave women, who did not run as frequently as men, as those of childbearing age like Vyry and Sethe did not often risk running with their children and rarely ran without them.[26] Because Franklin and Schweninger rely upon public written records found in newspapers and court documents, they do not encounter women's more subtle, unrecognized forms of resistance and agency that feminists like historian Deborah Gray White and activist Angela Y. Davis have worked to document. They do not acknowledge the critical role women played in creating protective communities that

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[26] In an interesting twist on the common understanding that slave mothers were less likely to run to freedom (with or without their children), David Bradley imagines a subtle rebellion in his novel *The Chaneysville Incident* that revolves around the plan to guide women and children, as the mainstay of the slave system, to freedom. With women and children disappearing and heading north to freedom, the future of slavery would be destabilized.

enabled others to run safely. And they do not recognize the resistance exhibited in everyday acts of survival.

In *Scenes of Subjection* Saidiya Hartman, however, is quick to point out the danger of identifying, as so many recent scholars have done, slaves' everyday acts of resistance as evidence of agency, for that agency functions only within a system of domination and at great risk to the enslaved.[27] So while rebellious activity, such as stealing away, "challenged the figuration of the black captive as devoid of will" it also reasserted their status as property (69). To that end, it is in running that Vyry and Sethe, determined that their children will not grow up as slaves, learn slavery's most devastating lesson: that, regarded as less than human, totally devoid of subjectivity, they cannot ever expect anyone to act on their – or their children's – behalf. Even Randall, the man Vyry loved and trusted so dearly, had never understood the absolute impossibility of Vyry running without her children and had not made any adjustments to their plans to enable her to bring them along. And Halle, who helped conceive of the plan for the Sweet Home slaves to run together, watches helplessly from his hiding place when his wife is assaulted by the white men in the barn.

At the mercy of others: reading the broken-down maternal body

When Vyry is caught, nobody, not even her sympathetic master/father who is away on business, can do anything to stop the brutal whipping ordered by her mistress or to ease her suffering. Indeed, Hartman explains that if slaves find agency within

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[27] Even Deborah Gray White, in the 1999 preface to *Ar'n't I a Woman? Female Slaves in the Plantation South*, which was originally published in 1985, retracts some of the agency that she earlier ascribed to slave women. She explains that in 1985 she felt compelled to assert women's agency in response not only to historians like Elkins who objectified slaves as helpless and dependent, but also to later scholars like Eugene Genovese, John Blassingame, and Herbert Gutman who countered Elkins in the 1970s by rescuing black masculinity from the sambo image at the expense of black women, who continued to be mythologized as meek and childlike.

rebellious or clandestine activities then the spectacle of the whipping reasserts the domination of the master over the insubordinate slave as his property. Within *Jubilee*, the precedent for the public ritual of punishment has been established well before Vyry's escape attempt, first when Vyry's sister Lucy is branded on the face for running away, and later when a local Fourth of July celebration is punctuated with the hanging of two slave women accused of murder, which "every able-bodied slave in the county was, by order of his master, forced to attend" (118). Both times, Vyry cannot bear to look, turning away or covering her eyes to shield herself from the enforced spectacle of torture, and feeling completely alone in her terror even within the holiday crowd.

But if the terror of being alone and unprotected arises from witnessing torture and killing, as victim it is enough to shatter one's faith in humanity altogether. As Vyry lies alone in the dirt all day after her whipping, with salt stinging in her raw wounds, she asks herself,

> "Why has God let me live?" *All the black people must be scared to come and get me till it is black dark. Maybe they think I'm dead. Lawd, have mercy, Jesus! Send somebody to get me soon, please Jesus!* The flies were making the buzzing sound and she felt her body throbbing in a rhythm with the flies. Fever parched her lips and eyes and her bruised hands and ran through her brutalized flesh. (174)

Only when night falls is it safe for the other slaves, who have witnessed the seventy-five lashes but could not do anything to stop them, to gather Vyry up and tend to her bloodied body, soothing her wounds and confirming her sense of community.

For Sethe, the trauma her back represents, as Mae Henderson points out in "Toni Morrison's *Beloved*: Re-Membering the Body as Historical Text," is not limited to the physical beating that produced the marks (69). Instead the clump of scars signifies Sethe's devastation of having her children's milk stolen right out of her breasts with no one intervening to stop the theft. The milking is a private act of violation and domination, so extreme and unjustified that it is not committed, like a whipping, before the other slaves as a threat against insurgency. On a farm full of people, not one person is both willing and able to come to Sethe's rescue during this private act of violation: Mrs. Garner is too ill and powerless to do more than cry when she hears the news; schoolteacher and his nephews are themselves the perpetrators; and the five men of Sweet Home have been irrecoverably reduced to their slave status – with Paul F already sold away, Sixo shot dead, Paul D shackled and wearing the collar, and Paul A and Halle both missing. There is no one left to ensure that Sethe has milk for the baby she sent ahead to freedom, or that she will reunite with her children before her remaining milk dries up.

In a telling description of the lasting effects of torture, Holocaust survivor Jean Améry explains the difficult knowledge that comes when no one comes to the rescue, whether it is inability or lack of knowledge that prohibits intervention: "Whoever has succumbed to torture can no longer feel at home in the world…Trust in the world, which already collapsed in part at the first blow,…in the end, under torture, fully, will not be regained" (40). Sethe loses her ability to trust in the world in her moment of ultimate despair when two boys with mossy teeth set to work at her breasts. Unlike her own mother who was able to nurse her newborn for only a few weeks before returning to work in the fields, Sethe is determined to provide milk for her children. As slave and as mother, it is the only thing she has the power to give them and is symbolic of her love and affection. She deliberately does not wean her baby before sending her off to freedom, resolved in her plan to follow along in a day or two, bringing her milk with her. So when the milk is stolen, it is doubly betraying – not only as the abandonment of Sethe, whom the world allows to be treated more like an animal than a woman, but as the utter abandonment of her children, taking necessary food from her child's mouth.

In their work with Holocaust survivors, psychoanalysts Dori Laub and Nanette Auerhahn state that "trauma may be defined as a major failure of need mediation" (Empathy 398) that occurs when the person in need – whether a target of genocide or a person in chattel slavery – "is not regarded as equally human" (Empathy 380). Indeed, for Sethe one of the most critical moments of betrayal at Sweet Home Farm was when she overheard schoolteacher instructing his nephews as they charted out her animal and human characteristics. And both Sethe's and Vyry's need to be respected as human, as mothers, and as wives, along with their need to have their children's needs recognized, is obliterated in the moments surrounding their beatings: for Vyry first when Randall expects her to run without her children and later when she is caught on the run with them, and for Sethe with the act of milking. When Sethe turns to Mrs. Garner afterward for acknowledgment of her subjectivity, the white woman's tears are not enough to restore Sethe's faith in humanity. And when the whipping that follows on the heels of Sethe's plea to her mistress tears open Sethe's back, the scars become permanent reminders that Sethe cannot, must never again, trust anyone with her life or with the lives of her children.

