

**BLOGGING BREAST CANCER:  
LANGUAGE & SUBJECTIVITY IN WOMEN'S ONLINE ILLNESS  
NARRATIVES**



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By

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In memory of my grandmother

Hazel Haley Duke  
1921 – 1964

whom I know only through stories

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## INTRODUCTION

*It is through writing about cancer that I have been able to live with cancer.*  
-- Jeanne, December 30, 2006<sup>1</sup>



For centuries, women have written about their experiences with breast cancer, often recording their accounts in the form of diaries and letters to be shared with an audience of intimates, or perhaps no one at all. Although the practice of writing first-person encounters of breast cancer is not new, the recent development of the Weblog (or blog) introduces a new instance of the breast cancer narrative. Most obviously, the popularity of blogs makes a greater number of women's writings available to a wider audience. However, blogging technology does not simply increase the number of available narratives. Rather, blogs represent an altogether *new* kind of narrative. The typical structure and features of a blog enable multivocality, promote fluidity, and resist narrative closure. As a result, the kinds of narratives that emerge through blogs underscore what some feminist theorists have argued for decades: There exists a specifically female notion of subjectivity, which does not adhere to masculine ideals of a singular, integrated self.

The blog, therefore, suggests a form of writing particularly suited to the female author, especially one negotiating the feelings of altered embodiment and selfhood that characterize many women's experience with breast cancer. Whereas conventional narratives often conceal the fragmented state of consciousness that results from illness, blogs resist a stable and unitary mode of subjectivity by highlighting the presence of "multiple selves." For these reasons, the blog, as a form of illness narrative distinct from both print-based and traditional online accounts, merits its

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<sup>1</sup> Jeanne. "Writing About Cancer." The Assertive Cancer Patient. 31 Dec. 2006. 29 Mar. 2007.  
<<http://www.assertivepatient.com/2006/12/index.html>>

own unique, critical approach. This project represents a first step toward turning scholarly attention to these texts by examining their function, significance, and their implications for broader debates about women, writing, and subjectivity.

### **Creating Narratives/Constructing Selves**

The disturbances that illness causes in both one's body and mind often destabilize a person's identity. Finding these disturbances unbearable, some people with illness seek ways to restore coherence and assert the presence of a discrete, integrated self. Conventional thought cites storytelling as one means for negotiating such disruptions and creating meaning out of an otherwise incomprehensible life event. However, the stories of illness that scholars name as a path to a coherent sense of self are print-based or oral narratives specifically. How do these claims about narrative translate to storytelling in the online world, particularly in the case of blogs, which resist the stability and unity of subjectivity that conventional narratives are said to enable?

The intermittent, interrupted, or stifled speech that characterizes the experience of illness, and which the blog is especially suited to reveal, complicates the privileging of narrative as the path to unified subjectivity. What possibilities exist for representing human suffering in language? Susan Sontag claims that cancer has been "encumbered by the trappings of metaphor" (5). The Western medical model, founded upon the notion that disease can be identified, treated, and cured, nonetheless is poorly equipped to deal with a disease as mystifying as cancer. Couched in myth and mystery, cancer is "intractable and capricious," still strongly tied to cultural fantasies and taboos (5). Despite the materiality of disease and its consequences, we nonetheless, in the instance of cancer in particular, resort to metaphor as a way to manage its

threat. Elaine Scarry attributes the tendency to use metaphor in describing pain—the “‘as if’ structure,” wherein people say “‘it feels as if...’” to describe physical sensation—to the lack of a “language for pain” (12, 15). Pain, she argues, resists expressability in language, because physical pain, “unlike any other state of consciousness—has no referential content” (12). If language is thus ill suited to represent and describe the suffering of illness, we must look elsewhere—between the words, in the gaps and silences—to find its real presence.

This quality of pain, and similarly illness, that resists linguistic expression has implications for both sufferers and those who either witness directly or hear the stories of their suffering. Arthur Frank casts individuals with illness as “wounded storytellers,” challenging the conventional association of patients with passivity by re-imagining them as sufferers who “create empathic bonds between themselves and their listeners” (xii). To Frank, both the telling and the hearing of illness narratives are “ethical acts” with shared responsibilities (xii). Stories of illness, ultimately, give voice to ill bodies “so that the changed body can once again become familiar” (2). However, the body, he notes, “eludes language.” The body is not silent, though, for it communicates the symptoms of illness and pain. Nonetheless it is “inarticulate” (2). Thus, Frank calls for ill bodies to be granted voice through narrative, yet he also acknowledges the difficulty of such an undertaking. David B. Morris, whose work examines illness in the postmodern context, also explores this unrepresentable quality of illness by considering the important roles that both silence and the scream play in the expression of suffering, noting that “suffering, like pain...exists in part beyond language” (195). These ideas suggest that one significance of blogs about breast cancer may not only lie within the words of each post but also in the spaces in and between those words.

Although she does not address the experience of illness specifically, Kelly Oliver’s

theory about the effects of trauma on the self illustrates the significant role that readers and readers' comments have on blogs. Oliver argues that marginalization or oppression, a process through which one is "othered," is a traumatic experience that undermines subjectivity. The process of witnessing, however, recovers this lost subjectivity and alleviates the trauma of having been othered (7). By bearing witness to one's own oppression and suffering by inhabiting language and assuming the position of a speaking subject, the harm done to one's subjectivity can be lessened. Furthermore, what makes a subject a subject is her "response-ability" and "address-ability"—the "roots of subjectivity"—and the very qualities so damaged by oppression and othering (7). Witnessing permits those qualities to be regained. Although the traumas that Oliver uses as examples in her book include the Holocaust, colonization, and slavery, her work on the relationship between experience, witnessing, and subjectivity is instructive for understanding breast cancer blogs, a format in which the audience—and its capacity for response—plays a central role.

Breast cancer blogs, as a new form of illness narrative, present an opportunity to further examine the complex relationship between storytelling and selfhood. Blogs provide a space in which stories can be both told and heard, a reflexive process that is negotiated between speaker and listener, which is integral to securing the subjectivity of the storyteller. However, at the same time, blogs invite the listener (reader) to acknowledge the silences of illness—those experiences that cannot be contained within language. Thus, although the process of storytelling itself may signal a stabilizing of the self, the blog as a form of narrative nonetheless resists such integration. Instead, the blog allows the disrupted and intermittent speech of the blogger to come through in the text.

## **Autobiography and the Female *I***

Any consideration of women's writing about illness experience must be brought into dialogue with the extensive literature about women's subjectivity, particularly the possibilities for subjectivity through language. Any woman who writes faces the question, consciously or not, of how to position herself in relation to the autobiographical *I*—what Virginia Woolf calls the “straight dark bar” (64). Autobiographical writing has been one of the primary processes through which the notion of the self, unified and coherent, has been achieved. Dependent upon the notion that *I* has a single, fixed referent, autobiography operates as the mechanism by which the subject is “stabilized” (Gilmore xv). What are the effects, then, when the female comes into contact with the autobiographical form, so aligned with the masculine notion of the universal subject, and how do blogs in particular make these negotiations visible?

Closely connected to the notion of universal selfhood is the idea that experience can be translated into language and, in consequence, establish that “representation, like the self controlling it, is coherent, unified, univocal” (Smith 17). Since Lacan, however, many feminists have debated the possibilities for women to be “agents” within the symbolic order, and some theorists question the ability of women to exist as subjects—to “speak”—through patriarchal language at all. (Although engaging this particular debate falls outside the parameters of this project, I am interested in the possibilities for individuals to exert agency within the context of popular culture. Thus, although this project does not make claims to definitive answers to questions about women, subjectivity, and self-expression, my work does have implications for these ongoing debates.)

Perhaps most notably, feminist theorist Luce Irigaray has challenged Lacan's privileging of the phallus as the symbol of unity and the resulting “exclusion of a female imaginary” from

psychoanalytic thought (30). She rejects the premise upon which male subjectivity is based—woman as Other. Irigaray charges masculine culture’s obsession with singular, stable meanings and identities, a phallomorphism that is predicated upon a female sexuality conceived of as a “lack.” Female sexuality, she argues, is plural. The female sex organ keeps a woman in constant touch with herself, yet “without any possibility of distinguishing what is touching from what is touched” (26). Women’s sexuality (and by metaphoric extension, subjectivity) is plural, resisting unity, constancy, and clear distinctions between self and other, inside and outside. As Trinh Minh-ha says, “‘I’ endlessly come and go, as the nature of language requires” (35). The dynamism and fluidity of women’s sexuality thus marks their writing, moving endlessly between speech and silence.

This mode of writing marked by female embodiment, what H el ene Cixous calls * criture feminine*, is made possible not only through the multiplicity of women’s sexuality, but also through their bodies’ maternal capacity. Unlike patriarchal culture, which has been preoccupied with policing the boundaries of the subject, the woman is “indefinitely other in herself” (Irigaray 28). As Sidonie Smith argued, heterosexual sex, by which the “outside” is brought “inside,” disrupts culturally held ideas about “autonomous individuality” (12). This notion of the female body’s permeability extends further in the potential for pregnancy: “There is hidden and always ready in woman the source; the locus for the other” (Cixous 396). Because there always exists within woman “that which is and that which is not,” her identity can never be closed or complete (Moss and Dyck 32). Thus, there exists the possibility for woman’s subjectivity to defy masculine notions of the self as a unitary, bounded being, dissociated from the materiality of the body.

Although some feminist theorists have looked to the female body’s maternal capacity or

the dispersed nature of her sexual organs as a source of creative power, prevailing Western discourses still rely upon biological difference to justify women's subordination. For women, with bodies marked by menstruation, pregnancy, and breastfeeding, their embodiment comes to signify their very existence. The notion of the Cartesian subject, upon which the idea of an autobiographical self has been based, relies upon the congruity between self and mind. As Leigh Gilmore asserted, "The self has functioned as a metaphor for soul, consciousness, intellect, and imagination, but never for body" (84). This subordination and exclusion of the body has significant implications for women. Judith Butler wrote,

From this belief that the body is Other, it is not a far leap to the conclusion that others *are* their bodies, while the masculine 'I' is the noncorporeal soul. The body rendered as Other—the body repressed or denied and, then, projected—reemerges for this 'I' as the view of others as essentially body. Hence, women become the Other; they come to embody corporeality itself (133).

This alignment between the female body and identity can have profoundly traumatizing repercussions when the integrity of that body is threatened through illness. What is one's relationship to the body—what Adrienne Rich calls "the geography closest in"—when that body becomes marked by disease or dysfunction? (1096)

These disruptions may be particularly salient in the context of breast cancer. In a culture that places such emphasis on the breast as the sign of femininity and female sexuality, what are the consequences for women whose breasts become sites of disease or even amputation? With cancer, one's own mutated cells begin to invade the body's tissues. Thus, cancer is often characterized as the body "turning" on itself, as an uprising of destructive forces mobilizes against one's own defenses, the ultimate act of bodily betrayal. Cancer is embedded within metaphoric language that emphasizes the blurring of boundaries, between inside and outside, self and other. Sontag called cancer "the disease

of the Other,” and Amy Ling deemed it “the alien within” (68, 114). Women with cancer may feel alienated from their own selves, inhabiting bodies they no longer recognize. Thus, for women with breast cancer in particular, embodiment is not stable ground upon which one can locate the self. Instead, the body is a contested and shifting site of meaning. The experience of breast cancer, in which the integrity of one’s body is jeopardized, can thus have profound effects for how women make sense of themselves. Diane Herndl calls this the “identity problem” that nearly every woman who writes about breast cancer addresses: “Who am I now that I am a person with breast cancer?” (221) With breast cancer blogs, however, these questions emerge not only in the words of the posts, but they appear as enduring questions that are woven throughout the form.

Research in the fields of psychology and communication provide additional insight into understanding how people use narrative to create meaning and negotiate lived experience. George C. Rosenwald and Richard L. Ochberg, both psychologists, suggest that we understand personal narratives not just as stories people tell but the mechanisms by which people develop their identities (1). These “life stories” provide opportunities to consider the narratives of individual storytellers as well as the ways in which culture and discourse shape the possibilities for what kinds of stories may be told (7). The work of communication scholars Arthur P. Bochner and Carolyn Ellis seeks to widen the research on interpersonal communication to include local and particular instances of narrative co-construction, a process that necessarily involves intersubjectivity and emotion (201). Social psychologists Kenneth J. Gergen and Mary M. Gergen also investigate the role that relationship plays in narrative and in how people make meaning out of their lives, their daily experiences, and their understanding of themselves. Most notably, the authors have argued that the story of the self is not produced by nor exists as the

property of an individual exclusively. Rather, narratives are created in the context of multiple social relationships (40). As a consequence, the notion of a coherent, discrete self is untenable—the self only exists within the context and processes of social relationships, an observation with particular application for blog-based narratives, which often encompass ongoing dialogue between writer and reader.

Any examination of breast cancer blogs must therefore take into consideration the various feminist questionings of the autobiographical *I* and its relationship to a particular, historically situated representation of the masculine subject. The dispersed and plural nature of female sexuality and the permeability of the ill body challenge a stable, unified notion of male subjectivity as signified by the phallus. The disrupted nature of the ill body further marks the writing of the breast cancer blogger, underscoring a subjectivity and a text that are fluid and plural.

### **Breast Cancer as Discursive Formation**

The disruptions in identity introduced by breast cancer are not only an effect of the presence of the disease itself but how the experience of the disease, and the identities of the women who have it, become discursively constructed. The two most dominant of these constitutive forces, which inscribe breast cancer with particular meanings within our collective imaginary, are the medical institution and the breast cancer movement. They carry discursive power; yet, they also exist as material institutions that most women encounter in the course of their diagnosis and subsequent illness and treatment. Each of these institutions manages the cancerous female body, a body “out of order,” by assigning the diagnosed women specific social roles. Through these ideological roles and related practices, society brings both the ill body and

the disease itself under a regime of control.

The most taken-for-granted social identity which diagnosed women are expected to adopt is that of *patient*, an important character in Western medicine's modernist narrative of progress. However, many women experience the status of patient as being "stigmatizing and disempowering" (Vanderford et al. 15). With the onset of breast cancer, a woman transitions from being "a social being to a biological being" (Bennett and Irwin 86). Her person, then, becomes medicalized, positioned as an object of scientific inquiry. The physician, as the signifier of the institution of medicine and scientific authority, is thus installed as the bearer of knowledge and determiner of meaning. In turn, the female patient, dismissed as a source of information and knowledge herself, is cast as a "knowable" body.

This heavily one-sided configuration of power shapes the patient-physician relationship and the nature of communication. In her book *Intimate Adversaries: Cultural Conflict Between Doctors and Women Patients*, Alexandra Dundas Todd analyzes the intersection between science, modern medicine, and women patients. She considers how the practice of science (with its particular discourses and modes of knowledge) reinforces norms of gender in ways that affect the biomedical model of health care and the physician-patient relationship. In particular, certain kinds of speech are circumscribed: "Women's abilities to express their feelings, tell their stories, and establish rapport have been systematically denied in modern medical practice" (43). As she said, "The world is divided into the knower (scientist, mind, masculine) and the knowable (nature, body, feminine)" (111). Thus, from doubly subordinated position both as women and as patients, the speech acts of women patients are often denied credibility and legitimacy in the health care setting.

The field of health communication has increasingly begun to address the power dynamics

at work between patient and physician. These approaches have relevance for cancer blogs because they help explain the contexts in which women with breast cancer talk about their illness and how others hear (or mishear) their stories. In recent years, research has demonstrated how women's speech within the clinical setting may be devalued or remain unheard entirely. For example, Trisha Greenhalgh and Brian Hurwitz, both clinicians and leading researchers on the role of narrative in medical practice, analyze the interpretive operations that physicians perform on patients' narratives about their illness. However, unlike in other disciplines such as anthropology or sociology, physicians typically do not acknowledge or fully understand the interpretive role they play or the implications that role can have in how meaning is achieved. Glyn Elwyn, a primary care physician, and Richard Gwyn, a health communication scholar, have investigated how patient narratives occur in the context of medical encounters and why physicians often dismiss or mishear the content and function of patient narratives. They conclude that health care providers do not comprehend the various modes of "patient talk" because they contrast so significantly with the biomedically oriented narratives that physicians construct and in which they are trained to engage. Barbara Sharf and Richard Street, both authorities in health communication, reach similar conclusions and implicate the biomedical model, which has conventionally structured communication in medicine, as the reason for patients' social concerns about their illnesses being either ignored or marginalized (1).

What is so pernicious about these practices, however, is not just the extraordinary imbalance of power that structures the physician-patient relationship, but the degree to which the asymmetry of power remains uninterrogated. Behavioral and social scientist Keith Bennett and communication scholar Harry Irwin challenge these aspects that characterize the physician-patient relationship in the clinical setting, particularly the privileging of the process of rational

decision-making (92). The scientific enterprise, which is discursively constructed as producing ways of knowing that are “valued and authentic,” has led to the “one-sided repository of power in the physician, the institutions of medicine, and the instrumentalities of public health” (89, 85). Thus, because the medical institution so regularly discounts patient-created narratives about their own experience of illness, these stories become all the more salient and important when they are told in contexts and settings that extend beyond the clinical institution. Although no space exists beyond the reach of discourse, ideology, or mediation, the fact that women with breast cancer construct online spaces to share stories and experiences suggests a desire to speak about their experiences in a direct way.

Jennifer Fosket addresses the imbalance of power in the context of breast cancer patients specifically, using Foucault’s notion of the medical gaze to analyze the hierarchical ways in which various knowledges about breast cancer are structured. The power of the medical gaze can have significant consequences for women, because “the dominance of the medical gaze as the legitimate producer of knowledges about the body and its diseases means that women’s productions of knowledges are often dismissed” (21). Thus, the techniques and practices of medicine mediate a patient’s access to her body, as her own symptoms must be interpreted by the health care provider to gain legitimacy.

Health care technology highlights questions around who is in a position to “know” the body. In the context breast cancer, the role of visual technologies that render the body visible—and supposedly intelligible, as a result—has become increasingly prominent. In her investigation of medical imaging technologies, Lisa Cartwright asserted, “visibility is not transparency” (3). Rather, visibility “is itself a claim” which must be interrogated. The kinds of knowledges permitted by these technologies are not objective but are constructed within “existing networks

of power, cultural values, institutional practices, and economic priorities” (4). Jose Van Dijck also challenged the premise that “more seeing” is equated with “more knowing” (7). Her work is particularly relevant in the context of breast cancer in regards to the controversial role that mammography plays in cancer diagnosis and treatment.

Some feminist scholars have critiqued the ways in which the breast cancer movement’s rhetoric of early detection through mammography and breast self-examination operates to engender a sense of culpability among women with cancer, promoting an expectation that women must prevent a diagnosis and, if diagnosed, “will” themselves to wellness through bravery and a positive outlook. Susan Yadlon, using Foucault’s theory of the “will to truth,” examines how the language of risk operates within discussions of breast cancer in the mainstream media and public dialogue. She argues that the will to truth theory helps to explain how and why the discourse surrounding breast cancer has centered on women’s individual responsibility in preventing and treating the disease by focusing on risk factors associated with personal behavior and lifestyle choice, particularly those historically associated with femininity.

Social scientists have documented the preponderance of this type of discourse in the media. In 1998, Paula M. Lantz and Karen M. Booth published the results of a content analysis they performed on popular women’s magazines’ coverage of breast cancer from 1980 to 1995 to determine how the disease had been portrayed. Their findings reveal that many articles include references to lifestyle and behavioral factors (delayed childbearing, breastfeeding, diet, exercise, tobacco and alcohol use, etc.) to attribute the increase in incidence of the disease. The authors conclude that this type of discourse suggests a desire to exert some level of social control over the disease; however, this rhetoric also sends a message to women that lifestyle choices, particularly in regards to fertility, may have “led to pathological repercussions within their

bodies” and society more broadly (907). Thus, the discourse of the breast cancer awareness movement functions to produce “docile bodies.” Analogous to the effects of Foucault’s panoptic machine, women have come to internalize the need for constant bodily surveillance and discipline. The responsibility for detection of disease, an indication of deviation from the norm, rests within each individual woman.

In the case that a woman does find disease, she must also come to terms with a second identification that culture assigns besides that of patient: the “survivor.” A breast cancer diagnosis initiates her into the breast cancer survivor community, a group whose boundaries are determined by the shared experience of disease. Societal changes over the past three decades have not only eroded the stigma that once surrounded the disease, but they have helped it rise to prominence through the breast cancer awareness movement and related cultural representations, what Barbara Ehrenreich calls “breast cancer culture” (45). Some feminists challenge the breast cancer advocacy movement’s emphasis on survivorship. Coming out of the discourse of the second wave feminist movement, which abandoned the language of “victim” in instances of sexual violence, the breast cancer movement enthusiastically embraced the more empowering figure of the “survivor” as its ambassadorial representative. As Maren Klawiter wrote,

The new breast cancer survivor, unlike the victim of yesteryear, was a woman whose femininity, sexuality and desirability were intact; a woman who had struggled bravely and victoriously against the disease (which, ideally, was diagnosed early, due to her disciplined practice of ‘breast health’ and rigorous observation of screening guidelines), and whose survival was therefore assured (“Breast Cancer” 484).

