Stephanie Madsen
Full Workshop Draft- Capstone

The Rhetorical Performance of Integration: Embodied Storytelling and Communicative Meaning-Making in Audre Lorde's *The Cancer Journals*

Introduction

There is a difference between knowing a disease and knowing the experience of living with it. Clinical knowledge can name and describe disease, diagnosis, prognosis, treatment, and the physical body, but the person living inside that body carries an entire life beyond those clinical categories. Personal storytelling offers a different kind of knowledge by communicating illness through the intimate and embodied perspective of the person living it. Through their own narratives of illness and suffering, individuals can give meaning and context to what might otherwise remain largely sterile. Both perspectives serve different purposes, but storytelling makes space for dimensions of personhood, identity, and lived experience that clinical accounts alone cannot fully represent. A diagnosis may change the course of a person's life, but it cannot account for the fullness of who they were before illness or who they continue to become.

Audre Lorde's *The Cancer Journals* is a layered account of illness, as Lorde writes from within her own embodied experience with breast cancer. Rather than telling her encounter with the disease entirely after the fact, Lorde incorporates journal entries written throughout her diagnosis and treatment alongside later personal reflections and critiques of the medical, cultural, and political institutions surrounding her illness. The text also strays from a traditional memoir form, moving fluidly between these different modes of narration, and at times, visibly distinguishing them on the page. This layered structure makes the form of *The Cancer Journals* as intriguing as its content. Therefore, Lorde's narrative provides an opportunity to consider not only what is communicated about living within a body changed by cancer, but how the form of personal storytelling communicates that embodied perspective.

By critically engaging with *The Cancer Journals*, this project explores the relationships among personal storytelling, embodiment and identity, personhood and patienthood, and the medical and cultural

discourses surrounding illness. Illness does not occur separately from language, institutions, and broader expectations that shape how bodies, diagnoses, and patients are understood. Lorde's position as a Black lesbian woman further brings race, gender, sexuality, and femininity into conversation with these larger meanings and with her own embodied knowledge of cancer. Personal storytelling is important here because the experience of illness can easily become reduced to the disease itself, leaving less room for the person living within the changed body to define and communicate what that experience means. As a Communication Studies research object, *The Cancer Journals* allows me to examine not only what Lorde says about illness, but what her storytelling does and how it does it. I argue that through its rhetorical form, language, and movement between private experience and public storytelling, *The Cancer Journals* performs the process of integration Lorde describes, weaving together the various dimensions of her embodied experience into a shared narrative.

With this in mind, my three guiding research questions are: How does storytelling construct and convey meaning around embodied experience? How does autopathography in *The Cancer Journals* engage with medical and cultural discourses surrounding illness and patienthood? And finally, how does Lorde communicate the experience of inhabiting a body changed by cancer?

To answer these questions, I perform a critical/cultural textual analysis of Audre Lorde's *The Cancer Journals* that is informed by feminist and Black feminist rhetorical criticism and a phenomenological understanding of embodied experience. My interest is not only in what Lorde tells us about these experiences, but in how she tells them and how the act of personal storytelling constructs and communicates meaning. I critically analyze the book's journal entries, personal reflections, and cultural critiques, while paying attention to recurring patterns in narrative form, language, metaphor, bodily descriptions, and encounters with medical and cultural expectations. I also consider how the varying forms of storytelling relate to one another and how their arrangement shapes the larger narrative. Rather than treating these passages as isolated incidents, I examine how they work together to communicate Lorde's experience of cancer, embodiment, patienthood, and integration.

These critical frameworks guide how I interpret Lorde's writing, especially the relationships between embodied experience and power. In their article on feminist rhetorical practices, Gesa E. Kirsch and Jacqueline Jones Royster emphasize returning closely and repeatedly to women's writing and lived experiences while remaining aware of the assumptions the critic brings to the analysis (648-649). I carry this approach into my reading of Lorde by allowing her language and narrative formatting to guide my interpretation rather than beginning with assumptions about what her experience means. Black feminist thought is important in this process because Lorde's experience of cancer cannot be separated from her identity as a Black lesbian woman or the social, cultural, and political forces surrounding her. Jenny Slatman's phenomenological understanding of bodily integrity also informs my approach. Slatman distinguishes between the body as a physical object and the body as something lived and experienced by the person inhabiting it (282-283). I use this perspective to examine how Lorde communicates the physical and emotional realities of living within a body changed by cancer, and pay particularly close attention when her own understanding of that body conflicts with medical and cultural expectations and discourse. Throughout my analysis, I use specific rhetorical concepts including Kenneth Burke's rhetorical form and Michael Warner's understanding of publics to explore how Lorde's language and storytelling challenge dominant meanings surrounding illness and the body.

My own experience as a cancer survivor also shapes how I encounter this text. Having lived through a devastating cancer diagnosis, four recurrences, years of treatment, and countless physical changes, I bring my own embodied understanding of illness to my interpretation of Lorde's work. However, I recognize that my experience is not Lorde's and that her identity as a Black woman, along with the historical and cultural context surrounding her illness, shaped her experience in ways that greatly differ from my own. Instead of treating our experiences as interchangeable or comparable, I interact with her writing with reflexive awareness of how my own perspective informs the questions I ask and the meanings I notice.

The following sections first establish the historical and cultural context in which *The Cancer Journals* is situated, including the development of illness narratives, feminist movements, women's health

activism, and the expectations surrounding breast cancer and mastectomy in the 1970s. I then examine existing scholarship on personal illness narratives, embodiment, identity, and medical and cultural discourses before turning to my analysis of the book itself. Through this analysis, I explore how Lorde uses storytelling to give voice to silenced experiences, challenge medical and cultural authority, redefine wholeness, and connect her personal struggle to a larger history of Black feminist resistance.

Historical and Cultural Context

The Cancer Journals

The Cancer Journals is a short, three-part book that brings together Audre Lorde's journal entries, essays, and intimate reflections about her experience with breast cancer and mastectomy. Rather than following the conventional structure of a memoir told in chronological order, the text shifts between Lorde's personal accounts of what she was facing and her reflections on the larger cultural and political issues surrounding it. In publicity for the book, Penguin Random House describes its form as "moving between journal entry, memoir, and exposition," allowing Lorde's private writing and more public-facing commentary to exist within the same book (Penguin Random House). The three sections, "The Transformation of Silence into Language and Action," "Breast Cancer: A Black Lesbian Feminist Experience," and "Breast Cancer: Power vs. Prosthesis," developed from material Lorde wrote between 1977 and 1979. The book belongs to the genre of autopathography, which G. Thomas Couser defines as an "autobiographical narrative of illness or disability" in "Autopathography: Women, Illness, and Lifewriting" (133).

The material that eventually became *The Cancer Journals* began circulating several years before the book itself was published. Lorde first delivered "The Transformation of Silence into Language and Action" on December 28, 1977, during the Lesbian and Literature panel at the Modern Language Association conference in Chicago. In the speech, she reflected on a recent cancer scare and the weeks she spent confronting the possibility of a malignant diagnosis before learning that the tumor was benign. However, less than a year later, in September 1978, Lorde discovered another lump during a self-examination of her right breast, which ultimately led to her cancer diagnosis and mastectomy (Smith xi). The copyright page of the book indicates that sections I and II of

The Cancer Journals also appeared in the feminist literary journal *Sinister Wisdom* before the complete book was published (Lorde, copyright page). Before being compiled together in the form of one book, the material that became *The Cancer Journals* had already appeared in several different spaces, from public speech and feminist publications to Lorde's own personal journals.

The first edition of *The Cancer Journals* was published in 1980 by Spinsters Ink, a small lesbian press based in Argyle, New York. The original book was only 79 pages and appeared as a simple yellow paperback with only the title and author's name printed on the cover (Downtown Brown Books). Its publication through a small feminist press placed the book outside mainstream publishing, but it quickly received attention within feminist, lesbian, gay, and literary circles. The Audre Lorde Collection at Spelman College documents reviews appearing throughout 1981 in publications including *Small Press Review*, *Ms.*, *The Advocate*, *GAY Life*, and *Sojourner* (Spencer et al.). That same year, *The Cancer Journals* received the American Library Association Gay Caucus Book of the Year Award (Aunt Lute Books).

Just as Lorde's writing circulated in different spaces before taking shape as *The Cancer Journals*, the book continued to find new audiences long after its original publication. Aunt Lute Books released *The Cancer Journals: Special Edition* in 1997, which reproduced Lorde's original text while adding tributes written after her death in 1992 (Sims). In 2020, forty years after the original publication by Spinsters Ink, Penguin Books released a new edition with a foreword by Pulitzer Prize-winning poet and former U.S. Poet Laureate Tracy K. Smith (Penguin Random House). The 2020 release brought new attention to the book, as readers and critics continued to engage with its conversations about illness, Blackness, queerness, medical authority, and the body. Lorde's influence carried into the feminist breast cancer writing that followed, with later writers and activists crediting her work with challenging dominant ideas about women's bodies and health and pushing breast cancer further into feminist and political conversations (DeShazer 40-41). More than four decades after its original publication, *The Cancer Journals* remains a significant text within the canon of feminist literature and illness narratives.