Margaret Walker's Vyry is more resistant to this lesson. Despite repeated abuses by her mistress culminating in the torture she receives after her failed escape, Vyry, though always wary and cautious, does not steel herself against all of humanity. For, though she has to wait one long day in unimaginable pain, the slave community *does* retrieve her and tend to her searing wounds, as they have for so many other brutalized souls before her:

> After dark the other house servants came and got her and took her to her cabin. Caline and May Liza poured warm oil on her back and washed it free of salt. Then they put her on a soft pallet of rags and let her sleep…She could not remember her own children and when they were brought to her she did not know them. (174)

Vyry's beating is so severe that she temporarily loses all sense of identity, forgetting even the children she risked her life to protect. Yet when Vyry is at her most vulnerable her fellow slaves care for her broken body – and, disproving her continuing fear that they have no one but her to depend on, look after her children – for three feverish days as she drifts in and out of consciousness. Understanding that waiting for the right moment, when all is safe, is part of a life in bondage, Vyry resolves to wait for her husband's return, confident that he will come as soon as he is able. She is not angry with him for not rescuing her in the swamp – to the contrary, she prays that he was already gone, out of harm's way. And when he does return years later, after his wife has formed a new union with Innis and they have begun a difficult journey toward establishing a home together, Vyry returns to the traumatic moment when her life was split into two discrete halves.

In a linear narrative unlike Morrison's novel with its circling dips into the past, Margaret Walker ends her novel by exposing the scars that remain of that pivotal point in Vyry's life. Neither husband has had access to or knowledge of his wife from the other side of that dividing moment. Only in the end can both halves converge, reconciling Vyry's past with her present and opening up the continuing trauma of slavery that Vyry thought, in its hidden inscription on her solitary back, was her burden alone to a larger community, represented by Innis and Randall. Although the story Walker tells is painful and seems irreconcilable, the narrative structure itself is not unsettling; the reader has full knowledge of the past throughout and is relieved in the end when Vyry turns to the inscription on her back as a sign of her past that neither husband knows but both immediately understand, thus resolving the only narrative rift within *Jubilee*.

Morrison, on the other hand, begins her story with Paul D opening Sethe's dress, and in so doing, opens up the many unfinished stories that are *Beloved*. Mae Henderson describes Sethe's scars as the "master('s) code" written with the white man's whip in Sethe's flesh to "signif[y] her diminishment to less-than-human status" (68). Schoolteacher, as an authority on slave management and as the one who whips Sethe, not only inscribes his story of slavery on paper using the ink that Sethe has made, but likewise inscribes Sethe's body with his code, indelibly marking his dominion over her. Yet in the work of literary archeology, moving from the visual remains to the text, that Morrison sets out to do in *Beloved*, the scars on the bodies of slaves are inscriptions that come to signify much more than the master's code, subject to multiple interpretations (Sites 111).

A sequence of scenes from Sherley Anne Williams' novel *Dessa Rose*, which has often been noted for its striking parallels to *Beloved* in tracing the story of a slave woman who runs from slavery while pregnant, is instructive of how the intended meaning of the whipmarked back can be gradually transformed by alternate readings. A slave Nathan recalls the initial sight of Dessa after she was whipped for attacking her master:

> "They'd just about whipped that dress off her and what hadn't been cut off her – dress, drawers, shift – was hanging round her in tatters or else stuck in them wounds. Just from the waist down, you see, cause they didn't want to 'impair her value.' (143)

While the beating was done in such a way that Dessa's back – which would be stripped bare on the auction block – remains unscathed, Dessa's torturers terrorized the other slaves by assembling them to witness as Dessa was released from the sweatbox she had been put in, raw and unbandaged, after her whipping. Dessa's body is inscribed with the master's code, warning other slaves against disobedience yet with its value as property preserved. Further, the whipping of Dessa's lower body and genitals effectively erases her identity as a woman, turning her body into a warning against the very specific gendered disobedience of maternal and familial attachment that caused Dessa to rebel against her master in the first place.

Ironically, the master's code written on Dessa's body, rather than reifying Dessa as rebellious, later inspires sympathy from the select few who witness its violent inscription. In order to elicit sympathy, Dessa and another runaway stage a viewing of the scars in which a skeptical white woman, Rufel, "accidentally" walks in on Dessa while she is dressing.

> Barely managing to suppress the quick gasp of sympathy surprised from her by that glimpse of the dark body and acutely embarrassed, Rufel closed the door. The wench's loins looked like a mutilated cat face. Scar tissue plowed through her pubic region so no hair would ever grow there again. Rufel leaned weakly against the door, regretting what she had seen. The wench had a right to hide her scars, her pain, Rufel thought, almost in tears herself. (166-167)

Rufel, as a member of the slave-owning class, is expected by those who inflicted the scars to read them as a mark of disobedience. But their placement on Dessa's body, hidden from view even on the auction block where slave women had to bare themselves above the waist, is unconscionable. Indeed, these scars indicate not punishment but unjustifiable vengeance and violence. So Rufel, even though she was raised to view slave bodies from the perspective of the slaveholder, is rendered speechless and the master's code silenced.

Finally, the function of Dessa's body comes into play a third and final time in Williams's novel when Dessa is in danger of being identified as a fugitive by her distinctive scarring. Nehemiah, a white man who has been tracking Dessa through the South for months, eventually finds her and takes her to a police station. An old colored woman is brought in to inspect Dessa's body:

> Aunt Chloe looked at me just once; her eyes was so milky, I think she might've been blind, anyway. I still had a quarter to buy the pastry; I give this to her, then I pulled down the top of my dress and my shift. She ran her hand over my back, heavy, calloused hands; never forget how gentle

> they felt. When I reached to pull up my skirt, she stopped me. She put the coin in her mouth, bit it, then put it down her bosom. "Masa Joel, Masa Joel," she called out, "I ain't seed nothing on this girl's butt. She ain't got a scar on her back." (254)

Nearly blind Aunt Chloe touches Dessa's unmarked back but refuses to look at her bottom, where the evidence lies. While the scars are meant to identify Dessa as an insurgent and a runaway, Aunt Chloe sympathizes with the woman before her. If Dessa has the scars Nehemiah claims she has, then she has already been through enough pain. Yet again, the intended spectacle is subverted and a reading of the master's code averted.

Sethe's scars in *Beloved* are similarly revealed through a series of three viewings, but it is the revelation eighteen years after they have hardened into her flesh that play the most significant role in terms of Morrison's narrative structure. Indeed, Sethe's scars become a point of entry for Sethe and Paul D into the closed off horrors of their shared past. As such, Sethe's back functions in more complex ways narratively as a spectacle than Dessa's scars, which inspire sympathetic silence rather than the voicing of unspoken memories as happens in *Beloved*. For, as Carol Henderson claims in *Scarring the Black Body: Race and Representation in African American Literature* (2002), Sethe's scars generate a narrative beyond the mark of punishment and subjugation that schoolteacher intended, "as a tracing of its intricate branches reveals much about the interconnectedness of many of the personal histories in the novel" (102). The reunion of Sethe and Paul D, rather than putting the past to rest once and for all as happens in *Jubilee*, explodes the narrative that Sethe has created for herself of her harrowing escape to Ohio.

For Sethe too is at the mercy of others as she – six months pregnant, milk-soaked, and severely beaten – makes it across the Ohio River to freedom, giving birth to a premature daughter, Denver, on the way. Like in *Jubilee*, a community is waiting to tend to the whipped woman's sore body, but the long distance Sethe must travel alone to reach them causes a deep pain within her. Yet when the characters in *Beloved* see Sethe's raw back they do what they can to heal that pain, along with the physical wounds, by disregarding, even subverting, the master's code created by schoolteacher. Sethe, who can neither see nor touch her wounds, relies on others to do this work for her. Initially stunned into silence much like Dessa Rose's witnesses, the three people Sethe invites to tend to her back feel compelled to touch, care for, and – in an important move – eventually interpret for Sethe, the wounds hidden from her view.