But what of the women who are not brave, who cannot (or choose not to) subscribe to narratives of optimism?

Understanding the ways in which these roles operate is necessary to understand the social context in which narratives of breast cancer are created. Regardless of how each woman may

position herself in relationship to these two cultural narratives—of patient and of survivor—she nonetheless would have difficulty avoiding them entirely. Breast cancer figures prominently in the American cultural imaginary, especially for women. Figures released by the National Cancer Institute in the early 1990s indicated that of the women living in the United States, one in eight would develop breast cancer at some point in her lifetime. Less than twenty-five years prior, this figure had been one in thirteen (Olson 199). Breast cancer is not the leading cause of death among women—heart disease claims that position—or even the leading cause of cancer-related deaths, which is lung cancer (Jemal et al. 21, 23). Yet, breast cancer occupies a unique position in society’s collective consciousness. Perhaps no other disease sits so squarely at the intersection of gender, culture, science, politics, and economics, and perhaps no other disease is so strongly identified with the very nature of what it means in our society to be a woman.

Nonetheless, the prominence afforded breast cancer in both medical and mainstream discourse is a relatively recent development. Although the existence of the disease has been known for centuries, with documented cases extending back to ancient Egypt, breast cancer has historically been burdened by a culturally enforced code of silence (Leopold 23). Women who had breast cancer were stigmatized, and there was virtually no public discussion of the disease, a situation which Ellen Leopold charges was the result of medicine’s continual inadequacy at achieving better outcomes from medical intervention. As she said, “the wholesale denial of breast cancer, the determination to force it underground and render it invisible, must surely reflect the shame of the medical profession as well as that of the patient” (26). Women diagnosed with breast cancer often retreated from public life, and obituaries simply noted their passing after an unspecified and lengthy illness.

As a consequence of this invisibility, it has only been in the past few years that scholars

have begun to trace the social history of the disease. Leopold's *A Darker Ribbon: Breast Cancer, Women, and Their Doctors in the Twentieth Century* reflects an attempt to uncover the unwritten histories of breast cancer. Noting the gap that exists in the literature, Leopold aims to fill this void by documenting both the medical practices and social discourses associated with the disease from the pre-modern period through the close of the twentieth century. She also links the disease with cultural constructions of gender and the societal expectations of women across time. James Olson offers a similar account, paying particular attention to how culture, politics, and science interact in the context of the disease. Interwoven throughout his text are examples of women from throughout history whose own experiences with the disease help to illuminate the evolution of the female patient-male physician relationship across time. As breast cancer has increasingly moved into the forefront of the cultural landscape, both feminist scholars and breast cancer patients themselves have begun to openly interrogate the power and politics that characterize this relationship and the role it plays in the diagnosis and treatment of disease.

Marcy Jane Knopf-Newman's *Beyond Slash, Burn, and Poison* also traces the socio-cultural history of the disease, but she foregrounds the personal stories of women more so than earlier works, focusing on the writings of four well-known women: Rachel Carson, Betty Ford, Rose Kushner, and Audre Lord. She connects each of their writings on breast cancer with a change in national discourse, public policy, or medical practice, using their personal stories to illustrate how a narrative subject can also operate as a historical actor. By moving their private experiences into the public sphere, the book claims, they took on a kind of power that effected change in both the cultural and political scene in the United States.

Feminist scholars have used the writings about cancer and female embodiment by women such as Eve Sedgwick, Audre Lorde, Alicia Ostriker, and Marilyn Hacker to consider how these

writings may challenge normative ideas about gender and the ill female body. Of course, much of the scholarly attention has focused on those works deemed artistically significant, with less attention paid to accounts that aim to offer fellow breast cancer sufferers advice and support. Thatcher Carter viewed the rise of self-published, Web-based breast cancer narratives as taking up this legacy. Although many of these online narratives are not overtly political in nature, Carter has charged that their choice to insert their private stories into the public discussion of breast cancer is an inherently subversive and political act. Victoria Pitts, on the other hand, asserted that often these online narratives simply reaffirm consumerist and gendered notions of body and illness.

With this project, I intend not to consider whether the content of blogs themselves represents a departure from previous iterations of illness narratives. Instead, I intend to investigate how the form of the blog specifically shapes the content and informs the way the experience of illness may be represented to audiences. Although the audience has typically received less attention in scholarly works about illness narratives, with blogs the reader plays a central role in the creation of the text and thus must be a focus of any critical investigation.

### **Illness Narratives in Cyberspace**

As the prominence of breast cancer within our shared cultural landscape has grown, the personal accounts written by women who have the disease have proliferated as well, a situation at least partially enabled by the rise of the Internet as a forum for self-publishing. In past decades, women whose narratives of breast cancer reached broad audiences were generally limited to women already in some position of social prominence—poets, journalists, activists, or First Ladies. As a consequence, the vast majority of the literature that has looked at women's

narratives of breast cancer has focused on print-based accounts.

The work that bears the most direct relationship to my own project is Laura K. Potts's writing about breast cancer narratives and the self. Although all of the example narratives she analyzes are print-based, her focus on questions of gender, subjectivity, and writing about breast cancer nonetheless are central to my interest here. Potts discussed writing as a "crucial affirmation of living," particularly for women whose very sense of self is threatened by illness and the possibility of death (106). The creation of narrative enables the writer to determine the meaning of her experience, one that can provide "some kind of protest against the normative construction of what a woman with breast cancer is like" (109). The kind of authority this act affords the writer is especially powerful when contrasted with the lack of authority she commands in the clinical setting. Potts also illustrated how women often assign distinct identities to the disease itself, and thus a "multiplicity of positions" may emerge in the text (115). Other "selves" may be created (or lost) in the course of the narrative as well, as "past selves" and "new selves" come and go in relation to the changes brought on by illness (116). This notion in particular, of selves that come and go over time, is especially relevant in the context of blogs, which many women use as a type of journal that records their experience with breast cancer over time. Because blogs archive past blog posts, readers can access the writings of a "past" self in the same instance as she can access the writings of a blogger's "new" self. These writings exist alongside one another in the same online space, but they may suggest a woman whose sense of herself has been radically altered by the experience of disease.

Only a handful of scholars have turned their attention to women's online cancer narratives. Although these analyses center on traditional Web sites and not blogs, their work nonetheless informs my own project. Most notably, Victoria Pitts has addressed women's

personal Web sites about breast cancer, specifically posing the question of whether these texts provide for a kind of “cyber-agency” by creating opportunities for “women’s knowledge-making” (33). After performing a content analysis of fifty Web sites, she concluded that evidence of the Web being a means of empowerment for women with breast cancer is mixed. Pitts claimed that these pages do raise the visibility of the “painful and difficult” effects of the disease, as well as give women opportunities to be more active participants in their treatment by seeking out health information online. However, by no means do these texts always operate subversively. Instead, they often “circulate conventional messages” which reinforce cultural norms about breast cancer, gender, and personal responsibility (39).

While in some ways the content of breast cancer blogs may not seem radically different from that of traditional Web pages—in both cases women discuss their diagnosis and treatment and the effects those experiences have on their own life and relationships—the actual form of the blog allows women to articulate a subject-position that has not been possible in traditional illness narratives. Much of the existing scholarship about both print- and Web-based breast cancer narratives is useful for examining blogs, and I place my work in conversation with those texts. However, I argue that blogs represent a unique and new moment in online illness narratives. Thus, they require their own analytical approach. I intend this project to be a first step toward developing a literature that addresses this particular form of cultural production. Why, then, are blogs so different?

Blogs differ from traditional Web sites in important ways. Creating a Web site requires a certain level of technological expertise. Coding skills are required, as are domain registration and hosting services. These technical and financial barriers have historically limited many people from creating their own Web-based content. The emergence of free, Web-based tools to facilitate

Web publishing, like blogs, has lowered these barriers and made the Web a feasible publishing space for a much wider group of people, not just technophiles. In the closing years of the 1990s, several of the most popular blogging tools hit the market, including Diaryland, LiveJournal, and Blogger.com, which is the largest host of blogs today. Kristin Langellier and Eric Peterson represent two of the handful of scholars who have examined the narrative function of blogs, which they call “a cultural innovation that refigures storytelling in an age of digital reproduction” (187). Blogs are unique in that they make public that which is typically considered private. Langellier and Peterson also acknowledge the potential of blogs for political significance, noting that those who have historically been marginalized or misrepresented by mainstream cultural forces can create community and establish visibility online (183).

Thus, the maturing of the Web as a platform for self-publishing, and the development of blogs in particular, has expanded the possibilities for “ordinary” women to have their writings about breast cancer read by others. Understandably, for many years print-based, published accounts of breast cancer were the only texts that reached audiences. Yet, each year, hundreds of thousands of women were diagnosed with the disease, underwent treatment and surgery, and negotiated lives that were touched and changed by illness. It is fair to assume that some of these women, too, wrote about their experiences. But, rather than publishing books, poems, or articles, their experiences were captured in diaries or letters. Narratives that in previous generations could only have been shared privately, or that might never have been recorded at all, today might find their way onto Blogger or LiveJournal.

The significance of blogs, however, is not just that they expand the pool of who can publish online. More importantly, the form and characteristic features of the blog itself shape the nature of the narrative’s content in a meaningful way, particularly in regards to the representation

of subjectivity. Breast cancer narratives that exist as blogs operate differently than cancer narratives that appear as traditional Web pages, and quite differently than those that exist in print-based forms. For these reasons, attention must be paid to these new narratives. Not only are these texts the words of women from whom we likely never would have heard just 10 years ago, but also I suggest that, so significant is the unique form of the blog to the narrative, the accounts themselves could not have existed at all prior to this particular historical moment.

In many ways, the blog may be particularly suited to illness narratives that emerge from life in the postmodern context. Unlike more conventional written narratives, which gloss over disruptions, breaks, and silences that mark the experience of illness, blogs allows these features to remain visible. Whereas other forms may convey a unified subjectivity, blogs offer ways for a dispersed self to be represented. As traditional stories rely on narrative closure, blogs may remain open. By not forcing the body and mind, disrupted and fractured by illness, to adapt to narratives that urge stability, unity, and closure, the blog may suggest a form of writing more reflective of an authentic experience of illness and be particularly suited to representing a female conception of subjectivity.

The following chapters comprise an attempt to explore the nature of the relationship between the representation of the ill self and narrative form in the context of breast cancer blogs. Chapter 1 considers the various subject-positions among which the breast cancer blogger must negotiate. Because bloggers write concurrently with their experience of illness, which contrasts with the situation from which most creators of illness narratives write, they must create narratives without the benefit of knowing the “end” of their story. As a result, to construct coherent narratives that are intelligible to readers, they continually reread their own posts to provide commentary and editorial guidance for their audience, an activity made possible by the

archives feature. They may operate as narrator, main character, and audience of their own text at the same time.

Chapter 2 examines the unique relationship that develops between bloggers and those that read their blogs. The comments feature of blogs allows readers to respond to bloggers as soon as a post goes live as well as much later, an opportunity that continues throughout the site's existence. This possibility facilitates a kind of collaborative authorship, resulting in a text that is both multivocal and fluid. This concept challenges the conventional understanding of autobiographical writing as producing a closed text that reflects a singular, individual consciousness.

Finally, chapter 3 asks how the gaps in narrative that occur when a woman is hospitalized, too ill to write, or even no longer alive, reveal to readers the various "silences" associated with illness that elude conventional, print-based narratives. These silences disrupt the dominant idea from print-based work that a narrator remains an uninterrupted presence within the text, as well as that readers of print-based accounts of illness are insulated from being exposed to the author's death.

### **Methodology and Researching Blogs**

For this project, I examined blogs that are currently available on the World Wide Web. Over a period of several months, I conducted Internet searches, combed blog directories, and followed hyperlinks between blogs to locate as many examples of blogs about breast cancer as I could. I limited my selection to blogs that were written by a woman whose writing specifically focused on her experience of having breast cancer rather than on blogs that featured breast cancer as one focus among many. With these parameters in place, I gathered fifty blogs. After

reviewing my initial sample of fifty sites, I focused closest attention on those blogs that had been maintained for a considerable length of time (several months or longer) and thus had a rich archive of writing. I do not claim that these blogs are representative of breast cancer blogs as a whole, although I believe they do include themes that many of them share.

I have modeled my method of sourcing these blogs after the work of Victoria Pitts, one of the very few scholars that have focused attention on online breast cancer narratives. Although her work, “Illness and Internet Empowerment: Writing and Reading Breast Cancer in Cyberspace,” examines traditional Web pages exclusively (and not blogs), her method of citing personal, self-published Web content is a useful example. Having understood these Web-based texts as creative works intended for a public audience, Pitts argued that they deserve full and proper citation. Yet, at the same time, she acknowledged that a distinction must be made between online and offline identities. Although, as she asserted, we can reasonably assume these online narratives to be “true,” in the sense that they are the actual writings of women who do in fact have breast cancer and are not a deliberate misrepresentation (an opinion I share), we cannot make any claims about the identity of the bloggers in “real life” or presume an identical relationship between online and offline identities (40). As such, Pitts used the online name of the bloggers, which may or may not be the same name they use offline, to attribute sources. This is the same guideline I have used in this project.

Furthermore, I can therefore make no claim to the “real world” identities of the bloggers that I have included in my work. G. Thomas Couser has noted that most writers of traditional, print-based narratives of breast cancer are white, middle-class women (4). And, considering the overrepresentation of white, middle- and upper-class populations as producers of online content more generally, it seems reasonable to assume that the majority of breast cancer bloggers fall

within these demographic categories as well. It is worth noting, however, that the population of women who write breast cancer narratives, whether in print or online, are not representative of all women who receive a diagnosis.

## CHAPTER 1

### NARRATING CHANGE: BLOG ARCHIVES AND PLURAL IDENTITIES

*Cancer cleaves your life in two. There's no longer one long, smooth, unbroken track; instead, you have BC (before cancer) and AD (after diagnosis). And once you fall, sprawling, over the rut into AD, you can never go back again.*

-- Jenny O, November 20, 2006<sup>2</sup>



Women who have breast cancer often find themselves negotiating among a variety of subject-positions and identities, such as patient, wife, daughter, mother, or simply a “woman with cancer.” For the woman who maintains a blog about her experience, however, she also performs as narrator, character, and audience for her own stories. Recognizing narrators’ subject-positions as being unfixed is noteworthy because it represents a departure from both the notion of the masculine autobiographical subject, as well as the notion of the self that is restored to wholeness through illness, as is typically seen in traditional breast cancer narratives. In this project, I suggest that the blog, as a narrative form, resists the representation of an integrated, singular notion of the self. The blog, and the archives of past posts that are associated with blogs in particular, facilitates a plurality of subject-positions and identities to be represented within one text. The following chapter considers how breast cancer bloggers, who typically write their narratives concurrently with the experience of illness, move back and forth among multiple subject-positions simultaneously.

It can be tempting to simply regard the blogs that women create as a way of putting their “lives” online. As Leigh Gilmore has noted, “Autobiography has been interpreted as the arena in which the self speaks itself without the artifice of fiction, where language is in some

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<sup>2</sup> Jenny O. “A Thump in the Chest.” At Least It’s a “Good” Cancer. 20 Nov. 2006. 28 Mar. 2007. <[http://goodcancer.blogspot.com/2006\\_11\\_01\\_archive.html](http://goodcancer.blogspot.com/2006_11_01_archive.html)>

nonmysterious way a pure mirror of a writer's life" (35). However, the discourse of narrative and of life "as lived experience" are not identical, and the narratives that appear as blogs are instead *representations* of lives. The narrative in fact *creates* the *I* that exists within that narrative; it establishes the autobiographical identity. That identity is thus a product of language, but there is always a distance, or a distortion, that occurs in translating any experience into speech or text. Thus, life and the *story* of a life are not the same. Cheryl Mattingly, whose work focuses on how illness narratives are shaped by cultural processes, argued that such a distinction must be made for two reasons: "For one, narrative has a plot, and life does not. For another a story has a narrator, which life as lived also lacks" ("Emergent" 183). The work of Langellier and Peterson in fact conceives of storytelling as "performance," a claim that suggests deliberateness on the part of the storyteller (2). A self-consciousness about their role as a narrator of their own lives comes through in the texts of many breast cancer bloggers.

### **Concurrent Writing and Limited Vision**

A typical breast cancer blogger does not share all of the characteristics that are associated with narrators of other stories, including print-based accounts of illness. Mattingly has written about the unique position that a narrator typically maintains, noting that she possesses a "privileged perspective" because she can review all of the action of the narrative from start to finish and tell the story in a deliberate way. Her "vision of events" enables the arrangement of the narrative ("Emergent" 185). The breast cancer blogger, who is prevented from surveying the landscape in this way because she is writing concurrently with the experience she is narrating, does not fit this description. In most print-based accounts of illness, the narrator has the ability to consider all of the events that have transpired, select which events to foreground and which to

minimize, and establish causal relationships among events to give meaning to the overall story. In fact, the very structure of stories themselves are determined because “the narrator knows where to start, knows what to include and exclude, knows how to weight and evaluate and connect the events he recounts, all because he knows where he will stop” (Mattingly “Healing” 38). This knowledge, though, of how and *where* she will “stop” her narrative is precisely the information that lies beyond the view of breast cancer bloggers. How, then, do bloggers create coherent stories while operating from such a limited vantage point? How might these limitations shape the kinds of texts that emerge?

Breast cancer bloggers, who must create narrative without the advantage of knowing how their own stories end, openly speculate about what their future holds. On December 21, 2004, a woman who refers to herself as “The Butterfly” wrote that, although her situation is difficult, it could “be a lot worse” and she is “handling treatment pretty well.” She went on to say, “To the best of my knowledge, my cancer has not spread and is still considered curable (not that a doctor would ever say those words out loud.)”<sup>3</sup> Her words demonstrate her recognition that her knowledge is in fact limited, and she hedged her claims to hopefulness. She understood that she cannot know fully, at the time of writing this post, whether what she believes about the status of her cancer to be true and whether that status will remain over time. However, a reader, who has read subsequent posts on The Butterfly’s blog *before* encountering this post, knows that The Butterfly’s cancer in fact *does* spread. She was dead within a year of publishing this entry. When illness narratives are written concurrently with the experience itself, though, the narrator has only the information available to her at the moment of writing. She cannot write about present events in a way that connects them to the future. Not only does this perhaps limit breast

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<sup>3</sup> The Butterfly. “Practicing Medicine.” Metamorph: The Journey Back. 21 Dec. 2004. 28 Mar. 2007. <[http://thebutterfly777.blogspot.com/2004\\_12\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2004_12_01_thebutterfly777_archive.html)>

cancer bloggers' ability to give meaning to events as they happen, but it also means that the speculation they make about their own future eventually becomes open to evaluation by readers as either right or wrong.

For example, in a post dated December 2, 2004, The Butterfly wrote about her imagining having a baby. (She and her husband, Dan, already had two young girls.) However, she acknowledged that if her cancer does not literally make her sterile, which is possible, the consequences of illness and treatment on her body may make getting pregnant and carrying a baby to term highly unlikely. While considering such scenarios, she interrupted herself to ask, "And what if my cancer returns," noting that such a situation would leave her husband with "children to raise all on his own."<sup>4</sup> Although completely unbeknownst to her at this time, these words foreshadow future events. As many readers who encounter this post will already know, just as she feared, her husband is in fact left to raise their children alone. Her husband posted the final entry on her blog on October 22, 2005:

Although my body is filled with grief for Ronne in every fiber, I know that I will see her again. One reason Ronne held on for so long was for our daughter Jennifer and our daughter Veronica. But she told a friend that she was afraid to go because she thought she wouldn't be able to find us when we joined her later. We told her we would find her. I told her I would find her every day for the rest of my life...<sup>5</sup>

Aside from demonstrating how bloggers' writing concurrently with illness affects the narrative, this example also underscores that how entries will be interpreted depends significantly on how, and when, these posts are encountered.

Although in the moment of writing a blogger may envision a typical reader following her journey day by day, in fact many readers encounter a post long after it was originally written and

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<sup>4</sup> The Butterfly. "Feeling Helpless." *Metamorph: The Journey Back*. 2 Dec. 2004. 28 Mar. 2007. <[http://thebutterfly777.blogspot.com/2004\\_12\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2004_12_01_thebutterfly777_archive.html)>

<sup>5</sup> The Butterfly. "Ronne Passing." *Metamorph: The Journey Back*. 22 Oct. 2005. 28 Mar. 2007. <[http://thebutterfly777.blogspot.com/2005\\_10\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2005_10_01_thebutterfly777_archive.html)>

published. In many cases, readers may have already read later posts before reading earlier ones. A key distinction between blogs and other narrative forms is that they “maintain a reverse chronology” in how entries are organized as opposed to a “progressive chronology” which would be more typical of traditional diaries or journals (Langellier and Peterson 161). Thus, readers who encounter the blog by way of the blog’s home page are always presented with the most recent information first. In a sense, they enter the story at the end, or somewhere in the middle, without knowing the beginning. Others may find a post as a stand-alone page through a Web search, giving the reader just a glimpse into one part of the narrative without any additional context or background information.