Audre Lorde

Audre Lorde was a poet, writer, educator, librarian, activist, and mother whose work was deeply connected to the many intersectional identities she carried throughout her life. Born Audre Geraldine Lorde in

New York City in 1934 to Caribbean immigrant parents, she grew up in Harlem and began writing poetry at a young age (National Museum of African American History and Culture). Poetry became central to how Lorde understood herself and communicated with the world around her, saying "Poetry is the way we help give name to the nameless so it can be thought" (qtd. in Brandman). Lorde earned a bachelor's degree from Hunter College and a master's degree in library science from Columbia University, working as a librarian before moving more fully into teaching and writing ("Audre Lorde" Britannica). Her first collection of poetry, *The First Cities*, was published in 1968, followed by several more throughout the 1970s, including *Cables to Rage* in 1970 and *The Black Unicorn* in 1978 (Brandman). Her work earned increasing recognition during this time, including a National Endowment for the Arts grant for poetry (Lorde, author biography).

Lorde was proud of the identities that shaped her life and work, famously describing herself as a "Black, lesbian, mother, warrior, poet" (Heller). Rather than separating these parts of herself, she repeatedly wrote and spoke from the intersections between them long before people started using the term intersectionality. Throughout the 1970s, Lorde was active in civil rights, antiwar, feminist, and queer movements while continuing to teach, publish, and speak publicly (National Museum of African American History and Culture). Her identity as a Black lesbian woman was especially significant within movements that did not always make space for both race and sexuality at the same time. The Audre Lorde Project, "a Lesbian, Gay, Bisexual, Two Spirit, Trans and Gender Non Conforming People of Color center for community organizing," describes her activism as committed to confronting injustices across differences of race, gender, sexuality, class, age, and ability ("Audre Lorde"). By the end of the decade, Lorde had become part of a growing community of Black lesbian feminist writers and activists who were creating their own spaces for experiences that were often left out of predominantly white feminist, gay, and Black liberation movements.

When *The Cancer Journals* was published in 1980, Lorde was already an established poet, educator, feminist, and activist with more than a decade of published work behind her. When Lorde became a cancer patient, she did not enter that experience as a blank slate; she brought with her a lifetime of identities, experiences, relationships, and deeply personal convictions that had already influenced who she was. The National Museum of African American History and Culture mentions that during her experience with cancer, Lorde struggled to find

publications or models of support that reflected her experience as both Black and lesbian (National Museum of African American History and Culture). Even as she moved through diagnosis, treatment, and recovery, Lorde continued the writing, teaching, speaking, and activism that had already been central to her life. Her 1977 speech, "The Transformation of Silence into Language and Action," displays how important she believed it was to shatter silence by giving voice to experiences that were difficult, painful, or frightening to speak about (Lorde, "Transformation of Silence"). Understanding who Lorde was before becoming a cancer patient is important context for *The Cancer Journals*, because although a diagnosis may create a patient, the person behind that diagnosis is always more than medicine can name.

Illness Narratives

When *The Cancer Journals* was published in 1980, the practice of publicly writing about one's personal experience with illness was undergoing a significant cultural shift. Although illness has always been a universal human experience, personal accounts of sickness historically remained private and were rarely the focus in literature, newspapers, or other forms of public discourse at the beginning of the twentieth century. In her book, *Illness as Narrative*, Ann Jurecic traces this history back to the 1918 influenza pandemic, when even an illness affecting millions of people received surprisingly minimal literary attention. Newspapers often downplayed the severity of the pandemic, while stories of individual suffering rarely appeared in public discourse (Jurecic 4). During this period, Catherine Belling discovered that "the story of the self was seldom told in public–or at all, especially if it involved private bodily suffering" (qtd. in Jurecic 4). This absence was something Virginia Woolf questioned as early as 1926 in her essay *On Being Ill*, where she ultimately concluded that the experience of bodily suffering was difficult to communicate not only because language lacked the words to adequately describe it, but also because personal embodied experience itself could never be fully expressed through language (Jurecic 5).

In the decades that followed, people began writing more openly about illness and sick bodies, although many of these early accounts focused on patients' experiences within medical institutions. As the 1920s and 1930s arrived, tuberculosis patients began publishing what historian Sheila Rothman calls "sanatorium narratives," which documented not only their experiences with the disease, but also their interactions with

doctors, nurses, other patients, and the institutions where they received treatment (qtd. in Jurecic 5). Throughout the 1950s, book-length illness autobiographies were becoming more common, but more notable was the evolution of the relationship between patients and doctors. Modernized medicine gave physicians greater ability to diagnose and treat disease, while simultaneously moving more medical care into hospitals and other institutional settings. Jurecic explains that this transition created greater distance within the patient-doctor relationship and often left less room for attention to the patient's subjective and embodied experience of illness (6).

By the 1960s and 1970s, patients were beginning to push back against this model of medicine and question the amount of authority medical institutions held over their embodied knowledge. This shift was part of a larger cultural movement that challenged institutional authority and became especially visible within the women's health movement that arose with second-wave feminism. Feminist health activists criticized the authority of a predominantly masculine medical establishment and encouraged women to become more informed and participatory in their own healthcare. The publication of *On Death and Dying* in 1969 alongside *Our Bodies, Ourselves* in 1970 was pivotal for examining the existing understandings of illness, dying, grief, medical institutions, and the relationship between doctors and their patients (Jurecic 7-8). In addition to expanding the literature, educational programs were developed to teach women how to examine their own bodies and advocate for their own reproductive and sexual healthcare.

These cultural changes helped create an environment in which patients increasingly told their own stories of illness. Jurecic describes the 1970s as a period when patients and writers began challenging the traditional separation between the doctor's medical expertise and the patient's lived experience, contributing to what Lisa Diedrich later calls the emergence of the "politicized patient" (8). Rather than leaving the meaning of illness entirely within the institutionalized language of diagnosis and treatment, first-person narratives offered patients a way to publicly communicate the parts of being sick that could not necessarily be captured through diagnosis, prognosis, or treatment alone. By sharing their stories, patients brought the emotional, social, and personal realities of illness into conversations that historically had been shaped by medical professionals. As these narratives proliferated, the sick experience that had once remained private soon emerged in the open air of public life.

Feminism, Women's Health, and Breast Cancer

The cultural shifts surrounding illness and patienthood were happening during a period when ideas about women, identity, and the body were also being reimagined. According to the National Women's History Museum, second-wave feminism arose alongside several other social and political movements of the 1960s and expanded the focus of earlier feminist movements beyond legal and political rights into the everyday experiences of women's lives (Brandman). Betty Friedan's *The Feminine Mystique*, published in 1963, became a popular text within the movement by drawing attention to the dissatisfaction many white, middle-class women experienced within traditional expectations of marriage, motherhood, and domesticity. As the movement grew through the 1960s and 1970s, feminist activism grew into issues about employment, family, sexuality, reproductive rights, and women's autonomy in both their public and private lives (Alexander). These conversations created space for women to question not only the roles they were expected to uphold, but also the cultural expectations placed on their identities and bodies.

However, the experiences represented within mainstream second-wave feminism did not account for the experiences of all women. Black feminism had a much longer history rooted in the distinct experiences of Black women. The National Museum of African American History and Culture explains that, "The Black feminist tradition grows not out of other movements, but out of the condition of being both black and a woman…and is characterized by a multi-dimensional approach to liberation" (Peterson). During the 1960s and 1970s, Black women increasingly confronted marginalization with both predominantly white feminist movements and Black liberation movements, where their experiences could not always be represented through gender or race alone. Organizations like the National Black Feminist Organization and the Combahee River Collective were established in the 1970s to create spaces specifically centered on Black women and the interactive roles of race, gender, class, and sexuality (Alexander; Peterson). These overlapping experiences would later be described through Kimberlé Crenshaw's concept of intersectionality, which explains how racism and sexism can intersect in ways that cannot be understood by considering either one alone (1244).

In addition to race and gender, sexuality was an integral component of the developing Black feminist movement in the 1970s, particularly among Black lesbian feminists who often found themselves navigating

predominantly white feminist and gay spaces that did not always account for their experiences as queer women of color. Audre Lorde was part of this growing community of Black lesbian feminist writers and activists, which included her friend and contemporary Barbara Smith. In 1980, the same year that *The Cancer Journals* was published, Lorde and Smith co-founded Kitchen Table: Women of Color Press, "the first American publisher established by women of color for women of color" (Ajani). The press brought together well-known feminist writers including Gloria Anzaldúa, Cherrie Moraga, and June Jordan, publishing canonical collections such as *This Bridge Called My Back: Writings by Radical Women of Color* and *Home Girls: A Black Feminist Anthology* (Ajani).