When the first witness, a raggedy whitegirl named Amy Denver, happens upon Sethe in the woods high above the Ohio River, the runaway is spent, unable to go on, her feet throbbing, her swollen belly too much to bear. Amy sets to massaging Sethe's broken down feet until Sethe mentions that her back hurts. Opening up the pregnant woman's dress, Amy appeals to higher powers, "'Come here, Jesus'" (79). After a moment's pause, "Sethe felt the fingers of those good hands lightly touch her back" (79). Another moment and Amy begins transforming the raw wounds into something hopeful, beautiful, the chokecherry tree with a broad trunk and many branches and leaves, blossoms too, some even in bloom, leaving Sethe with an image she holds onto for eighteen years.

> It's a tree, Lu. A chokecherry tree. See, here's the trunk – it's red and split wide open, full of sap, and this here's the parting for the branches…Leaves, too, look like, and dern if these ain't blossoms. Tiny

> little cherry blossoms, just as white. You back for a whole tree on it. In bloom. (79)

Amy tends to the wounds while offering her own narrative to a woman near death of a back replete with life, without ever asking for Sethe's story. She has been whipped herself yet she cannot imagine what Sethe must have done to get such a beating.

The next day, Sethe arrives safely at Baby Suggs' house. The mother-in-law her husband had delivered to freedom years earlier, whom Sethe had never before met, hands the baby off to someone else to tend to while she herself sets to bathing Sethe, preoccupied like Amy Denver with the younger woman's swollen and bleeding feet. But it is not until the morning, when Baby Suggs hands Sethe her newborn daughter to nurse that she notices her back:

> Roses of blood blossomed in the blanket covering Sethe's shoulders. Baby Suggs hid her mouth with her hand. When the nursing was over and the newborn was asleep – its eyes half open, its tongue dream-sucking – wordlessly the older woman greased the flowering back and pinned a double thickness of cloth to the inside of the newly stitched dress (93).

In parallel acts of nursing, Sethe nourishes her daughter, and Baby Suggs silently cares for her daughter-in-law, reading blossoming life into the broken flesh. Disregarding the advice, "'Don't love nothing'" that she was given by Ella who brought her from the river to Baby Suggs, Sethe is welcomed into a home infused with love, greeted with a kiss from Baby Suggs and later offering her own kisses to her waiting children. As first Amy Denver and then Baby Suggs – strangers to Sethe but both of whom are intimately familiar with pain themselves – care for the exhausted mother and her children, they indeed disprove the lesson about trust that Sethe has learned from schoolteacher and his nephews.

In an effort to overcome the dehumanizing loneliness of the trauma of slavery in her early days of freedom, Sethe, like her mother-in-law before her, works (also like Baby Suggs, ultimately unsuccessfully) to reassemble her family, establishing herself as a member of something larger than herself. For twenty-eight days she freely enjoys her children, explaining to Paul D, "Look like I loved em more after I got here. Or maybe I couldn't love em proper in Kentucky because they wasn't mine to love. But when I got here, when I jumped down off that wagon – there wasn't nobody in the world I couldn't love if I wanted to" (162). She trusts that she is in a safe place, surrounded by a community that having ensured her family's safe delivery to freedom will continue to care about its survival and will help Sethe in protecting her children.

But her trust is misplaced, and the community, rather than empathizing with Sethe's harrowing escape, is resentful of the abundance and self-sufficiency of a family headed by a woman whose son bought her freedom and with a daughter-in-law who escaped slavery with all her children intact and a new one born on the way. Therefore, no one acts when the white men come to reclaim Sethe and her children. Laub and Auerhahn explain that the loss of the empathic other, such as Sethe experiences after her brief interlude of joy, breaks down the link one feels between oneself and the world. Sethe's trust is completely shattered; both within and outside of slavery she has experienced too much betrayal and abandonment at the hands of others.

The explosive past: rereading the chokecherry tree

For nearly two decades, Sethe holds her head high, living a solitary existence with her dwindling family and its sad ghost baby in the house on Bluestone Road until Paul D arrives on her doorstep. Almost nostalgically, Sethe and Paul D immediately pick up recalling little things about Sweet Home with one another, spurring Denver to ask why they always talk about a place so horrible. Sethe's reply, "But it's where we were…All together. Comes back whether we want it to or not" (14), indicates both her yearning for community and the persistence of the traumatic past as rememory. Like Vyry and Randall in *Jubilee*, Sethe and the Sweet Home men struggled to claim some semblance of control over their lives as slaves, marrying and establishing families and eventually giving birth to a plan for escape. In remembering Sweet Home together, Sethe and Paul D are achingly aware that each does not know the other's full story because the group of would-be runaways tragically splintered in the final stages of its finely wrought, yet disastrous plan.

Both have sealed away their horrific memories of the botched escape, but when Paul D suspects Sethe's attachment to the ghost haunting her house, the story starts to unfold, with Sethe offering the first hint:

> I got a tree on my back and a haint in my house, and nothing in between but the daughter I am holding in my arms. No more running – from nothing. I will never run from another thing on this earth. I took one journey and I paid for the ticket, but let me tell you something, Paul D Garner: it cost too much! (15)

Her scarred body, the baby's ghost, and Denver are the only things she has left to hold onto in the world. Yet in holding onto these select things only, each as a reminder of her ill-fated run to freedom, Sethe allows the trauma of slavery to continue and overwhelm her present.

Sethe has opened the door for Paul D to ask about the tree and when he does, she focuses on her milk. Though he thinks she is circling around his question, prodding, “We was talking ‘bout a tree, Sethe,” this is where the story begins for her. When Paul D asks, “They used cowhide on you?” and “They beat you and you was pregnant?”, Sethe keeps insisting “And they took my milk!” (17). For him, the beating that left the scars is the thing; for her that is not it at all. The scars signify the larger trauma of the milking. He soon understands and tenderly kisses her back while holding her breasts:

> Raising his fingers to the hooks of her dress, he knew without seeing them or hearing any sigh that the tears were coming fast. And when the top of her dress was around her hips and he saw the sculpture her back had become, like the decorative work of an ironsmith too passionate for display, he could think but not say, “Aw, Lord, girl.” And he would tolerate no peace until he had touched every ridge and leaf of it with his mouth, none of which Sethe could feel because her back skin had been dead for years. (17)

He sees not the welcoming tree or blossoming flowers the Amy Denver and Baby Suggs imagined when the wounds were still raw and open to interpretations infused with the new life of freedom. Instead, Paul D reads metalwork in the lines and swirls of skin hardened over the years of enduring her many losses alone. He is awed by the strength of Sethe, this woman of iron, who has always had iron eyes and now has a wrought iron back to match.

Wanting to trust, to put down some of her heavy load in Paul D's hands, Sethe wonders at her vulnerability, "Would it be all right? Would it be all right to go ahead and feel? Go ahead and *count on something*?" (38). But, as Mae Henderson writes, it is time for Sethe to add a new reading, her own reading, of the story inscribed in her back:

> It is the white man who inscribes; the white woman, the black man, and black woman may variously read, but not write. Because it is her back (symbolizing the *presence* of her *past*) that is marked, Sethe has only been able to read herself through the gaze of others. The challenge for Sethe is to learn to read herself – that is, to configure the history of her body's text. (69)

So slowly, tentatively, they share their stories with each other, frightened by the trust these testimonies require. They withhold crucial pieces of their stories, afraid to open up long-sealed away memories to the judgment of another, and keep themselves from asking painful questions, unsure what unbearable information may surface.