In either scenario, readers may at various points have more knowledge than the blogger did at the time that she was writing. As a consequence, the traditionally linear movement of the story becomes disrupted, even if the blogger wrote each post sequentially, adhering to a strict notion of narrative time. Readers of her blog are positioned to create entirely new interpretations of the text, and thus new narratives entirely, by reading posts in the order in which they encounter them online, *not* the order in which they were published. At the same time, however, readers of blogs who read the blog contemporaneously are unable to skip ahead to find out the end of the story as one might do with a print-based account of illness (Langellier and Peterson 178). The reader is caught in real time, like the blogger, waiting for life’s events to unfold.

Because blogs, then, are *not* lives themselves but indeed lives re-imagined as stories, in some ways they are more like life as lived than they are like narratives that have been recounted retrospectively. Humans move through their lives without any clear awareness of how they will end. Instead, we merely try “to portend the significance of current events in light of a future we can only imagine” (Mattingly “Emergent” 184). This is the unique position from which bloggers

are creating their stories—in the day-to-day spaces of life as lived—and, as a consequence, they do not have the benefit of “the retrospective glance” (“Emergent” 185). The breast cancer blogger must tell her story before she fully understands the significance of her illness in any context greater than daily life (Langellier and Peterson 200). From this perspective, one must consider whether blogs might in fact provide a more “authentic” representation of illness as experience.

Although writing about an experience *during* the experience limits a writer’s capacity to ascribe meaning to events, blogs’ capacity to convey to readers the uncertainty that characterizes the experience of being ill itself may surpass other narrative forms. Those with breast cancer live each day not knowing how their story will end, and that is the precise position from which breast cancer bloggers tell their stories. Just as women speak about their experiences of illness not just after recovery but while they are ill, bloggers likewise write about illness while they are still ill. They must create the narrative *before* the experience about which they are writing is complete, before all of the materials become available to them as creators.

### **Blogs and the Dramatization of Daily Life**

Many bloggers’ writings suggest that they fully recognize their role as storytellers through their blogs. The language they use to describe their relationship with their readers, as well as their explicit and self-conscious use of literary device, underscores this idea. For example, Dawn wrote, “Oh, no. I can’t finish now, I have to get on the road to Alexandria for this morning’s treatment. Tune in next time for the continuing saga (and I’ll try to remember to continue it).”<sup>6</sup> Her invitation to readers to “tune in” to the “continuing saga” signals a playful

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<sup>6</sup> Dawn. “Marked Woman.” [You’ve Got Cancer!](http://cancerevents.blogspot.com/2006_01_01_cancerevents_archive.html) 13 Jan. 2006. 28 Mar. 2007. <[http://cancerevents.blogspot.com/2006\\_01\\_01\\_cancerevents\\_archive.html](http://cancerevents.blogspot.com/2006_01_01_cancerevents_archive.html)>

awareness on her part of her identity as a kind of storyteller. She understands that, to readers, particularly those who follow her blog as she writes, her life reads as a serialized drama. However, unlike the fictional world of soap opera plots, the daily questions of life and death are very real to the blogger. Dawn's self-deprecating closing, that she will "try to remember" to continue what she had been writing about after she returns from her scheduled treatment, reminds readers of the brutal side effects of chemotherapy, which often include confusion and memory lapse, or "chemo brain." Yet, in contradiction, it also emphasizes the impossibility of her actually *not* remembering, as these are the very events of her own life.

Other bloggers also acknowledge their position as storytellers in both subtle and more overt ways. Marjory drew attention to this quality of her role as a blogger by saying, "Check back to this page often as our story develops."<sup>7</sup> With "our" story, she allots readers a degree of ownership over the narrative, acknowledging their participation in the events of her life. Tabsmom took this idea even further, seeing her writing on her blog as a sort of stage play. The day after she created her blog, Tabsmom posted an entry titled, "Introducing the Breast Cancer Blog Players!" She went on to provide a list of "characters" that a reader might "expect to meet along this journey." Just like a cast of characters with descriptions that might appear at the beginning of a playbill or piece of dramatic literature, she divided those she is close to, and presumably might mention on her blog, into three categories: "Family," "friends," and "docs." Under each header, she included an abbreviated form of a person's name and a one-line description of their relationship. For example, under family, she listed herself, whom she described as "the author, cancer patient, mom, teacher." "S & M" she denoted as "My jerk-ass brother and his paranoid psycho wife." In this case, her description not only lets readers know

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<sup>7</sup> Marjory. "Marjory's Story." Beating Breast Cancer. 2 Jun. 2006. 28 Mar. 2007. <[http://www.twinkletwinkles.com/2006\\_06\\_01\\_archive.html](http://www.twinkletwinkles.com/2006_06_01_archive.html)>

her familial connection to S & M, but her colorful assessment of their personalities influences the readers' interpretation of posts which include references to them. As a narrator, she attempts to influence readers in their interpretation of the text, to help guide them in what to make of various characters and events. She also includes information about those who figure prominently in her care. "Dr. F" is "My surgeon," she wrote, and "Dr. W" is "My plastic surgeon." She also included that "HUP" refers to "Hospital of the University of Pennsylvania."<sup>8</sup> Like any dramatic work, her blog foregrounds elements of character, setting, and plot.

How are these explicitly literary techniques, like Tabsmom's list of characters, useful to bloggers? One possible explanation is that they help bloggers, who again do not have the advantage of knowing how their story ends, find meaning "in the moment." Employing techniques like metaphor, for example, may be a strategy for achieving the kind of coherence that readers look to in order to make sense of narrative. Without the benefit of time providing them some distance from their experience, which could lend a sense of order that comes with a retrospective perspective, bloggers must look to other means for making sense of their own day-to-day experiences and communicating that to readers. By so explicitly adopting narrative and literary techniques, they are introducing remoteness between themselves and the daily reality of living with illness, a condition that perhaps grants the blogger a kind of creative distance from the subject matter of their narrative. Unable in the present moment to fully trace their "story" from beginning to end, they conceive smaller, intermediate stories over which they can exert structure and control. As Langellier and Peterson wrote, "For storytellers, the narrative is an opportunity to exert agency and empowerment in a disruptive and dehumanizing experience"

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<sup>8</sup> Tabsmom. "“Introducing the Breast Cancer Blog Players!” I dare you to top this life... 31 May 2005. 28 Mar. 2007. <[http://tabsmom.blogspot.com/2005\\_05\\_01\\_archive.html](http://tabsmom.blogspot.com/2005_05_01_archive.html)>

(190). They may not be able to control their life or their disease, but they can control how that life and disease are represented.

In many cases, these smaller stories adhere to what G. Thomas Couser called the “master plot” of illness narratives. These archetypal storylines trace the “progress” of disease and ultimately conclude with the patient’s victory over sickness and successful avoidance of death (42). Unable to fulfill cultural expectations of triumphant survivorship by assuring readers of an appropriately uplifting ending to their stories, perhaps they attempt in small ways to satisfy their readers’ (and, conceivably, their own as well) desires for an ending—and a happy one, if at all possible. Gergen and Gergen’s research on narrative and its relationship to social psychology suggests that the tendency to structure life experience according to narrative patterns is typical of human experience more broadly, and not specific to illness:

Events will acquire the reality of ‘a beginning,’ ‘a climax,’ ‘a low point,’ ‘an ending,’ and so on. People will live out the events in such a way that they and others will index them in just this way. This is not to say, then, that life copies art, but rather, that art becomes the vehicle through which the reality of life is generated. In a significant sense, then, we live by stories—both in the telling and the doing of the self (18).

It seems reasonable to consider that in times of illness, when one may perceive life to be more chaotic or disrupted than normal, one may rely even more heavily on such narrative techniques as a strategy to creating order and managing reality.

Rachel, for example, wrote a post titled, “An Interview with Rachel’s Fears.” She adopted the voice of an off-screen narrator, setting the scene for the action that will follow:

We are on location inside Rachel’s brain, where a number of Fears appear to have set up a picket line, protesting the injustice of having been diagnosed with cancer at age 34. They are not letting Positive Thoughts get through, and emotions have risen like the flood waters in Louisiana. Today, we sit down with these Fears and try to negotiate with them.<sup>9</sup>

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<sup>9</sup> Rachel. “An Interview with Rachel’s Fears.” *Rachel’s Breast Cancer Blog*. 7 Sep. 2005. 28 Mar. 2007. <[http://rachellevin.blogspot.com/2005\\_09\\_01\\_rachellevin\\_archive.html](http://rachellevin.blogspot.com/2005_09_01_rachellevin_archive.html)>

The writing that follows is written in the form of a dialogue, between the various characters named “Interviewer,” “Fear 1,” “Fear 2,” “Fear 3,” “Fear 4,” and “Positive Thought.” The Interviewer first asks for an introduction from all participants. Fear 1 reveals that it is afraid of a “huge, visible, ugly scar” after an upcoming surgery. Fear 2 scolds Fear 1 for its vanity, and it claims to be more concerned over the deteriorating veins in Rachel’s right arm. Fear 3 expresses anxiety over the possibility of infection, and Fear 4 is afraid being seen as “a total wimp” by the doctors and nurses. The four Fears exchange their various concerns over the upcoming procedure, as Positive Thought interrupts periodically to remind the others that these treatments, although scary, are intended to “cure the cancer” and to not lose sight of that “goal.” The Interviewer moderates the discussion, working to keep order as the conversation becomes heated.

Just as Rachel wrote a scene for a television interview, Minerva staged a boxing match in a post titled, “Ding ding! Round 1.” She too created a cast of characters, including Minerva (herself); Minerva’s Minxes, which are her cheering section of supporters; and Chemotherapy, whom she calls her “manager” and with whom she has a “love-hate” relationship. She described her opponent, “Cancer Carcinoma,” as a “confident” and “assured” contender who has been victorious in “thousands of battles.” Accompanying Cancer Carcinoma are his supporters “Lung and Brain,” “Uncle Liver and Aunt Ovary,” “Womb,” “Pancreas,” and “the twin brothers Prostate and Testicular.” Minerva and Cancer Carcinoma fight, which involves a search for the tumor, and the crowd awaits the referee’s decision from the judges. There is a delay, however, because the tumor had shrunk “after one session of Chemotherapy’s training.” Minerva celebrates her victory as her opponent slinks away. She then points out that she will not know the degree to which the tumor has shrunk until she has an ultrasound in two weeks. “But for this bout?” she adds, “This round is a huge success for Minerva and Chemotherapy. The first battle

belongs to Minerva but who will win the war?”<sup>10</sup> Again, because Minerva writes her blog concurrently with her experience of illness, she is unable to provide her readers with a resolution. The denouement of the plot is withheld. Yet, her attempt, within this single post, to adhere to some version of the master plot of illness narrative is discernable. She focused the narrative on one “battle,” which is the detection and treatment of a single tumor, because she is unable at this point to narrate the entire “war.” In this sense, her limited perspective forces her to defer aspects of her own identity—whether she will ultimately become a breast cancer survivor. Because she does not know whether in the end she will recover or lose her life to cancer, she cannot immediately know the significance that discrete events will have within the larger context of her narrative.

Within the context of a different post, Minerva referred to her blog as her way of “trying to make sense of the world around me, the people who enter and leave this stage and the events that happen.” Her reference to a “stage” reasserts the metaphor of her illness experience as a type of dramatic performance, with plot, characters, and action. She added, “Naturally, the big co star this year was Cancer, but it is a wonderful feeling to feel like Superman at the end of the film, victorious over evil as Max [sic] ‘Cancer’ Luther leaves in chains...”<sup>11</sup> Yet, just six months after that post, which celebrates the completion of an aggressive and seemingly successful treatment, she learns that cancer has returned. On December 22, 2006, she wrote, “Yes, Mr. Carcinoma got so fed up with his bungalow that he upped sticks and moved into my lymph nodes up near my shoulder.”<sup>12</sup> In this instance, a real-life event must be accommodated in the online story. As a

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<sup>10</sup> Minerva. *A Woman of Many Parts*. 7 Feb. 2007. 28 Mar. 2007.

<[http://womanyparts.blogspot.com/2007\\_02\\_01\\_archive.html](http://womanyparts.blogspot.com/2007_02_01_archive.html)>

<sup>11</sup> Minerva. *A Woman of Many Parts*. 6 Jun. 2006. 28 Mar. 2007.

<[http://womanyparts.blogspot.com/2006\\_06\\_01\\_archive.html](http://womanyparts.blogspot.com/2006_06_01_archive.html)>

<sup>12</sup> Minerva. *A Woman of Many Parts*. 22 Dec. 2006. 28 Mar. 2007.

<<http://womanyparts.blogspot.com/2006/12/bugger-its-back.html>>

narrator of her own life, she must adapt the plot to account for and create meaning from this turn of events. By personifying the disease as a character with a distinct personality and whose whims affect her health, she gains a level of control over cancer's representation that she does not have over its actual existence. Rachel also imbues cancer with its own identity apart from herself. She wrote, "[Cancer] has taken my body away from me for a little while [...] And after it's over, it will step out of the room, close the blinds, and give it back to me again."<sup>13</sup> In this way, breast cancer blogs such as these examples become narratives of two separate subjectivities: They tell the story of the cancer, which has gained a "discrete identity in its own right," as well as the story of the woman who has it (Potts 115).

### **Writing the Self/Reading the Self**

In some instances, bloggers may determine that their narrative texts, written day by day, require a level of editorial comment to make them fully meaningful and coherent to readers. They provide additional cues to readers to help them link past events to present ones, creating meaning around particular events and guiding readers in understanding how the various pieces of the narrative fit together. In a way, bloggers are trying to encourage "proper" readings of their texts. They provide such readings, or interpretations, to help direct the interpretative possibilities available to readers.

For some bloggers, this may mean placing a permanent, introductory message at the top of their site, establishing a context within which each post, regardless of how or when it is encountered, will be read. Jenn, for example, keeps a message posted at the top of her site:

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<sup>13</sup> Rachel. "Connect the Dots." Rachel's Breast Cancer Blog. 18 Nov. 2005. 28 Mar. 2007. <[http://rachellevin.blogspot.com/2005\\_11\\_01\\_rachellevin\\_archive.html](http://rachellevin.blogspot.com/2005_11_01_rachellevin_archive.html)>

WARNING: This journal was written while I was going through my cancer diagnosis, and it can be a bit emotional at times. It is also VERY long so get a cup of coffee and prepare to sit for at least 20 – 30 minutes reading it!! I also might swear one or two times, and I apologize to anyone that is offended by such language – but as I said, it was written in the moment!<sup>14</sup>

This message suggests that Jenn has reread her own posts and determined that this type of “introductory” message might be useful for readers, perhaps to help them know what to expect. The fact that Jenn is able to return to earlier writing and *change* the post itself highlights a unique and important feature of blogs: posts can be edited by the author, at any point, after they are originally posted.

Some bloggers make these incidents explicit. On June 26, 2005, Rachel wrote about how she received a “stack of cards homemade by children, each with a special message of healing” in the mail. She had no idea the origin of the cards, saying that they are “magical” and felt like a “miracle” to her. At some subsequent time, however, which cannot be known by the reader, Rachel added a new line to the post, separate by a row of asterisks. She wrote, “(I found out that a friend of my mom’s teaches religious school and had her classes make these cards for me...)”<sup>15</sup> How might readers have otherwise interpreted this post, had Rachel not added her addendum? Similarly, The Butterfly went back and edited one of her posts when she realized that she had omitted information. Wishing to thank those close to her who “have stepped up to the plate” to help after her surgery, she listed their names in her post with a few words of thanks. At the bottom of the post, however, under the header “Edited,” The Butterfly acknowledged a “huge oversight,” explaining that she had inadvertently forgotten to include her sister. “I feel so crappy

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<sup>14</sup> Jenn. Feed My Baby: My Breast Cancer Journal. 20 Feb. 2007. <<http://www.feedmybaby.com/journal.htm>>

<sup>15</sup> Rachel. “Think giraffes.” Rachel’s Breast Cancer Blog. 26 Jun. 2005. 28 Mar. 2007. <[http://rachellevin.blogspot.com/2005\\_06\\_01\\_rachellevin\\_archive.html](http://rachellevin.blogspot.com/2005_06_01_rachellevin_archive.html)>

forgetting it on the first try,” she wrote.<sup>16</sup> Almost like a newspaper or magazine that runs errata to notify readers of past mistakes, so does The Butterfly. Yet, readers know of these changes in the text only because the blogger draws attention to them.

Jeanne, another blogger with breast cancer, also looks back at words she had written in the past, in this case to offer an interpretation of her own state of mind and experience. For example, in her December 16, 2006, post, she claimed to have learned much since her first Christmas with cancer, years earlier. She said, “When I reread Cancer and Christmas, it’s pretty obvious why I had such a spectacular crash and ended up hospitalized for depression.”<sup>17</sup> “Cancer for Christmas” is the title of an entry Jeanne posted four days earlier, within which she recounted a story from 1998 of how, through a combination of chemotherapy, overexertion, and stress, she suffered both physically and emotionally over the holiday season. She offered an examination of why she felt she became so affected, as well as strategies she intended to employ during the current holiday season to avoid a similar outcome. During the post, however, she hyperlinked to an even earlier blog entry dated September 15, 2006, during which she described another bout of depression. Just as before, she offered reflections on this experience, under the header “What Happened?”

Within her narrative, she has nested multiple identities and subjectivities that have changed over time, with each one commenting on a former iteration. Jeanne incorporated the words she had spoken two years prior into her present writing, either by pasting these words directly into the present text or by directing readers to archived records through hyperlinks. Thus, she encourages readers to read not only the original text but a later comment upon the text as

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<sup>16</sup> The Butterfly. “Above and Beyond the Call.” Metamorph: The Journey Back. 12 Apr. 2005. 28 Mar. 2007. <[http://thebutterfly777.blogspot.com/2005\\_04\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2005_04_01_thebutterfly777_archive.html)>

<sup>17</sup> Jeanne. “Coping at Christmas.” The Assertive Cancer Patient. 16 Dec. 2006. 28 Mar. 2007. <<http://www.assertivepatient.com/2006/12/index.html>>

well. Rosenwald argued that “self-conscious life” in fact relies on these types of “punctuating narrations.” Before one can move forward with life, she must first “take stock” of the past (273). Jeanne’s blog reflects this blended writing that on the one hand observes and on the other reflects. As a result, two selves—the self that reflects and the self that observes—may emerge in the text. There is one “Jeanne” who experiences events as they happen and another “Jeanne” who comments on and creates meaning from those experiences.

A post by Mary illustrates this separation of an observing and a commenting self as well. For one of her posts, the time and date header, which is generated automatically by the blogging software, shows “Saturday, July 16, 2005.” However, immediately under that header, in the space where the text of a post is displayed, she has entered “Today is Thursday, July 21, 2005,” along with the title “Ok and Ok edited!” It is clear from the context that this entry was originally posted on July 16. However, five days later, she returned to modify the post. She wrote, “This was my original post on Saturday, July 16, 2005....BEFORE the spiral dive straight into hell, the emergency room visit and the hospital stay!”<sup>18</sup> She then included, in italicized text to show differentiation, the content of her original post:

*Chemo took me by surprise and really kicked me in the butt! Got blessed with some duzy migraines, one right on top of another! Major problems with the stomach which was probably brought on by the combination of chemo and migraines. Maybe the same thing with the extreme weakness. Everything became a major effort to achieve. Walking even became a problem. Did a lot of sleeping. And sweating. And uggghhhh oh how the smells are getting to me. They are coming at me from everywhere! Totally lost four days out of my life. That one pisses me off!*

*But, I wanted to let everyone know, I am feeling somewhat better today and I will be writing more later hopefully.*

*And, hell no, chemo isn't going to keep me down forever damn it!*<sup>19</sup>

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<sup>18</sup> Mary. “OK and OK Edited!” [Sunnyside2day](http://sunnyside2day.blogspot.com/2005_07_01_sunnyside2day_archive.html). 16 Jul. 2005. 28 Mar. 2007. <[http://sunnyside2day.blogspot.com/2005\\_07\\_01\\_sunnyside2day\\_archive.html](http://sunnyside2day.blogspot.com/2005_07_01_sunnyside2day_archive.html)>

<sup>19</sup> Ibid.

Immediately after, she returned to a roman font style, and she responded to the text of her original post, noting that looking back is “very interesting.” She reflected with some ironic distance on her thoughts that day, laughing at herself for having thought that “losing four days was bad [...] Joke was on me.” She informed her readers that she actually lost nine full days, noting, “I really did think, on Saturday, when I started to get a bit of an appetite back and was feeling like maybe a little strength was coming back, that things were starting to look up. But within about 12 hours that took a severe turn and this time the spiral fall went fast!” She concluded, “Optimistic is great, but not always accurate!”<sup>20</sup> Her position as storyteller, in the context of a concurrently written illness narrative, relegates her to a position of limited knowledge within her own story..

As a consequence, when, after a period of time, she is able to revisit earlier posts and evaluate either her state of consciousness at the time or how well she anticipated future events, she may feel compelled to address those earlier writings. Of course, in this example, Mary makes the fact that she has edited her original post explicit; it is part of the story she wants readers to understand. However, what might the implication be if a blogger edited a prior post seamlessly, without alerting readers? Mary also speaks back to an earlier post of hers. She wrote, “Just a few days before Christmas I found myself blue and weepy. In fact, I wrote, ‘ . . . it would take a Christmas miracle to stop the tears from falling.’ It was difficult to truly verbalize how I was feeling and the multitude of conflicting emotions.”<sup>21</sup> Thinking that she was unable at the time of the original post to fully and effectively articulate her thoughts, now, presumably in a state of clarity, she returned to this post to provide commentary. She likely intended her additions to help

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<sup>20</sup> Ibid.

