



Every Cancer Narrative Is an Act of Life

A conversation with Nancy K. Miller
(January and February 2020)

by Leonardo Nolé

NANCY K. MILLER is Distinguished Professor of English and Comparative Literature at The Graduate Center—City University of New York. A well-known feminist scholar, Miller has published family memoirs, personal essays, and literary criticism. Among her publications are *Subject to Change: Reading Feminist Writing* (1988), *Getting Personal: Feminist Occasions and Other Autobiographical Acts* (1991), *Bequest and Betrayal: Memoirs of a Parent's Death* (2002) and the memoirs *What They Saved: Pieces of a Jewish Past* (2011), *Breathless: An American Girl in Paris* (2013), and *My Brilliant Friends: Our Lives in Feminism* (2019). At the Graduate Center she teaches classes in memoir, the graphic novel, women's studies, and illness narratives. She is also author of *My Multifocal Life*, an ongoing online diary of her "life in Cancerland" (nancykmiller.com).



L. Nolé: In your article “The Trauma of Diagnosis: Picturing Cancer in Graphic Memoir” (2014), you mention that illness autobiographical narratives—and especially the ones exploring cancer—proliferate in the American literary scene. Why are so many of them graphic memoirs? Is there something, in the experience of illness in general and cancer in particular, that cannot be expressed verbally?

N. K. Miller: Let me back up to answer your question—and in two parts.

I think it’s helpful to frame the current emergence of graphic illness memoirs, and in particular cancer narratives, against the backdrop of two broad cultural contexts.

The normally taboo subject of cancer gathered national attention in various ways in postwar America. In 1970, the bestselling novel *Love Story*, paralleled by a star-studded movie, featured a beautiful young woman dying of a terminal blood disease, named as leukemia in the novel, but not in the movie. The following year (no causal relation) President Nixon declared a so-called war on cancer. In 1974, Betty Ford, President Ford’s wife, startled the country when she announced that she had breast cancer, thus bringing the topic of mastectomy into public discussion. Susan Sontag’s 1978 well-received, though not autobiographical, *Illness as Metaphor*, portrayed cancer mythology in language that has persisted until today.

The relatively recent—beginning in the ‘90s—expansion of memoir’s popularity as a *genre*, the so-called ‘memoir boom,’ found audiences eager for revelations, the more confessional the better. But cancer, it’s important to remember, was not the only once taboo subject for memoir. In the ‘80s and early ‘90s testimonies in the form of memoirs, diaries, and comics about the traumatic AIDS epidemic were powerful documents that circulated widely and forced readers to confront the suffering body in intimate detail.

Although the first graphic cancer memoir was Harvey Pekar’s 1994 *Our Cancer Year*, the proliferation of graphic illness memoirs—the word may be a slight exaggeration—took place in the two thousands. And here we’d have to include internet production, although I won’t be referring to that phenomenon. Two very successful graphic cancer memoirs—Brian Fies’s *Mom’s Cancer* (2006) and Miriam Engelberg’s *Cancer Made Me a Shallower Person* (2006)—both began as online installments. In fact, their online success led to the creation of the print narratives.

Second: I hope I did not suggest that prose alone cannot convey the horrors of cancer treatment in my article! That would be shortchanging illness memoirs past and present: Simone de Beauvoir’s *A Very Easy Death* (1965), the groundbreaking memoir of her mother’s cancer, and Audre Lorde’s wrenching account of her struggle with breast cancer in *The Cancer Journals* (1980). Many brilliant contemporary texts, Susan Gubar’s 2012 *Memoir of a Debulked Woman*, for example, and Anne Boyer’s 2019 *The Undying* also offer unsparing, not to say graphic details, describing the bodily violence cancer treatment often entails.

But as you suggest, the graphic mode has expanded our understanding of the cancer experience. After all, comics are the art of making the invisible visible, which cancer tends to be at the beginning. Comics especially expose the internal reality under the press—and stress—of a life-threatening diagnosis. The shock of such a diagnosis (Stage 4, inoperable, incurable, etc.), for example, or dire prognosis, often delivered in a



rapid, heartless monotone. The instantaneous transformation of an individual into a patient can create a mental panic in which we feel we are drowning in language, gagging on a word salad of medical terminology. Fies's drawing (Figure 1) conveys that sensation economically through a visual pun that melds the literal and the metaphorical.

