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The body's unruly event of illness: (re)orienting the cancer memoir in Anne Boyer's *The Undying*

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ABSTRACT

This paper argues that Anne Boyer's *The Undying* (2019) reorients the writing of illness memoirs, in particular the breast cancer memoir. Thinking of the ill body as a "queer orientation," following Sara Ahmed (2006), I analyze how Boyer reconsiders and attends to different ways of narrating the ill body going beyond genre conventions. I consider how Boyer's memoir assesses the "crisis of care" (Fraser) in contemporary society as well as the role of the cancer patient in traditional breast cancer memoirs, where suffering is presented as a homogenizing experience devoid of sociopolitical circumstances. I argue that Boyer's use of (re)orientation of writing in her illness narrative is key for a different understanding of breast cancer that fosters collective action for the redistribution of justice and care.

KEYWORDS

Anne Boyer; breast cancer memoir; medical humanities; neoliberalism; illness narratives

Introduction

In recent years, there has been a growth in illness narratives and memoirs, posing a challenge to the Western mind/body dichotomy (Couser 4). Though a popular genre now, illness narratives began to receive critical attention in Virginia Woolf's 1926 essay *On Being Ill*, where she vindicated the relevance of illness as a literary theme, foregrounding the importance of "the daily drama of the body" (5), which had not received the necessary attention in literature so far and, she argued, could prompt new stories and new ways of telling them. According to Arthur Frank, "ill people have to learn 'to think differently'" about themselves (1), and thus illness is prefigured as the condition for the telling of one's own story in illness narratives (2). Stories of ill people, according to Frank, are not "just about illness" but rather told "through a wounded body" so that the self becomes familiar with its estranged body again (2). The ill person has to find a new way to express the changes that their body has undergone to come to terms with them and, as a consequence, with their lives before,

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during, and after the illness. Simone de Beauvoir claimed, following the phenomenology of Merleau-Ponty, that “the body is not a *thing*, it is a situation: it is our grasp on the world and the outline for our projects” (68). This shows that the intricacies of the mind/body dichotomy are more complicated than they may seem, but also that bodies become noticeable when something is out of place, when the ill person needs to reorient their body, shifting their position in the world as well as the point of departure of their discourse. Sara Ahmed defines the concept of “queer orientation” as one that turns “our attention toward different objects, those that are ‘less proximate’ or even those that deviate or are deviant” (*Queer Phenomenology* 3). In this way, we may define the writing of the ill body as a “queer orientation” in life writing for it goes beyond traditional autobiographical texts that examine “how one has become who he or she is at a given moment in an ongoing process of reflection” (Smith and Watson 1). In turn, this queer orientation toward the ill body directs the writer to previously unnoticed matters, objects, and spaces relating to care, death, society, or the aforementioned mind/body distinction. Turning to phenomenology, we may encounter different ways to read the ill body and to account for the experience of illness.

In *The Undying* (2019, winner of the Pulitzer Prize for Nonfiction), Anne Boyer recounts her experience after being diagnosed with triple-negative breast cancer and undergoing a crippling, expensive treatment. Boyer sets out to explain how writing itself poses a problem when she attempts to talk about her illness:

If few diseases are as calamitous to women in effects as breast cancer, there are even fewer as voluminous in their agonies. These agonies are not only about the disease itself, but about what is written about it, or not written about it, or whether or not to write about it, or how. Breast cancer is a disease that presents itself as *a disordering question of form*. (7, italics mine)

Indeed, writing about the experience of cancer for Boyer is as important as the experience itself, for it is the way of telling the story that is political and ideological (Boyer 9). As Nadine Ehlers points out, a cancer prognosis “operates as a foretelling, a foreboding of what is to come” (113), shifting the way the cancer patient relates to their body in the world and provoking questions about the past, the present, and the future of the embodied self in relation to it. In this essay, I will argue that Boyer reorients the ill body outwards to denounce the traditional breast cancer memoir form and to account for the unequal political structures that lead to suffering from the illness and the lack of care during its treatment and recovery. Boyer moves beyond an individualizing, commodified account of breast cancer as she looks for a way to represent the ill body that can foster a collective understanding of the causes and effects of the illness.