<sup>21</sup> Jeannette. “Cindy Brady, the Homeless and Christmas Miracles.” Two hands... 28 Dec. 2005. 28 mar. 2007. <[http://2hands.blogspot.com/2005\\_12\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_12_01_2hands_archive.html)>

any reader who comes after her to understand her particular state of mind at that moment. She was unable, at that time, to present a fully coherent narrative. Some time later, however, once that perspective was more developed, she was equipped to do the necessary work of storytelling and communicate with her readers.

In some cases, previous posts may influence not only the content included in the new post but the actual memory the woman may have about a particular experience. For example, Rachel blogged about a video relating to her treatment experience which she has created and posted to her blog.

Keep in mind that the actual Taxol treatment takes HOURS, and I've condensed this, for your viewing pleasure, into two and a half minutes. The funny thing is that, looking back, I'll probably remember it in little clips like this. Not just the treatment, but the whole experience. Even though right now, every minute feels like forever, and I count them down and cross them off, wishing for the luxury of looking at this in hindsight, many many years from now.<sup>22</sup>

She is writing in the present, already considering how she will remember this event in the future. Specifically, she is considering how the particular way she records this experience on her blog might *shape* how she thinks of the experience later on. Will she think in “little clips,” causing the form of her memory to conform to the form of its recording?

The archives feature of blogs, which stores all previous posts in chronological order, allows bloggers to go back in time and read their past writing. In this way, they encounter their text as a reader. Yet, they retain the privileges of a writer, who is able to revise previous posts or create new posts in response. Because bloggers are writing in the day-to-day experience of illness, they lack the benefit of hindsight, a situation that may limit their ability to organize their texts in a way that makes it intelligible and coherent for readers. Many bloggers take advantage

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<sup>22</sup> Rachel. “It’s No Scorcese but...” Rachel’s Breast Cancer Blog. 29 Sep. 2005. 28 Mar. 2007. <[http://rachellevin.blogspot.com/2005\\_09\\_01\\_rachellevin\\_archive.html](http://rachellevin.blogspot.com/2005_09_01_rachellevin_archive.html)>

of their capacity to provide commentary on previous posts and help guide readers' interpretation. Bloggers thus move endlessly back and forth between being a writer and a reader of their own texts.

### **Editing for Structural Coherence**

Jeannette, who has maintained her blog for several years, included in her very first post an introduction for readers. She wrote, "At the age of 39 I was diagnosed with breast cancer. Days after diagnosis I began this blog to record everything and share my experiences in the hope of helping others."<sup>23</sup> She went on to include a list of links to eleven of her posts, which outline her "medical progress." She linked to posts like "Lymph Node Results," dated July 22, which she wrote after having had a sentinel lymph node biopsy, and "Surgery Plans," dated October 19, which she wrote about deciding upon a bilateral mastectomy and reconstruction. Of course, each of these entries was written and posted *after* the date of her first post, which is July 10, 2004. She has chosen to break the linear integrity of the blog in favor of providing readers a sort of "table of contents" to her story. She performs an editorial function, selecting which entries she deems most important for readers, especially those coming to her blog for the first time. She aims to guide their reading, saying, "In between the medical reports you will find other entries about my reconstruction process and my emotional and spiritual healing process. It has been my hope that I keep this as honest and real as possible. I also hope that my witty interludes lighten it up a bit from time to time."<sup>24</sup> Perhaps she suspected that without such guidance readers might not be equipped to navigate through her blog. As Leigh Gilmore wrote, "In telling the story of the self, the writer imposes order where there is chaos, structural coherence where there is memory and

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<sup>23</sup> Jeannette. "About this Blog." Two hands... 10 Jul. 2004. 28 Mar. 2007.  
<<http://2hands.blogspot.com/2004/07/about-this-blog.html>>

<sup>24</sup> Ibid.

chronology, and voice where there is silence” (85). Life’s events as told day-by-day would be too disorderly to be a complete narrative; an interpretive framework is required.

Jeannette undertakes this work, disrupting the illusion of linear “real” time on her blog, in the interest of providing greater context for readers and thus striving to fulfill the audience’s “demand for coherence” (Rosenwald and Ochberg 10). She wrote, “Once I decided to share my experience, I just picked up where I was at the moment. I think it is important to go back and start my story from the moment it began.”<sup>25</sup> She then went on to tell the story of first detecting a lump in her breast, then having a mammogram, a biopsy, and finally a cancer diagnosis, all which occurred months before her first post to her blog. She concluded this post by saying, “My next post will recap my experience with the medical oncologist and the direction my treatment will take. After that I can’t wait to recap the amazing support I have received from so many wonderful people in my life.”<sup>26</sup> She interspersed her accounts of her present, day-to-day life with accounts from the past. She then, at once, is narrating the experience as it happens, and narrating experiences from the past.

Mary also determined that she must go back in time to give her readers the necessary context for making sense of her story. She wrote, “My mind has been so overwhelmed with so many issues that they all just became one great big jangled mess. [...] I’ll give it my best. It may be a rather jumbled path, but I will get to the present somehow. Try to stick with me here and we will go there together.”<sup>27</sup> A similar blending of narrative time occurs on Von Krankpantzen’s blog when, after describing a particular experience from the past, she wrote, “I cried like a baby.

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<sup>25</sup> Jeannette. “From the Beginning.” Two hands... 16 Jul. 2004. 28 Mar. 2007.  
<[http://2hands.blogspot.com/2004\\_07\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2004_07_01_2hands_archive.html)>

<sup>26</sup> Ibid.

<sup>27</sup> Mary. “Backwards Forward.” Sunnyside2day. 15 Jun. 2005. 28 Mar. 2007.  
<[http://sunnyside2day.blogspot.com/2005\\_06\\_01\\_sunnyside2day\\_archive.html](http://sunnyside2day.blogspot.com/2005_06_01_sunnyside2day_archive.html)>

I am crying now.”<sup>28</sup> The self who posts entries on her blog is in fact dispersed among what Gilmore calls the “historical self” and the “textual self” (85). The past time of the story and the present time of the narration intersect and overlap, which may further necessitate bloggers’ having to organize and clarify the narrative for their readers.

Much of this editorial work may not take place at the point of initial writing. Rather, this may be a kind of editing that takes place some time after the initial post. In fact, the practice of reading and then revising past blog entries may be as typical an activity of bloggers as the practice of creating new ones. Tabsmom, for example, wrote, “I love to go back through my blog and read all the funny things I have written.”<sup>29</sup> When Karen, another blogger, learned that her brother-in-law had been diagnosed with cancer himself, she wrote about re-reading her own blog and remembering how confusing her own diagnosis had been for her.<sup>30</sup> In the middle of one blog entry, Dawn wrote, “Can't stay awake any more. I might rewrite this later, but for now I'll publish this as is.”<sup>31</sup> Here, she was explicit about the fact that once a post has gone live online, it is still accessible for editing, or removal entirely, at a later point in time. Unlike print-based narratives, blogs always retain a level of openness and flexibility.

Arthur Frank asserted that, typically, both writers and readers expect a narrative to describe “a past that leads into a present that sets in place a foreseeable future” (55). This expectation, however, can be especially difficult for breast cancer bloggers to meet. The structure of stories told through blogs are unlike conventional illness narratives, in which the narrator knows the middle and end of the story at the time that she writes the beginning of the story. As a

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<sup>28</sup> Von Krankipantzen. “Reminiscing.” Von Krankipantzen: Kicked Cancer’s Ass! Took No Prisoners! 7 May 2005. 28 Mar. 2007. <[http://krankipantzen.blogspot.com/2005\\_05\\_01\\_krankipantzen\\_archive.html](http://krankipantzen.blogspot.com/2005_05_01_krankipantzen_archive.html)>

<sup>29</sup> Tabsmom. “What a Dork!” I dare you to top this life... 23 Sep. 2005. 28 Mar. 2007. <[http://tabsmom.blogspot.com/2005\\_09\\_01\\_archive.html](http://tabsmom.blogspot.com/2005_09_01_archive.html)>

<sup>30</sup> Karen. My Breast Cancer Journal. 24 Oct. 2000. 28 Mar. 2007. <<http://www.sperience.org/blogger.html>>

<sup>31</sup> Dawn. “29 to Go.” You’ve Got Cancer! 16 Jan. 2006. 28 Mar. 2007. <[http://cancerevents.blogspot.com/2006\\_01\\_01\\_cancerevents\\_archive.html](http://cancerevents.blogspot.com/2006_01_01_cancerevents_archive.html)>

result, many bloggers display considerable care and effort to connect the dots for their readers, thereby creating explicit relationships between posts to help guide them and structure a coherent storyline.

### **Negotiating a Self in Process**

Thus far, evidence has demonstrated bloggers' self-awareness about their roles as narrators of their lives as represented through blogs. However, although they are in fact narrators, that is not the *only* subject-position they inhabit in this online space: Not only are they the narrators of their blogs, they are characters as well. Mattingly charged that in the day-to-day experience of life, we actually behave less like narrators and more like characters, who are "unable to see ahead to consequences, unable to read the eventual meaning that their actions and experiences will acquire" ("Emergent" 185). When a blogger goes back and rereads the text of previous posts, these two different subject-positions engage in dialogue with each other. The narrator of today looks back at the character of yesterday and makes meaning by connecting past events to present-day circumstances. By going back through old posts and commenting on their own writing, bloggers are in fact narrating the very stories that they, as characters, are living out. As a narrator, she provides commentary and creates meaning for the audience about her role in the narrative. While she is the narrator in the present moment, through the posts of her blog, which chronicle her actions and feelings over the course of illness, she nonetheless appears to herself as a character in previous ones. And, as she undergoes the shifts in identity so closely associated with the experience of cancer, her relationship to herself as a speaking subject on her blog changes as well. She interrogates her own position as narrator and may even call into question her ability to know enough to speak from a position of authority.

Scholars in the field of illness and life writing recognize the experience of being ill, particularly when the illness is chronic, life-threatening, or results in bodily dysfunction, as involving a change in identity (Couser, Frank). Moss and Dyck have noted that the “instability” of any identity is intensified for a woman with illness because of the “state of flux” in which their bodies exist (126). Breast cancer can be especially disruptive and destabilizing to one’s sense of self because the disease attacks a part of the body which is “distinctive of women,” making it a powerful threat to notions of identity (Couser 36). In addition, the various treatments for cancer, which include chemotherapy and radiation, as well as mastectomy and lumpectomy, may also have profound consequences for a woman’s sense of self. Laura K. Potts wrote, “Scars and disfigurements....challenge our internalized sense of the valorization of wholeness” and may cause women to have to reposition themselves in relation to this “cultural alienation from bodily identity” (122). For example, one typical side effect of chemotherapy in younger women is the onset of menopause, leaving the woman incapable of bearing children. Often, chemotherapy also results in hair loss, a visible and potentially traumatic condition for many women. Finally, the removal of part or all of one or both breasts may cause extreme disorientation and distress. Minerva, for example, described a “period of distortion,” during which she was prodded, poked, needled and pinned.” She discussed how her “flesh changed shape, changed colour, and certain fundamental bodily truths like the presence of hair and my shape altered so that I, myself, the notion of my self had to change as well...”<sup>32</sup> Her acknowledgement that her “notion of self” was changing illustrates how, as her experience as an embodied person dealing with the effects of illness and treatment on a daily basis, she must “constantly renegotiate [her] relationship with the

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<sup>32</sup> Minerva. *A Woman of Many Parts*, 9 Jun. 2006. 28 Mar. 2007.  
<http://womanlyparts.blogspot.com/2006/06/love.html>>

mortal body” (Couser 56). Writing about negotiating these changes in identity over time, then, inevitably becomes an integral part of many breast cancer narratives, whether in print or online.

Illness narratives written through blogs, though, which are typically written concurrently with the experience of illness, represent the fluctuating nature of identity in the context of illness quite differently than do retrospective narratives. In conventional, print-based accounts, which on average are published five years after an initial diagnosis, the narrator is reflecting on changes that have already taken place and been completed in the past. How these changes are understood and then communicated are mediated by the length of time that has passed as well as the knowledge that the narrator has acquired in the interim about her ongoing health status, her prognosis for the future, and so forth. With breast cancer blogs, the women are working to understand and make sense of their changing identity while they in the process undergoing those very changes. They struggle to articulate and make coherent their sense of their changing bodies and selves on a daily basis. And, the archive feature of blogs, which keeps all published posts easily accessible through links, means that past writing can be accessed at any time by both reader and blogger. In a single, unified online space, the voice of a woman who is first diagnosed exists simultaneously with a woman who is in the middle of treatment, or even in remission. Although these discrete posts are separated by time, they are nonetheless always accessible in the present moment.

For example, Jeannette is a 39 year-old woman with breast cancer who has maintained a blog consistently since her diagnosis in July of 2004. Within her entry posted on November 14, 2006, she began to reminisce about her “hair journey,” prompted by her recent feeling that finally, her “hair was getting to an acceptable length and style.” Deeply connected to notions of identity and femininity, for many women who undergo chemotherapy, the loss of their hair is as

significant and traumatic an experience as that of illness or treatment itself. Jeannette said, “It has been yet one more thing that made me feel less like me during this cancer chronicle.”<sup>33</sup> In considering how she felt about her hair loss in the early days of her cancer treatment, Jeannette went into the archives of her own blog posts to find her entry from August 2004 where she wrote about her struggles with her hair. She copied and pasted the text of her 2004 post within the text of her entry from 2006:

As I wrote in August 2004,

“This has been quite a week. I think I have experienced more emotions and feelings this week than in any week since beginning this journey. And oddly enough, the one thing I thought I was most prepared for was the one thing that brought me to my knees. . . Breast cancer and its treatment have an impact on the feminine aspects of a woman, though it doesn’t attack her womanhood. What is an outwardly physical sign that I am a woman? Is it my breasts? My softly curled flowing locks of hair? Is it my soft skin and nicely shaped fingernails? If my breasts are damaged, my hair erased, my nails and skin dry and flaking, am I still a woman?”<sup>34</sup>

After reposting the text of her entry, she commented on her own state of consciousness at the time of the posting in 2004:

Losing my hair was a turning point. I was beginning to outwardly wear the badge of cancer. As good as wigs are nowadays, look closely enough and you can tell (yes, even on today’s pop princesses). With the exception of a daft colleague at the university who thought my new hat fetish was cute (not real perceptive, that one), my baldness was easily identifiable. What’s worse, I felt bald . . .bare . . . exposed, even when covered.<sup>35</sup>

She then compared how she felt at that moment, upon facing her hair loss, with her present outlook during a time of remission from cancer.

In much the same way, feeling like my hair is finally at a length I can appreciate is also a turning point of sorts. I feel like I am back. Life is becoming more comfortable to me again and I am feeling more at ease with things. Perhaps the

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<sup>33</sup> Jeannette. “What’s the Big Hairy Deal?” *Two hands...* 14 Nov. 2006. 28 mar. 2007. <[http://2hands.blogspot.com/2006\\_11\\_01\\_archive.html](http://2hands.blogspot.com/2006_11_01_archive.html)>

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

team of specialists exploring various body parts (and not finding cancer) has given me reassurance. Perhaps it's simply the passage of time dulling the cancer pangs. Maybe, just maybe, it's the sweep of my bangs, the wispy tickling of hair against my shoulders, and the way it frames my face that lets me know that the cycle of life is still moving forward. As am I.<sup>36</sup>

The author of each of these posts is a single physical body, but the posts represent the thoughts of two different consciousnesses. Blogs, like many other forms of illness narrative, chronicle how various notions of identity within an ill person shift and change as one navigates through periods of sickness and wellness, treatment and recovery. However, the blog creates a unique situation in which these multiple “selves” that emerge and recede throughout the experience of illness remain alive—accessible and speaking in the present tense—within the narrative for as long as it is available online. As Laura K. Potts has noted, “Texts bring together all the different selves around the unfolding of the story of the disease: before and after diagnosis and treatment, and reveal the lines of demarcation and fracture” (116). As Jeanette does, past experiences can be recalled and reflected upon in the present moment. They do not just exist in her memory, for her initial thoughts, published contemporaneously with her experience, still exist and are accessible online. Both bloggers and readers can *access* the multiple *Is* that have existed over the course of the narrative.

Having cancer itself can significantly impact one's sense of self. For many women with breast cancer, the loss of hair from chemotherapy treatment can be particularly destabilizing. Not only is longer hair associated with femininity and tied to Western notions of beauty, but the presence of hair is also closely tied to the ideal of health. It is common for women to say that they never felt sick, or never felt they *looked* sick to others, until they lost their hair. Thus, the loss of hair for some women may signify a transition from an identity as a healthy woman to that of cancer patient. Marjory wrote,

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<sup>36</sup> Ibid.

The one thing that shocks me, no that's too strong a word, surprises me, is my reflection in the mirror. I don't think I'll ever get used to my bald head. I don't think I look too bad but I still get a shock when I catch sight of myself.  
AAARGH-WHO IS THAT WOMAN!!<sup>37</sup>

Without hair, so tied to her understanding of her own appearance and identity, her capacity to even recognize herself, *as herself*, has changed. Tabsmom, in a post titled, "I am so tired of chemo," wrote, "I haven't been myself in months," explaining that she "hate[s] not having hair."<sup>38</sup> Adriene, after shaving her head in response to finding "many strands of hair on [her] pillow," described herself feeling "small," "lost," and "inside [her]self."<sup>39</sup> Jacki, on June 3, 2005, expressed a desire to be able to embrace her bald self, saying "I wish I could see this time in my life as a new beginning, with a new look."<sup>40</sup> Then, less than three weeks later, she wrote, "I am returning to my old self. My hair is growing back—and on most days, I actually like my dark, short, wavy hair."<sup>41</sup>

At times, the bloggers see their hair as having a life, an identity, unto itself. It becomes no longer just a part of them, but an other—an entity beyond the bounds of their own self, yet with whom they are intimately connected. Tabsmom, for example, addressed her hair directly, as if it were another person with whom she could engage in dialogue. She said, at the end of one post, "PS—Hair, you can come back now. The coast is clear!"<sup>42</sup> Dee also personified her hair, writing, "The hair decided it was leaving home a bit more quickly today.. it came out in handfulls. Took

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<sup>37</sup> Marjory. "Half Way There." Beating Breast Cancer. 29 Sep. 2006. 28 Mar. 2007.  
<<http://www.twinkletwinkles.com/>>

<sup>38</sup> Tabsmom. "I am so tired of chemo." I dare you to top this life... 17 Oct. 2005. 28 Mar. 2007.  
<[http://tabsmom.blogspot.com/2005\\_10\\_01\\_archive.html](http://tabsmom.blogspot.com/2005_10_01_archive.html)>

<sup>39</sup> Adriene. "THX 1128." Archive of a Breast Cancer Survivor. 21 Jan. 2005. 28 Mar. 2007.  
<<http://www.softservegirl.com/survivor/01.21.05.html>>

<sup>40</sup> Jacki. "Reaction." My Breast Cancer Blog. 3 Jun. 2005. 28 Mar. 2007.  
<<http://grove.ufl.edu/~johndon/blog/?m=200506>>

<sup>41</sup> Jacki. "Normalizing." My Breast Cancer Blog. 22 Jun. 2005. 28 Mar. 2007.  
<<http://grove.ufl.edu/~johndon/blog/?m=200506>>

<sup>42</sup> Tabsmom. "Chemo Kudos!" I dare you to top this life... 29 Nov. 2005. 28 Mar. 2007.  
<[http://tabsmom.blogspot.com/2005\\_11\\_01\\_archive.html](http://tabsmom.blogspot.com/2005_11_01_archive.html)>

me half an hour to get the comb through it afterwards.. and another couple of handfulls departed.”<sup>43</sup> Her use of “the hair,” as opposed to “my hair,” is significant. Her hair has a life and a decision-making ability all its own. While certainly both Tabsmom’s and Dee’s writing reflects a humorous attempt at grappling with the physical and psychological difficulties of dealing with baldness after chemotherapy, it does inform readers of an aspect of how they see themselves—what constitutes the self in the experience of illness. The body, and the various parts of the body, may in fact become alien—othered—to the woman with cancer. In her blog, *The Butterfly* devotes an entire post to this very question—what is the relationship between the body and the self in the context of illness?

When your body has betrayed you, how do you ever feel safe again? I don't have the answer to that but I'm thinking about it all the time now. Betrayal of the body is not like being betrayed by other elements. If a person betrays you, you can remove that person from your life or that person can tell you s/he is sorry and you can try again. [...] My body has always been so trustworthy until this cancer thing. [...] I know my body will get me through cancer but why did it get cancer in the first place?<sup>44</sup>

Her language reflects a clear distinction between “me” and “my body.” She makes it clear that “it” got cancer, and she holds it liable. The body is seen as an agent in its own right, one which, in this instance, is working at cross-purposes with the self.