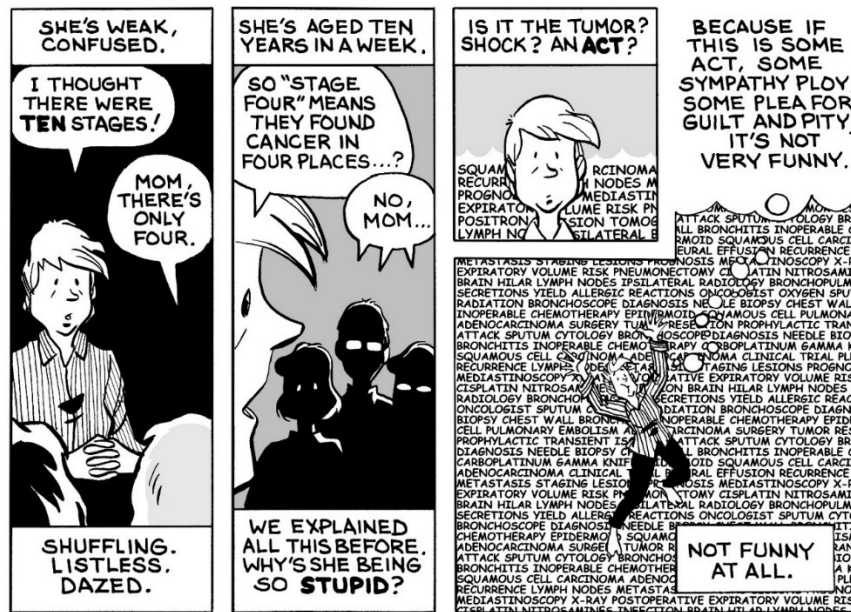


Fig. 1. Brian Fies, *Mom's Cancer*, p. 10. Copyright © 2008 by Brian Fies, reprinted with permission.

Comics make it easy quickly to “get the picture,” so to speak, and graphic illness narratives benefit from the circulation of comics as an accessible, democratic mode of representation. If cancer terrifies, comics reassure. Detailed information conveyed in sometimes zany graphic forms help destigmatize the disease and, at the same time, offer vicarious support. You are not alone! Every autobiographical act seeks a reader. Making an intimate experience public is an act of solidarity with others, in the case of illness, with fellow sufferers, of course, creating virtual community, but also for a broader public. As Sontag has shown, we all move at some time in our lives between the kingdoms of the well and the sick. None of us is immune.

Graphic artists produce both an accurate, concrete rendering of the medical template and, at the same time, the imaginative (even comic) externalization of our inner responses to the clinical setting. Their memoirs document the nitty gritty of painful treatment. In *Cancer Vixen* (2006), for example, Marisa Acocella Marchetto draws the “actual length” of the needle about to pierce her breast for a core biopsy. The panels record cancer’s often humiliating moments, weight gain in unexpected places, hair loss, swollen body parts, scarring, as well as emotional and mental distress.



L. Nolé: Alongside humiliation, shame is another central feeling in these narratives. I am reminded, for instance, of the moments in David Small's (beautiful) *Stitches* (2009) when the protagonist's parents accuse him of making them spend a lot of money on doctors and treatments. Not to mention the fact that doctors themselves often activate a pattern of shame in their patients, with questions about past behaviors that may have caused the disease.

N. K. Miller: Shame, yes, but also guilt. Cancer patients are often treated as though we are somehow responsible for our illness through various bad behaviors (smoking, drinking); this was especially true for AIDS (drugs, sex). In the case of breast cancer Engelberg shows in *Cancer Made Me a Shallower Person*, when acquaintances learn she has the disease, their first response typically is a question: "Did you have a family history?" What irritates her avatar is not just the repetition, but her sense of the motive behind the question: "They all want assurance that they're safe." With lung cancer, the question is invariably, "Did you smoke?" When directed at me, I would meekly confess yes (hanging my head in shame—it was the era, we all smoked, even doctors on tv), though adding, by way of exculpation, my mother died of lung cancer, but she never smoked. Hey, it's not entirely my fault! Doctors and friends (who wisely hadn't smoked) seemed relieved to know I was to blame and that they, therefore, were safe. Statistics that show the chances of developing cancer over a lifetime suggest otherwise, but the well tend to be complacent until it's their turn, and they have to answer the question.