Well-rooted in the increasing advocacy for sexual, reproductive, and bodily autonomy, feminist activism turned its attention toward women's experiences with healthcare. The women's health movement empowered women to become more informed about their bodies and more involved in decisions about their medical care. By the 1960s and 1970s, women were forming support groups, questioning their doctors, advocating for their bodily autonomy, lobbying legislators, and "demanding a seat at the table in research and treatment" (Saunders and Tyson 1441). These demands for greater bodily autonomy became especially visible in breast cancer treatment, where women had little control over medical decisions that permanently altered their bodies. At the beginning of the 1970s, a woman with a suspicious breast lump could enter surgery for a biopsy and wake up having received a radical mastectomy, without ever being conscious for the decision to remove her breast. Known as the "one step" procedure, this operation left women with little opportunity to participate in the decision before their breast was removed (Cohen). After her own breast cancer diagnosis in 1974, journalist Rose Kushner became one of the first women to openly challenge this standard of care. Insisting that her biopsy and treatment be performed separately, she argued, "No man is going to make another impotent while he's asleep without his permission, but there's no hesitation if it's a woman's breast" (qtd. in Cohen). Her powerful statement illuminated both the gendered double standards within medicine and the larger questions of consent and bodily autonomy during treatment.

Questions about the body did not end once breast cancer treatment was over, however. For women who received mastectomies, the loss of a breast carried cultural and political meanings connected to femininity, sexuality, beauty, and societal expectations of what a woman's body should look like. Historian Kirsten E.

Gardner explains that postwar American culture increasingly connected large breasts with idealized feminine beauty, while the growing breast prosthesis industry marketed artificial breasts as a way for women to restore their appearance and sense of femininity after surgery (566). Advertisements promised that breast forms could "restore bust contours after surgery" and provide a "natural-looking silhouette," reinforcing the expectation that any physical evidence of a mastectomy should stay hidden beneath clothing and padding (qtd. in Gardner 570). By the 1950s and 1960s, breast cancer support groups like Reach to Recovery were recommending the immediate use of prostheses after surgery, and volunteers would often provide women in the hospital with temporary breast forms until they could be fitted for a more permanent replacement (Gardner 576-577). The breast prosthesis therefore became closely connected to an ideal of femininity that left little room for the visibly altered post-mastectomy body (Gardner 566-567).

This was the medical, cultural, historical, and political context Lorde entered when she was diagnosed with breast cancer and underwent a unilateral mastectomy in 1978. Illness was becoming more public, patients were demanding more participation in their care, and women were challenging deep-seated expectations about their bodies. Two years later, *The Cancer Journals* was published and emerged at a moment when these conversations were still actively evolving.

Literature Review

Personal Storytelling and the Illness Narrative

Scholars of illness narratives have approached personal storytelling as more than a record of what happens when someone becomes sick. A common thread across work in narrative studies, medical humanities, and life writing is the role storytelling plays in creating meaning around experiences that can disrupt familiar understandings of body and self. Brockmeier and Meretoja describe narrative broadly as a practice of meaning-making and interpretation that shapes how people understand their experiences and themselves. Through narrative hermeneutics, they argue that people continually reinterpret their experiences as their lives change and as they encounter new perspectives and cultural narratives (Brockmeier and Meretoja 16). Therefore, narrative helps

people make sense of what they have lived through and understand how those experiences actively shape who they are.

When this process of meaning-making occurs within the arena of illness, questions of who gets to construct that meaning become especially important. Scholarship on autopathography has examined the tension between a person's lived understanding of illness and the ways their experience is interpreted so that it can be operationalized within medical institutional discourse. Ann Jurecic explains that autobiographical illness narratives can reclaim patients' voices from biomedical narratives, while Steven Wilson furthers this by arguing that subjective patient experience is a legitimate source of both "self-knowledge" and "epistemological knowledge" about illness and disability (Jurecic 3; Wilson 3). Wilson also illustrates what can happen to that knowledge once a patient's story enters the medical setting. The physician initially relies on the patient to communicate their symptoms and feelings, but as that story moves toward diagnosis and treatment, it is reorganized into a clinical account. Confusion turns to order, silence and tears disappear, metaphors are replaced by medical language, and the patient's subjective narrative becomes less visible as the story is reorganized into the objective language of medicine (Wilson 1).

What happens to the patient's story also raises questions about who has the authority to interpret their experience. While medicine offers one way of understanding illness, the person living through it is also interpreting what is happening to their body and sense of self. Sociologist and illness narrator Arthur W. Frank writes from a unique position within this conversation, as his scholarship is intimately informed by his own experience with cancer. Frank considers how a sick person can understand and speak for themselves while still living within larger medical and cultural ideas about illness. These meanings do not begin with the individual. Medical institutions, culture, and society already offer ways of understanding what illness means and how a sick person is expected to exist. Frank moves away from defining that person primarily through the socially prescribed "sick role," and instead understands them as a "narrative subject" who can interpret their own illness within, and sometimes in response to, those existing meanings (14-15). This does not mean the narrator is completely free from the discourses surrounding illness. Instead, people can work with and adapt those existing meanings as they

construct their own stories. Frank describes this as claiming "interpretive authority" over one's experience, rather than reducing the patient to simply the carrier of a disease (15).

The value of personal illness narratives extends beyond the person telling the story. Within medicine, patient narratives offer another way of understanding the person living inside the body being treated. This idea is central to the work of physician and narratologist Rita Charon, whose development of Narrative Medicine calls for medical professionals to become more skilled at listening to and interpreting the stories patients tell. Charon sees a real divide between the doctor's and the patient's relationship to illness. The physician approaches sickness as something to diagnose and manage, while the patient experiences it as something they must actually live through and make meaning from (Charon 35). Her answer isn't to eliminate clinical knowledge. It's to argue that physicians need the narrative skills to recognize things like metaphors, ambiguity, silence, and personal meaning rather than hearing only medically useful information. This kind of listening also requires the physician to understand the body as more than the physical site of disease. For Charon, this also means recognizing the body as inseparable from the person living within it. She writes, "The point is that recognizing the body as the home of the self ensures a level of wonder and reverence not available to the doctor who treats the body as the machine or the diseased tissue" (Charon 47).

G. Thomas Couser complicates this view of Narrative Medicine by highlighting what happens when patients' stories are brought into medical practice. He acknowledges its goal of making medical professionals more attentive to how patients experience and understand their conditions by clarifying the term "disease" as referring to a "disorder in the abstract viewed through a biomedical lens," and "illness" as a "patient's particular experience of the disorder" (Couser, "Body Language" 6). Narrative medicine creates space for the latter by considering how being sick affects a person's life beyond what is happening to them biologically. But Couser also sees a potential problem. Giving medical professionals greater access to patients' stories may make them more attentive to lived illness, but it may also give the medical institution greater authority over how those stories are interpreted. He cautions that Narrative Medicine could unintentionally increase "biomedical authority over the illness narrative" (Couser, "Body Language" 6-7).

What emerges within this scholarship is that personal illness narratives can serve several purposes at the same time. Autopathography does more than communicate what happened during an illness; it intercedes in conversations shaped heavily by medicine. But the scholarship also complicates any simple idea that telling one's own story gives the patient complete control over its meaning. Narratives are shaped by existing discourses, interpreted by others, and can even become incorporated into the medical institutions they might otherwise challenge. These interactions with narrative, illness, and authority have also been applied directly to *The Cancer Journals*. In his analysis of Lorde's encounter with the medical institution following her mastectomy, Frank uses her story to examine the movement from the traditional "sick role" to the narrative subject and the patient's ability to claim interpretive authority over their own illness (14-15).

Embodiment, Identity, and Bodily Change

Illness is not only experienced through diagnosis and treatment, but through the body itself. Physical changes caused by illness can create a tension and misalignment between how someone inhabits their own body and how that body is expected to look. Therefore, bodily wholeness is not necessarily as simple as physical intactness. Jenny Slatman explores this concept through a phenomenological understanding of bodily integrity. From this phenomenological perspective, the body isn't merely understood as a physical object, but as something lived and experienced by the person inhabiting it (Slatman 282-283). This distinction allows Slatman to separate physical intactness from the feeling of being whole. A body may be visibly changed by surgery without that change necessarily threatening the person's sense of bodily integrity. However, in the case of breast cancer, that understanding of wholeness exists alongside cultural expectations about what a woman's body should look like. Kirsten Gardner's history of post-mastectomy breast prostheses shows how closely breast replacement became tied to ideas of feminine beauty and recovery. By the postwar period, prostheses were marketed not simply as medical devices, but as a way to restore a woman's figure, beauty, and sense of womanhood after mastectomy (Gardner 566). The emphasis on restoration also reinforced the two-breasted body as the feminine ideal, implying that a visibly one-breasted body was abnormal or somehow less whole (Gardner 567).

The assumption that a changed body equates to a less whole one does not reflect how all women understand themselves and their bodies after mastectomy. Renée van der Wiel points to a dominant discourse

within breast cancer scholarship that treats the loss of a breast as inherently damaging to a woman's sense of self, femininity, sexuality, and attractiveness (58). Her ethnographic research with breast cancer patients in South Africa complicates this, as many of the women she studied "were largely preoccupied with ensuring their life and health and the survival of breast cancer, and less about breast reconstruction entailing (more) surgery to conform to the typical feminine body" (van der Wiel 59). Together, these perspectives make an important contrast between bodily difference and bodily incompleteness. What may appear incomplete or lacking wholeness according to clinical or cultural standards may not be understood that way by the person living in that body.