When Sethe's story of the milk helps Paul D make sense of his image of Halle with butter all over his face, Paul D does not initially share this with Sethe because he believes it will be too much for her to handle. Only later, when she expresses anger at Halle's abandonment does Paul D reveal that Halle watched as she was being milked by the nephews:

> "It broke him, Sethe." Paul D looked up at her and sighed. "You may as well know it all. Last time I saw him he was sitting by the churn. He had butter all over his face."

> Nothing happened, and she was grateful for that. Usually she could see the picture right away of what she heard. But she could not picture what Paul D said. Nothing came to mind. (69)

Sethe is overwhelmed and cannot comprehend the meaning of Paul D's words. She cannot envision the rememory, so she demands more information:

> "Did you speak to him? Didn't you say anything to him? Something!"
>
> "I couldn't, Sethe. I just…couldn't"
>
> "Why!"
>
> "I had a bit in my mouth." (69)

Morrison uses the visual language of rememory to indicate the traumatic images that come tumbling down upon Sethe. First, Sethe has a new picture to add to the already unbearable memory of the milking and the beating. But her mind refuses to process this added information – she cannot picture Halle, a Sweet Home man raised on the notion that he is a gentleman, reduced by the knowledge that he cannot protect his family. Then she learns that Paul D, the only one who might have been able to talk to Halle, to help him, was himself helplessly stifled by the bit. The pain that is marked on Sethe's back is exploding, bearing the burden of more and more unspeakable memories. It is this iron back that literally carries the sorrowful weight of the Sweet Home community.

And yet she still does not have the whole story; she resists asking Paul D about the bit, thinking "No thank you. I don't want to know or have to remember that. I have other things to do: worry, for example, about tomorrow, about Denver, about Beloved, about age and sickness not to speak of love" (71). For the first time since her twenty-eight days of freedom, Sethe is beginning to consider love and the future, even as she is pulled back further and further into the trauma of the past. So they stop there, even though Sethe has so much more to tell Paul D – about her love for her children, about when schoolteacher came into her yard, about her desperate attempt to put her children someplace safe – because "Saying more might push them to a place they couldn't get back from" (72). Sethe knows that Paul D, as a man who has been on the run for eighteen years unwilling to love anything larger than a tree, does not yet understand her intense attachment to her children. He feels that "For a used-to-be-slave woman to love anything that much was dangerous, especially if it was her children she had settled on to love" (45), and he is right. Her love is so thick that she will do anything to break the cycle of trauma that gets passed down through the generations.

"A mark of my own": breaking the trauma of slavery

Like Sethe, Vyry in *Jubilee* is desperate to deliver her children from the fate that surely awaits them as slaves. *Jubilee* opens with Vyry's mother, twenty-nine-year-old Hetta, giving birth to her fifteenth child, as anticipated by Granny Ticey:

> She had always been proud of her reputation of rarely losing patients. Babies she lost, but mothers seldom. She had been uneasy all week about Hetta. It wasn't the first time this heavy breeding woman, whose babies came too fast, tearing her flesh in shreds, had had a hard and complicated time. She did not like the looks or the actions of Hetta and she told Jake and Marster, or at least tried to communicate her fears to them. (6)

But Master Dutton responds too late to Granny's warning, bringing in a doctor only after Hetta is too close to death to save. The pattern is established here, as it is to be repeated with each successive generation. Hetta was a breeder, enjoyed by her master at will, and given a husband, Jake, to placate her. As Jake recalls, “She was a sullen-looking woman with a pouting lip who rarely smiled and almost never talked and who kept her hair wrapped in endless clean little rags. Once, when she was young and shapely, she was proud and walked like she owned the earth” (14). But Hetta quickly learns the tragic lesson of slavery, that she owns nothing, not even her own offspring. Hetta’s children were either sold away or reared two miles away by a mammy until they were able to work, causing her to “cry and grieve over their helplessness” (14). Vyry is the only child left that she can summon to her deathbed, the one meant to repeat the life of the mother, as a mother. Even when Vyry demands something different from life, secretly choosing her own husband, a free man with his own blacksmith shop, she runs up against the powerful force that is slavery. Her master will not allow her to marry Randall legally, and her children, though wanted and loved, are born not free, but slaves. No amount of money will entice her spiteful mistress to release them into freedom, leaving Vyry, like her mother before her, anguished at her inability to protect her offspring from being sold away or harmed.

Sethe’s mother assuredly loved her – allowing only Sethe, out of all her babies, to live – but she could not protect her from the repetition of slavery’s wounds, passed from mother to daughter. When the mother points to the brand burned into her chest, the sign of a circle and cross, to identify herself to her one chosen daughter she does not know, stating, “‘This is your ma’am. This’” (61), Sethe responds by asking for a mark too, so mother and daughter will be alike, identifiable as a pair. Her mother slaps her face. When Sethe tells this story to her own daughters, Denver questions the point of the slap, and she responds “I didn’t understand it then. Not till I had a mark of my own” (61). In an essay on the transmission of trauma, Marianne Hirsch recounts this intergenerational exchange to explain that “For survivors of trauma, the gap between generations is the breach between a traumatic memory located in the body and the mediated knowledge of those who were born after. *Trauma*, in its literal meaning, is a *wound* inflicted on the body” (71-72). Sethe does not understand that when her mother says “This your ma’am” she means it literally. The mark and the pain it signifies is all that her mother is – and, tellingly, it is all that Sethe remembers of her mother. Her mother had no other way to identify herself to her daughter, other than through the persisting wound to her skin. Unable to identify *with* her mother – because of her limited knowledge of her – young Sethe asks to identify *as* her, via the wound. The slap is meant to break the cycle, to keep Sethe from repeating her mother’s trauma, replacing the permanence of a scar with the temporality of a stinging cheek, conveying pain as a means to ward off its inscription. But Sethe cannot understand that warning until she has a mark of her own and is trying to protect her own children.

Because of the Garners’ deceptively humane treatment of the Sweet Home slaves, with Halle, Sixo and the Pauls regularly told that they are men and Sethe not forced to breed but allowed to choose her own husband, as a young mother Sethe fully expects a different life for her family than her mother was able to provide for her. But as Baby Suggs learned years before as one after another of her babies was sold away, in slavery nobody stops playing chess just because the pieces happen to be your children. When Sethe overhears schoolteacher talking about her animal and human characteristics, she begins to understand what Vyry has known all along, that no matter how easy the life at Sweet Home, she and her children are slaves – not people, but slaves to be bought and sold, bred and killed, at will. Within the system of slavery, Sethe sees no escape from the repetition of trauma – her mother was branded, marked with the permanent smile the bit leaves, and finally killed by hanging; Sethe has been milked and beaten; it seems inevitable that, without her intervention, her children will learn the traumatic truth of being alone in a world that places no value on the souls of slaves. And so both she and Vyry run, with their children, for their children.

One month into freedom, Sethe sees schoolteacher enter Baby Suggs' yard and realizes her plan has failed, that there is to be no break from the unrelenting trauma of slavery. She tries to break the cycle with one last desperate measure to put herself and her children out of reach. This too fails – setting off another repetition. But this time the crawling already daughter is scarred by the mother, not the master. And, despite Sethe's intentions and explanations to the contrary, the embodied Beloved insists that her mother abandoned her. The trauma continues, Beloved becomes pregnant, with another generation waiting to enter the repeating story. From Baby Suggs to Sethe to Denver and Beloved, they are all locked in the past, unable to envision a future for themselves even after the fact of slavery has ended.