That said, in 2020 we've reached the other end of the cliché spectrum, shamelessness: Trump announcing, in the televised State of the Union message (2 February 2020), the diagnosis of right-wing radio host Rush Limbaugh's Stage 4 lung cancer. Not to worry, the President assures the audience, the man will surely triumph because he's a "fighter."

L. Nolé: In her *Phenomenology of Illness* (2016), Havi Carel explains how illness narratives, even if focused on the personal experience of an individual, always imply a larger discourse that touches upon "the social architecture of illness." How does the form of the graphic memoir help to represent this social side of illness? And what are the specificities of the stories that deal with the American health care system?

N. K. Miller: Since illness is a universal human experience, it might seem odd to distinguish illness narratives by nationality, but as you suggest, it is necessary. Although we live illness in our singularity, treatment makes us part of a particular crowd. Individuals become patients in a specific clinical setting with its cadre of physicians trained according to a specific medical protocol, and beliefs about rights to life and death. Treatment is political. For a patient in the British NHS, for example, or most European contexts, the question of health insurance would not be an issue. In the United States, for example, it is possible to die from the simple fact of not having insurance. One of *Cancer Vixen's* important contributions to cancer representations is the way it highlights the fate of a woman diagnosed with cancer and without health insurance, or enough money to pay for extravagantly expensive diagnostic tests.



Marchetto creates a panel in which she proclaims against a pink background: "FACT: women without insurance have a 49% greater risk of dying from breast cancer." Obama, campaigning for affordable health care plans, often told the story of his mother's death from cancer because she lacked the means for proper treatment.

L. Nolé: The most popular illness narratives, as some of those you are mentioning, are often stories of repair and recovery. In the case of cancer, however, such linear narratives are at least problematic, given how hard it is to determine the origins of the disease and to predict its consequences in the future.

N. K. Miller: It's true that most illness narratives tell a story of recovery. This is not surprising. After all, every autobiography is an act of life, a writing against death. *Cancer Vixen*, for example, ends with the classic happy ending, only double. The author is both cancer free and newly married to the man she's been in love with throughout the story (and who through their marriage puts her on his insurance plan). David Small's *Stitches* ends with the author free of the cancer treatment that had deprived him of his voice and from the family that almost ruined his life. The ending also marks his subsequent emergence as a successful artist. But if most illness narratives follow the pattern of diagnosis, treatment, cure, that is not the case for many others. Some cancer stories and many illnesses, both physical and mental, represented in graphic memoirs, do not lend themselves to that plot.

Miriam Engelberg's *Cancer Made Me a Shallower Person*, my personal favorite, trails off with feelings she names "bitterness and envy." The author represents her avatar angry and frustrated as she is wheeled into a "Bingo" game in the hospital (she hates "Bingo"), even as she contemplates what she knows will be her final days. (The author in fact died soon after the publication of her memoir.) But the American longing for the happy end, and the requirement to "staying positive" in the face of adversity, can prevail after death. Paul Kalanithi's *When Breath Becomes Air* (2016), a cancer narrative in prose that became a best-seller, and concludes with its author's death, ends with a lyrical positive outcome. The author's wife writes an epilogue bringing her husband's death into life through the birth of a child and the continuation of their love for each other.

But what about those of us less lucky? I'm thinking, for example, of those living with cancers that are incurable, or mental illness that can be managed but not banished, or the people who endure chronic pain and daily suffering from badly understood conditions that affect and disable many women, like ME. (ME, myalgic encephalomyelitis, formerly known as CFS, chronic fatigue syndrome.)

L. Nolé: What happens then to the illness narratives that try to represent this experience of repetition?

N. K. Miller: In these stories, in which there is neither cure nor return to previous health, the authors accept living with medications that sustain them, that may modify the pain or difficulty of their conditions, often with a sense of optimism, sometimes gratitude for being alive, as often with despair. For some, though, as for me, 'coming to terms' is a process, not a fixed state, and also acknowledges living with uncertainty, aware that



symptoms can and inevitably will return. With most cancer diagnoses you've received a death sentence and a remission means a reprieve.

Within the generic 'coming to terms' model, however, further distinctions are necessary. Unlike the disappointment that can accompany a return of depression, for instance, or an irresistible manic episode, a return of cancer can be fatal, terminal. Coming to terms, then, also includes confronting the possibility, if not inevitability of progression toward immobility or death which is the case of certain neurodegenerative diseases.