Scholarship specifically on Lorde brings identity more directly into this conversation about bodily difference and wholeness. In her analysis of *Zami* and *The Cancer Journals*, Elizabeth Alexander considers the body as inseparable from the many pieces that make up Lorde's identity. Lorde resists being reduced to any one part of herself, and instead insists that her identities as Black, woman, lesbian, mother, and poet exist together as parts of a whole. Alexander draws out Lorde's understanding that "difference within the self is a strength to be called upon rather than a liability to be altered" (695). For Lorde, these identities are not separate from the body that carries them. Alexander writes that "the body speaks its own history," connecting Lorde's embodied identity to the histories of Black women whose bodies have so often been represented and defined by others (697). Furthermore, she argues that because the Black female body has been historically distorted and sensationalized, telling the story of that body from the perspective of the person inhabiting it requires new, self-defined terrain (Alexander 697). Alexander returns to this idea by pointing out that neither Lorde's life nor the lives of Black women in general have historically existed in representation "as its possessor experienced it" (702-703).

Existing scholarship on *The Cancer Journals* has also connected bodily change with ideas of healing and wholeness. Tanja Reiffenrath's concept of "ampu-narration" describes the way Lorde's memoir resists familiar narratives in which bodily difference is eventually corrected or resolved. Reiffenrath argues that both the form and content of *The Cancer Journals* offer an alternative understanding of reconstruction, where healing does not require Lorde's post-mastectomy body to return to an earlier version of itself (78). Lorde's refusal to wear a prosthesis becomes an important part of Reiffenrath's argument about healing. Rather than seeing the prosthesis as something that restores what was lost, she posits that Lorde begins to accept the new shape of her body as her

own. The prosthesis represents a pressure to make that body appear “normal” again, even when that appearance does not match how Lorde sees herself (Reiffenrath 106). Alexander makes a similar connection, interpreting Lorde’s rejection of the prosthesis as a refusal to shape her body to “someone else's idea of correctness rather than to one's own sense of symmetry” (705). In both texts, wholeness does not depend on returning the body to what it looked like before cancer. The body can remain visibly changed without that change needing to be hidden or corrected.

Alexander’s emphasis on Lorde’s self-definition also connects to a larger tradition of Black feminist thought. Sociologist and Black feminist scholar Patricia Hill Collins describes a “self-defined standpoint” shaped by experiences that can offer Black women a different view of their material reality than those who do not share those social positions (747). Lived experience is especially important within this type of knowing. Collins explains that “concrete experience as a criterion for credibility frequently is invoked by Black women when making knowledge claims” (759). This emphasis on lived knowledge adds another layer to Alexander’s reading of Lorde, where representing the Black female body from the perspective of the person inhabiting it becomes especially important in a culture where Black women’s bodies are over-determined as objects to be represented by others instead of subjects of their own experience.

Moya Bailey and Izetta Autumn Mobley extend this conversation to bodily difference through a Black feminist disability framework that considers race, gender, and disability together rather than separating them into individual categories (20). They use the Strong Black Woman trope as one example of why these intersections matter. The expectation that Black women are uniquely able to endure pain and overcome hardship can leave little room for illness, disability, or vulnerability. Bailey and Mobley argue, “Resilience is praised while trauma, violence, and pain are too common to actually be interrogated for very long. The logic of Black hypervisibility produces subjects that are barred from weakness–and disability in Western thought as figured through non-normative bodies is the ultimate sign of unsuitability.” (Bailey and Mobley 21-22). Then they point directly to *The Cancer Journals* and note that Lorde had no writing to turn to that reflected the experience of surviving cancer as a Black lesbian woman (Bailey and Mobley 22-23). Lorde’s search for a story that reflected her own shows what can be missed when illness is separated from race, gender, and sexuality.

Medical and Cultural Discourses of Illness

Once a person enters the medical system and becomes a patient, their body is also interpreted and treated through language and the knowledge of medicine. French philosopher Michel Foucault's concept of the medical gaze helps explain how this way of seeing the body developed. In *The Birth of the Clinic*, Foucault describes disease as something that is organized and classified within an existing medical system before it is located within the individual body (4). When a patient enters that system, the physician must separate the details that help identify the disease from other parts of the person's life and experience. Foucault describes this as a process of abstracting the patient so that the disease itself can be known. The doctor's attention is then directed "not towards the concrete body, that visible whole, that positive plentitude that faces him–the patient," but toward "the signs that differentiate one disease from another" (8). This way of understanding the body also shapes how medical professionals examine, treat, and intervene upon it. With the medical gaze, knowing the disease and knowing the person living with it are not necessarily the same thing.

The language used to talk about illness and disease carries its own set of complicated meanings. Scholars have debated the role metaphor plays in talking about illness because it can help people communicate what suffering feels like while also bringing cultural assumptions into that experience. Ryan Hart recognizes the potential harm of illness metaphors, but also pushes against the idea that they should be abandoned altogether. Instead, he argues that metaphor is already part of how people make sense of illness and understand it within the larger story of their lives (Hart 525). For Hart, paying attention to these metaphors can offer a fuller understanding of the lived, embodied experience of illness, including parts of that experience that might be difficult to express (536-537). The language of warfare sits at the center of this debate, particularly with cancer. Phrases like "battling cancer" are so familiar that they can shape expectations of the disease before someone experiences it themselves (Hart 525). Robina Josephine Khalid takes this idea further by arguing that warfare language has become so deeply embedded in Western medical and popular understandings of disease that it can appear almost natural. She explains, "the understanding of the body as combat zone is not 'natural,' but is overwritten on the body to such a degree it seems that way" (Khalid 698).

The fact that warfare language is culturally familiar is especially important in scholarship on *The Cancer Journals*, where Lorde repeatedly uses the language of fighting, battle, warrior, and survival. Khalid argues that this language does not always give Lorde the freedom or strength it appears to offer. Instead, the warfare metaphor can divide the experience of illness into opposing sides: strength or weakness, victory or defeat, warrior or victim. It can also separate the mind from the sick body, creating what Khalid describes as a "split between Cancer (body) and Warrior (mind)" (702). For Khalid, these binaries become especially limiting when placed against the multiple parts of Lorde's identity. She points to Lorde's identities as Black, lesbian, feminist, poet, mother, cancer survivor, and warrior, arguing that her experience of breast cancer is similarly "woven together in these multiple threads" (Khalid 703). Therefore, for Khalid, warfare language cannot fully capture all of these parts of Lorde's experience because it reduces illness to opposing roles like warrior or victim.

Not all scholars agree that warfare language limits Lorde in this way, however. Anita Wohlmann recognizes many of the same problems Khalid identifies, including the binaries and masculinist ideas built into the language of war. She describes the existing scholarship as divided between readings of the metaphor as a "tool of empowerment" versus a "trap that confines and restricts" Lorde (Wohlmann 80). Where Wohlmann differs is in arguing that neither reading fully captures the different ways Lorde uses the metaphor. Lorde is aware of its limitations but continues to use it while changing what it can mean. Rather than seeing metaphor as something fixed, Wohlmann describes Lorde's language as dynamic and able to be "bent and stretched to her needs" (83). She calls this process "stretching," where Lorde works within familiar warfare language while expanding its meanings to make space for her own experiences and identity (Wohlmann 85).

Cancer comes with familiar narratives, not just familiar language. Emily Waples examines this through what she calls the culturally "emplotted" breast cancer narrative. Integrating ideas from G. Thomas Couser, she explains that these narratives often follow a familiar teleological path from diagnosis toward recovery, ending with the narrator positioned as a survivor (50). This kind of story can leave less room for experiences of metastasis, death, or illness that do not end in recovery. It also creates expectations for who the person telling the story becomes. Waples explains the movement from victim to survivor as a "highly recognizable and constantly lauded comic plot" within autobiographical breast cancer narratives (Waples 63-64). When recovery and survival

become the expected outcome, experiences that don't follow that path can be pushed aside, along with the differences between the people living through them. To avoid this, Waples calls for space for "multiple and intersectional subjectivities" rather than fitting women's bodies into an established cultural narrative that "seeks to erase embodied difference" (64). She connects this directly to Lorde, who wrote about having no community, common language, or models of identity that reflected her experience as a Black lesbian feminist with cancer. Waples describes what Lorde was missing as an "inhabitable subject position" within the breast cancer narratives available to her (63).

Analysis

Storytelling as Rhetorical Integration

Integration is woven throughout *The Cancer Journals* and shapes not only what Lorde communicates, but how she tells her story. In the introduction, she lays the foundation by saying, "These selected journal entries…exemplify the process of integrating this crisis into my life" (2). From the beginning, Lorde identifies the journal entries as part of her effort to make sense of cancer within the larger context of her existence. I see this same process reflected in the physical structure and form of the book itself.