The repetition, just like the journey to freedom itself, develops more gradually in *Jubilee*. After emancipation Vyry and her new husband Innis, dishearteningly like Vyry and Randall before the war, struggle to establish a home for their family in a community where they will be left alone. After losing a series of homes to a flood, a sharecropping swindle, and a fire set by the whites, Vyry will not set down roots again until she knows they are safe. Her lack of trust is resolved when a white community invites her to be the local midwife, an unexpected role for her to be sure as the conduit that brings other women's white children, rather than her own enslaved babies, into the world, and her focus shifts to her children's lack of schooling. She had expected life to be different in freedom, but it is not: hatred still abounds, the family struggles hard to work their land, and her children are no better educated than she. And in the most terrifying repetition of all, Innis gives Vyry's teenage son Jim an unprecedented beating after he refused to work and killed a valuable pig out of spite.

> Vyry's eyes went wild with the sight of [Innis] with a big green stick in his hands, trembling in his nervousness and rage. She stood in his path between the kitchen and the door to Jim's room and she grabbed one of her iron skillets from the stove.
>
> "Do it, Innis Brown, and I'll brain you with this here skillet!" (448)

Innis's attack on Jim sets off a sequence of memories of the violence that had marked every stage of Vyry's life – from slavery and her attempted escape, through the war, into emancipation and right up to the present – stirring up a maternal rage so fierce that Innis is rendered speechless.

The persistence of violence, including her violent threat to Innis, scares Vyry as it enters her new family and home, and she wonders if she will ever be able to break its chain.

> Must she stand by and watch this same terrible hatred and violence destroy everything and everybody she loved and held most dear? Deeply shocked, she knew she herself had been capable of killing Innis Brown yesterday. She knew that Jim had repeatedly threatened to kill Innis Brown, and that he owned a gun. She knew that Innis Brown cut the blood out of Jim in a

> hot passion of anger and frustration and talked about skinning his hide. She was sick of killing and violence. She was sick of the hate that went with it. Was this kind of evil going to follow her all the days of her life? (454)

Vyry and Innis have struggled against the hateful violence of whites for years, but when they adopt the tactics of corporal domination that they have always resisted, the trauma of slavery infiltrates their lives too thoroughly. As a belated repetition of her own beating, Jim's whipping is a painful reminder of the enduring legacy of slavery and the violence they have learned from it.

Yet unlike Vyry's whipping, which remains silenced, the spectacle of Jim's fresh wounds sparks a chain of events, eventually leading back to his father Randall. After years of lost contact, the first word Randall hears of his family is from an old white acquaintance who, by chance, has seen the sores on Jim's back and misinterprets them to be evidence of regular abuse. Assuming the scars to be a sign akin to the master's code, the witness does not imagine them the mark of simple, albeit corporal, punishment. Randall finds his way back to Vyry, intent on taking the boy, and perhaps Vyry and daughter Minna along with him, away from the presumed cruel stepfather who metes out corporal punishment.

As a repetition, the beating of Jim enables both a return to the mother's beating and a break from the familial losses it represents. Reunited with first husband through her son's scars, Vyry bares her back to share the missing piece of her story, of the trauma that neither Randall nor Innis witnessed or even suspected. Vyry, linked to past and present alike through the two men, can reveal her scars, both physical and psychic, only with both of them present, for the trauma they signify extends far beyond the confines of her singular back. It is a communal trauma and its articulation requires the presence of the two men she married who together completely understand Vyry's will to protect her children from the continuing violent legacy of slavery.

Toni Morrison probes more deeply into the psychic consequences and aftermath of slavery, as befitting the memory work done by African American scholars in the two decades between the publication of Walker's *Jubilee* and her own *Beloved*. The story that Sethe and Paul D begin telling when he first touches the tree on Sethe's back is the only way to break the cycle of slavery, to piece together the full traumatic narrative and then set it aside, allowing the painful unhinged and fragmented rememories that haunt their lives to dissipate. But the inscribed memories are overwhelming and the narrative it signals take on new life with the two of them recalling together. Indeed, Sethe and Paul D soon discover that the story that they each thought was theirs alone is actually about all of them – Halle, Paul A, Paul F, Sixo, the whole slave community.

Sethe and Paul D portion out manageable bits of their interwoven testimonies, putting temporary stays on memories still deep enough to drown in. Yet they always return to their shared piecework, filling in the blanks, asking the difficult questions, progressing from the lone fragmented image of a whipped woman's back to a fuller narrative. But Stamp Paid intervenes before they are ready to reach the end, showing Paul D a newspaper clipping and telling the most horrible part about slave catchers and Sethe's extreme love. Because the story comes out all wrong – told by the wrong person at the wrong time – Paul D cannot understand and leaves, calling Sethe – in an unknowing repetition of schoolteacher's most hurtful appraisal – an animal. The story remains unfinished. As Laub and Auerhahn assert, this kind of fragmented, incomplete story is most dangerous, leaving the self in pieces “unable to put things together” (384).

The unintegrated memory of the baby girl’s death has already created a split in Sethe’s self that becomes ever more powerful after the break in Paul D and Sethe’s narrative. Sethe’s presence rapidly diminishes as the rememory made flesh that is Beloved takes on force, the trauma consuming the self. In the end it is Denver, she whose life has been shaped by a trauma she herself did not experience, who rescues Sethe. Growing up with the lessons of slavery, passed on from Sethe, Baby Suggs, even Nelson Lord – that no one can be trusted, that white people will do anything, that her mother is dangerous – Denver has no sense of self outside of the past; indeed, it is telling that her favorite story is the one of her birth on the banks of the wrong side of the river. But when Denver sees her mother violently consumed by her past, she breaks the cycle and takes action, trusting others who have helped before.

A community of thirty women willfully inserts itself into Sethe’s unfinished, unspeakable narrative, acknowledging each one’s place in this story that is not Sethe’s alone, restoring the role of the empathic other in Sethe’s life and putting the past in its proper place. Ella calls out her memory of “the lowest yet,” the father and son who had kept her locked away for sex; others remember similar despised atrocities and resolve not to let the past devour any one of them, including proud Sethe. So the story that begins with the tucked away mangle of scars on an isolated woman’s back sparks the memory and articulation of a story-telling process that ultimately involves the whole community of women in the expulsion of a rememory too present and too strong for anyone alone to face and outlive. As word of Sethe's deterioration at the hands of her past spreads, each woman adds her own layer to the narrative as she passes it along.

The women gather around Sethe at 124 Bluestone Road, where they encounter not the present, but the persistent rememory of the overabundant picnic in Baby Suggs' yard eighteen years before, the day before they decided, each on her own, that this family had too much.

> When they caught up with each other, all thirty, and arrived at 124, the first thing they saw was not Denver sitting on the steps, but themselves. Younger, stronger, even as little girls lying in the grass asleep…there they were, young and happy, playing in Baby Suggs' yard, not feeling the envy that surfaced the next day. (258)

When they see another white man coming down the road, a living embodiment of the rememory schoolteacher coming for Sethe's precious children, together they are finally able to change the story. The women now stand by Sethe instead of leaving her alone and vulnerable. And as she attacks the object of hatred, scarring the white man now instead of her most beloved thing, she is indeed putting to rest not only her own traumatic past but that of everyone present.