Throughout her writing, Boyer avoids the traditional breast cancer survivor story that is often packaged into “pink-ribbon culture” and sold as a healing narrative, even as so far as to become the impetus for positive life change, a perspective other writers such as Jackie Stacey (1997) and Barbara Ehrenreich (2010) have denounced. As Boyer states, “To tell the story of one’s own breast cancer is supposed to be to tell a story of “surviving” via neoliberal self-management—the narrative is of the atomized individual done right, self-examined and mammogrammed, of disease cured with compliance, 5 K runs, organic green smoothies, and positive thought” (9). This type of “survival” story would fit into the category that Arthur Frank has called “the quest narrative” within illness stories, where “[i]llness is the occasion of a journey that becomes a quest” (115). In quest illness narratives, the ill narrator gains something through the experience, though what they “quested for may never be wholly clear” (115). These are the “most published illness stories” (115) and present illness as a journey, often following the classic structure of departure, initiation, and return of Joseph Campbell’s *The Hero with a Thousand Faces* (1949), which has been replicated countless times in self-help books (Frank 117–19). Upon return, the survivor tells the account of their illness, the “truth about suffering” that “must be told,” to serve a purpose in society but also often reshaping the authors’ own idea of themselves (121–29). In sum, “the quest narrative recognizes ill people as responsible moral agents whose primary action is witness” to themselves and to others who did not have a voice for their illness. Illness stories’ narrators are presented as “heroes of their own stories” (134), where the telling of the story itself, the making of their voice, bears the weight of the hero’s perseverance. These illness stories then posit the self who has survived the illness as a self-made hero, as an example of someone overcoming difficulties not far removed from the tradition of classic autobiography.¹

Bearing in mind the gendered experience of breast cancer, tied to the rise of postfeminism and neoliberalism in the twenty-first century, partly helps to explain the rise of the literary genre of the breast cancer memoir, where individual choice precludes collective strategies for social change. As Marta Fernández-Morales explains, neoliberal biomedicalization has taken control over citizens’ lives, which in the case of women’s illness narratives leads to a negotiation between feminism, postfeminism, and their entanglement with discourses about women’s health (“Postmillennial Cancer Narratives” 2). Rosalind Gill defines postfeminism as a form of subjectivity mediated by market rationality, where there is a strong emphasis on autonomous choice when negotiating gender power relations (437–39). In this sense, women’s health becomes yet another individual choice to make and is “depoliticized” by representing women as “part of an inherently at-risk group that must engage in a constant monitoring and management of risk” to enhance their femininity as a market value (Dubriwny 13).

Health has acquired a moral component in the neoliberal optimizing of the self: from the stigma of some illnesses such as obesity or depression to the privatization of healthcare, health is coveted as a luxury item that can be “chosen” individually through fitness, diets, and “self-determination” (Brown and Baker 32). Falling ill in current neoliberal thought may reflect the failure to fulfil moral standards of the good and productive citizen, and the cancer patient faces not only a bodily but also a moral recovery which is reflected in breast cancer narratives. In “Affective Economies” (2004), Sara Ahmed explains that affects and feelings circulate between subjects and objects and are collectively assigned a value. The moral outlook pressed upon the need for positivity when facing breast cancer is one that is collectively and socially constructed. However, it is important to emphasize that emotions “do things . . . they align individuals with communities—or bodily space with social space” and may, as such, become markers for social change (Ahmed, “Affective Economies” 119).

So, how can the breast cancer memoir deviate from this form, if at all? How can cancer be represented beyond metaphor, as Susan Sontag (1978) advocated? How can pain be articulated if it cannot be expressed with words? This essay will explore how Boyer’s *The Undying* navigates trying to respond to the disordering question of form cancer poses.

The commodification of the cancer memoir

When setting out to write about the experience of breast cancer, Boyer is aware of the existing tradition within the genre, and she “would rather write nothing at all than propagandize for the world as it is” (116). According to Arthur Frank, “[s]eriously ill people are wounded not just in body but in voice” (xii). Frank claims that “stories can heal” through the creation of empathy with an audience, while storytellers reclaim “the voices that illness and its treatment often take away” (xii). In this way, the teller not only becomes an ethical witness to their own suffering, but they also provide a voice to those who cannot speak due to the consequences of their illness (xiii). Frank rightly claims that the writing of the ill, wounded body is social insofar as storytelling is socially codified. In particular, cancer narratives hold an important place given the high number of people who suffer from this illness worldwide,² will statistically suffer from it, and will survive the illness but will stay in what Frank calls the “remission society,” for they are “effectively well but could never be considered cured” (8). As Lochlann Jain (2007) points out, we, as a culture, live in prognosis, for everyone is liable to develop cancer. However, a codification of illness storytelling in turn runs the risk of becoming too stiff to accommodate a harsher critique of the system or too influenced by other circulating narratives and affects, such as

economic or personal narratives of success or failure. In short, illness narratives may become too constricted by the metaphors that Sontag identifies as damaging and stigmatizing, such as battling or war tropes, in which the ill person is considered a hero or a heroine if he or she comes out alive (Sontag, *Illness as Metaphor* 57). As Mary DeShazer argues, breast cancer narratives may contest these discourses or abide by them, epitomizing being cured as a redeeming triumph of the entrepreneurial self, where self-actualization and improvement takes place after, or during, the cure (*Fractured Bodies* 4).