While cancer itself may already destabilize the connection between self and body, blogs offer a unique opportunity for that shifting relationship between them to be explored. Blogs may be particularly effective in communicating about issues of hair, because images can be uploaded instead of, or in addition to, text. On her blog, Jenny O posted a photo of herself every Monday, in a series called “Hair Watch 2006.” She included a photo of herself from the previous week, and from the present day. In one entry, she lamented that her hair is growing “WAAAAAAAY

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<sup>43</sup> Dee. “Hair’s Leaving Home.” *Dee’s Blog Bit*. 23 Sep. 2005. 28 Mar. 2007. <<http://deeble.blog.com/334277/>>

<sup>44</sup> The Butterfly. “Changing the Locks.” *Metamorph: The Journey Back*. 22 Nov. 2004. 28 Mar. 2007. <[http://thebutterfly777.blogspot.com/2004\\_11\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2004_11_01_thebutterfly777_archive.html)>

more slowly” than she had hoped, but she examined the photo closely, wanting to “acknowledge growth where it exists.” She finally concluded that it “really is progress.”<sup>45</sup> Here, it is by looking at photos of herself on her own blog that she is able to make sense of her changing body through cancer treatment.

Rachel took a similar approach, posting photos of herself one month prior, and comparing it to a current photo, under the playful heading “Chia Pet?”<sup>46</sup> On the other hand, Von Krankipantzen, instead of looking at the posted photos as a source of encouragement, struggled with the meaning of having them on her blog, recorded, at all. She said, “I have hesitated to put a photo of myself up since my chemo treatment. My bald head just made me look so sick and I didn’t want any record of that online. [...] Anyway, that what was hard for me.”<sup>47</sup> It is not uncommon for bloggers to encounter new questions about their sense of self and identity after seeing photos of themselves on their blog. How they choose to read those photos and make sense of them becomes part of their narrative.

Leigh Gilmore argued that the use of the autobiographical *I* in narrative causes the subject to be “stretched out” over time. Because one pronoun, the *I*, is consistently used throughout the narrative, readers see “temporal coherence” that extends from the past, to the present, and into an imagined future. Any distinctions, fractures, or incongruities that may characterize the narrator’s sense of self or identity over time, is subordinated to “the process of naming,” which is the function of the *I* (47). The use of visual representations of the self in the context of breast cancer blogs may help counteract the leveling effect that the use of *I* may

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<sup>45</sup> Jenny O. “Photo Monday! – Hair Watch 2006.” At Least It’s a “Good” Cancer. 2 Oct. 2006. 28 Mar. 2007. <[http://goodcancer.blogspot.com/2006\\_10\\_01\\_archive.html](http://goodcancer.blogspot.com/2006_10_01_archive.html)>

<sup>46</sup> Rachel. “Chia Pet?” Rachel’s Breast Cancer Blog. 23 Dec. 2005. 28 Mar. 2007. <[http://rachellevin.blogspot.com/2005\\_12\\_01\\_rachellevin\\_archive.html](http://rachellevin.blogspot.com/2005_12_01_rachellevin_archive.html)>

<sup>47</sup> Von Krankipantzen. “Fuzzy Wuzzy.” Von Krankipantzen: Kicked Cancer’s Ass! Took No Prisoners! 2 Aug. 2005. 28 Mar. 2007. <[http://krankipantzen.blogspot.com/2005\\_08\\_01\\_krankipantzen\\_archive.html](http://krankipantzen.blogspot.com/2005_08_01_krankipantzen_archive.html)>

initiate. Lori, for example, posted a picture of herself that was taken while she was undergoing chemotherapy. Later, she wrote about how she felt after looking at that photo on her blog:

...I thought, OH GOD LORI, What were you thinking? That's a horrible picture of myself. I ridiculed myself. I saw the weight I have gained, the lack of eyebrows, eyelashes, and the thinning of my hair and thought what a mess I have become. Now, just after writing the above, I say to myself, "it's not what you did to yourself, it's what the chemo did to you." Then the anger in me arises and then I say, "Fuck you, Cancer." "I want my life back"... "Why me?" ....But you know, I think I am slowly learning the answer to the, "why me?"<sup>48</sup>

Here, she described how she felt upon seeing the photo, then how she felt again after writing about such feelings and her response to those feelings. Reminiscent of the Lacanian subject's feeling of misrecognition upon seeing her own image the mirror, Lori's writing reflects the distance she feels between the self she experienced in the present moment, the narrator, and the self represented in the photo, the character.

For some cancer patients, this confrontation takes place not between the self and a photo of themselves in the midst of treatment, but a photo of themselves from a time before they were ill. Adriene, for example, writes about seeing a picture of herself from before she was diagnosed. "Boy did I cry!" she wrote. "I thought of myself topped off with a tiara, all smiles, indulging in my internal happiness. [...] I remember being happy when that picture was taken."<sup>49</sup> The Butterfly had a similar reaction, looking back a photo of herself pre-cancer and with hair. She wrote, "How did I get here?"<sup>50</sup> By looking at representations of past selves, whether appearing as speaking subjects on their blogs or as images, they interrogate their own subjectivity in the present moment. The question of "who am I now," is profoundly shaped by first asking, "who

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<sup>48</sup> Lori. "Hey Kizzy." Too Sexy for My Hair: A Young Woman's Cancer Blog. 22 Jun. 2005. 28 Mar. 2007. <[http://toosexyformyhair.com/archives/2005\\_06\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_06_01_Too-Sexy-Cancer-Blog_archive.html)>

<sup>49</sup> Adriene. "Sweaty Little Balls." Archive of a Breast Cancer Survivor. 10 Mar. 2005. 28 Mar. 2007. <<http://www.softservegirl.com/survivor/03.10.05.html>>

<sup>50</sup> The Butterfly. "How Did I Get Here?" Metamorph: The Journey Back. 15 Nov. 2004. 28 mar. 2007. <[http://thebutterfly777.blogspot.com/2004\\_11\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2004_11_01_thebutterfly777_archive.html)>

was I then?” In this way, the archives feature of the blog makes it a particularly useful narrative form for tracing the trajectory of the changing notion of self over time.

By going back and reading old posts that they themselves have written, bloggers become not just writers of their own narratives of illness, but readers of them as well. In a sense, they comprise a part of their own audience. Unlike a typical print-based account, a blog post takes its final narrative form almost instantaneously after it is written. Far from the process of writing a book, in which it may be months or even years before a writer sees her words in their final form on the page, a blogger sees her words in published form, just as they appear to her audience, mere seconds after she composes the text.

Some bloggers write openly about feeling like a different person, whether after diagnosis, chemotherapy, mastectomy, or remission. Laura K. Potts noted that in breast cancer narratives, the subject is best understood as being in a process of “becoming rather than being” (199). Fran underscored this notion on her blog, writing, “If I seem moody or tense...I am. I’m processing a life changing experience.”<sup>51</sup> Her use of “process” signals a change over time, a development. Thus, upon rereading previous posts, bloggers’ sense of identity in the present moment may feel incongruent to their sense of identity in the past. The dislocation they feel from previous selves can be seen in the switching of pronouns, for example, as they refer to their present self in the first person and the selves of earlier moments and previous posts in the third. The Butterfly wrote, “I am not the person I was before the cancer diagnosis and there is no going back to her.”<sup>52</sup> Lori, too, expressed this sense of no longer being the same “self” she had been in the past, although she more explicitly sees this change negatively. She wrote, “I am being robbed of

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<sup>51</sup> Fran. “A Time to Grieve.” Welcome to the World of Breast Cancer. 2 Jun. 2006. 28 Mar. 2007. <[http://fkonick.blogspot.com/2006\\_06\\_01\\_fkonick\\_archive.html](http://fkonick.blogspot.com/2006_06_01_fkonick_archive.html)>

<sup>52</sup> The Butterfly. “The 4am Philosopher.” Metamorph: The Journey Back. 19 Nov. 2004. 28 Mar. 2007. <[http://thebutterfly777.blogspot.com/2004\\_11\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2004_11_01_thebutterfly777_archive.html)>

so many things. [...] I want Lori back. Or will she ever be back?”<sup>53</sup> Her post reflects the idea that her sense of self, as “Lori,” has been profoundly altered by her experience of cancer and treatment. To her, this change signals a loss, one that she fears may be irreversible.

Some bloggers, however, embrace the changes in identity that accompany the experience of illness and choose to view the experience as having redemptive value. Mary W., for example, in a post titled “Changes,” wrote,

I’m finding that I want to change through this experience. I said to someone else, ‘What’s the use of having cancer if I don’t come out different on the other side?’ Some changes may only be temporary, like baldness if chemotherapy kills off my hair cells for a time, and others may be, hopefully will be, more permanent and eternal.<sup>54</sup>

For Mary W., cancer offers the opportunity for personal transformation. This notion, in which the patient views illness as an opportunity for some kind of growth or change for the better, may be classified as what Arthur Frank calls a “quest” narrative, the framework within which most published accounts of breast cancer fall (115). Considering this model’s heavy cultural representation, some bloggers may experience some feelings of desire for their own stories to conform to this form.

Liz, like Mary W., revealed a desire for change in the wake of illness. After leaving her blog dormant for four years, she titled her post “Update 2004” and went on to let readers know that she is approaching the milestone of being five years cancer free. In addition, she has decided to go by her middle name—Liz—and she has decided to no longer post to her blog in favor of a new Web site she has created. She invites readers to “Please come visit.”<sup>55</sup> Her decisions to

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<sup>53</sup> Lori. “I Wish, I Wish, I Wish.” *Too Sexy for My Hair: A Young Woman’s Cancer Blog*. 4 Oct. 2005. 28 Mar. 2007. <[http://toosexyformyhair.com/archives/2005\\_10\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_10_01_Too-Sexy-Cancer-Blog_archive.html)>

<sup>54</sup> Mary W. “Changes.” *Something Wonderful Happened Today*. 9 Sep. 2005. 28 Mar. 2007. <[http://somethingwonderfultoday.blogspot.com/2005\\_09\\_01\\_archive.html](http://somethingwonderfultoday.blogspot.com/2005_09_01_archive.html)>

<sup>55</sup> Karen. “Update 2004.” *My Breast Cancer Journal*. 28 Mar. 2007. <<http://www.sperience.org/blogger.html>>

change her name and create an entirely new space online suggest that the identity, the character, she had before or even during illness no longer felt viable to her.

Examining the written narrative of a person with a disease who writes about her experience over time can be a particularly fruitful way to consider questions about illness and its relationship to changes in identity. Blogs, in particular, provide a useful case study because the archives feature serves as a record of the blogger's words, which she wrote concurrently with the experience of illness itself. Breast cancer blogs demonstrate not only the multiplicity of selves that may exist within one narrative, but specifically they help to demonstrate how those selves are spread out across time. Yet, although separated by time, they nonetheless exist simultaneously and alongside one another in the same online text, a situation that challenges the idea of unified, stable, autobiographical *I*.

## CHAPTER 2 BLOGGING BACK: COMMENTS AND COLLABORATIVE AUTHORSHIP

*Every day I check my blog, and every day the wonderful arms of comments surround me.  
-- Minerva, January 8, 2007<sup>56</sup>*



Stories that are told through blogs, and breast cancer blogs in particular, challenge the long-standing tradition of the solitary and singular autobiographical *I*. The text that emerges through the blog of the woman with breast cancer is multivocal, shared, and dispersed. Subjectivity is not singular but plural. In the case of blogs, the self that narrativizes the experience of illness is a self *in relationship*, a concept that challenges two dominant ideas about illness and life writing. Firstly, the emphasis on the relational identity of the narrator stands in stark contrast to the masculine notion of a lone subject, unencumbered by the trappings of human relationship. Secondly, it destabilizes the prevailing notion that people with illness or disability are solitary figures, isolated from others by their own disease or dysfunction as they cross over from the world of health to the world of sickness.

Feminist critique of autobiography has generally targeted its over attention to masculine subjects and the narration of male life stories. Closely tied to notions of the universal subject, the masculine “self” as inscribed through autobiographical writing has been one that valorizes individuality and separateness from others, or what Sidonie Smith has described as a kind of “autonomy and disembodiment” (19). Feminist scholars, however, assert that these narratives erase the existence and significance of “interdependencies,” as well as the identities that are created through relationships to other individuals and communities (Smith 19). Not only does a

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<sup>56</sup> Minerva. *A Woman of Many Parts*. 8 Jan. 2007. 29 Mar. 2007.  
<<http://womanlyparts.blogspot.com/2007/01/amazement.html>>

relationally positioned subject expand possibilities for a more feminine representation of the autobiographical self, but it is also borne out by recent research into theories of communication, narrative, and the self. Kenneth J. Gergen and Mary M. Gergen's work illustrates that far from being the activity of a singular individual, narrative is actually "the result of a mutually coordinated and supportive relationship" (40). Both narratives and the identities that develop through them are created in the context of relationship. Gergen and Gergen emphasize the communal aspect of narrative, asserting that stories are "socially derived, socially sustained, and require interdependency" (53). Storytellers do not create stories in isolation. Rather, they emerge out of a particular constellation of social and interpersonal relations.

The participation of readers, which is enabled by blogs' comments feature, makes possible both the breast cancer blogger *as a storyteller* and the blog *as a story* possible. As Langellier and Peterson wrote, "Breast cancer storytelling is as much about the power to be heard and listened to as it is to tell" (204). Stories are told *to* an audience, regardless of whether the audience is present at the time of the telling or not (Frank 3). French linguist Emile Benveniste examined how the use of language confers subjectivity upon speakers, asserting that by appropriating language as the instrument of communication, one gains the status of "person" and a consciousness of self (728). Thus, by imagining the existence of a *you* to whom their work is addressed, storytellers by default also confirm their own claim to subjectivity—to being an *I*. There is reciprocity to the discourse that exists between the self and the other, and as a result, it becomes a shared text. Thus, the blog is *relational*, informed by the mutually constitutive positioning of self and other, writer and reader.

The blog's significance as a storytelling medium lies in its capacity for the audience to "listen to" the story, and for the author to *know* that such listening takes place. The requirements

of the print publication timeline mean that the *you* who is addressed by the book remains an abstract concept—a future possibility—for a substantial length of time. With blogs, a material and immediate audience of readers has the opportunity to make their existence known to the writer *as she is creating her narrative*. Thus, blogs as a form of narrative demand new ways of thinking about writers and readers as well as their relationship to each other and to the text itself.

### **Bearing Witness and the Trauma of Breast Cancer**

Kelly Oliver's work on witnessing, the process of relating the experience of suffering or trauma to another person, provides a useful framework for considering how the writer-reader relationship operates in the context of the blog. For Oliver, subjectivity itself is dependent upon the possibility for witnessing through the telling of one's story. Much like Emile Benveniste's notion that subjectivity is only possible through the inhabiting of the *I* within the moment of discourse, Oliver conceives of address-ability, the ability for a person to address another through discourse, and response-ability, the ability for the addressee to speak back, as the necessary conditions for subjectivity. *I* cannot exist without addressing itself to another person, a *you*. The *you* is therefore address-able as a participant in discourse. And, in turn, that *you* must have the ability to address the *I* in return. The importance of the *you* to Oliver, however, goes beyond being an object of address. Rather, the *you*, in her estimation, functions as a witness for the *I*. "Without a witness," she has claimed, "I cannot exist" (91). It is the capacity for and process of this kind of witnessing through language that form the very conditions necessary for subjectivity and agency.

The process of witnessing, however, is of particular importance in the context of those whose own sense of self has suffered as a result of trauma. Although Oliver does not specifically

use illness as an example of such trauma, her work may usefully be applied in the context of breast cancer, a disease that can have devastating effects on the minds and bodies, as well as the identities, of those who have it. In the case of cancer, one may experience one's own body as being "other" unto itself. Not only is cancer commonly personified as an "invader," as Susan Sontag's work has revealed, but the various organs and parts of one's body may be subject to examination, treatment, surgery, or even removal. The sense of oneself as an intact, whole, integrated being may become threatened. Such a state of embodiment evokes Irigaray's notion of permeability, in which the female body is not bounded but continuous, her sexuality not centralized in one organ but diffused among many (24, 28). Thus, the experience of breast cancer thus reinforces this fractured sense of self, which is already at work within the female subject.

Furthermore, under the Western model of health care, many women find themselves literally turned into objects under the medical gaze. They are no longer persons but patients, becoming embodiments of the disease itself. Such experiences render women with breast cancer prime candidates for perceiving their subjectivity as under attack, much the same way that Oliver's work considers those who have survived torture, slavery, imprisonment, or other traumas. Shoshana Felman and Dori Laub, who have worked on issues related to Holocaust testimony, focus on storytelling and insist upon the importance of having one's story heard by another. They wrote, "The absence of an addressable other, an other who can hear the anguish of one's memories and thus affirm and recognize their realness, annihilates the story." They asserted that it is this "annihilation of a narrative," the "story that cannot be witnessed," which ultimately proves unbearable (68). Thus, if an addressable other, a *you*, does not exist, then neither can the story nor the subjectivity of the *I*. There is, in fact, no *I* that is possible in such a

circumstance. The recognition given to the blogger by the very fact of her story being heard by an audience online is essential to her own sense of self.

However, listening to stories of illness, like those of other kinds of trauma, proves difficult for listeners. Arthur Frank claimed, “One of our most difficult duties as human beings is to listen to the voices of those who suffer” (25). The messages of the ill may be communicated in a “faltering” voice, and they testify to the vulnerability of the human body, a fact that most would prefer not to acknowledge. As such, many people might choose to remain deaf to the words of ill storytellers. For those who *do* listen, their participation in the narrative event obliges them to take on a certain responsibility. David B. Morris argues that listening carries a “moral implication,” because the act of listening to another demonstrates our judgment about the value of that person’s speech (263).

The relationship between storyteller and listener (or writer and reader) can be a meaningful and transformative one for both parties. Listeners are not simply affected by the stories they hear of illness or trauma. Rather, they become witnesses to those stories, affirming the existence, and by extension importance, of both the storyteller and the story. For those whose identity and sense of self has been destabilized, such affirmation can be powerful and secure not only a position of subjectivity but renew one’s humanity and connection to others as well.

### **Blogging and the Reader-Writer Relationship**

The comments feature is the specific mechanism through which these notions of addressability and response-ability, the prerequisites for witnessing and ultimately subjectivity, are realized on blogs. A standard feature of any blogging product is the ability for visitors to upload comments in response to a particular post. (Most products also give the blogger some ability to

control or customize such features, like whether comments can be made anonymously, and whether the blogger must approve all comments before they are published live on the site.) The comments feature contributes to the conversational tone that characterizes many blogs and the considerable interaction that may take place between writer and reader. The comments contributed by readers, which appear either below each individual post or through a hyperlink, become a part of the narrative itself—a part of the record of the experience of her cancer. By extension, the visitors to the blog become authors of that text as well, which yields a multivocal, collaborative text.

Oliver's theories on witnessing would suggest that the response-ability of the audience is fundamental to the storyteller's narrative and own subjectivity, that the comments left by visitors would be highly valued by breast cancer bloggers because they serve as evidence of the audience's capacity to respond. Many of the bloggers' posts do in fact describe how important the audience, and the audience's ability to respond via comments, is to them. In a post titled, "BLOGGING 101," Carolyn stated that she had realized "several people reading this are new to blogs," and therefore they are unaware that "this is an interactive media." She went on to give readers explicit instructions and clarify her expectations of them as readers: "Please leave comments to any/all posts by clicking on the comment link on the bottom of each entry. I am a sucker for feedback, and I currently feel like I'm writing into the void."<sup>57</sup> By having said that she felt she is writing "into the void," she expressed her desire for a reader—a *you*—that is not just present but response-able. Writing without an audience, in which there is no one to hear the narrative and confirm the blogger's subjectivity, is an intolerable notion. Although she playfully

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<sup>57</sup> Carolyn. "Blogging 101." Brave as a Tiger, Strong as an Ox. 26 Jan. 2006. 28 Mar. 2007. <<http://bravetigerstrongox.blogspot.com/2006/01/blogging-101.html>>

noted that she is a “sucker for feedback,” she ultimately expressed her own desire for recognition, for acknowledgement that her voice and her story have been heard.

The Butterfly also expressed how important reader comments are to her. She wrote, “This is a message to anyone who has commented on my blog: Thanks, and, more please. It feels good to know people are reading this...”<sup>58</sup> Comments provide confirmation; they are material, undeniable evidence of readership. Although with the publication of any text authors may reasonably *assume* the existence of a reader, blogs have a built-in mechanism for demonstrating their existence. And, when the story being told is one of illness, the importance of such a demonstration cannot be overstated. Jenny O also appreciated knowing that her posts were being read—that the comments feature confirmed that her narrative does indeed have an audience. She wrote, “I’m thankful for the comments on my blog, which let me know that people were keeping track of me and interested in how I was doing.”<sup>59</sup> Writers of conventional illness narratives must imagine the existence of a *you* to which they address their work. Bloggers, on the other hand, receive confirmation that a *you* actually exists, not only as a concept, but as an address-able and response-able subject, a factor which then works to confirm the existence of the *self*—the *I* as a subject.