Raw, gritty, and at times painfully vulnerable journal entries nestle alongside and within retrospective reflection, public speech, and cultural critique. Kenneth Burke's concept of rhetorical form helps explain how the arrangement of a text shapes its meaning and why the way Lorde organizes her story matters. In *Counter-Statement*, Burke describes progressive form as the way a work develops through connected steps, while repetitive form involves returning to the same underlying idea in different ways (124-125). Both are evident in *The Cancer Journals*. The opening speech establishes the importance of breaking silence, and the journal entries that follow give the argument a personal and embodied context. As the book unfolds, Lorde returns to ideas of silence, agency, and wholeness, exploring what each means in the context of her own life.

The physical organization of *The Cancer Journals* shows how these different forms work together. The journals capture the immediate, in-the-moment embodied realities of cancer, while her reflections function as a way to revisit those experiences with the perspective of time and distance. Her cultural and political critiques then connect her personal experience to larger histories and systems of power. Throughout the book, Lorde moves between these different forms, returning to ideas of silence, resistance, power, and bodily autonomy in different contexts. Her personal experiences give meaning to her cultural and political critiques, while her critiques help explain her experiences. Through this movement, Lorde brings the physical, emotional, personal, and political dimensions of illness into a shared narrative. The book's structure becomes an act of integration itself. As readers progress through the book, we are invited to bring these different parts together and participate in the same process of integration that Lorde communicates through her storytelling.

The relationship between private and public storytelling adds another layer. Journals are typically written for oneself without the expectation of an audience. Yet Lorde places these deeply personal musings within a published book, making her embodied experience publicly available to others. In an entry written during her recovery, she hopes her writing is not only a "record of grieving only. I want it to be something I can use now or later, something that I can remember, something that I can pass on, something that I can know came out of the kind of strength I have that nothing else can shake for very long or equal" (38). Later, as she is reflecting on the purpose of telling her story, she shares her intention of "trying to piece together that chunk of my recent past, so that I, or anyone else in need or desire, can dip into it at will if necessary to find the ingredients with which to build a wider construct" (46). These passages show how Lorde begins to imagine her personal writing reaching beyond herself. What begins as a way of recording her own experience becomes something she intentionally makes available to others. Through publication, her private musings enter public conversation, where her embodied knowledge can be encountered and considered alongside medical and cultural discourse.

Lorde's own statements about integration reinforce this connection between storytelling and self-definition. She describes wanting "a real integration of this experience into the totality of my life and my

loving and my work" (49). The word "totality" is significant here because it communicates her desire to make room for cancer within the fullness of her life. She does not want her cancer experience to exist as something separate, but rather woven directly into the marrow of her story. This desire becomes even more clear when a Reach to Recovery volunteer dismisses Lorde's attempts to examine her experience as not "looking on the bright side of things," leaving her feeling "even more isolated than before" (49). Rather than helping Lorde make sense of what she has experienced, the volunteer encourages her to focus on the positive and move away from difficult emotions she is trying to understand.

Later in the book, Lorde returns to the same "bright side of life" expression, calling it out as a "euphemism used for obscuring certain realities of life…which might prove threatening or dangerous to the status quo" (66). Sara Ahmed discusses this same critique in "Killing Joy: Feminism and the History of Happiness," where she explains how the pressure to remain optimistic can conceal the circumstances causing suffering (590). Looking on the bright side is not simply an encouraging expression for Lorde. It becomes a way of avoiding the difficult realities she is trying to face. Her refusal to accept this version of recovery allows fear, grief, and anger to remain part of her story rather than something she must overcome or leave behind. Therefore, integration does not require Lorde to resolve every painful experience or turn suffering into something positive. It means allowing those experiences to remain part of her life without letting them define all of who she is.

Lorde writes that even cancer and the trauma of mastectomy can be "integrated into the life-force as knowledge and eventual strength" (56). Again, this mirrors what the narrative form itself accomplishes. The journal entries, post-treatment reflections, and political critiques are woven together, in contrast to what medical and cultural discourses and personal discourses often treat separately. Their coexistence mirrors her concept of wholeness, where loss *and* growth, vulnerability *and* strength, and the personal *and* political all belong together. Through the rhetorical construction of *The Cancer Journals*, integration becomes both the subject of Lorde's narrative *and* something she actively performs through its form. Wholeness is not simply described, but communicated through the connections Lorde creates among the different parts of her story. Rather than leaving

the painful parts of her experience hidden, Lorde gives them a place in her story. And that begins with her refusal to remain silent.

Giving Voice to Silenced Experience

For Lorde, silence means more than the absence of speech. In "The Transformation of Silence into Language and Action," originally delivered as a speech at the MLA Conference in 1977 and later incorporated as the first part of *The Cancer Journals*, Lorde reflects on a time before diagnosis when she was forced to confront the possibility of her own death. While waiting to learn whether a lump in her breast was malignant, she began thinking about the things she had left unsaid and the ways fear had influenced her ability to speak. What troubled her most was not simply the possibility of dying, but the realization that she might die without ever having given voice to the things that mattered most to her. Lorde reflects, "My silences had not protected me. Your silence will not protect you" (13). This shift from "me" to "you" is significant. A personal realization transcends introspection toward a direct address to her audience, asking us to confront our own relationship with silence. Her experience of mortality becomes the starting point for a much larger argument about voice, power, and the consequences of remaining unheard.

Lorde extends this invitation through a series of questions directed at her audience. "What are the words you do not yet have? What do you need to say?" (14). On the surface, these read as an encouragement to the audience to self-reflect, but they also call readers to recognize their experiences within a collective struggle for voice and agency. Michael Warner's concept of publics helps explain what this shift accomplishes, arguing that a public is formed through discourse and exists through the act of being addressed (67). Lorde's questions invite her audience to recognize themselves within a shared struggle against silence, even when their individual experiences may differ. Yet her collectivizing rhetoric does not assume that all women share the same experiences. Earlier in the speech, she recalls the women who supported her during her illness as, "Black and white, old and young, lesbian, bisexual, and heterosexual, and we all shared a war against the tyrannies of silence" (13). By acknowledging their differences before bringing the women together through the collective "we," Lorde constructs a collective

identity that makes room for different experiences. The order of this language matters. Lorde names the differences among these women before establishing what they share. Their identities are not erased in the creation of a collective voice. Instead, those differences become part of the collective she is addressing. The movement from individual identities to a shared "we" creates a relationship between personal experience and political solidarity without requiring women to become the same.

Fear is central to how Lorde communicates the relationship between silence and agency. She makes clear that speaking out does not require fear to disappear first. In fact, she challenges the expectation that women should wait until they feel safe or confident enough to express themselves. Reflecting on her own experience, Lorde explains that she "began to recognize a source of power within myself that comes from the knowledge that while it is most desirable not to be afraid, learning to put fear into a perspective gave me strength" (13). Rather than allowing fear and silence to dictate what she can express, Lorde begins to reclaim that power by recognizing her lived, embodied experience as a source of knowledge and her willingness to speak about it as an act of agency. She goes on to describe how women have been taught to prioritize fear over their own need for language and definition, warning that "the weight of that silence will choke us" (16). The provocative physicality of this language is striking. Silence is given material and mortal weight, capable of suffocating the person carrying it. Through this imagery, Lorde communicates silence as something that can be felt within the body itself. And rather than positioning fear and courage as mutually exclusive, she allows both to exist simultaneously. Fear is still present, but it no longer determines whether Lorde can speak. Her language allows space for vulnerability and resistance to exist together, challenging the expectation that courage requires the absence of fear.

Through personal testimony and direct audience address, Lorde turns her confrontation with mortality into a collective call for voice and resistance. Her movement between "I," "you," and "we" establishes relationships among women whose experiences differ but whose struggles against silence align. The speech creates a shared position without erasing individual identities and exemplifies how Lorde's rhetoric brings difference into relationship. This same struggle over whose experiences can be spoken and recognized becomes even more visible in her encounters with medical authority.

Medical Authority and Embodied Knowledge

Lorde's resistance to silence extends into how she communicates the physical realities of cancer. Throughout her journal entries, Lorde uses intimate, erotic, sensory, and oftentimes poetic language to describe what it feels like to inhabit a body undergoing profound, unwanted change. Her account of undergoing a mastectomy, which she names for what it is: an amputation, reveals a sharp contrast between the lived experience of illness and the clinical treatment of the body. Throughout the work, her language gives voice to the fear, pain, and loss of control that medical descriptions alone cannot fully communicate. Michel Foucault examines this tension in *The Birth of the Clinic* through his concept of the medical gaze, where clinical knowledge organizes the body through the observable signs and symptoms of disease (8). This perspective is not only important for medical purposes, but it also positions the patient's body as an object of institutional knowledge and intervention. Lorde's account of her mastectomy offers an embodied perspective of what it feels like to be in that position.