In cancer narratives that sanction the popular neoliberal discourse of the self-made individual, neoliberalism's grounding in risk-minimization, competition, and self-governance is applied to the principles of healthcare, where "individuals are self-concerned agents, not members of a polis connected to a larger community" (Cosgrove and Karter 670). The market is entrusted with meeting the needs of those individuals, not political and communal work, and health is presented as the outcome of a series of "rational choices" made based on expert "'healthy living' advice" (Brown and Baker 6). As Gavin Mooney claims, with citizens becoming consumers in all realms of their lives, patients have now turned into clients: "Most conventional health economists abandoned cost-benefit analysis (which inter alia encompasses all benefits), to replace it with cost-utility analysis (which considers only health on the benefit side)" (19). This is particularly remarkable in a country without universal healthcare, such as the United States. As Brown and Baker underscore, patients are deemed "responsible" for correctly managing their bodies and their health through appropriate choices, such as exercising, eating healthily, and not smoking (2). The patient-as-client must demonstrate constant self-reliance, good risk-advising, and continuous self-actualization through what Foucault termed "technologies of the self" (1988), that is strategies or tools for the transformation, management, shaping, and domination of one's own person (18). As Foucault (1991, 2008) and Wendy Brown (2003), among other critics and theorists, have argued, neoliberal governmentality fosters this kind of self-surveillance, where subjects are constantly watching themselves to become "entrepreneurial actors in every sphere of life" (Brown 42), carrying out actions to have a good life—an accomplishment for which the subject bears all responsibility. Health can thus be seen as a "technology of the self" which polices the individual so that it is a productive member of society who can deal with the economic uncertainty and the current lack of welfare provisions.

Following Foucault, narrating one's own story may be considered another "technology of the self" (Rose), where confession is deployed to foster self-actualization and responsibility. In this sense, the "memoir boom" of the 1990s and 2000s (Rak) aptly reflects the shift to neoliberalism in cultural

narratives, where the isolated individual narrates their way toward self-actualization and self-discovery after overcoming a number of difficulties. The marketing of the entrepreneurial, self-governing individual as an ideal citizen in the popular memoir has been the target of literary critics for erasing the “vast inequalities in the unequal distribution of resources with an endlessly renewable narrative template” and paradoxically promoting “an increasingly non-specific and generic self” (Gilmore 658). In other words, though presenting it as unique, identity is prepackaged and commodified in the bestselling memoir. However, as Daniel Worden argues, the recent growth in varied authors, themes, and backgrounds in nonfiction also allows for reading the memoir genre as “a literary mode that has, since neoliberalism’s emergence and throughout its implementation, represented material necessities—the limits to economic growth, the narrowness of political engagement under neoliberalism, and the lack of upward mobility and individual wellness” (ch. 9). As Worden asserts, the memoir genre can actually challenge hegemonic conceptions of subjectivity engaging with the first-person narrator form that is both sanctioned by the genre and by the neoliberal configuration of self (ch. 9).

One of the most commodified genres within illness memoirs is the breast cancer memoir (DeShazer, *Fractured Borders* 4), which has come to bear the burden of femininity, positivity, and the ultimate neoliberal governmentality. While women’s lives have been thoroughly medicalized throughout history thereby producing “specific understandings of women as frail and inferior” (Dubriwny 15), the advent of postfeminism has also brought about the commodification of the discourse of women’s health, combining expectations for traditional womanhood with individual choice (24). Women are reified as “ideal neoliberal subjects” (Scharff). However, DeShazer (*Mammographies* 10) points toward a changing tendency in twenty-first-century women’s cancer memoirs that signals a shift in the hegemonic narrative of the so-called “pink-ribbon culture” or “pink kitsch” (Sulik), as coined by Barbara Ehrenreich in her book *Smile or Die: How Positive Thinking Fooled America and the World* (2010), where she condemns the consumer-oriented, corporate-driven discourse of breast cancer in the public domain that infantilizes women. Among the works that criticize this discourse, we can find narratives that veer more toward the autobiographical or academic essay, such as Jackie Stacey’s *Teratologies: A Cultural Study of Cancer* (1997), where Stacey, after suffering from ovarian cancer, critiques medical paternalism and coins the term “self-health” for self-help books that give advice on how to live with a cancer diagnosis or even about how to avoid said diagnosis. Gayle Sulik studies the consumerism promoted by breast cancer organizations, *Pink Ribbon Blues: How Breast Cancer Culture Undermines Women’s Health* (2010), and Léa Pool’s documentary

Pink Ribbons Inc. (2011) carries the telling tagline “capitalizing on hope.” Autobiographies such as Susan Gubar’s *Memoir of a Debulked Woman* (2012) or Eve Ensler’s *In the Body of the World* (2013) contest the discourses of stigma, shame, and silence imposed upon women suffering from cancer (Fernández-Morales). These works shed light on the depoliticization of breast cancer through the reliance on feminizing campaigns, such as the pink ribbon “detection rather than prevention . . . philanthropy over activism” and positivity as the ultimate, essential tool to beat the illness (DeShazer, *Mammographies* 1).