Whether we describe these resolutions as 'living with,' or 'coming to terms,' the problem for the graphic memoir of chronic illness, is not only the challenge of composing an ending that would give the narrative a shape, but the form of the narrative itself, notably the middle of repetition: the daily living with—oneself. Who, besides Beckett, can pull this off?

Cancer has in some cases become 'like' a chronic disease—people live with cancer, with and without medication or treatment—but these stories are less familiar because they are hard to write, or draw. Which brings me full circle to my own experiments with the graphic mode.

L. Nolé: You are referring to your online diary, *My Multifocal Life*, where you share personal episodes of your life with cancer.

N. K. Miller: I'm a writer and a memoirist. When I received my diagnosis of lung cancer—"incurable but treatable"—I found myself suddenly drawing caricatures of my oncologist alongside my back of the envelope jottings of all the technical language—some of which were acronyms—ALK, EFRG, etc.—for genetic models that would determine the course of treatment. (This is not least why I admire the Brian Fies drawing of a woman drowning in language.) I crudely sketched the oncologist's head, myself and my husband from the back, listening to the mystery words in the doctor's office.

Now beyond the occasional doodle, which this basically was, I had never tried to draw anything at all. But as I entered into treatment, I suddenly was possessed by the need, not to write—except for a letter to friends explaining the situation—to render my experience by marks and lines. For several years (and I was not expected to survive as long as I have) everything that happened seemed new, scary, important: chemo, chemo brain, blood draws, transfusions, more diagnoses, surgeries, and so on. I felt compelled by the desire to represent these experiences which I posted on my website as they occurred, in diary form. But the longer I lived, the more I was living in repetition. I discovered the coinage "scanxiety" and created a cartoon that showed my avatar being scanned every three months; I even made multiples of the multiples. My scanograms. And then, after my last treatment a year ago—an innovative procedure with the impressive name of cryoablation—I stopped. No images came to me, even of the cryoablation.

What more could I draw? How many more "scanxiety" multiples could I create, not to mention post? At the same time, I missed drawing. I described the problem to a friend who is a graphic artist. She said, well, how would you narrate this? I fell silent but felt challenged. Was this a problem of narration? If so, I should be able to solve it. I recounted



the anecdote to another friend, and she asked, well, what about your frame of mind? The moment I heard the phrase, I saw the drawing: a frame—maybe a literal, photographed one—with a self-portrait showing my mood, since my mood fluctuates even when my cancer is lying low. I reread the last scan report which described a new mystery condition in my lungs, not cancer. The radiologist wrote that the ground glass opacities seemed to be “waxing and waning” in size. And there, I knew, were the phases of the moon pictured in my lungs.

I had to remind myself what I of course knew well, that narrative is only one form of autobiography. There is also a long tradition of self-portraits, as well as diaries. (Bobby Baker’s well-known *Diary Drawings: Mental Illness and Me* [2008], for example, or Matt Freedman’s less well-known *Relatively Indolent but Relentless* [2014].) And so for now I’ve freed myself from the problem of closure. Instead I will try to return to making marks by framing the waxing and waning moods/moons of living with cancer, my coming—and not—coming to terms, to the daily work. Stay tuned.

L. Nolé: So far, we have discussed how to produce and study illness narratives, but I would like to talk about their teaching as well. What is your approach to the teaching of illness narratives? Do they have something unique to teach about literature in general? And is there something that struck you in the students’ response to this kind of stories?

N. K. Miller: I’ve been teaching autobiography and memoir for many years. But, full disclosure, it took my husband’s cancer and my own—his, 2009/mine, 2012—for me to enter this world. My initiation was hurried along by the newly founded Graphic Medicine organization (2007) as well as the Narrative Medicine program at Columbia University (2000).

The first time I taught the illness seminar—mixing prose and graphic memoirs, and including the themes of grief and mourning—I was happy to be able to authorize the course in my eyes though Virginia Woolf’s classic essay “On Being Ill” (1930) and Audre Lorde’s *The Cancer Journals* along with Susan Sontag’s *Illness as Metaphor*, and Tolstoy’s *The Death of Ivan Ilych* (1886). I confess that in the beginning, I felt a little anxious about the material. Why would these healthy young people want to read about physical and mental suffering? I had no doubts about the quality of the works we read, but how would we talk about these subjects? As the semester unfolded, however, many students told me—in personal responses—about their own illnesses, griefs, and losses. I was not the only sick person around the table.