In a journal entry reflecting on the moments surrounding her surgery, Lorde recalls being wheeled into the operating room, heavily medicated and separated from the familiar comfort of her loved ones. She describes the visceral and overwhelming sensations of the medical environment, remembering, "the horror of those flashing lights passing over my face, and the clanging of disemboweled noises that have no context nor relationship to me except they assault me" (28). Her language communicates more than physical discomfort. The lights, sounds, and movement become disorienting and even threatening; they become an assault. Moreover, this is not just an assault, but the mechanism for transforming her from a person with agency to an object being physically and discursively moved through a system: "There is the dispatch with which I have ceased being a person who is myself and become a thing upon a Guerney cart to be delivered up to Moloch, a dark living sacrifice in the white place" (28). Lorde's transformation from a person into a "thing" reflects the objectification Foucault describes through the medical gaze. Her body becomes the object of medical intervention, but the language of assault and sacrifice communicates the fear, disorientation, and vulnerability that medical professionals may not fully recognize. Through her narrative, Lorde restores the embodied perspective that becomes obscured within that process.

The contrast between “a dark living sacrifice” and “the white place” introduces another dimension of power. The whiteness references the sterile medical environment, but Lorde’s identity as a Black woman invites a more critical racial interpretation of the imagery. Her description places a dark body within a white institutional space, where she experiences herself as something being offered up to a powerful force. The reference to Moloch, a figure associated with child sacrifice in the Bible, gives this moment a disturbing sense of powerlessness (Cheston). These images bring racial identity, religious symbolism, and medical authority into the same moment and illuminate how Lorde’s experience of becoming a patient cannot be separated from the other dimensions of her embodied, intersectional identity.

This loss of personhood continues in the recovery room. “Screaming and cursing in pain,” Lorde remembers a nurse administering medication and another voice telling her “to be quiet because there were sick people” there (28-29). Lorde responds by insisting, “I have a right, because I’m sick too” (29). The irony is evident. Lorde herself is a patient, yet her cries of agony and embodied expressions of suffering are treated as a disruption rather than something deserving care. McKerrow’s critique of domination offers another lens through which to view this exchange, as it examines how discourse “creates and sustains social practices” that control or subordinate others (92). In this example, the instruction to remain quiet reinforces the discursive power of medical professionals to determine which expressions of suffering are recognized as legitimate. Lorde’s refusal of silence exposes the contradiction in being recognized as a patient for the purpose of treatment but denied the freedom to communicate what that treatment feels like.

From a phenomenological perspective, this moment reveals the difference between the body as something medically observed and the body as something personally lived. Her vivid sensory descriptions of the operating room and her cries of pain communicate what it feels like to inhabit a body undergoing medical treatment. Earlier in the text, Lorde reflects on the relationship between knowledge and experience, writing that “The idea of knowing, rather than believing, trusting, or even understanding, has always been considered heretical” (17). Her use of “heretical” challenges the assumption that medical professionals hold the greatest authority over the meaning of illness. Clinical expertise can diagnose and treat her cancer, but it cannot fully account for what it feels like to inhabit her changed body. Kulbaga and Spencer’s concept of autobiographical epistemology

recognizes personal narrative as a practice of producing and legitimizing knowledge, especially knowledge rooted in experiences marginalized by dominant institutions (330). They position *The Cancer Journals* as an example of how personal storytelling challenges the authority of the white medical establishment and asserts the writer's own knowledge and agency (331). Through her narrative, Lorde gives authority to her embodied experience by communicating the fear, pain, and vulnerability that clinical observation cannot fully capture. Her words demonstrate that knowing a disease and knowing what it means to live through it are not necessarily the same thing.

Wholeness Beyond Restoration

What does it mean to be whole when part of your body has been removed? After her mastectomy, Lorde faces repeated expectations that her body should look as though nothing has changed, with breast prostheses presented as a way to restore her pre-cancer appearance. Behind this expectation is the cultural belief that feminine wholeness depends on physical completeness, an assumption Lorde actively challenges. Her refusal to conceal her changed body becomes a way of establishing agency over how that body is understood by both herself and others. These moments reveal how medical and cultural discourses shape the meaning of femininity and establish certain physical appearances as the desirable norm. Through her words and refusal to conform, Lorde challenges the authority of those expectations and begins to redefine wholeness on her own terms.

Following her breast removal surgery, Lorde describes another encounter with a Reach to Recovery volunteer who visits her in the hospital and brings along a soft bra and lambswool breast form. The volunteer reassures Lorde that by wearing the prosthesis, "You will be just as good as you were before because you can look exactly the same," promising that "nobody'll ever know the difference" (34). What stands out in this exchange is how the volunteer connects Lorde's worth to her ability to look unchanged. The volunteer's words suggest that a woman must appear to have two breasts to be considered whole, and that hiding her physical amputation is a way of returning to "normal." But Lorde's response is immediate: "she lost me right there, because I knew sure as hell I'd know the difference" (35). A prosthesis might change how others see her body, but it cannot erase what she knows and feels. Still, Lorde is careful to separate her critiques of the feminine beauty standard from judgment of women who make different choices. She writes, "It is not my intention to judge the

woman who has chosen the path of prosthesis, of silence and invisibility, the woman who wishes to 'be the same as before'" (2). Her criticism is directed toward the expectation that women should hide their changed bodies to be considered whole by others.

After the volunteer leaves, Lorde tries on the breast form herself, noting that it "perched on my chest askew, awkwardly inert and lifeless, and having nothing to do with any me I could possibly conceive of" (36). As she stands in front of the mirror looking at herself, she notices that it is "the wrong color, and looked grotesquely pale through the cloth of my bra" (36). For a Black woman, this detail calls into question whose bodies are considered when medical products are designed and whose appearance is standardized. Lisa Flores's racial rhetorical criticism, specifically her concept of seeing race, explores how dominant discourses represent race and treat whiteness as the norm (Flores 13). The pale prosthesis makes this visible in a very physical way. Lorde is being encouraged to restore the appearance of a two-breasted body, but the breast form offered to her does not even resemble her skin color. The ideal of feminine wholeness being presented to her is not only two-breasted, but white. Her Black body is treated as different from the very standard she is being encouraged to meet. This also reflects what Lorde calls "the mythical norm" in her 1984 essay "Age, Race, Class, and Sex: Women Redefining Difference." She describes a cultural ideal centered on whiteness, where anyone who doesn't fit within the established normative categories is seen as different (Lorde, "Age, Race" 855). The pale prosthesis gives this racial material weight. Lorde is being encouraged to restore her feminine appearance through a breast form that reflects a white standard of beauty rather than her own Black body.

Lorde also briefly questions her own judgment as she wonders whether the people encouraging her to wear a prosthesis might know something she doesn't. She admits, "Somewhere, up to that moment, I had thought, well perhaps they know something that I don't and maybe they're right, if I put it on maybe I'll feel entirely different. I didn't" (36). For a moment, Lorde questions her own understanding of her body because others seem so certain about what will make her feel whole. Their confidence reflects how deeply these cultural expectations have become normalized. Yet trying the prosthesis confirms what Lorde already feels. Looking at herself without the breast form, she writes, "I looked strange and uneven and peculiar to myself, but somehow, ever so much more myself, and therefore so much more acceptable, than I looked with that thing stuck inside my clothes" (37).

Lorde doesn't deny how different her body looks. She doesn't conceal or gloss over the reality; she acknowledges it. Without the prosthesis, she feels more like herself, even though her body no longer fits conventional expectations of femininity. Through this moment of self-recognition, Lorde communicates that physical loss and personal wholeness can coexist.

The pressure to conform becomes even more explicit when a nurse at her surgeon's office questions Lorde's decision not to wear a prosthesis. The nurse assures her, "You will feel so much better with it on…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" (52). The focus shifts again from Lorde's wellbeing to the comfort of others. Her changed body is treated as something she should conceal to maintain an acceptable feminine appearance. But the nurse's words also suggest that Lorde will feel better about herself when making others more comfortable with how she looks. This reflects what Sara Ahmed describes as "conditional happiness," where a woman's happiness becomes dependent on the happiness of others, even when her own needs and desires are different (578). The nurse's encouragement to wear a prosthesis is a veiled attempt to prioritize the comfort of others under the guise of concern for Lorde's wellbeing. Lorde describes this encounter as an "assault on my right to define and claim my own body" (52). Her refusal becomes an act of agency and a form of embodied communication that pushes back against the idea that women should conceal their changed bodies for the comfort of others.

These situations exemplify the tension between who gets to define what it means to be whole. Lorde writes, "As I slowly began to feel more equal to processing and examining the different parts of this experience, I also began to feel that in the process of losing a breast I had become a more whole person" (48). At first, the statement might seem contradictory. But this contradiction is exactly what Lorde is communicating about wholeness. For Lorde, losing a breast doesn't automatically diminish her sense of self, nor does she suggest that bodily loss is inherently empowering. By integrating grief, physical change, and a new understanding of self, Lorde reclaims the meaning of wholeness from the expectations imposed on her body by both medical discourse and dominant culture. She can acknowledge what she has lost and recognize who she is becoming. Both belong to her.