Indeed, Ehrenreich pioneered the critique of “survivor appraisal,” arguing that “the mindless triumphalism of ‘survivorhood’ denigrates the dead and the dying. Did we who live ‘fight’ harder than those who have died? Can we claim to be ‘braver,’ better, people than the dead?” (53). In a way, by positing the survivor as a hero or heroine, cancer is presented as a journey from which a life lesson can be learned and even that one can come out of it transformed into a better person. In *Teratologies*, Stacey wonders how her own desire for literary convention and form may precisely hinder truthfulness: “What remains untold in these heroic narratives? What does linearity exclude? What cannot be restored with closure? Where is the continued chaos and disorder in such accounts? Where is the forgotten pain?” (14–15). This tension between truthful representation and convention can be said to originate not only in literary form but in neoliberalism as a system that structures cultural narratives. As Lisa Diedrich claims, twenty-first-century “calls for the political transformation of society in general and the institution of medicine in particular are drowned out by more fervent cries for the personal transformation of the self” (xx). One instance of this can be observed in the Affordable Care Act (also known as Obamacare) passed in March 2010 to provide health insurance coverage to low-income people, which has since been extremely contested both by those who thought it limited consumer choice and by others who considered it was not enough to guarantee healthcare.³

In this sense, Boyer’s *The Undying* refuses to tell the story of cancer following a traditional plot and critiques traditional breast cancer narratives: “I do not want to tell the story of cancer in the way that I have been taught to tell it. The way I have been taught to tell the story is a person would be diagnosed, treated, either live or die. If she lives, she will be heroic. If she dies, she will be a plot point” (115). Boyer rejects the linearity of the “quest narrative” as well as relying only on her first-person account and instead traces a genealogy of texts that the author turns to when she finds out about her diagnosis, including Audre Lorde’s *Cancer Journals* (1980), Sontag’s aforementioned *Illness as Metaphor* (1978), Jacqueline Susann’s novel *Valley of the Dolls* (1966), Kathy Acker’s “The Gift of Disease” (1997), or eighteenth-century writer Fanny Burney’s diaries and letters, trying to find

precursor counternarratives for the writing of the event of breast cancer as a collective experience since “to write of death is to write of everyone” (Boyer 10). Boyer thus strives “not to speak into the silence, but to learn to form a resistance to the often obliterating noise” (8), to find a way to utilize one’s own personal voice of experience toward the common good.

Reorienting the ill body in *The Undying*

In *The Undying*, rather than reading her illness as an ahistorical, personal event, Boyer outlines a history of what is done to the body so that it falls ill. As Sara Ahmed explains in *Queer Phenomenology*, “bodies do not dwell in spaces that are exterior but rather are shaped by their dwellings and take shape by dwelling” (9). Bodies and their surroundings are closely connected, and bodies adapt and take shape in relation to them. It could then be argued that Boyer’s memoir explores how the body has been oriented so that it becomes an ill body. As Boyer says, “[t]he history of illness is not the history of medicine—it’s the history of the world—and the history of having a body could well be the history of what is done to most of us in the interest of the few” (30). Boyer not only aims to talk about her own particular experience but to insert her own ill body in the history of ill bodies, to learn from the past to affect the present and to discuss what has led her body, in the history of bodies, to be ill. Building on the phenomenology of Husserl and Merleau-Ponty, Ahmed writes about how spaces are not only shaped by the bodies which inhabit them, but how bodies are shaped by and shape the spaces that surround them. Bodies are not static and monolithic entities but are rather “shaped by histories, which they perform in their comportment, their posture, and their gestures” (Ahmed, *Queer Phenomenology* 56). The history of the body, then, may well be read as a history of its orientations, understanding an orientation as repeated gestures, postures, and ways of inhabiting the surrounding space and time.

If the ill body is a “queer orientation” of the body, the writing of the ill body reflects the “disordering question of form” that cancer poses for Boyer (7), and it is form that becomes the conduit of the text itself. However, when she sets out to write, it proves a much more difficult task than it seems if she wants to avoid repeating the same pattern of the commodified cancer memoir: “I had abandoned this book at least a thousand times, a number that does not include the innumerable other destructions inherent in writing it—the drafts deleted, pages erased, passages excised, structures disposed of, arguments unraveled, sentiments self-forbidden, anecdotes untold” (Boyer 283–84). Boyer acknowledges the affecting quality that writing can have upon the world, both in maintaining the status quo as well as in challenging it. Arranged in different fragments throughout different chapters, the memoir intersperses the author’s own meditations on cancer and cancer in art with quotations from authors,