Bloggers’ writing reflects that they are acutely aware of the potential for response, and they operate as if the readers are always about to respond—at every moment able and poised to speak back. Jeannette’s posts, for example, reveal her awareness of her readers’ capability to respond to her and to not only hear her message, but speak back to it as well. She wrote, “I miss my treatment. There, I said it. Don’t make me say it again or say it any louder for fear of

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<sup>58</sup> The Butterfly. “No, Comment.” Metamorph: The Journey Back. 14 May 2005. 28 Mar. 2007. <[http://thebutterfly777.blogspot.com/2005\\_05\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2005_05_01_thebutterfly777_archive.html)>

<sup>59</sup> Jenny O. “Giving Thanks.” At Least It’s a ‘Good’ Cancer. 23 Nov. 2006. 28 Mar. 2007. <[http://goodcancer.blogspot.com/2006\\_11\\_01\\_archive.html](http://goodcancer.blogspot.com/2006_11_01_archive.html)>

sounding like a real chemo junkie.”<sup>60</sup> Her insistence that her readers not make her “say it again” indicates that this is a distinct possibility that they could and perhaps would. Similarly Jenny O, after describing feeling particularly discouraged about her situation, wrote, “Yes, before you rush to reassure me, this glumness is accompanied by the recognition that I still have things to be grateful for.”<sup>61</sup> She anticipated that readers would have an emotional response to her writing and would in fact take action to reassure her. Her comment playfully preempted their intervention, but it also acknowledged that such an intervention is possible and perhaps even likely. Dana’s post also shows an assumption that readers can and will respond to her. She wrote, “To all of you who told me to take it easy or I would over do it and get sick...well you were right. Are you happy? I feel like crap and I am near to not functioning. What a week this will be.”<sup>62</sup> First, this post reveals some level of interaction in the past. She has been “told,” already, by her readers not to overexert herself. Perhaps her readers are other women who have had cancer, offering advice from their own experiences. She let them know that she did not heed their words and is paying the price. Her tone suggests she expects to get an “I told you so” or two in return.

Thus, through comments, breast cancer blogs illustrate the kind of response-ability that Oliver’s work describes as being essential to the process of witnessing. Comments ensure that readers can in fact respond to the words of the author and that the author is aware of such a possibility. In the case of blogs, wherein the technological application makes reader response so easy, bloggers not only value but *expect* a level of response-ability on the part of their audience. They seek not just the conditions for response, but the actual response itself, from readers. The

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<sup>60</sup> Jeannette. “Under the Big Top.” Two Hands... 17 Jul. 2005. 28 Mar. 2007.  
<[http://2hands.blogspot.com/2005\\_07\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_07_01_2hands_archive.html)>

<sup>61</sup> Jenny O. “A Thump in My Chest.” At Least It’s a ‘Good’ Cancer. 20 Nov. 2006. 28 Mar. 2007.  
<[http://goodcancer.blogspot.com/2006\\_11\\_01\\_archive.html](http://goodcancer.blogspot.com/2006_11_01_archive.html)>

<sup>62</sup> Dana. “The Great Holiday Letdown.” Journey Through Breast Cancer. 26 Dec. 2005. 28 Mar. 2007.  
<[http://fightingbreastcancer.blogspot.com/2005\\_12\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2005_12_01_fightingbreastcancer_archive.html)>

readers must go beyond just being able to respond to actually be sufficiently engaged in the text to be motivated to respond. To help foster this desire, some breast cancer bloggers explicitly encourage their readership to respond to their posts and become part of the ongoing narrative chronicled through the blog. Jenny O, after initially configuring her blog to allow for comments, said, “Please feel free to talk back!”<sup>63</sup> She wanted readers to understand that their participation in her narrative was encouraged, even essential. Carolyn, after encouraging readers to leave comments, said, “You have a lot to say too, I think.”<sup>64</sup> She assumed not only the ability for her audience to respond, but she encouraged the idea that they will *want* to respond. She expected this to be a specific responsibility they will embrace.

Even when bloggers make no explicit request for a response via the comments feature, they nonetheless are always anticipating a response in thought or emotion. Lori said, “I hope you don’t think me crazy,” and “My mood is so up and down and down and up. I am confusing myself, can’t imagine what you guy’s are thinking.”<sup>65</sup> As she is writing, she continually and simultaneously think about what is in the mind of her reader. Thus, even before the reader has had an opportunity to respond to the post via comments, the existence of the reader—or, more accurately, the mere possibility of the existence of the reader—is influencing the content of the blogger’s post. The text is thus marked with the presence of the reader, even before and apart from any type of comment could be posted.

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<sup>63</sup> Jenny O. “Comments.” At Least It’s a ‘Good’ Cancer 10 May 2006. 28 Mar. 2007. <[http://goodcancer.blogspot.com/2006\\_05\\_01\\_archive.html](http://goodcancer.blogspot.com/2006_05_01_archive.html)>

<sup>64</sup> Carolyn. “Blogging 101.” Brave as a Tiger, Strong as an Ox. 26 Jan. 2006. 28 Mar. 2007. <<http://bravetigerstrongox.blogspot.com/2006/01/blogging-101.html>>

<sup>65</sup> Lori. “Oh, Insomnia...Wasn’t Missing You.” Too Sexy for My Hair: A Young Woman’s Cancer Blog. 16 Sep. 2005. 28 Mar. 2007. <[http://toosexyformyhair.com/archives/2005\\_09\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_09_01_Too-Sexy-Cancer-Blog_archive.html)>

## A Desire for Recognition

Bloggers' explicit need for feedback from their readers via comments suggests the bloggers' own desire for recognition, a constitutive feature of subjectivity. One achieves selfhood by being recognized by another person. Thus, if one is denied recognition, or is misrecognized, her very identity and sense of self may be adversely affected or unrealized altogether. This desire for recognition from an other, in this context, a reader, characterizes the tone of many breast cancer bloggers' texts. In some cases, a blogger's demonstration of her desire for recognition asserts itself in a forceful way.

Von Krankipantzen's post dated June 18, 2005, for example, illustrates this desire on behalf of a blogger for acknowledgement from readers. She titles her entry, "Heloooooooooo?" Below a photo of herself with her white kitten, she posted the following text:

There has been an alarming drop in comments lately so I am bringing out the big guns. I am not above shameless pandering to get the attention I so wantonly crave. So here is a photo of Yoshi the day I got her. Such cuteness will bring you all back into my bloggy clutches.<sup>66</sup>

Although she feigned panic at noticing the decrease in audience feedback and coyly alluded to the attention she "craves," her post nonetheless seems to underscore the type of desire for recognition that Oliver described as being typical of those who have undergone trauma. It is vital to the blogger that her story be heard and thus her own subjectivity confirmed. By wanting her reader back in her "clutches," she actually revealed a yearning for the type of relationship of address-ability and response-ability that she had enjoyed previously through her blog.

After this post, Von Krankipantzen did in fact receive many comments. Squirrel wrote, "Baby kitty face! What a sweet little baby kitty face! How could I NOT comment on that."

JessicaRabbit offered a theory as to why audience feedback had declined, saying "I think its just

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<sup>66</sup> Von Krankipantzen. "Heloooooooooo?" Von Krankipantzen: Kicked Cancer's Ass! Took No Prisoners! 18 Jun. 2005. 28 Mar. 2007. <[http://krankipantzen.blogspot.com/2005\\_06\\_01\\_krankipantzen\\_archive.html](http://krankipantzen.blogspot.com/2005_06_01_krankipantzen_archive.html)>

a summer time thing with the comments, more people are out and about and not at their puters so much.” She hoped to comfort Von Krankipantzen and reassure her that readers’ recent lack of engagement is merely a function of the weather and thus is a temporary condition. Dang Cold posted to reassure her of his continued engagement and presence, writing, “I’m still here darlin’.” He reasserted his presence, his response-ability *and* responsibility in his role as a reader of her narrative. In fact, after four readers posted comments, Von Krankipantzen herself posted a comment, saying, “So glad my shamelessness has worked. Thanks for succumbing to my spell. I am totally feeling the love now.”<sup>67</sup> What she calls “feeling the love” might also be understood as wanting to feel that her story has been heard and acknowledged. In a sense, she wants to know that her process of bearing witnessing to her own experience of illness has not gone unrecognized, and that she, as a subject, has not gone unrecognized either.

The desire for recognition is also perceptible though the considerable attention bloggers pay to the traffic on their sites. Apart from noticing the quantity and identity of those who have offered comments, many bloggers also monitor their visitor statistics. Angi, for example, expressed her confusion as to why she observed a dramatic rise in the number of views her site received (a situation which she later learned to attribute to the fact that another blogger with breast cancer had recently posted a link to her site.) She asked, “How was this possible? How had little ‘ol me been found?”<sup>68</sup> Jeannette also alluded to the fact that she keeps an eye on the number of Web users who have found her site. She said, “Today the site will have its 25,000<sup>th</sup> visitor. I’m not sure where you all came from or how you continue to find me, but I am honored

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<sup>67</sup>Comments on “Helooooooooo?” Von Krankipantzen: Kicked Cancer’s Ass! Took No Prisoners! 18 Jun. 2005. 28 Mar. 2007.

<<https://www2.blogger.com/comment.g?blogID=11103331&postID=111912190180129049&isPopup=true>>

<sup>68</sup> Angi. “By George I Think I’ve Got It.” Hope, Strength, & Courage: My Story of Survival Through Breast Cancer. 14 Jul. 2005. 28 Mar. 2007. <<http://scrapaddictnv2.blogspot.com/2005/07/july-14-2005-by-george-i-think-ive-got.html>>

that you come here nonetheless.”<sup>69</sup> Why are these figures important? They offer tangible, observable evidence that proves the existence of a readership—of a *you* that is addressed by the *I*. Just as comments serve to lend proof that an audience exists, so too do the traffic statistics add support to this claim, a claim that is vitally important for breast cancer bloggers.

Because the blogger assumes a personal, intimate relationship with her audience, a sense of familiarity and proximity often results. The immediacy of the medium contributes to a conversational tone within the text. Bloggers may post daily or even multiple times per day, sharing often highly personal information about their lives and selves. Some blogs are maintained for years, and readers may closely follow one blogger’s writing for a prolonged period of time. Thus, whether actual, one-on-one communication and personal relationships develop between blogger and reader, the relationship may nonetheless be intimate. Lori wrote, “Just between you (yes you) and I...I cried myself to sleep last night and I cry now.”<sup>70</sup> She directly addressed her reader and reasserted to her that she is, in fact, addressing her specifically. Lori’s gesture in this post acknowledges that she understands that there is also a desire for recognition on the part of the reader. She reassured her that yes, in fact, she is speaking to her, affirming her own subject-position as an *I*—the subject of the address—and the *you*—the object of the address. Of course, the very existence of the blog in the first place suggests the blogger’s own desire for recognition as well. Langellier and Peterson’s word suggests that the audience of the blog as a collective group do not operate in the same way as an audience at a public event might, noting that although they may be many in number, they are nonetheless “dispersed and isolated readers” (171). As a result, although the blogger may in truth be directing her words to

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<sup>69</sup> Jeannette. “More Hits Than Pete Rose...” *Two Hands...* 4 May 2005. 28 Mar. 2007. <[http://2hands.blogspot.com/2005\\_05\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_05_01_2hands_archive.html)>

<sup>70</sup> Lori. “Feeling a Little Bit of Everything.” *Too Sexy for My Hair: A Young Woman’s Cancer Blog*. 24 Oct. 2005. 28 Mar. 2007. <[http://toosexyformyhair.com/archives/2005\\_10\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_10_01_Too-Sexy-Cancer-Blog_archive.html)>

an entire group of people, each receives the message as if it were intended her for specifically, individually.

In other cases, more informal, off-hand remarks suggest the intimate relationship between blogger and reader. Jeannette, after writing about feeling especially sick one day, concluded her post with a “sniffle” and “Hope your day is better.”<sup>71</sup> Her direct address here feels more indicative of what one might say to a friend in personal correspondence or over the phone, rather than as a text directed at an unspecified number of anonymous Web users. However, even though blogs are open to an infinite number of people, Jeannette’s blog emphasizes that many blogs are nonetheless written as if they are intended for just one or a handful of close friends, people who then feel as if the text is indeed *meant* for them. Von Krankipantzen’s writing style bears similarities in this regard. In an early December 2005 post, after lamenting how busy and tired she had been and promising to “catch up on comments,” she asked, “How are your holiday preparations unfolding?”<sup>72</sup> Again, this type of remark would be almost unthinkable as part of a traditional illness narrative, because the audience is not assumed to be a position to be able to actually respond to such questions.

With blogs, instead of imagining an audience that will read her words months or even years after her writing them, as may be the case with book-length narratives, a blogger knows that her words enter the public domain almost instantaneously. And, as such, a possibility for true dialogue and conversation exists that does not with other written forms. In addition, the tone of the dialogue may be highly intimate, suggesting a relationship that is more analogous to a small group of close friends than to an undetermined number of anonymous Internet users.

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<sup>71</sup> Jeannette. “\*Sniffle\* \*Cough\* \*Cough\*” Two Hands... 25 Sep. 2005. 28 Mar. 2007. <[http://2hands.blogspot.com/2005\\_09\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_09_01_2hands_archive.html)>

<sup>72</sup> Von Krankipantzen. “Holy Rush, Santa!” Von Krankipantzen: Kicked Cancer’s Ass! Took No Prisoners! 20 Dec. 2005. 28 Mar. 2007. <[http://krankipantzen.blogspot.com/2005\\_12\\_01\\_krankipantzen\\_archive.html](http://krankipantzen.blogspot.com/2005_12_01_krankipantzen_archive.html)>

However, the unique features of the blog sustain the capacity for a feeling of intimate, one-on-one conversation, while at the same time permitting dialogue among a dispersed and infinitely large number of individuals.

### **The Potential for Reader-Guided Narrative**

The reader plays a unique role in blogs, as compared to other forms of narrative, not just because they respond to the text but because they respond *while* the narratives are being created and recorded. Because the blogger's narrative is being written as they contribute their own comments, readers are positioned not only for their words to become part of the larger narrative but to guide the direction of the narrative as well. They have the ability to influence the words written by the blogger and in some ways to affect her consciousness. Langellier and Peterson described blogs' ability to approximate the kind of "adaptive action" that characterizes certain forms of storytelling (164). For example, in theater the storyteller-performer is in the company of the audience. As a consequence, the performer can adjust her performance in response to the audience *during* the performance itself. The audience can likewise adjust their response to the performance. This scenario contrasts with other forms of storytelling, like film, in which the performer cannot adjust her performance in response to the audience because the audience is "beyond the reach" of the performer during the performance (164). Langellier and Peterson thus contended that storytelling through blogs is "sort of like" the adaptive action possible in theater-based narrative because they decrease the "interval or delay between calibrations," which are adjustments that storytellers make in response to feedback from their audience (165). The evidence supports this idea and reveals that bloggers do indeed "adapt" their writing in response to the feedback they receive from readers via comments.

Those posting comments on Rachel's blog had for some time been requesting that she post a photo of her hair growing in after chemotherapy. She ultimately relented, and under the post titled "By Popular Demand," she included a photograph of herself with her short-cropped style.<sup>73</sup> Readers of her blog posted comments in response. Multiple visitors expressed thanks for her willingness to post the photo, and one poster, Barb, said, "I'm sure we'll all be logging in today to see it."<sup>74</sup> This sentiment suggests a community, a network of relationships that has grown up around Rachel's blog. The "we" that Barb mentions is Rachel's audience. They have a recognized identity as such, yet they also can play a discernible role in the direction of the narrative itself, both in form and content. Of course, they themselves contribute to the text in a literal and direct way through the uploading of their comments, but they also exert influence over the content of the actual posts that the blogger herself writes, persuading her to adapt her narrative in response to their feedback.

Besides influencing what a blogger may choose to write about or what photos to include, readers' influence may also be seen in the changes in a blogger's mindset or perspective. Jeannette posted an entry about how she had agreed to be interviewed for a book an author was writing about moving forward after a life-threatening or chronic illness. Believing this an important topic, she agreed. Upon reading the first chapter of the book, however, which the author had sent to her ahead of the interview to give her a sense of the book's approach, Jeannette became concerned. The book focused on discovering "the gifts of illness."<sup>75</sup> On her blog, Jeannette expressed her discomfort about being interviewed for such a project:

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<sup>73</sup> Rachel. "By Popular Demand." *Rachel's Breast Cancer Blog*. 30 Jan. 2006. 28 Mar. 2007. <<http://rachellevin.blogspot.com/2006/01/by-popular-demand.html>>

<sup>74</sup> Comments on "By Popular Demand." *Rachel's Breast Cancer Blog*. 30 Jan. 2006. 28 Mar. 2007. <<http://www.blogger.com/comment.g?blogID=13646602&postID=113862559277571546>>

<sup>75</sup> Jeannette. "The Who of What?" *Two hands...* 3 Apr. 2006. 28 Mar. 2007. <[http://2hands.blogspot.com/2006\\_04\\_01\\_archive.html](http://2hands.blogspot.com/2006_04_01_archive.html)>

Even typing the "gifts of illness" makes my stomach turn a bit. Where is the gift in all this? Is it the constant looking over my shoulder? Is it the paranoia that each ache, pain, or discomfort is something more than it seems? Is it the lymphadema [sic]? HMO headaches? Perhaps it is the aching scars? And if there is truly a gift, where is the receipt because I want my money back or at least an exchange.<sup>76</sup>

Jeannette's post reveals not only her reluctance to do the interview itself, but it also shows the distance between her own perspective and that of the dominant, culturally reinforced narrative of triumphant survivorship.

The mainstream breast cancer movement and society more broadly may pressure those who have lived through cancer to subscribe to the quest narrative, which emphasizes positive transformation in the face of illness. Survivors "overcome" the challenge of having been ill and are changed, always for the better, after the experience. Jeannette, however, who refused to claim that cancer has changed her for the better, or made her a more thoughtful, appreciative, loving, spiritual, or brave person, stands at odds to such cultural messages and may risk meeting criticism or rejection from others as a result. Among her community of readers, however, she finds approval and acceptance. Greg, for example, wrote the following comment in response to her post about the book project and interview:

Ask the ill person's loved ones whether they see it as a gift, and I suspect they will probably not think so. Perhaps because I lost the person who was ill, I have a hard time seeing this as a gift. What about my two young daughters who will grow up without a mother? A gift? No, I think not.<sup>77</sup>

Other comments also included expressions of solidarity. Brainhell said, "Gifts? My arse. I had these gifts before I was diagnosed!"<sup>78</sup> Similarly, Zee wrote, "Illness is NOT and will never be a gift," and Seaneen said, "God may not give us more than we can handle, but I sometimes think

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<sup>76</sup> Ibid.

<sup>77</sup> Comments on "The Who of What?" Two Hands... 3 Apr. 2006. 28 Mar. 2007.

<<https://www2.blogger.com/comment.g?blogID=7627415&postID=114431022137106060>>

<sup>78</sup> Ibid.

he has me confused with someone else.”<sup>79</sup> These are the kinds of responses that Jeannette may have difficulty receiving from friends, family, or health care providers in her “real” life, yet the ability for her to express her own discomfort with the survivor model is a central part of being able to bear witness to her experience of illness and recovery.

Jeannette, in response to the comments of support she received from her readers, posted a new entry. She revealed how the comments initiated a change in her own thinking:

So the comments on the last post made me realize I am not the annoyed "survivor" I sometimes feel. Thank you for making me feel normal (although that's another word I am growing to dislike nearly as much as survivor). Thanks Carolyn, Kranki, Zee, Seaneen (John?), Brainhell, and Greg for your comments. I struggle at times with the notion that I need to make everyone else around me feel comfortable with cancer and how I am feeling, even at this point in the game. It is nice to know that others have the same perspective on the topic.<sup>80</sup>

Because of the comments feature of her blog, Jeannette was able to read responses from her audience shortly after publishing and then respond to them in her next post. There is movement between the blogger and her readers as well as within the community of readers themselves. Their writings press upon each other, calling for acknowledgement and response. Instead of being a closed, univocal narrative of illness, the blog becomes a multivocal, dialogic text. The narrative evolves into a kind of collaboration.

In addition, the blogger’s own state of consciousness may be shaped over time by her conversations with her audience. Jacki expressed thoughts about blogging and how she had been changed by the process, writing that one of her primary purposes for blogging is so that “my faithful readers can check in on me at their leisure and when I write (and read the responses from

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<sup>79</sup> Ibid.

<sup>80</sup> Jeannette. “Another Round, Anyone? (Or, How Many Times Can I Say Perhaps??) Two hands... 5 Apr. 2006. 28 Mar. 2007. <[http://2hands.blogspot.com/2006\\_04\\_01\\_archive.html](http://2hands.blogspot.com/2006_04_01_archive.html)>

readers), my worries subside, my mood improves, my strength gets stronger.”<sup>81</sup> She also wrote about how valuable she finds the support that is exchanged between her and her readers:

And somehow in the past year, my blog has gained a new purpose. It has led me to a whole network of people I have never met — people who have found me on the internet through their searches for information on cancer. People who say I’ve motivated them, informed them, helped them. And they help me just the same. Just knowing that someone has benefitted from reading my words inspires me. It makes me feel my struggle is worthwhile. Some of these people leave comments on my site, some send me personal e-mails, and some have linked my site on their own sites.<sup>82</sup>

Here, Jacki has described how she envisions her relationship with her readers as being one that is mutually beneficial. She draws inspiration from the knowledge that her writing has been meaningful to others, and that feeling of inspiration drives her to continue writing.