The work of conveying communal trauma as it is inscribed on the individual maternal bodies of slaves that begins with Margaret Walker's *Jubilee* in 1966, is taken up twenty years later as a means of delving into the interiority of slaves by Toni Morrison in *Beloved*. Walker's chronological, third person narrative brings readers into the deep psychic rupture within Vyry through the image of the scars only at the end of the story when she is united with the two halves of her family: one husband with whom she struggled to stake out a marriage in slavery and the other with whom she learned to define herself as free. Toni Morrison turns her attention to the psychic pain of Sethe as mother and as slave early on in her novel, beginning with the image that allows for the unleashing of a narrative full of interruptions and ruptures that conveys the difficulty of putting the pieces together. Rather than ending with the imprint of slavery as a point of reconciliation, *Beloved* examines the painful process of understanding what comes next, once the ridges and lumps, long hardened over years of neglect, have been exposed.

Epilogue

Toward the end of Linda Hogan's *Solar Storms*, Angel confronts the scarred body, instantly recognizable yet completely unknown, of her newly deceased mother, as she prepares her for burial.

> I looked for the first time at my mother's body, her arms so like mine, her bones familiar. She was covered with scars. I remembered Bush's story about the bathing of Hannah as a child and my heart broke for her. I leaned over her and unbuttoned her skirt. Hannah was thin, her body already stiffening, her bones jutting out, her pelvis like an empty bowl. She still had on her worn-down boots. She had been lying in bed with them all along and I hadn't known it…Inside them, her feet were bare, her toenails painted red, and chipped. And there were burn scars on the tops of her feet. (252)

Viewing the marks of torture for the first time, Angel recognizes herself in her mother's body and, refusing to inscribe new meaning into the embattled flesh before her, she tenderly cares for the remains. Unlike Amy Denver or Baby Suggs who touch and lovingly interpret Sethe's fresh wounds in *Beloved*, Angel cannot subvert the code written so long ago on her mother's now dead body by adding her own reading of the scars, transforming them into a tree or other life-infused imagery.

Yet the meaning of Hannah's body – and pained existence – is powerfully articulated when Angel and Bush, as daughter and mother to the deceased, protectively lay it out on newspaper, the only available shroud.

> How appropriate it was to place her on words of war, obituaries, stories of carnage and misery, and true stories that had been changed to lies. It seemed like the right bed for her. Some of the words stuck to her body, dark ink, but we did not wash them off; it was a suitable skin. (253)

Instead of offering their own reading, Bush and Angel imprint this fragile corporeal repository of a history of tribal violence with the public record, overlaying scars with the black ink of printed words. No longer intent upon washing the marks from the inscribed body, as when Bush had years before tried to cleanse – and thus save – the little girl Hannah had been, they now leave the inky smudges, forever sealing them within the layer of newspaper wrapping. For this is the history, the recorded knowledge that created and eventually killed Hannah, and so it is indeed appropriate for its meaning to bleed into the skin of her now stilled body.

Merging embodied and written texts in this way, Hogan uses the body of Hannah to access and offer new understandings of the newspaper's accounts of violent current events. Readers of *Solar Storms*, like those of *Beloved*, never acquire information from papers and other official texts, instead we learn from more local, communal sources within the novel, but we do come to understand the impact of such (mis)information on the lives in the book. Much like Toni Morrison in using the body as site of memory to counter omissions from public knowledge of the history of slavery, Hogan turns to the body as evidence and repository of unrecorded, unspoken traumas. Indeed, for Hogan, those traumas do not end with Hannah's death and the burial of her inscribed body; just days later Angel, as surviving daughter, is herself burned when, jolted by a dynamite blast for the new dam that will soon flood tribal lands, boiling water splashes her arm and leg. Like the transposition of trauma portrayed generationally in *Beloved* or signaled laterally in texts of illness, Hogan presents communal history as it is written out on single bodies, even if fictional, again and again and again.

The transformation of marked bodies into a visible spectacle laden with political and social meaning is the work of the texts examined in the previous chapters. The compelling question is *how* actual bodies are put to use as text and image, *how* they are reshaped, reimagined, and reread by writers and artists alike in the creation of a visual discourse of trauma. The timeliness of the question of how scarred bodies are transformed into textual or artistic material is affirmed by the appearance of a recent article in *The New York Times*, "Facing Their Scars, and Finding Beauty," (published June 18, 2006) featuring "State of Grace," a series of portraits of young burn victims by painter Doug Auld. In a disarming juxtaposition of representation and corporeal reality, the disfigured survivors confront Auld's paintings of their scarred bodies. One thirty-year-old subject, Louise Benoit, comments, "'Sometimes you look at yourself in the mirror…and maybe subconsciously I make it look like it's not as bad. But in the picture, when you see that, it's like, the reality'" (25).

Yet the question of reality is a complex one within "State of Grace," for Auld admits to enlivening the skin tones of the scars, adding fluctuation and drama to the seemingly realistic images. Indeed, in a photograph of Benoit and her sister Becky – who was also severely burned in the house fire that claimed the lives of five family members, including their three sisters – standing in front of their portrait, the distinction between art and life is readily apparent. Louise Benoit's face, photographically revealed to have an even-toned, albeit scarred, African American complexion, is painted with a range of soft pink, peach, blue, and light brown colors. Her eyes are noticeably misshapen and her nose is reduced to a fragile nub of skin.

The article's author, Andy Newman, turns to simile, describing Auld's depiction as "skin that looked like a moonscape or a field of flame, like anything but the familiar textures of the human body" (25). Yet, despite his inability to find the language of realism to describe what he is seeing, Auld asserts of the portrait that "reality is what it is" (25). Further revealing the unacknowledged, difficult contradictions inherent in viewing such extreme bodies, later in the article, Newman quotes first a reconstructive surgeon, E. Hani Mansour, and later Auld himself, both of whom confirm what the accompanying photograph has already shown – that the painted images are indeed not realistic. The victims' flesh, healed over the years into swirling scars, is shown by Auld as tender with recent wounds, deliberately heightening the level of discomfort and pain we experience as viewers. As Dr. Mansour so aptly points out, in choosing a more stylized mode of representation Auld is able to "'show the disfigurement, the anguish with these scars'" (28).

The making visible, even palpable, of anguish through the depiction of scars is precisely the work that the writers discussed in this dissertation are doing. Auld does it artistically through paint, retouching the bodies he sees with the urgency of raw wounds, while Hogan uses fiction to provide glimpses of women caring for a tribe's pain by tending, in life and in death, to the individual bodies that bear the burden and marks of a difficult history. Regardless of genre, the writers examined here transform the actual lived-in scarred or disfigured body into a textual object, gazed upon or stared at by readers, meant to convey a traumatic experience not limited to the confines of the body.

The body is the starting point, a wake-up call to the often unspoken but recurring fact of trauma, as Ross Chambers would put it. Auld's paintings, much like Jamaica Kincaid's memoir or Toni Morrison's fiction, invite us to stare, depending upon the spectacle of the body to elicit some kind of specific response in viewers and readers. Like Amy Denver's verbal and tactile transformation of Sethe's wounds into the life-bearing image of a tree in *Beloved*, we are called upon to make meaning of the fragmented remains of trauma that exist textually on the body.