information, and testimony. Boyer portrays a multifaceted approach to cancer: of her personal experience of cancer but also, in a fragmented and non-linear essay form, a history of who is responsible for carcinogens in contemporary society, who is responsible for the lack of affordability of care, and a genealogy of how breast cancer has been represented in culture over time, gathering sources from specialized literature, history, and art, but also other patients' experiences online. The aim of such an ambitious project is to convey a faithful representation of cancer, but as Boyer asserts, "nothing was easy with my cancer, particularly not finding the truth" (40). The memoir, then, turns to the search of truthfulness as an orientation, in Ahmed's sense, deviating from the socially and culturally recognizable narrative of cancer. Boyer does not rely on a single first-person account—in fact, factual fragments about the author's life do not constitute the majority of the text which is made up of philosophical reflections, essays and discussions of other authors' works. However, she does assert her authorial power, revealing the writing process and the responsibility that writing entails as it impacts the world, and how form and aesthetics are part of conveying this impact: "I write in my journal: I hope to never write beautifully if what I am saying is untrue" (262). In this way, Boyer deviates from the traditionally expected breast cancer plot in which the patient finds out that she is ill, undergoes treatment, and survives, often having a breakthrough about herself which, had she not suffered from cancer, she would have not had, therefore matching bodily with inner changes of the self (Couser 5–7, 39–40). Instead, Boyer composes an archeology of the experience of suffering from breast cancer, layering the fragments of the social, political, and economic circumstances that led her, like thousands of other women, to her current state. By making sense of all the information that she researches on the subject, she establishes a link between her intimate pain and the wider world, between the body and the mind, as she claimed in an interview (Aguilar). In this way, Boyer attempts to strike a balance between intellect and emotion in the ambivalent stance between truth and representation that the memoir poses.

Boyer recounts her experience of being diagnosed with triple negative breast cancer at the age of 41, in 2014. Since the first chemotherapy is not effective, Boyer undergoes a second, harsher treatment that some doctors even advise against due to the future health problems derived from it. Added to those worries is the cost of the treatment, which, were it not for health insurance, she would not be able to afford:

The cost of one chemotherapy infusion was more money than I had then earned in any year of my life.

My problem is that I wanted to live millions of dollars' worth but could never then or now answer why I deserved the extravagance of this existence, why I consented to allow the marketplace to use as its bounty all of my profitable troubles. (Boyer 86–87)

A neoliberal model of healthcare means essentially putting a price on people's lives and evaluating how much they are worth. Those who cannot afford it will not survive, if the chance of surviving both the illness and the effects of the treatment exists. The fact that the cancer pavilion is "named after a financier" emphasizes this even more (Boyer 48). As Boyer recounts, medicine responds to "the body's unruly event of illness by transmitting it into data" (54), into math. The materiality of care is erased from view, just as pain and suffering is.⁴ In an informational brochure, Boyer observes how the faces photographed "bear no mark of suffering, not from cancer, but also not from anything else—not work, not racism, not heartbreak, not poverty, not abuse, not disappointment" (40). As Ehlers explains, treatment may be healing, but also disciplinary, "bringing subjects in line with particular regularizing and regulatory norms of health, and that which produces particular kinds of bodies and understandings of vulnerability, subjectivity, and relations of subjects to embodiment" (117). For instance, when a breast cancer patient chooses whether or not to have a prosthesis, this decision is motivated by how breasts are deeply entangled in contemporary women's subjectivity and body image. In this sense, as Jackie Stacey did in her *Teratologies*,⁵ Boyer's orientation toward cancer also queers the heteronormative matrix, for it peels off the layers of vulnerability women and minorities acquire when they become ill, such as being a single woman with no caretaker or choosing not to have a prosthesis. Boyer affirms that she does "not mourn [her] own lost breasts, because the condition of the shared world is exponentially more grievable" (157). She grounds the vulnerability of her body in the specific material and historical circumstances that surround her—illness, climate change, destructive capitalism—and identifies her body as one more element in the current vulnerable world. Healthcare as a business, on the other hand, establishes a narrative that erases and actually increases all structural inequalities, differences, and suffering, emphasizing an unequal distribution of resources when an uninsured person falls ill or, like Boyer, has to keep working when ill to provide for themselves.