Certainly, for many writers of illness narratives, this desire to help others by sharing one’s own experience is a primary motivator for writing in the first place. As Arthur Frank said, “Storytelling is *for* an other just as much as it is for oneself” (17). However, for writers of print-based narratives of illness, they typically do not get any feedback—any confirmation or indication that their writing has impacted someone—until *after* the narrative has been completed and is in circulation. In contrast, bloggers receive this kind of feedback all the time. A cyclical pattern develops in which a blogger posts, readers are impacted by and respond to her words, those responses then shape her next post, and so on. Both writer and reader, when such a reader is also one who provides responses via the comments feature, participate in sharing the experience and the writing of the other. The texts that are created on breast cancer blogs are a product of the intersection and interaction between these two groups, and these narratives could not exist as they do without them.

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<sup>81</sup> Jacki. “My Story.” My Breast Cancer Blog. 9 Jan, 2006. 28 Mar. 2007. <<http://grove.ufl.edu/~johndon/blog/?m=200601>>

<sup>82</sup> Ibid.

Thus, the relationship between blogger and reader reflects a property of storytelling that Langellier and Peterson referred to as “reflexivity.” They wrote, “Storytellers begin as audiences to themselves and others before becoming storytellers. It is the reflexivity of the storyteller that makes it possible for her or him to shift from audience to storyteller and storyteller to audience, to shift consciousness to experience and experience to consciousness” (3). There is movement among the various narrative events that take place in the context of blogging, including the experience as it exists in the blogger’s mind, how she gives that experience linguistic representation through the blog, and how readers interpret and then respond. There is similar movement between the subject-positions that bloggers and readers occupy. When a blogger posts an entry that is seen by a particular reader or readers, their subject-positions are configured in one particular pattern. However, almost instantaneously, as a function of the comments feature, a reader can post a comment that in turn situates the blogger as the reader and the reader, the blogger. The audience and the storyteller can, in effect, swap roles over and over again. Langellier and Peterson have thus claimed that the relationship between bloggers and readers actually “reproduc[es] those relations which they perform” (186). It is a relationship that is not predetermined but rather is characterized by fluidity and openness.

### **Envisioning the Reader**

Many women with breast cancer who blog envision their audience as being either other women who have cancer, or women who have some other personal connection to the disease. Their posts imply that their readers are positioned to understand the text as only other women who bear a connection to breast cancer could. The intimate, conversational style that characterizes many blogs supports this sense of familiarity and camaraderie among bloggers and

readers. Naturally, this sense of shared experience lends itself to exchanges of not only emotional support but of information and advice as well.

Some bloggers assume outright that their readers share a breast cancer diagnosis. Dana, for example, wrote, “I enjoy hearing from those of you out there who are going on this journey. If you have questions, I will answer them as honestly as I can.” She then explained how, when she had her first child, she became angry and resentful that other women had not accurately described to her “what it would REALLY be like to give birth.” She said, “I was mad at every women I know who could have filled me in...and didn’t tell me the truth.”<sup>83</sup> She regards her blog as an opportunity to share “the truth” with other women who are facing diagnosis and treatment of breast cancer, others who are also on “this journey.” She thus imagines her readers as women from whom she can learn and with whom she can share her own knowledge and experience.

This view positions the blogger as an authority, a source of knowledge, not only about her own experience but about breast cancer more broadly. Bloggers may find some satisfaction from such a scenario, particularly those bloggers who have received care under the biomedical model in which they, as patients, are typically not regarded as holders of legitimate or meaningful knowledge about their own bodies. Von Krankipantzen’s writing similarly reveals that she envisions a reader with a particular capacity to understand, in a personal way, her experience with cancer. In anticipation of her upcoming radiation and lumpectomy, she wrote, “I am actually looking forward to the surgery because I want this cancer OUT!!! Ew ew ew ew. Icky. You know what I mean?”<sup>84</sup> The presumed answer, of course, is that her reader *does* in fact know what she means, that she will be able to identify with her feelings of welcoming a medical

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<sup>83</sup> Dana. “Cancer Alliance.” Journey Through Breast Cancer. 19 Feb. 2006. 28 Mar. 2007. <[http://fightingbreastcancer.blogspot.com/2006\\_02\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2006_02_01_fightingbreastcancer_archive.html)>

<sup>84</sup> Von Krankipantzen. “ANOTHER Birthday?” Von Krankipantzen: Kicked Cancer’s Ass! Took No Prisoners! 1 Mar. 2005. 28 Mar. 2007. <[http://krankipantzen.blogspot.com/2005\\_03\\_01\\_krankipantzen\\_archive.html](http://krankipantzen.blogspot.com/2005_03_01_krankipantzen_archive.html)>

procedure associated with risk, trauma, and disfigurement because the desire to be rid of the cancer is so strong. She assumes that she does not have to *explain* such feelings—they are already shared.

Many bloggers, however, address not only women who have cancer but any woman who is at risk for cancer, which essentially includes all women. If their audience cannot share in the specific experience of having or having had breast cancer itself, they likely can identify with either being close to someone who has, or living with the fear of one day getting it themselves. In these cases, the tone of the posts often become didactic, offering instructions and advice for early detection and encouraging women to be informed, assertive participants in their health care. Von Krankipantzen, for example, considered the possibility that her readers may or may not know medical jargon or be familiar with cancer-related terminology and practices. She wrote, “Well, got my drain removed today. You may or may not know what this means.”<sup>85</sup> She then went on to explain the procedure of having a drain inserted into her arm to collect accumulating fluids that result from having had her lymph nodes removed. Although she refused provide “nitty gritty” details, she referred to having the drain as “gross and cumbersome.”<sup>86</sup> She recognized that the particular position of her reader, whether another woman living with cancer or not, partially determines the reader’s ability to interpret her narrative. She acknowledges the possibility of a reader having limited knowledge of the specifics of life with cancer and thus provides additional information to assist her understanding.

In other posts, Von Krankipantzen more explicitly envisioned an audience of women who have not, but might, receive a breast cancer diagnosis. For example, after writing about the

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<sup>85</sup> Von Krankipantzen. “Now I Am Free & Unburdened!” Von Krankipantzen: Kicked Cancer’s Ass! Took No Prisoners! 14 Mar. 2005. 28 Mar. 2007.

<[http://krankipantzen.blogspot.com/2005\\_03\\_01\\_krankipantzen\\_archive.html](http://krankipantzen.blogspot.com/2005_03_01_krankipantzen_archive.html)>

<sup>86</sup> Ibid.

details of her own Invasive Lobular Carcinoma, she said, “I encourage all ladies to examine your breasts and INSIST on a biopsy (core too) of any lump that seems out of the ordinary. BE PRO-ACTIVE! You just never know and I PROMISE you the procedure is not that bad. Lobular cancer typically affects women in their fifties. I was 35!”<sup>87</sup> Her writing alternates between describing her own subjective experience and instructing other women about how they might manage their own health and learn from her experience, a characteristic typical of breast cancer narratives in general. Mary also writes from the standpoint of a woman with a particular kind of knowledge that she wants to share with other women for whom it may be useful. She wrote, “I want women reading this to know what symptoms I may have overlooked so you too can become just a bit more informed for yourselves. We have been blasted with different media over the years.... do a self-exam.”<sup>88</sup> She wanted to use her own experience as a teaching tool for other women, and this desire becomes an important part of the desire to create and maintain a blog in the first place. The Butterfly too shared the expertise she had acquired as a result of her first-hand experience. After giving extensive information about the various surgical options available for breast reconstruction after mastectomy in relation to her own decision-making process, she wrote, “There! Now you’re a specialist in the techniques of breast reconstruction.”<sup>89</sup> By sharing the knowledge they have acquired as a result of their own experience, they imagine themselves to be not just women with cancer, but women with a particular brand of authority and wisdom that might benefit others.

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<sup>87</sup> Von Krankipantzen. “My Posterior and the Supernatural.” Von Krankipantzen: Kicked Cancer’s Ass! Took No Prisoners! 6 Mar. 2005. 28 Mar. 2007.

<[http://krankipantzen.blogspot.com/2005\\_03\\_01\\_krankipantzen\\_archive.html](http://krankipantzen.blogspot.com/2005_03_01_krankipantzen_archive.html)>

<sup>88</sup> Mary. “Some background... and some advice....” Sunnyside2day. 6 May 2005. 28 Mar. 2007.

<[http://sunnyside2day.blogspot.com/2005\\_05\\_01\\_sunnyside2day\\_archive.html](http://sunnyside2day.blogspot.com/2005_05_01_sunnyside2day_archive.html)>

<sup>89</sup> The Butterfly. “Practicing Medicine.” Metamorph: The Journey Back. 21 Dec. 2004. 28 Mar. 2007.

<[http://thebutterfly777.blogspot.com/2004\\_12\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2004_12_01_thebutterfly777_archive.html)>

In some instances, this interest may be expressed in both directions between reader and writer, with bloggers themselves making open requests for certain kinds of information and knowledge. Dana wrote about her struggles to make decisions about what course of treatment to pursue. After a diagnosis of breast cancer in only one breast, should she undergo a prophylactic mastectomy to remove her other breast as well? She wrote, “Surgery is weighing heavy on my mind. I really need some feedback, so please let me know you [sic] opinion!!” After further writing about the difficulty of the decision, she asked readers, “...will insurance pay for the surgery if the right side is elective?” She ended her post by saying, “Anyways, please let me know what you think about the surgery thing. I really want some advice and a different perspective. Thanks!”<sup>90</sup> First, she presumed that women who have been through similar experiences, who have had breast cancer, are among her readers. Secondly, she presumed an ability and a willingness on their part to respond to her request for first-hand knowledge. In addition to serving as a space through which she can bear witness to her own experience, her blog allows her to actively seek opportunities to receive witnessing from other women as well. The text, her narrative of illness, speaks outward to the reader and expects to receive speech back as well. There is conversation and movement in the text, as well as a dispersed and fluid notion of writer and reader subject-positions. The writer is also a reader, just as readers may also become writers.

It is not uncommon, then, for there to be a discernable sense of “we,” a feeling of community and collectivity, on many blogs. Regardless of how a blogger may imagine her reader, whether as someone who has or has not had breast cancer, the blogger envisions her reader as someone who shares in her journey. By virtue of reading about her experience, she

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<sup>90</sup> Dana. “Warning: Reading... Not for the Weak :-)” Journey Through Breast Cancer. 15 Sep. 2005. 28 Mar. 2007. <[http://fightingbreastcancer.blogspot.com/2005\\_09\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2005_09_01_fightingbreastcancer_archive.html)>

becomes a participant in that experience as well. Tabsmom's repeated use of "we" to refer to herself and her community of readers reflects this tendency:

It has been brought to my attention that I often say that I have "beat cancer." It's true, I have said it frequently, but that phrase is misleading. I say it to make myself and others feel like we're winning this battle, that it's done and over with and we can all move on with our lives. But I am really only saying it to make us all feel good.<sup>91</sup>

It is "we" who are waging the battle, and "we" who are working to move on with "our" lives.

While her use of *I* asserts her own subjectivity and individual claim to her experience of illness, her use of plural pronouns also indicates that her experience is nonetheless shaped and characterized by this quality of being in relationship to others, others who share some aspect of the experience themselves. They participate not only in creating the text of her narrative but her actual subjective experience as well. Jeannette's use of pronouns also reveals a complex notion of subjectivity. She wrote, "Join me in my countdown to Thursday, we are getting closer by the minute to my last chemo treatment!"<sup>92</sup> Jeannette considered it "my" countdown and "my" last treatment, yet it was "we" who approached the event, together. Even if she alone has cancer and must undergo chemotherapy, there is nonetheless a sense of a collective, shared experience associated with it. Those around her, including her readers, are alongside her and participate in the emotions that accompany that experience, if not the actual events themselves.

Blogs are not the only instance of illness narrative in which a sense of "we" emerges in discourse. Breast cancer support groups, which many women attend at some point during their illness, offer a chance for women to orally share their experience in the company of other women who also have breast cancer. While the narratives that are created in these settings bear some

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<sup>91</sup> Tabsmom. "Clarification on Beating Cancer." [I dare you to top this life...](http://tabsmom.blogspot.com/2006_02_01_archive.html) 23 Feb. 2006. 28 Mar. 2007. <[http://tabsmom.blogspot.com/2006\\_02\\_01\\_archive.html](http://tabsmom.blogspot.com/2006_02_01_archive.html)>

<sup>92</sup> Jeannette. "Where in the World is...?" [Two Hands...](http://2hands.blogspot.com/2004_11_01_2hands_archive.html) 2 Nov. 2004. 28 Mar. 2007. <[http://2hands.blogspot.com/2004\\_11\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2004_11_01_2hands_archive.html)>

similarities to those that develop through blogs, blogs mark narratives in unique ways. The kinds of stories that emerge through dialogue in a group setting are bounded in time, which forecloses the possibilities for participation by anyone outside that particular discursive moment. In the case of blogs, however, that discursive moment becomes sustained over time, keeping the narrative open to participation as long as it remains accessible online. There can always be new readers and new writers who respond to the text and prompt new responses from others. The dialogue is always “happening” in the current moment, attracting new “listeners” to the story who may be separated by geography and time.

In some ways, blogs do resemble oral narratives over print-based ones, despite blogs’ textual orientation. Laura K. Potts’s writing describes the unique way that stories about breast cancer operate for the storyteller and the audience. In one sense, the stories that are told are those of individuals. They describe personal experiences, characterized by a high level of detail and specificity. Breast cancer blogs articulate an individualized identity and self as shaped by a particular experience. Yet, at the same time, Potts has contended that they also have a quality of being “a common and shared story” (102). The “connective and collective” aspects of the narrative emphasize that the storyteller is not a lone, isolated figure, as the masculine subject of autobiographical writing would suggest, but instead a woman whose self and identity are constructed and supported through relationships (104). Although Potts applied this quality of being both “private and bounded” yet also a “collective narrative” in reference to oral breast cancer narratives, it seems a useful approach for discussing blogs as well (105). Each blog post may, when read individually, represent the private and highly personalized narrative of the blogger’s singular consciousness. Yet, the blog as an *entire* text, composed of blog posts written over time and the comments that are associated with them, form a narrative that represents the

multiple and shifting selves of writers and readers. As a narrative form, then, the blog can operate both as an individualized and as a collective representation of experience simultaneously.

In all acts of storytelling, there is a relationship between the storyteller and her audience. The nature of that relationship, including the level of reflexivity and immediacy involved, varies dependent upon the particular narrative form being used. However, there is always a person who tells the story and a person who listens, as those two subject-positions comprise the foundation of the act of storytelling itself. As Benveniste, Oliver, and others have argued, the absence of a listener negates not only the story, but the storyteller as well. The blog present an interesting context for examining the dynamics between storytellers and listeners because the relationship between them plays such a prominent role in the form itself. As Langellier and Peterson have asserted, blogs “emphasize rather than mask or disavow our participation” (168). The comments, as the technological function that makes reader participation possible, is more than just a feature of blogs. Rather, they *define* the blog, and the capacity for readers to respond immediately to bloggers is one of the unique characteristics that have driven blogs’ popularity. As a result, the kinds of narratives that blogs support bear little resemblance not only to the masculine, autobiographical writings of a hundred and fifty years ago, but also to the female-authored breast cancer stories of just fifteen years ago. Blogs are not simply the medium through which particular stories of breast cancer are recorded. These stories could not exist in any other form, for it the form of the blog itself that makes them possible.

### CHAPTER 3

## REPRESENTING SILENCE: TIME/DATE STAMPS AND GAPS IN NARRATIVE

*A few people have become concerned about my lack of communication the last couple of weeks.  
Here I am...a live and kicking...well, okay alive!  
-- Dana, November 20, 2005<sup>93</sup>*



Illness is marked by periods of pain, confusion, hospitalization, fear, depression, and other ruptures, which cannot readily be translated into language. Although these various disruptions characterize the typical experience of illness, they do not characterize the typical representation of it in narrative writing. Most first-hand accounts written by women with breast cancer devote no space to communicating the many silences—which resist linguistic expression—that figure so prominently in the lives of those who are ill. The constraints of conventional narrative erase the ruptures in narrative in favor of delivering a coherent, uninterrupted story. For a woman writing during her illness, the typical situation for most bloggers, the immediate necessities and concerns of the ill body intrude upon the narrative. Thus, the text of a blog becomes “marked” by illness in a unique and discernable way. The blog’s capacity to reveal, or at least *suggest*, the silences associated with illness and death make it a particularly effective means to convey the experience and consciousness of women with breast cancer.

### Storytelling and the Speaking Subject

The constraints of conventional first-person narration insist upon an unyielding *I*, a speaking subject, whose presence in the text is constant and uninterrupted. Autobiographical

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<sup>93</sup> Dana. “Here I Am.” *Journey Through Breast Cancer*. 20 Nov. 2005. 29 Mar. 2007.  
<[http://fightingbreastcancer.blogspot.com/2005\\_11\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2005_11_01_fightingbreastcancer_archive.html)>

writing is only possible when there is an *I* that speaks, for the *I* in fact signals a speaking position. The existence of words on a page testifies to the presence of an *I*. Readers, as such, do not see any absence of the speaking subject, because no part of the text dedicates itself to signaling the *absence* of language. In published book-length narratives, for example, the form that the most widely known autobiographical accounts of illness have taken over the past half-century, each page is filled with words. Pages fill chapters and chapters fill books, which, cover to cover, are composed of words—margin to margin. This abundance of language gives the impression that, because the stream of words is steady and unbroken, so is the narrator. She is always present, available, coherent, *writing*. We never experience the narrator as *not* speaking to the reader. Within the space of the text, her *I* confirms her existence, and her subjective position remains secure.

Again, the work of Emile Benveniste is particularly useful for interrogating how language enables subjectivity. The consciousness of self that one gains through language is only realizable through the contrast brought about by the polarity between the personal pronouns *I* and *you*. It is not simply the articulation of the *I*, but rather the articulation of the *I* in relationship to *you*, that installs the speaker as a subject. As such, storytelling would seem a particularly fitting means for securing one's sense of oneself and achieving a feeling of "psychic unity," a position which may come under threat in times of illness (729). A person who tells a story posits a listener, a process that identifies the storyteller as the *I* and the listener as the *you*, locating both of them as persons within the moment of discourse.

In light of Benveniste's theory, then, the activity of posting to a blog seems well suited to demonstrate this unique capability of language. However, Benveniste's privileging of language as the sole means for achieving subjectivity raises questions for those whose access to language

may be either intermittent or denied entirely by the experience of illness. If, as Elaine Scarry has suggested, human suffering is inexpressible in language, but subjectivity is only possible *through* language, what kind of subject-position is available to the woman rendered speechless by illness? Might blogs offer possibilities for representing suffering in ways that other narrative forms do not?

### **Blogging the Ill Body**

The interruptions in narrative—the silences—that characterizes the experience of illness are not only perceptible in the time between posts, however. Sometimes, the effects of disease, or more likely the treatments for disease, literally intervene to disrupt the blogger while she is writing. Posting to a blog is in fact a kind of labor that requires “bodily participation” (Langellier and Peterson 166). When bloggers sit in front of their screens to post, their state of embodiment persists—a condition with particular impact for ill persons. Through the posts of the blog, the body makes its presence known and thus marks the text with illness in a very literal way. These imprints on the text prevent readers from becoming too comfortable, from being able to ignore or deny the material and harsh circumstances of illness. Saba Bahar has written specifically about the difficulties for listeners of illness narratives, part of which stems from their resistance to considering disease as a possibility for their own lives (1031). However, when disease interrupts the text on the screen, disrupting the narrative and the act of writing itself, the power of the disease and the bleak reality of treatment are foregrounded in the text. Its harshness becomes visible and thus undeniable. Lori, while in the middle of describing events that had transpired earlier in the day, said “I don’t feel as if I can write anymore right now. When I feel better I will

blog about it.”<sup>94</sup> Overcome by pain or fatigue, she abruptly ended her post. The immediate needs of the ill body in the present moment overtake the mind’s recounting of past events. The linearity of the narrative is disrupted as events in the past and events in the present overlap within the text.

Blogs also reveal the demands that illness make on the mind. Minerva said she recognizes that her post is “not as well written or as edited as usual,” but that she felt “disjointed,” as if she is “here, but not here.” She jokingly reassured readers, however, that “normal service will be resumed soon.”<sup>95</sup> The Butterfly expressed confusion after a hospital stay. She wrote, “I really don’t know when I last posted or what I wrote. I had some time in the hospital because of an infection, fever and shortness of breath a while back and I can’t remember if I logged in since to write it all up. I’ll have to check later.”<sup>96</sup> Not only is she unsure of when, even if, she last wrote, she is seemingly too tired or ill to investigate any further at the moment. Dana wrote, “I need to get, yet, some more sleep...I have no control. When it hits, I go lay down. My body quits functioning whether I like it or not. So, off I go to bed! Goodnight!”<sup>97</sup> Here, again, the process of writing is subordinated to the demands of the ill body.