Black Feminism and the Warrior

Throughout *The Cancer Journals*, Lorde repeatedly uses militarized language to describe her experience with cancer. While war metaphors are common in cancer discourse, it's clear that she is using them for more than describing what it's like fighting a disease. She uses terms like "battle," "enemies," "survival," "warrior," and even "detonate" from the very first page to the very last, offering vivid imagery to communicate struggles that extend beyond her diagnosis. Her fight is both personal and political, and is shaped by both her experience of illness and her identity as a Black lesbian feminist. Through these metaphors and historical references, Lorde connects her changed body to a long lineage of Black women warriors and challenges traditional ideas of strength, courage, and resistance as inherently masculine qualities.

In the introduction of the book, Lorde reflects on the relationship between her personal struggles and the larger work of creating change. She writes about "taking joy in that battle…recognizing the enemy outside and the enemy within, and knowing my work is part of a continuum of women's work, of reclaiming this earth and our power, and knowing this work did not begin with my birth nor will it end with my death" (10). Her distinction between two enemies in this moment is important. Lorde recognizes that her battles include both external systems of oppression and internal struggles with fear, despair, and powerlessness. Her use of "continuum" also places her experience within a long history of women's resistance and connects her individual fight to something that existed before her and will continue long after her lifetime. Through this language, Lorde brings personal vulnerability and collective resistance into the same understanding of struggle.

In one of her journal entries following surgery, Lorde invokes the Amazons of Dahomey, an all-women military regiment from the West African kingdom of Dahomey (Lorde 27; McKenna). In the notes at the back of the book, she explains, "It is said that the Amazon warriors of Dahomey have their right breasts cut off to make themselves more effective archers" (Lorde, Notes). The Amazons challenge the traditional association of warriors and military strength with masculinity. By invoking Black women warriors, Lorde connects her experience to a history in which women are not passive victims of violence, but active participants. The reference to breast removal adds an even deeper layer. What dominant cultural expectations might associate with physical incompleteness becomes tied to the strength and functional abilities of women warriors. This is especially significant when also considering the pressure she received to conceal her mastectomy and restore the appearance

of conventional femininity. Losing a breast doesn't make Lorde any less of a woman or a warrior. Her body bears the scars of a battle she has fought and continues to fight. By invoking the Dahomean Amazons, she bridges those scars to a history of Black women whose strength was not reduced by bodily loss, but rather amplified by it.

Lorde furthers this critique of gendered expectations when she compares the treatment of women after mastectomy to the way society views men with visible amputations. She references Moshe Dayan, "the Prime Minister of Israel" at the time this book was originally published, whose missing eye became a recognizable part of his public identity as a wounded warrior who had the embodied moral authority to represent and lead others (52). Lorde points out that Dayan appears "in front of parliament or on TV with an eyepatch over his empty eyesocket" and "nobody tells him to go get a glass eye, or that he is bad for the morale of the office" (52-53). Instead, "The world sees him as a warrior with an honorable wound" (53). The comparison highlights how different amputation and bodily change are understood depending on gender. A man's visible injury can communicate courage and strength, amplifying their masculinity, while a woman's missing breast is treated as something to shamefully hide because it is thought to compromise their femininity. Lorde extends her critique by asserting that if someone is uncomfortable with Dayan's appearance, "everyone recognizes that it is your problem to solve, not his" (53). This moment is important because it exposes how women are expected to take responsibility for other people's discomfort with their bodies. These two examples illustrate how cultural expectations shape not only the meanings assigned to bodily difference, but also whose responsibility it becomes to make that difference acceptable to others.

Lorde concludes by claiming the identity of warrior for herself, declaring, "Well, women with breast cancer are warriors, also. I have been to war, and still am" (53). And in invoking and aligning herself with the image of the Dahomean female warriors, she makes it clear that this is not just her own individual battle, but a battle for, alongside, and on behalf of other female warriors. Her scars are not evidence of a loss of femininity, but of a battle she fought. By refusing to let others define her as a victim, Lorde challenges the expectation that women's changed bodies should be hidden or corrected to preserve the dominant ideals of femininity.

Conclusion

Through the rhetorical performance of The Cancer Journals, Audre Lorde brings the intimately painful experience of living within a body changed by cancer into conversation with the larger medical and cultural discourses surrounding illness. Her journal entries, public speech, personal reflections, and cultural critiques weave together a tapestry of experiences that often remain separate. The structure of the book itself performs the integration she describes and invites the audience to bring together the many pieces of her story. Her movement between "I," "you," and "we" transforms personal reflection into a collective call for voice and resistance, while her descriptions of medical encounters expose the distance between clinical knowledge and the embodied knowledge of illness. Her refusal to conceal her one-breasted body challenges the expectations of femininity and physical wholeness, while her use of warrior imagery connects the scars of her own battle to generations of Black women who have carried both the wounds of oppression and the strength of resistance. Through these rhetorical acts, Lorde gives the physical, emotional, personal, and political dimensions of illness a place within the same story.

At the heart of Lorde's narrative is the question of who has the authority to define illness and whose experiences are recognized as legitimate knowledge. Her embodied perspective exists alongside medical knowledge, but it challenges the assumptions and expectations that shape how her body is understood. These perspectives don't always align, nor does she attempt to resolve the tensions between them. Instead, she gives each a purpose and place within her story, allowing the personal and political, physical and emotional, and the individual and collective to coexist. For Lorde, these experiences do not have to fit neatly together to belong to the larger story of who she is.

Lorde's experience confronts the tension between medical authority and the voices of those living through illness. Medical knowledge can describe a disease and guide treatment decisions, but it cannot fully speak for the person living through it. The language surrounding illness can silence, conceal, and encourage quiet compliance, even when veiled in care or reassurance. What Lorde exposes is how easily the person can become lost within the very systems meant to care for them. Her writing asks us to consider what is missed when the knowledge of medicine is valued above the knowledge of the person inhabiting the body being treated. The implications reach

beyond the pages of *The Cancer Journals* and invite us to question whose voices are heard, whose suffering is acknowledged, and whose understanding of their own body is trusted and honored.

The role of personal storytelling in constructing meaning, identity, and power is central to Communication Studies. My reading of *The Cancer Journals* brings integration into this conversation as a rhetorical practice, where the form and act of storytelling bring different parts of embodied experience into relationship with one another. Through rhetorical form, language, and public address, Lorde's narrative challenges dominant discourses, communicates embodied knowledge, and creates space for experiences that might otherwise go unacknowledged. Her story shows that personhood and patienthood are not mutually exclusive as she communicates a both/and understanding where both can coexist, even when medical and cultural discourse make them difficult to reconcile. Ultimately, *The Cancer Journals* communicates that the experience of illness cannot be fully understood through the disease alone. The person living within the body carries a much larger story, and through the act of telling it, Lorde reclaims the authority to give that story meaning. As Lorde reflects, "in the process of losing a breast I had become a more whole person" (48), communicating a sense of wholeness that does not require her to hide or conceal what she has lost. May we all find the courage to claim our stories, our bodies, and the fullness of who we are.

I have acted with honesty and integrity in producing this work
and am unaware of anyone who has not. /s/ Stephanie Madsen

Works Cited

Ahmed, Sara. "Killing Joy: Feminism and the History of Happiness." *Signs*, vol. 35, no. 3, Mar. 2010, pp. 571–94. *EBSCOhost*, https://doi.org/10.1086/648513.

Ajani, Ashia. "How Barbara Smith Launched a Black Feminist Revolution." *Them*, 5 Feb. 2020. https://www.them.us/story/barbara-smith-launched-a-black-feminist-revolution.

Alexander, Elizabeth. "'Coming out Blackened and Whole': Fragmentation and Reintegration in Audre Lorde's Zami and The Cancer Journals." American Literary History, vol. 6, no. 4, 1994, pp. 695–715. JSTOR, http://www.jstor.org/stable/489961.

Alexander, Kerri Lee. "Feminism: The Second Wave." *National Women's History Museum*, 18 June 2020. https://www.womenshistory.org/exhibits/feminism-second-wave.

"Audre Lorde." *Aunt Lute Books*. https://www.auntlute.com/audre-lorde.

"Audre Lorde." *Encyclopaedia Britannica*. https://www.britannica.com/biography/Audre-Lorde.

"Audre Lorde." *National Museum of African American History and Culture*, Smithsonian Institution. https://nmaahc.si.edu/audre-lorde.

"Audre Lorde." *The Audre Lorde Project*. https://alp.org/about/audre.

Bailey, Moya, and Izetta Autumn Mobley. "Work in the Intersections: A Black Feminist Disability Framework." *Gender and Society*, vol. 33, no. 1, 2019, pp. 19–40. *JSTOR*, https://www.jstor.org/stable/26597131.

Brandman, Mariana. "Audre Lorde." *National Women's History Museum*, 2021. https://www.womenshistory.org/education-resources/biographies/audre-lorde.

Brockmeier, Jens and Hanna Meretoja. “Understanding Narrative Hermeneutics.” Storyworlds: A Journal of Narrative Studies, vol. 6, no. 2, 2014, pp. 1–27. JSTOR, https://www.jstor.org/stable/10.5250/storyworlds.6.2.0001.

Burke, Kenneth. *Counter-Statement*. 1931. University of California Press, 1968.