The precariousness of care in the contemporary US is central to the narrative. A single mother of a teenage daughter, Boyer relies on friends to pick her up from surgery and the infusion centers:

My friend Cara worked for an hourly wage and had no time off without losing out on money she needed to live, so she drove out to the suburban medical office on her lunch break in order that I could get my diagnosis. In the United States, if you aren't someone's child, parent, or spouse, the law allows no one else guaranteed leave from work to take care of you. If you are loved outside the enclosure of family, the law doesn't care how deeply—even with all the unofficialized love in the world enfolding you, if you need to be cared for by others, it must be in stolen slivers of time. (29)

Boyer reveals the heterosexist and singlist assumptions of a state that doesn't provide any care for the sick, since it trusts that someone else (presumably a partner) will do it for free for the sake of a culturally constructed and legally sanctioned vision of love. Friends cannot take time off of work to look after her either, as laws often assume that care responsibilities are limited to the nuclear family. A disabling illness like cancer puts the patient in an extremely precarious position if they cannot afford to pay for private assistance, and they do not have the family and economic resources to have a relative care for them. Not only does the sick person fear losing their life, but, in neoliberalism, if the individual has not performed their duties correctly as a citizen—having a stable job with health insurance, getting married, having children, that is, being “worth enough to keep alive” (Boyer 150)—the consequences of illness may be socially and economically devastating. The impact of precarity on health is also hinted at: “Whether I am dying or not, I still have bills to pay, a child to support, students to teach, a job to keep: I have to go to work” (Boyer 275). Boyer soon runs out of sick leave and has to be driven to work by friends and teaches while ill, for she needs her job to keep her insured. In a 2015 interview about her previous book, Boyer comments on how she would often get sick from “stress and overwork” when she did not have a full-time, stable job (King).⁶ In this sense, neoliberalism obscures structural oppression which can cause poor health,⁷ restricting the access to healthcare and putting the blame on the individual for their lifestyle choices if they end up falling ill.

As Nancy Fraser explains (2016), current neoliberal societies find themselves in a “crisis of care.” Since care work has always been provided mainly by women and been mostly unpaid, with the entry of women into the workforce, state support for social reproduction and maintenance has been withdrawn, and care has become increasingly commodified and privatized at the expense of those who cannot afford to pay for it. The paradox is that care is of course necessary to sustain social reproduction and, therefore, capitalism. In her research on whom cancer impacts the most, both in diagnoses and deaths, Boyer discovers that, “single women with breast cancer, even adjusting for age, race, and income, die of it at up to twice the rate of the married. The death rate gets higher if you are single and poor” (150). Women, who have been entrusted with unpaid care work throughout history, find themselves with no one to care for them when they fall ill. Who cares for the caregiver? The question goes unanswered, though Boyer acknowledges that she could not have survived without her friends, who helped her with money, drove her to work and to the hospital, and tried to support her emotionally (288). She is even told that she should be grateful to have access to treatment, have kept her job, and have friends to care for her, making survival also a question of positive attitude and self-improvement rather than of access to resources (Boyer 158). Care in contemporary

neoliberal society is not considered a right, but a luxury. The narrative evinces the inadequate, patch-like solutions that contemporary society offers to care for those who need it, which rests on goodwill and people's generosity—something intangible and costless—instead of on the right for care as a material need that limits and conditions people's wellbeing.

Boyer is cured, though chemotherapy is, as it were, Plato's *pharmakon*, medicine and poison at once: though heart damage is ruled out, her nerves suffer, and it leaves her exhausted. However, she asserts that, “[a]fter cancer, [her] writing felt given its full permission” (283), despite struggling with the problem of representation. Writing can also be *pharmakon*, following Derrida's “Plato's Pharmacy” (1968), where he argues that “[t]he truth of writing, that is, as we shall see, (the) nontruth, cannot be discovered in ourselves by ourselves” (74). Writing is embedded, then, in one's own subjectivities, narratives, and structures, but it is also interconnected, intersubjective, entangled with reality. This means that Boyer's writing in *The Undying* is not untruthful, but rather that truth is negotiated through the very discussion of the material conditions that allow for meaning-making. One of the most relevant problems in writing an illness narrative is the problem of representing pain in writing, which, as Boyer explains, often “excludes literature” (208). Pain has often been called impossible to represent, and impossible to grasped by readers or viewers.⁸

A widely held notion about pain seems to be that it “destroys language.” But pain doesn't destroy language: it changes it. What is difficult is not impossible. That English lacks an adequate lexicon for all that hurts doesn't mean it always will, just that the poets and marketplaces that have invented our dictionaries have not—when it comes to suffering—done the necessary work:

Suppose for a moment the claims about pain's ineffability are historically specific and ideological, that pain is widely declared inarticulate for the reason that we are not supposed to share a language for how we really feel. (Boyer 213)