I think it’s important to teach this material on several intersecting grounds: literary, artistic, but also social and political. It’s impossible to think about illness, to be ill, without contending with a medical establishment, patriarchy (as we still sometimes say), and political economy. These works bear witness to what we used to call the human condition—now cyborg, posthuman and beyond—and of course contribute to theoretical, philosophical discourses about mind and body, not to mention affect theory. Reading about illness in its cultural contexts has everything to say about how we read, and the creation of subjectivity. Above all, as readers we are given a window into the extremity that marks the borders of our lives. I don’t know whether this is



unique—after all, we have Tolstoy and Proust. But it feels acutely modern and postmodern, if that's not too hifalutin. What more can one ask?

It's hard for me to know how I teach—you would know better than I. I guess I have two considerations: the first is the construction of the syllabus. I like a syllabus to tell a story so that I don't have to. Ideally, the texts in sequence and context do that work. The other is my effort at transparency. By this I don't mean a confessional approach. In fact, I rarely—if ever—talk about my cancer in class. It's too heavy, and besides, students can find out what's happening with that on my website. But I try to create a climate of security, where it doesn't feel dangerous to respond with emotions as well as thoughts to words and images that take us into zones where we would prefer not to have to enter. Whether I succeed in opening these doors, I can only guess.

WORKS CITED

- Baker, Bobby. *Diary Drawings: Mental Illness and Me*. Profile Books, 2008.
- Beauvoir, Simone de. *A Very Easy Death*. Translated by Patrick O'Brian, Pantheon Books, 1965.
- Boyer, Anne. *The Undying: Pain, Vulnerability, Mortality, Medicine, Art, Time, Dreams, Data, Exhaustion, Cancer, and Care*. Farrar, Straus and Giroux, 2019.
- Carel, Havi. *Phenomenology of Illness*. Oxford University Press, 2016.
- Engelberg, Miriam. *Cancer Made Me A Shallower Person: A Memoir in Comics*. Harper Collins, 2006.
- Fies, Brian. *Mom's Cancer*. Harry N. Abrams, 2006.
- Freedman, Matt. *Relatively Indolent but Relentless: A Cancer Treatment Journal*. Seven Stories Press, 2014.
- Gubar, Susan. *Memoir of a Debulked Woman: Enduring Ovarian Cancer*. W. W. Norton & Company, 2012.
- Kalanithi, Paul. *When Breath Becomes Air*. Random House, 2016.
- Lorde, Audre. *The Cancer Journals*. Aunt Lute Books, 1980.
- Love Story*. Written by Erich Segal, directed by Arthur Hiller. Paramount Pictures, 1970.
- Marchetto, Marisa Acocella. *Cancer Vixen: A True Story*. Pantheon, 2006.
- Miller, Nancy K. *My Multifocal Life*, nancykmiller.com/my-multifocal-life. Accessed 15 September 2020.
- . "The Trauma of Diagnosis: Picturing Cancer in Graphic Memoir." *Configurations*, vol. 22, no. 2, 2014, pp. 207-223. doi:10.1353/con.2014.0018.
- Pekar, Harvey, et al. *Our Cancer Year*. Four Walls Eight Windows, 1994.
- Segal, Erich. *Love Story*. Harper & Row, 1970.
- Small, David. *Stitches: A Memoir*. W. W. Norton & Company, 2009.
- Sontag, Susan. *Illness as Metaphor*. Farrar, Straus and Giroux, 1978.



Tolstoy, Leo. *The Death of Ivan Ilyich*. Translated by Lynn Solotaroff, Bantam Books, 1981.

Woolf, Virginia. *On Being Ill*. Paris Press, 2002.

Leonardo Nolé is a doctoral student in Comparative Literature at The Graduate Center—CUNY. His research focuses on contemporary American literature, ecocriticism, and narrative theory. His most recent publications include: “William Faulkner’s *Go Down, Moses*: A Chronicle of Im/Mobilities” (*JAAAS*, 2020); “La cronaca della terra e degli sfruttamenti in *Go Down, Moses* di W. Faulkner” (*Antroposcenari. Storie, paesaggi, ecologie*, edited by D. Fargione e C. Concilio, il Mulino 2018); “Romanzi di racconti. La letteratura americana e la costruzione di comunità: il caso di *In Our Time* di E. Hemingway” (*CoSMo*, 2017). More information: gc-cuny.academia.edu/LeonardoNolé.

lnole@gradcenter.cuny.edu