Yet how the scarred body is put to use in telling a story of pain varies greatly, from the autobiographical and documentary, to the poetic, to the fictional. Indeed, the decision of how to incorporate the scarred body into literature is one of careful consideration for the writers examined here, as each deliberately and innovatively plays with form – both embodied and generic – in their attempts to create texts that call upon readers to bear witness. Rejecting the expected form of the disfigured female body, women like Audre Lorde, Jo Spence, and Marisa Acocella blend autobiography, poetry, visual imagery, and cultural commentary in fresh, politically potent ways to represent their embodied experiences of cancer, relying on the shocking visual presence of their bodies to reveal rather than to silence. When Susan Sontag and Jamaica Kincaid respond to the cultural urgency of the failing body of AIDS, they too subvert traditional narrative expectations, decentering the lives (and bodies) of the dying men and instead raising important questions about the role of witness in a time of trauma. In a similar turn from established categories of genre, Tory Dent, Rachel Hadas, Eve Kosofsky Sedgwick, and Marilyn Hacker merge the poetic conventions of elegy both with the personal traditions of memoir and testimony and with metaphors of extremities such as the Holocaust to find new ways for communal witnessing of intimate, seemingly singular experiences. And Margaret Walker and Toni Morrison, completely without irony, rely upon the power of imagination as writers of novels to shed new light on the unspoken history and enduring legacy of slavery.

Using the body as a site of identification, each text within this dissertation turns the viewer's (whether within the text or without) gaze into a more directed, yet also broader, form of looking. By placing the body on the page, as textual image, these writers create a space where we are invited to stare at the body in pain. As one of Doug Auld's subjects, Alvaro Llanos, so simply but poignantly puts it, "I'd rather people be staring at a painting than at me" (28). The critical, unarticulated distinction between the two kinds of staring that Llanos describes is that the one form of looking (staring at him) leads to horror and objectification, whereas the representation has the creative space and capacity to encourage identification with the suffering body. For the scarred, marked, pained body requires a tending to beyond the averted stare and tactile soothing that Amy Denver offers Sethe – indeed, the body as evidence of a simultaneously intimate and communal experience of pain requires a textual and artistic care as well, one that requires writers to move beyond the limited uses of realism to find representational modes capable of breaking through readers' resistance to yet another story of extremity, transforming us into witnesses.

Works Cited

Alexander, Elizabeth. "'Coming out Blackened and Whole': Fragmentation and Reintegration in Audre Lorde's *Zami* and *The Cancer Journals*." *American Literary History* 6 (1994): 695-715.

"American Cancer Society: Statistics for 2006." *American Cancer Society*. 2006. 24 May 2006. <http://www.cancer.org/docroot/stt/stt_0.asp>.

Améry, Jean. *At the Mind's Limit: Contemplations by a Survivor on Auschwitz and Its Realities*. 1966. Trans. Sidney Rosenfeld and Stella P. Rosenfeld. Bloomington: Ind UP, 1980.

Benthien, Claudia. *Skin: On the Cultural Border between Self and the World*. 1999. Trans. Thomas Dunlap. New York: Columbia UP, 2002.

Blassingame, John. *The Slave Community: Plantation Life in the Antebellum South*. New York: Oxford UP, 1979.

Bradley, David. *The Chaneysville Incident*. New York: Harper and Row, 1990.

Brodkey, Harold. *This Wild Darkness: The Story of My Death*. New York: H Holt, 1996.

Brown, William Wells. *Clotel; or The President's Daughter: A Narrative of Slave Life in the United States. With a Sketch of the Author's Life*. 1853. Upper Saddle River, NJ: Gregg Press, 1969.

Bynum, Victoria E. *Unruly Women: The Politics of Social and Sexual Control in the Old South*. Chapel Hill: U of NC P, 1992.

Carby, Hazel. *Reconstructing Womanhood: The Emergence of the Afro-American Woman Novelist*. New York: Oxford UP, 1987.

Caruth, Cathy. *Unclaimed Experience: Trauma, Narrative, and History*. Baltimore: Johns Hopkins UP, 1996.

Chambers, Ross. *Untimely Interventions: AIDS Writing, Testimonial, and the Rhetoric of Haunting*. Ann Arbor: U of Mich P, 2004.

Cliff, Michele. *Free Enterprise*. New York: Plume, 1993.

Clum, John. "'And Once I Had It All': AIDS, Narrative, and Memories of an American Dream." Ed. Timothy F. Murphy and Suzanne Poirier. *Writing AIDS: Gay Literature, Language, and Analysis*. New York: Columbia UP, 1993. 200-224.

Crile, George, Jr. *What Women Should Know about the Breast Cancer Controversy*. New York: Macmillan, 1973.

Crimp, Douglas, ed. *AIDS: Cultural Analysis / Cultural Activism*. Cambridge, MA: MIT Press, 1988.

Culbertson, Roberta. "Embodied Memory, Transcendence, and Telling: Recounting Trauma, Re-establishing the Self." *New Literary History* 26 (1995): 169-195.

Davis, Angela Y. "Reflections on the Black Woman's Role in the Community of Slaves." *The Black Scholar* 3:4 (Dec. 1971): 3-15.

Delany, Martin. *Blake: or the Huts of America*. 1862. Boston: Beacon Press, 1970.

Delbo, Charlotte. *Auschwitz and After*. Trans. Rosette C. Lamont. New Haven: Yale UP, 1995.

Dent, Tory. *Black Milk*. Riverdale-on Hudson, NY: Sheep Meadow Press, 2005.

Doty, Mark. *Heaven's Coast*. New York: Harper Perennial, 1997.

Douglass, Frederick. *Narrative of the Life of Frederick Douglass, An American Slave, Written by Himself*. 1845. New Haven: Yale UP, 2001.

"Drancy (France)." *The Forgotten Camps*. JewishGen.org.14 June 2006. <http://www.jewishgen.org/ForgottenCamps/Camps/DranEngl.html>.

Egejuru, Phanuel, and Robert Elliot Fox. "An Interview with Margaret Walker." *Callaloo* 6 (1979): 29-35.

Elkins, Stanley. *Slavery*. Chicago: U of Chicago P, 1959.

Feinberg, David. *Queer and Loathing: Rants and Raves of a Raging AIDS Clone*. New York: Penguin, 1995.

Felman, Shoshana, and Dori Laub. *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*. New York: Routledge, 1992.

Franklin, John Hope, and Loren Schweninger. *Runaway Slaves: Rebels on the Plantation*. New York: Oxford, 1999.

Fuss, Diana. *Identification Papers*. New York: Routledge, 1995.

Garland Thomson, Rosemarie. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia UP, 1997.

---. "The Politics of Staring: Visual Rhetorics of Disability in Popular Photography." *Disability Studies: Enabling the Humanities*. Ed. Sharon Snyder, Brenda Jo Brueggemann, and Rosemarie Garland-Thomson. New York: MLA, 2002. 56-75.

Genovese, Eugene D. *Roll, Jordan, Roll: The World the Slaves Made*. New York: Pantheon, 1974.

Gilmore, Leigh. *The Limits of Autobiography: Trauma and Testimony*. Ithaca: Cornell UP, 2001.

Gutman, Herbert G. *The Black Family in Slavery and Freedom, 1750-1925*. New York: Vintage, 1977.

Hacker, Marilyn. *Squares and Courtyards*. New York: Norton, 2000.

---. *Winter Numbers*. New York: Norton, 1994.

Hadas, Rachel. *The Double Legacy: Reflections on a Pair of Deaths*. Boston: Faber and Faber, 1995.

---. *Unending Dialogue: Voices from an AIDS Poetry Workshop*. New York: Faber and Faber, 1993.