Boyer does not take language for granted and instead argues that there is a history to representation. It is not that there is no “outside” of the text, as Derrida claimed (*Of Grammatology* 158), but that the material conditions of reality impact writing. The impossibility of representing pain then precludes any political momentum, but it could hypothetically become a revolutionary force if articulated properly. The impossibility of representing distress has been discussed by many scholars, most remarkably Elaine Scarry in her seminal book *The Body in Pain* (1985). According to Scarry, the unsayability of pain derives from the paradox of the authorial voice: our own pain is certain, but someone else's is “unsharable” (16), a completely private experience that hinders its expression. In contrast, Joanna Bourke (2014) claims that the experience of pain is collectively constructed, so bestowing agency

upon “Pain,’ rather than a person-in-pain,” for instance, by giving it the quality of being unsharable, results in an “ontological fallacy” (5). Bourke defines pain as a “type of event” that “participates in the constitution of our sense of self and other” (5). Pain, therefore, is not *what* happens, but a *feeling*, a “mode of perception . . . a way-of-being in the world or a way of naming an event” (Bourke 7–8). In other words, naming pain orients the body toward the event of self-making—or undoing—in a social interaction. The self is phenomenologically aware that something hurts and says so to communicate its perception that an act is painful, which may or may not have been understood as such by others. Given that the memoir as a genre acts as a channel between the private and the public (Rak 32–33), strategies may be found to articulate it, even if Boyer discards quantifiable ways of measuring pain during her treatment, such as numbering pain from one to ten (52). In fact, Boyer grapples with memoir conventions herself to name pain when she reveals the following detail: “This is not anything I want anyone to know about me. After one of my surgeries, I asked a friend to help me count my wounds” (112). Boyer insightfully notes that the memoir is supposed to provide the reader with a window into the intimate, and, as such, the readers expects some sort of self-reflective confession. But Boyer is also aware of the impossibility of fully sharing this experience, since “[s]howing is a betrayal of the real” (113). Even if the author strives for an embodied sort of writing, “written in our bodies first and sometimes written in notebooks later” (43), we know that the account is a selection, an authored representation that is by definition filtered and not the whole truth of the experience of illness.

The solution that Boyer provides is thus twofold: she is not *showing* us how her friend helped her count her wounds, a scene that could seem fabricated or overly sentimental, but she is *telling* us how she shared her pain, how she made it collective by asking her friend to count her wounds with her, even if the friend could not feel the wounds herself. By giving us this brief insight into how pain can be shared, this partaking engages with the reader, who may, in turn, look outwards to “count the wounds” of the world with her. Incidentally, before Boyer was diagnosed, she was planning on making “a place for public weeping . . . an almost-religious monument” to cry in the company of strangers whenever anyone needed it (205). Though she never did it, she adds that chemotherapy made her cry wherever she was, whatever she was feeling: “my self a mobile, embarrassed public monument of tears” (Boyer 206). Participating in the event of pain with others, making it public, even if pain appears unutterable at first, may be a strategy in the history of finding a way to express it.

Another problem found in representing pain is that women’s suffering is often capitalized on, “generalized into literary opportunity” (Boyer 118). According to Javier Moscoso, pain has a history, in particular one of meaning-making and representation, which entails that “[f]or those who are in

pain, the probability that their experience will be culturally significant increases depending on whether it can be imitated or represented” (8). Whose pain is represented depends on power and tradition, and writing against those codes may prove to be illegible. In the case of the breast cancer memoir, Boyer discusses how a prefabricated narrative of cancer is imposed on the patient: “We resemble a disease before we resemble ourselves” (49). In writing against a reified narrative of cancer, Boyer reorients writing from the personal experience of illness—the pain, the exhaustion, losing friends, wig-buying—something which in the end is hard to convey without following the conventions of the genre, toward the outside world, a world that is hurting, and how literature can actually be consequential for social change. Eventually, Boyer comes to terms with the limitations of the memoir genre that often sticks to the truth-value of the account and not the further implications of its production:

I hate to accept, but do, that cancer’s near-criminal myth of singularity means any work about it always resembles testimony. It will be judged by its veracity or its utility or its depth of feeling, but rarely by its form, which is its motor and its fury, which is a record of the motions of a struggle to know, if not the truth, then the weft of all competing lies. (285)

Personal experience by itself cannot constitute a narrative truth, for it is always mediated by circulating narratives and affects, but it is actually the way of telling and structuring that experience what may be the most revealing of the account. In a way, Boyer foregoes the impossibility of going beyond representation, which is historically grounded in material conditions, while she acknowledges those conditions and the limitations that they place upon life writing. Despite these negotiations, Boyer rejects illness as an identity and instead practices what Jain (2007) has called an “elegiac politics,” which “analyzes how the private and public aspects of the rhetorics of loss and profit both disavow and necessitate each other in the cultural sacrifice of cancer” (90). An elegiac politics deals with the betrayals of the promise of biomedicalization, avoids straightforward answers, and negotiates with the pain and grief of what was, is, and may be lost in the future. Boyer’s account grounds cancer not only in time, but also in space, situating the specificity of the ill body in history: its collective value, its past and present affronts, and the possibility of changing the future.