Charon, Rita. “The Novelization of the Body, or, How Medicine and Stories Need One Another.” Narrative, vol. 19, no. 1, 2011, pp. 33–50. JSTOR, http://www.jstor.org/stable/41289285.

Cheston, Becky. “Moloch (Deity) | Religion and Philosophy | Research Starters | EBSCOhost.” *EBSCO*, 2019, https://www.ebsco.com/research-starters/religion-and-philosophy/moloch-deity/.

Cohen, Susan. “This Is What Breast Cancer Activism Looked Like Before the Pink Ribbon.” *TIME*, 18 Oct. 2016. https://time.com/4531239/breast-cancer-activism-history/.

Collins, Patricia Hill. “The Social Construction of Black Feminist Thought.” *Signs*, vol. 14, no. 4, 1989, pp. 745–73. *JSTOR*, http://www.jstor.org/stable/3174683.

Couser, G. Thomas. “Autopathography: Women, Illness, and Lifewriting.” *On the Literary Nonfiction of Nancy Mairs: A Critical Anthology*, edited by Merri Lisa Johnson and Susannah B. Mintz, Palgrave Macmillan, 2011, pp. 133–44. https://doi.org/10.1057/9780230337688_9.

Couser, G. Thomas. “Body Language: Illness, Disability, and Life Writing.” *Life Writing*, vol. 13, no. 1, Jan. 2016, pp. 3–10. *Taylor and Francis+NEJM*, https://doi.org/10.1080/14484528.2016.1132376.

Crenshaw, Kimberle. “Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color.” *Stanford Law Review*, vol. 43, no. 6, 1991, pp. 1241–99. *JSTOR*, https://doi.org/10.2307/1229039.

DeShazer, Mary K. “Audre Lorde’s Successors: Breast Cancer Narratives as Feminist Theory.” *Mammographies: The Cultural Discourses of Breast Cancer Narratives*, University of Michigan Press, 2013, pp. 40–65. https://doi-org.southwesternu.idm.oclc.org/10.2307/j.ctv3znzfk.

Downtown Brown Books. “The Cancer Journals by Audre Lorde.” https://www.downtownbrown.com/pages/books/334432/audre-lorde/the-cancer-journals?soldItem=true.

Flores, Lisa A. “Between Abundance and Marginalization: The Imperative of Racial Rhetorical Criticism.” *Review of Communication*, vol. 16, no. 1, Jan. 2016, pp. 4–24. *EBSCOhost*, https://doi.org/10.1080/15358593.2016.1183871.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Translated by A. M. Sheridan Smith, Routledge, 2002.

Frank, Arthur W. “From Sick Role to Narrative Subject: An Analytic Memoir.” Health, vol. 20, no. 1, 2016, pp. 9–21. JSTOR, https://www.jstor.org/stable/26652329.

Gardner, Kirsten E. “Hiding the Scars: A History of Post-Mastectomy Breast Prostheses, 1945—2000.” *Enterprise & Society*, vol. 1, no. 3, 2000, pp. 565–90. *JSTOR*, http://www.jstor.org/stable/23699597.

Hart, Ryan. “Attending to Illness Metaphors.” Soundings: An Interdisciplinary Journal, vol. 105, no. 4, 2022, pp. 524–40. JSTOR, https://www.jstor.org/stable/48785896.

Heller, Esther. “The Poetic Teachings of Audre Lorde.” *Young Poets Network*, The Poetry Society. https://ypn.poetrysociety.org.uk/features/the-poetic-teachings-of-audre-lorde/.

Jurecic, Ann. “Illness Narratives and the Challenge to Criticism.” *Illness as Narrative*, University of Pittsburgh Press, 2012, pp. 1–17. *JSTOR*, https://doi.org/10.2307/j.ctt5hjr8p.4.

Khalid, Robina Josephine. “Demilitarizing Disease: Ambivalent Warfare and Audre Lorde’s ‘The Cancer Journals.’” *African American Review*, vol. 42, no. 3/4, 2008, pp. 697–714. *JSTOR*, http://www.jstor.org/stable/40301262.

Kirsch, Gesa E., and Jacqueline J. Royster. “Feminist Rhetorical Practices: In Search of Excellence.” *College Composition and Communication*, vol. 61, no. 4, 2010, pp. 640–72. *JSTOR*, http://www.jstor.org/stable/27917867.

Kulbaga, Theresa A., and Leland G. Spencer. “Autobiographical Epistemology: Legitimate(d) Knowledges in Life Narratives.” *Women’s Studies in Communication*, vol. 48, no. 3, Aug. 2025, pp. 329–50. *EBSCOhost*, https://doi.org/10.1080/07491409.2025.2489601.

Lorde, Audre. “Age, Race, Class, and Sex: Women Redefining Difference.” *Literary Theory: An Anthology*, edited by Julie Rivkin and Michael Ryan, 2nd ed., Blackwell Publishing, 2004, pp. 854–60.

Lorde, Audre. *The Cancer Journals*. Foreword by Tracy K. Smith, Penguin Books, 2020.

Lorde, Audre. “The Transformation of Silence into Language and Action – Dec. 28, 1977.” *Archives of Women’s Political Communication*, Carrie Chapman Catt Center for Women and Politics, Iowa State University. https://awpc.cattcenter.iastate.edu/communication/transformation-silence-language-and-action-dec-28-1977.

McKenna, Amy. "Dahomey women warriors". *Encyclopedia Britannica*, 12 Feb. 2025, https://www.britannica.com/topic/Dahomey-women-warriors.

Mckerrow, Raymie E. “Critical Rhetoric: Theory and Praxis.” *Communication Monographs*, vol. 56, no. 2, June 1989, pp. 91-111. *EBSCOhost*, https://doi.org/10.1080/03637758909390253.

Penguin Random House. "The Cancer Journals by Audre Lorde." https://www.penguinrandomhouse.com/books/623541/the-cancer-journals-by-audre-lorde-foreword-by-tracy-k-smith/.

Peterson, Max. "The Revolutionary Practice of Black Feminisms." *National Museum of African American History and Culture*, Smithsonian Institution. https://nmaahc.si.edu/explore/stories/revolutionary-practice-black-feminisms.

Reiffenrath, Tanja. "Healing Beyond Reconstruction: Ampu-Narration in Audre Lorde's The Cancer Journals." *Memoirs of Well-Being: Rewriting Discourses of Illness and Disability*, 1st ed., transcript Verlag, 2016, pp. 75–118. *JSTOR*, http://www.jstor.org/stable/j.ctv371cm7k.7.

Saunders, Christobel M., and Thomas M. Tyson. "A History of Advocacy in Breast Cancer: Lessons for All of Us in Putting Advocacy to Work, or 'How to Just Get Things Done!'" *ANZ Journal of Surgery*, vol. 94, no. 9, 2024, pp. 1439–1443.

Sims, Gaila. "The Cancer Journals: Special Edition." *E3W Review of Books*, vol. 20, Spring 2020. https://e3w.dwrl.utexas.edu/volume-20-spring-2020/blackness-the-body-and-ontology-perspectives-on-the-fact-of-racial-embodiment/the-cancer-journals-special-edition/.

Slatman, Jenny. "Phenomenology of Bodily Integrity in Disfiguring Breast Cancer." *Hypatia*, vol. 27, no. 2, 2012, pp. 281–300. *JSTOR*, http://www.jstor.org/stable/23254904.

Smith, Tracy K. Foreword. *The Cancer Journals*, by Audre Lorde, Penguin Books, 2020, pp. ix–xviii.

Spencer, Taronda, Brenda S. Banks, and Kerrie Cotten Williams. *The Audre Lorde Papers*. Spelman College Archives, Spelman College. https://www.spelman.edu/_1_Docs-and-Files/archives/finding-aids/audre-lorde-collection.pdf.

van der Wiel, Renée. "'I Am Happy with One': Re-Evaluating the Relationship between Gender, Breast-Cancer Surgery, and Survival." *Agenda: Empowering Women for Gender Equity*, vol. 27, no. 4 (98), 2013, pp. 55–64. *JSTOR*, http://www.jstor.org/stable/43825099.

Waples, Emily. "Emplotted Bodies: Breast Cancer, Feminism, and the Future." *Tulsa Studies in Women's Literature*, vol. 32/33, no. 2/1, 2013, pp. 47–70. *JSTOR*, http://www.jstor.org/stable/43653276.

Warner, Michael. "Publics and Counterpublics." *Publics and Counterpublics*, Zone Books, 2002, pp. 65–124. *JSTOR*, https://doi.org/10.2307/j.ctv1qgnqj8.5.

Wilson, Steven. "Introduction: Embodiment, Identity, and the Patient's Story." L'Esprit Créateur, vol. 56, no. 2, 2016, pp. 1–11. JSTOR, https://www.jstor.org/stable/26378118.

Wohlmann, Anita. "Audre Lorde: Stretching, Risks and Difference." *Metaphor in Illness Writing: Fight and Battle Reused*, Edinburgh University Press, 2022, pp. 80–104. *JSTOR*, http://www.jstor.org/stable/10.3366/j.ctv32vqh01.8.