Hartman, Geoffrey H. *The Longest Shadow: In the Aftermath of the Holocaust*. Bloomington: Indiana UP, 1996.

Hartman, Saidiya. *Scene of Subjection: Terror, Slavery, and Self-Making in Nineteenth Century America*. New York: Oxford UP, 1997.

Henderson, Carol E. *Scarring the Black Body: Race and Representation in African American Literature*. Columbia: U of Missouri P, 2002.

Henderson, Mae G. "Toni Morrison's *Beloved*: Re-membering the Body as Historical Text." *Comparative American Identities: Race, Sex, and Nationality in the Modern Text*. Ed. Hortense Spillers. New York: Routledge, 1991. 62-86.

Herndl, Diane Price. "Reconstructing the Posthuman Feminist Body Twenty Years after Audre Lorde's *Cancer Journals*." *Disability Studies: Enabling the Humanities*. Ed. Sharon Snyder, Brenda Jo Brueggemann, and Rosemarie Garland-Thomson. New York: MLA, 2002. 144-155.

Hirsch, Marianne. "Marked by Memory: Feminist Reflections on Trauma and Transmission." *Extremities: Trauma, Testimony, and Community*. Ed. Nancy K. Miller and Jason Tougaw. Urbana: U of Ill P, 2002. 71-91.

Hogan, Linda. *Solar Storms*. New York: Simon and Schuster, 1995.

Holleran, Andrew. *Ground Zero*. New York: New American Library, 1988.

Jacobs, Harriet. *Incidents in the Life of a Slave Girl: Written by Herself*. 1861. San Diego: Harcourt Brace, 1983.

Kahane, Deborah Hobler. *No Less a Woman: ten Women Shatter the Myths about Breast Cancer*. New York: Prentice Hall, 1990.

Kincaid, Jamaica. *My Brother*. New York: Farrar, Straus and Giroux, 1997.

Kingston, Maxine Hong. *The Woman Warrior: Memoirs of a Girlhood Among Ghosts*. 1975. New York: Vintage, 1977.

Klotman, Phyllis Rauch. "'Oh Freedom' – Women and History in Margaret Walker's *Jubilee*." *Black American Literature Forum* 11:4 (Winter 1977): 139-145.

Knopf-Newman, Marcy Jane. *Beyond Slash, Burn, and Poison: Transforming Breast Cancer Stories into Action*. New Brunswick, NJ: Rutgers UP, 2004.

Kramer, Larry. *Reports from the Holocaust: The Story of an AIDS Activist*. New York: St. Martin's Press, 1994.

Laub, Dori, and Nanette Auerhahn. "Failed Empathy – A Central Theme in the Survivor's Holocaust Experience." *Psychoanalytic Psychology* 6 (1989): 377-400.

---. "Knowing and Not Knowing Massive Psychic Trauma: Forms of Traumatic Memory." *International Journal of Psychoanalysis* 74 (1993): 287-302.

Lifton, Robert Jay. *The Broken Connection*. New York: Simon and Schuster, 1979.

Lorde, Audre. *The Cancer Journals*. San Francisco: Aunt Lute Books, 1980.

Lucas, Geralyn. *Why I Wore Lipstick: Tto My Mastectomy*. New York: St. Martin's Press, 2004

Lynch, Michael. *These Waves of Dying Friends*. Bowling Green, NY: Contact II Publications, 1989.

Marchetto, Marisa Acocella. "Cancer Vixen." *Glamour* May 2005: 260-265.

Martin, Emily. *Flexible Bodies: The Role of Immunity in American Culture from the Days of Polio to the Age of AIDS*. Boston: Beacon Press, 1994.

Monette, Paul. *Afterlife*. New York: Crown, 1990.

---. *Borrowed Time: An AIDS Memoir*. New York: Harcourt Brace Jovanich, 1988.

Morrison, Toni. *Beloved*. 1987. New York: Plume, 1988.

---. "The Site of Memory." *Inventing the Truth: The Art and Craft of Memoir*. Ed. William Zinsser. Boston: Houghton Mifflin, 1998. 185-200.

Murphy, Timothy. "Testimony." *Writing AIDS: Gay Literature, Language, and Analysis*. Ed. Timothy F. Murphy and Suzanne Poirier. New York: Columbia UP, 1993. 306-320.

Patton, Cindy. *Inventing AIDS*. New York: Routledge, 1990.

Radner, Gilda. *It's Always Something*. New York: Simon and Schuster, 1989.

Rollin, Betty. *First, You Cry*. 1976. New York: Harper Perennial, 2000.

Scarry, Elaine. *The Body in Pain*. New York: Oxford UP, 1985.

Sedgwick, Eve Kosofsky. "Off My Chest." *Extremities: Trauma, Testimony, and Community*. Ed. Nancy K. Miller and Jason Tougaw. Urbana: U of Illinois P, 2002. 186-194.

---. *Tendencies*. Durham, NC: Duke UP, 1993.

Sherry, Michael. "The Language of War in AIDS Discourse." *Writing AIDS: Gay Literature, Language, and Analysis*. Ed. Timothy F. Murphy and Suzanne Poirier. New York: Columbia UP, 1993. 39-53.

Siegel, Bernie S. *Peace, Love, and Healing: Bodymind Communication and the Path to Self-Healing: An Exploration*. New York: Harper and Row, 1989.

Silverside, Ann. *AIDS Activist: Michael Lynch and the Politics of Community*. Toronto: Between the Lines, 2003.

Snyder, Sharon, Brenda Jo Brueggemann, and Rosemarie Garland-Thomson, eds. *Disability Studies: Enabling the Humanities*. New York: MLA, 2002.

Sontag, Susan. *Illness as Metaphor; and, AIDS and Its Metaphors*. New York: Anchor, 1990.

---. *The Way We Live Now*. 1986. New York: Noonday, 1991.

Spence, Jo. *Cultural Sniping: The Art of Transgression*. New York: Routledge, 1995.

---. *Putting Myself into the Picture: A Political, Personal and Photographic Autobiography*. London: Camden Press, 1986.

Tougaw, Jason. "Testimony and the Subjects of AIDS Memoirs." *Extremities: Trauma, Testimony, and Community*. Ed. Nancy K. Miller and Jason Tougaw. Urbana: U of Illinois P, 2002. 166-185.

Truth, Sojourner. *The Narrative of Sojourner Truth: A Northern Slave*.

Wainwright, Sonny. *Stage V: A Journal through Illness*.

Walker, Margaret. *Jubilee*. 1966. Boston: Mariner-Houghton, 1999.

White, Deborah Gray. 1985. *Ar'n't I a Woman? Female Slaves in the Plantation South*. New York: Norton, 1999.

---. “Female Slaves in the Plantation South.” *Before Freedom Came: Afro-American Life in the Antebellum South*. Ed. Edward Campbell and Kym Rice. Richmond: Museum of the Confederacy and U of VA, 1991.

Williams, Sherley Anne. *Dessa Rose*. 1986. New York: Berkley Books, 1987.

Wojnarowicz, David. *Close to the Knives: A Memoir of Disintegration*. New York: Vintage, 1991.

Yaeger, Patricia. “Testimony without Intimacy.” *Poetics Today* 27:2 (Summer 2006), 401-425.

Zeiger, Melissa F. *Beyond Consolation: Death, Sexuality, and the Changing Shapes of Elegy*. Ithaca: Cornell UP, 1997.