The question of futurity is further explored in *The Undying*. Unlike the quest narrative, Boyer’s account does not focus on what the personal future of the recovered patient may have in store for them, nor does it focus on self-transformation or self-development thanks to the illness (Frank 118). Rather, Boyer argues that the pain she went through, the illness and its treatment, the double mastectomy, was not an epiphany and that “having lost all that, [she] found [her]self to still be [her]self, damaged into [her] own

intensified version” (283). Boyer rejects the narrative that pain, illness, or tragic events are teachable moments that transform the self into someone different, someone better. There is no moral to the experience of cancer, lest one considers future change, a collective future that her child will inherit: when Boyer tells her daughter that her cancer is not genetic, her daughter reminds her that she “still [has] the curse of living in the world that made [her mother] sick” (132). This could be the only characteristic shared with the quest narrative: the warning that her narrative could be our own, that disease and inequality are rampant and that the two go hand in hand (Frank 122). Boyer reorients cancer toward specific historical and economic conditions that may have caused it: “If I die from this cancer, I tell my friends, cut my corpse into pieces and send my right thigh to Cargill, my left hand to Apple, my ankles to Procter and Gamble, my forearm to Google” (65). These big companies not only exploit the most vulnerable members of society but also pollute natural resources such as air and water, which scientific research has extensively linked to the rise of cancer cases.⁹ Boyer advocates for making those to blame for these “corporate crimes” on health, which threaten the possibility of life, accountable: big tech, finance capitalism, climate change (Katz). She claims that “[d]isease is never neutral. Treatment never not ideological. Mortality never without its politics” (124). How we lived and how we die is mediated by material conditions and the narratives that uphold them. Just as Boyer lived, she reiterates that those who died are not weak or morally to blame but that the world is to blame for making them sick, denying access to healthcare and support, and providing them with a cure that is also a poison (199). In the end, if the ill person dies, they will also be to blame within the neoliberal narrative of the self-made individual, which frees the system from assuming responsibility. *The Undying* asks for accountability and collective action for better living conditions, just as much as it pleads for livable conditions for those who are sick or dying, while it asks us to reconsider how we narrate our lives.

Conclusion

Through reorienting the experience of breast cancer to a situated history of bodily, social, and economic specificity, from the individual embodied experience to the collective material reality, Boyer dismantles the conventions of the breast cancer memoir striving to find a form of representation that is closer to the truth of breast cancer. Although Boyer acknowledges the impossibility of utterly avoiding previous forms, she questions traditional cancer tropes and narratives throughout and rejects the telling of the story of cancer as an act of self-fulfillment, self-transformation, and self-discovery that are found in what Arthur Frank calls “quest narratives.” Despite affirming her relief at surviving (290–91), Boyer’s narrative centers on the

problems that surround and cause cancer, as well as the structures that keep those who most need it from getting proper care. She grounds her body in the world as matter affected by it but also as a standpoint for queering both the space and time of cancer. Through an elegiac politics, Boyer reconsiders the present time and space of cancer, draws voices from the past and bears in mind the collective future of the planet dwelling on a politics of care, rather than on narrative teleology.

Boyer also tries to provide an answer to the question of how to represent pain in a manner that is not reified but that can give a voice to previously unheard experiences. Her proposal coincides with what Joanna Bourke (2014) calls the “event of pain”: the social interaction that results from sharing an I that is in pain, and whose pain affects the course of their lives (5). In *The Undying*, writing functions as *pharmakon*—medicine and poison—which, following Derrida, has the power, or magic quality, to transform reality by fostering social change, like medicine does. In a way, Boyer writes for both the dead and the living, for the undying, for those readers who will come to understand that death is political, just as much as living is.

Notes

1. See Smith and Watson (1–20) for a problematized account of the autobiographical subject in life writing.
2. See Siegel, Miller, and Hannah for the cancer statistics of the American Cancer Society (2021).
3. On the Affordable Care Act and the different political and social reactions to it, see Daniel Béland et al. (2016).
4. Research has shown that more women experience more post-traumatic stress disorder (PTSD) than men after cancer treatments, both due to the intensity of the treatment as well as personal and structural factors (namely economic concerns and a gender bias in healthcare professionals’ approach). See Hampton and Frombach (2000).
5. On Stacey’s view of breast cancer as a sexual stigma for women, see Jain and Stacey (17). The issue of the desexualization of women after cancer is also extensively dealt with by Audre Lorde in her *Cancer Journals* (1980).
6. The lack of recognition of reproductive work, be it paid or unpaid, was explored by Anne Boyer in her previous work. See Sarah Nance (2018).
7. Though the link between psychological stress and cancer has not been sufficiently established, it often appears in scientific reviews as a plausible factor. See Nak Kyun Soung and Bo Yeon Kim (2015).
8. See Sontag (2003) on (not) understanding representations of other people’s pain.
9. See Vineis and Fecht (2018), Kim et al. (2018) Turner et al. (2020).

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