Dana’s posts also reveals the impact that the treatments for breast cancer have on the act of writing. She titled her post “No Title Available Due to Mush Brain,” and began, “I can’t even think of a title for this current blog...how sad is that! I am ‘as usual’ tired with a very mushy brain. I am having a difficult time keeping a focused train of thought and forming an intelligible

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<sup>94</sup> Lori. “Cancer Got My Tongue.” Too Sexy for My Hair: A Young Woman’s Cancer Blog. 7 Aug. 2005. 11 Dec. 2006. <[http://toosexyformyhair.com/archives/2005\\_08\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_08_01_Too-Sexy-Cancer-Blog_archive.html)>

<sup>95</sup> Minerva. A Woman of Many Parts. 12 Jan. 2007. 2 Feb. 2007. <<http://womanlyparts.blogspot.com/>>

<sup>96</sup> The Butterfly. “Catching My Breath.” Metamorph: The Journey Back. 2 Jul. 2005. 28 Mar. 2007. <[http://thebutterfly777.blogspot.com/2005\\_07\\_01\\_thebutterfly777\\_archive.html](http://thebutterfly777.blogspot.com/2005_07_01_thebutterfly777_archive.html)>

<sup>97</sup> Dana. “Taxol.” Journey Through Breast Cancer. 1 Aug. 2005. 11 Dec. 2006.

<[http://fightingbreastcancer.blogspot.com/2005\\_08\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2005_08_01_fightingbreastcancer_archive.html)>

sentence these days.”<sup>98</sup> She attributed her lack of clear thinking to “chemo brain,” a condition many cancer patients have described that follows a treatment of chemotherapy. It may entail disorientation, poor memory, and susceptibility to confusion. Her post also demonstrates her self-consciousness about how her treatment affects her writing: “This will most likely be a very short post since I am high on painkillers and not typing very well. So please pardon me if this don’t [sic] make any sense!”<sup>99</sup> Statements such as these emphasize the breaks in coherence that characterize not only the experience of illness itself but the experience of treatment. Lori’s post also describes the constraints that medication places on her ability to write:

So I promised myself I would start posting more often. Today would have been the perfect day for a nice long post but my legs were in so much agony we decided to up the ante on my medication (We as my husband, my mother, and myself) so I slept my afternoon and evening away.<sup>100</sup>

The pain of disease and the effects of medication place limits on when, and how, she is able to post to her blog. As a consequence, her readers’ access to her as a narrator is intermittent. At times, the fatigue, incoherence, or sleep that result from illness and its treatment overtake the speaker, leaving only the silence of inactivity in her place. In the case of breast cancer blogs, which unlike retrospective narratives are written concurrently with illness, the desire to write must contend with the demands of disease and treatment.

Some women state a desire for a “break” from writing out of mental or emotional fatigue, or they declare that writing competes with other life tasks, especially when one’s body is compromised through illness. Dana wrote, “I am signing off because I need to fix my family

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<sup>98</sup> Dana. “No Title Available Due to Mush Brain.” *Journey Through Breast Cancer*. 9 Jan. 2006. 11 Dec. 2006. <[http://fightingbreastcancer.blogspot.com/2006\\_01\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2006_01_01_fightingbreastcancer_archive.html)>

<sup>99</sup> Dana. “Good News? Bad News? That is the Question...” *Journey Through Breast Cancer*. 1 Oct. 2005. 30 Jan. 2007. <[http://fightingbreastcancer.blogspot.com/2005\\_10\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2005_10_01_fightingbreastcancer_archive.html)>

<sup>100</sup> Lori. “Here Goes Nothing.” *Too Sexy for My Hair: A Young Woman’s Cancer Blog*. 7 Mar. 2006. 2 Feb. 2007. <[http://toosexyformyhair.com/archives/2006\\_03\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2006_03_01_Too-Sexy-Cancer-Blog_archive.html)>

some dinner and resemble a fairly normal mother.”<sup>101</sup> Writing about breast cancer and illness reduces the time available to perform the duties required of “normal” mothers, like cooking and taking care of children and a home. Jeannette’s post also suggests a desire for “normalcy,” and that, to achieve it, some reprieve must be taken from the act of writing: “As much I write about and talk about breast cancer, I am taking a ‘normalcy’ break. That’s right. I’m off to have a family barbeque.”<sup>102</sup> Mary’s post reveals a longing for normal life. In an entry titled, “Yes, I am still here!” she wrote, “I know it has been a very long time since my last entry. All things ‘cancer’ are things that I want to get beyond. I want a normal life [...] Because of my seeking ‘normal’ I have failed to bring forth any more blog writings on this blog.”<sup>103</sup> Her post suggests that blogging about cancer may itself be a barrier to feeling normal.

Just as many bloggers feel a responsibility to explain the reasons for their past absences, they similarly feel a responsibility to alert readers to upcoming absences. In some cases, these posts introduce the possibility of future suffering that would prevent the act of writing. Recognizing that an unexpected silence on their blogs could be distressing to readers, they attempt to prevent such a disruption. For example, when Mary wrote, “If I don’t post again for days, you will know my reaction to the chemo was not good,”<sup>104</sup> she is preparing her readers for the possibility of her own absence and attempting to control the meaning of how that absence will be read. These warnings of future absences are not always specific or certain. Lori, for example, after having written that she will be not be writing for a while, said, “Who knows I may

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<sup>101</sup> Dana. “TV Appearance.” Journey Through Breast Cancer. 28 Oct. 2005. 11 Dec. 2006. <[http://fightingbreastcancer.blogspot.com/2005\\_10\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2005_10_01_fightingbreastcancer_archive.html)>

<sup>102</sup> Jeannette. “Independence Day.” Two Hands. . . 4 Jul. 2005. 11 Dec. 2006. <[http://2hands.blogspot.com/2005\\_07\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_07_01_2hands_archive.html)>

<sup>103</sup> Mary. “Yes, I am still here!” Sunnyside2day. 4 Oct. 2006. 30 Jan. 2007. <<http://sunnyside2day.blogspot.com/>>

<sup>104</sup> Mary. “Today is the day. . . Again. . .” Sunnyside2day. 19 Aug. 2005. 11 Dec. 2006. <[http://sunnyside2day.blogspot.com/2005\\_08\\_01\\_sunnyside2day\\_archive.html](http://sunnyside2day.blogspot.com/2005_08_01_sunnyside2day_archive.html)>

be back next week or next month, but I will be back.”<sup>105</sup> Although she is unable to indicate exactly when she will return, she nonetheless asserted that she will return, which in effect becomes a promise that she will not die. Her absence, she said, is temporary. However, readers are unable to rely on such a promise. Unlike conventional illness narratives, which are written after recovery, readers of blogs have no assurances that the narrator will survive. Composed in real-time, she has no more information about her future than her readers do. She does not know how her own story will end; thus, she cannot guarantee a happy resolution. As a consequence, readers are denied the comfort of knowing she will in fact return, and they must endure the anxiety that typifies the time between posts.

With the risk of further illness or death always present, for many women bloggers simply asserting their presence on their blog (and thus in the world) is an important and meaningful act. As Laura K. Potts wrote, “The act of writing is a crucial affirmation of living (106). Sandee, for example, titled her post “Fragile But Here.”<sup>106</sup> She may be ill, weak, tired, or overwhelmed, but nonetheless she is *here*, and her blog becomes a testament to her existence. Minerva wrote, “I am calmly, quietly, still here...”<sup>107</sup> Mary, in a post titled “Yes, I am still here!” wrote, “Yes, everyone, I am still here, walking, talking, breathing.”<sup>108</sup> Similarly, Dana wrote, “Here I am...a live and kicking...well, okay alive!”<sup>109</sup> By repeating the mere fact that they are alive, they answer readers’ enduring extratextual question: Is she still here? Every blog maintained by a woman with breast cancer somehow addresses this continual oscillation between presence/absence,

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<sup>105</sup> Lori. “Stuck in a Moment.” Too Sexy for My Hair: A Young Woman’s Cancer Blog. 13 Sep. 2005. 2 Feb. 2007. <[http://toosexyformyhair.com/archives/2005\\_09\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_09_01_Too-Sexy-Cancer-Blog_archive.html)>

<sup>106</sup> Sandee. “Fragile but here.” Sandee... I Will Survive. 12 Dec. 2006. 15 Dec. 2006. <<http://day-without-rain.org/wordpress/?p=12>>

<sup>107</sup> Minerva. A Woman of Many Parts. 8 Oct. 2006. 28 Mar. 2007. <[http://womanyparts.blogspot.com/2006\\_10\\_01\\_archive.html](http://womanyparts.blogspot.com/2006_10_01_archive.html)>

<sup>108</sup> Mary. “Yes, I am still here!” Sunnyside2Day. 4 Oct. 2006. 2 Feb. 2007. <<http://sunnyside2day.blogspot.com/>>

<sup>109</sup> Dana. “Here I Am.” Journey Through Breast Cancer. 20 Nov. 2005. 28 Jan. 2007. <[http://fightingbreastcancer.blogspot.com/2005\\_11\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2005_11_01_fightingbreastcancer_archive.html)>

here/not here, life/death. Periods without posts raise questions of death or greater illness, until a new post dissipates the tension and buys more time until such questions begin to surface again. In some cases, the real meaning of a blog post does not lie in its content, but in the mere fact of its publication. A day with posts means another day with life.

### **Illness and Absence through Blogs**

One way that the silences associated with illness become visible through the texts of breast cancer bloggers results from the blog's custom of labeling posts with the time and date of publication. Because blogs automatically stamp posts at the moment the blogger uploads them, readers can see the disruptions of daily life that characterize illness. The format of the blog, which highlights the time that passes between posts, suggests an author whose presence in the narrative is inconstant. Unlike other forms, blogs foreground not only the times during which one is writing but also the times during which one is *not* writing. It is these times—the ruptures that signify the inexpressible—that most fully represent the illness experience itself. Readers are left to measure the gaps between posts and inevitably to imagine what may have occurred in the interim. One would expect that readers of any blog may consider this question after a period of time with no new writing, but audiences interpret these silences differently when they occur within the blogs of people who are ill. Such extratextual concerns always loom, raising questions of health and sickness, life and death. Of course, the blogger, as a person, does not disappear but continues in life offline. However, the *representation* of her person in language on her blog, as a speaking subject—the narrating *I*—is interrupted.

Breast cancer bloggers themselves recognize the significance when they do not post for a time, and some even try to guide readers in how to interpret such periods of silence. Minerva, for

example, reminded her readers, “Silence can be a herald of good news,” and went on to say, “for the past two months, the silence has been a sign of good things.”<sup>110</sup> In her case, her work and family life had been going well and occupying her attention. She acknowledged that her readers may have been concerned during her absence, but she wanted them to know that there was no reason for worry. Jeannette explicitly instructed her readers what to think when her blog remains dormant for some time:

No updates are usually good updates. It means I am out living passionately and enjoying life. Or it could be that I have bitten off more than I can chew and haven't had a moment to spare. Or it is likely a combination of the two. The other option may be that I didn't want to talk about breast cancer for the moment. Some days it seems like a monster larger than life and other days it seems like a puny bug that I have handily squished.<sup>111</sup>

She understood that her absence causes her readers to imagine various scenarios. Yet, she expressed some ambivalence by refusing to comfort readers and insisting that there is no cause for concern. Although she began by assuring readers of the likelihood of “good updates,” she immediately gave alternatives. She may not, in fact, be out “enjoying life” but instead be overwhelmed by the physical and emotional tolls of her disease. Things are probably fine, but then again, they may not be. Her equivocation forces her readers into a position of uncertainty, a position analogous to the one in which she is kept by her own daily life with disease. These interruptions and uncertainties within her narrative are simply a fact of life with cancer, she seems to say. She refuses to smooth over the disruptions, to make them easy, clear, or comfortable for the reader.

After a considerable time has passed, most bloggers do offer some explanation to readers about the reasons behind each absence. For example, Eva wrote, “Hey guys, sorry I havent keep

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<sup>110</sup> Minerva. *A Woman of Many Parts*. 20 Dec. 2006. 2 Feb. 2007. <<http://womanlyparts.blogspot.com/>>

<sup>111</sup> Jeannette. “Springtime Joy!” *Two Hands...* 28 Mar. 2005. 30 Jan. 2007. <[http://2hands.blogspot.com/2005\\_03\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_03_01_2hands_archive.html)>

up with my blogs but I had another stay in the hospital. My hemoglobin dropped dramatically and I had to be taken to the ER. It was pretty bad.”<sup>112</sup> In this case, her absence was ascribed to a hospitalization. Other reasons for absence may be that the blogger simply is not well enough to write. Sandee wrote, “Hey everyone, sorry for the lack of posts...truth is, I haven’t been feeling well in the past few weeks. My headaches are debilitating, I’ve been dizzy, week & nauseous. I had chemo yesterday.”<sup>113</sup> Similarly, Adriene, after a ten-day absence from her blog, said that she had felt “too exhausted to write or to want to write about being exhausted.”<sup>114</sup>

There seems to be a high level of awareness among the bloggers that readers notice their absences. They often begin posts after a time away with an apology for not writing. They realize that even when not writing, they are nonetheless sending a message to readers. Dana, for example, in a post titled “Here I am,” explicitly responded to those who had posted comments that question her whereabouts:

A few people have become concerned about my lack of communication the last couple of weeks. [...] I am so busy and so tired I cannot even tell you! I have not had the energy to do much of anything except the very minimal required of me. I am mentally depleted and physically drained. The radiation is catching up to me quickly! [...] I appreciate all of you who have been concerned and keep in touch! I have been terrible at this lately, please forgive me!<sup>115</sup>

She concluded her post with an apology, which suggests that she feels she is letting her readers down. ThinkPink also struggled between feeling an obligation to her readers, while at the same time asserting that the blog is her own space, which she maintains according to her own interests and preferences. She wrote, “I find it hard to apologize for not using a place that is, in essence,

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<sup>112</sup> Eva. “At the hospital. . .once again.” Eva’s Pink Adventure. 2 Nov. 2006. 11 Dec. 2006. <<http://nalini-eka.spaces.live.com/>>

<sup>113</sup> Sandee. “Fragile but here.” Sandee... I Will Survive. 12 Dec. 2006. 15 Dec. 2006. <<http://day-without-rain.org/wordpress/?p=12>>

<sup>114</sup> Adriene. “How the Media Informs Us.” Archive of a Breast Cancer Survivor. 26 Feb. 2005. 11 Dec. 2006. <<http://www.softservegirl.com/survivor/02.26.05.html>>

<sup>115</sup> Dana, “Here I Am.” Journey Through Breast Cancer. 20 Nov. 2005. 28 Jan. 2007. <[http://fightingbreastcancer.blogspot.com/2005\\_11\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2005_11_01_fightingbreastcancer_archive.html)>

mine, to do with what I will. But the nature of blogging is such that people expect you to be there when they come a-calling, like a good neighbor. And so in that measure, I have failed.”<sup>116</sup> She wanted to maintain a sense of constancy and continuity, yet she was aware that she is not always able to do so.

Some bloggers avoid writing not just when illness makes them unable, but when the effects of illness make them unwilling. Lori said, “Well I took a break from posting. Geez, mainly for this very reason. I don’t know how to pick up where I left off. I’ve been in a negative space lately and I did not want to write until I was feeling a little better.”<sup>117</sup> She is reluctant to write at times when she is especially down, not wanting her audience to read pessimistic posts. The cultural insistence for women to remain brave and optimistic in the face of breast cancer is strong, and some women may feel that by expressing feelings of fear, anger, or sadness, they are failing to live up to the grand narrative of triumph over breast cancer. She would rather suspend her own narrative than contradict the culturally dominant tale of survivorship. She went on to say that “I apologize ahead of time for this post. [...] You may even find this post confusing to read and that’s because I am confused.”<sup>118</sup> Her words demonstrate a desire for intelligibility. She seemingly *wanted* to present a narrative of coherence and optimism, the kind of narrative promoted by the mainstream breast cancer movement and encouraged by doctors, family, and friends. Although there is a desire to present a narrative that readers will be able to understand, she cannot always sustain coherence. Dana’s post too reveals a similar reluctance to write when feeling particularly discouraged:

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<sup>116</sup> ThinkPink. “Impending.” ThinkPink, 14 Mar. 2006. 30 Jan. 2007.

<[http://think\\_pink.typepad.com/think\\_pink/2006/03/index.html](http://think_pink.typepad.com/think_pink/2006/03/index.html)>

<sup>117</sup> Lori. “Camp Complain.” Too Sexy for My Hair: A Young Woman’s Cancer Blog, 31 Aug. 2005. 3 Feb. 2007.

<[http://toosexyformyhair.com/archives/2005\\_08\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_08_01_Too-Sexy-Cancer-Blog_archive.html)>

<sup>118</sup> Lori. “Camp Complain.” Too Sexy for My Hair: A Young Woman’s Cancer Blog, 31 Aug. 2005. 11 Dec. 2006.

<[http://toosexyformyhair.com/archives/2005\\_08\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_08_01_Too-Sexy-Cancer-Blog_archive.html)>

I haven't written for a while...I just couldn't get myself to do it. I think I have officially crossed over to the dark side, as Yoda would say. I guess that sounds a little well...dark. Truth is, I have been struggling with the deepest, darkest depression I have faced yet. I have spiraled to a new all time low.<sup>119</sup>

Dana expressed not wanting to write while feeling such deep sadness, yet she understood that her absence required an explanation.

Because of the desire for coherence, women often choose not to write at all rather than write at a time when they are unable to make sense of their own feelings and show control over their experience. Jeannette wrote, "Sorry for my absence these days. I know I have so much to say about my journey of healing, but I am just not sure what it is."<sup>120</sup> Her emphasis on "healing" suggested a wish to conform to the uplifting ideal of inspiring survivorship. Yet, she was "not sure" whether she could, an admission that subverts the dominant narrative of unwavering bravery in the face of illness. Although her "absence these days" indicated that she did not want to put into language feelings of uncertainty, she nonetheless felt some obligation to explain her absence. As a result she resigned to writing about her feelings anyway.

Others openly discussed a fear of writing, of putting their thoughts about illness into written language. Jeannette wrote, "Sometimes it is hard to put pen to paper, or fingers to keyboard as it were. [...] Somehow it feels as though if I don't write the words, then I won't have to feel them, believe them."<sup>121</sup> She struggled with the consequences of putting her feelings into words, worrying that such an act might make them too real and thus unbearable. Lori, too, wrote, "I have much on my mind this evening. Somethings I am afraid to write about. Maybe afraid is

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<sup>119</sup> Dana. "Results." Journey Through Breast Cancer. 22 Mar. 2006. 11 Dec. 2006.

<[http://fightingbreastcancer.blogspot.com/2006\\_03\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2006_03_01_fightingbreastcancer_archive.html)>

<sup>120</sup> Jeannette. "Get Real." Two Hands... 31 Jan. 2005. 11 Dec. 2006.

<[http://2hands.blogspot.com/2005\\_01\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_01_01_2hands_archive.html)>

<sup>121</sup> Jeannette. "Words." Two Hands... 25 Oct. 2005. 30 Jan. 2007.

<[http://2hands.blogspot.com/2005\\_10\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_10_01_2hands_archive.html)>

not the right word.”<sup>122</sup> It is difficult to imagine how these kinds of fears would eventually make their way into the traditional retrospective illness narratives, which are written after a period of recovery. When reading a typical book-length narrative, for example, readers know the author overcomes her anxiety about writing because she completed the book. We can see the hundred-odd pages that still lie ahead of us, unread. In the context of the blog, however, there are no assurances, no promises, no guarantees of continued writing or continued life. Breast cancer bloggers are composing their narratives while in the very midst of illness, and the process of writing itself exerts a strain on an already overtaxed body and mind.

For some women, the mental and physical energy required to maintain a blog becomes a demand too great to sustain. At times, simply writing about cancer, the activity one is expected to carry out when one maintains a cancer blog, is just too tiresome or discouraging. Minerva wrote, “Forgive me, dear readers, but I have decided to take a break. I am finding blogging really difficult at the moment.”<sup>123</sup> Mary said, “I apologize for my lack of updating after the last chemo, but I reached a point where I just couldn’t and didn’t want to talk about cancer or chemo or all that goes with it anymore.”<sup>124</sup> Adriene, after two months without updating her blog, wrote, “I know. It’s been a long time since my last entry. [...] I simply got tired of talking about it.”<sup>125</sup> Their blogs show the emotional turmoil that many women bloggers express at having to make difficult decisions about treatment options, even though such stress often precludes writing. Adriene, posting for the first time after more than a week, wrote, “I know. You haven’t heard from me. [...] I haven’t been able to write because I have been possessed with making decisions

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<sup>122</sup> Lori. “Feeling a Little Bit of Everything.” Too Sexy for My Hair: A Young Woman’s Cancer Blog. 24 Oct. 2005. 30 Jan. 2006. <[http://toosexyformyhair.com/archives/2005\\_10\\_01\\_Too-Sexy-Cancer-Blog\\_archive.html](http://toosexyformyhair.com/archives/2005_10_01_Too-Sexy-Cancer-Blog_archive.html)>

<sup>123</sup> Minerva. A Woman of Many Parts. 13 Jul. 2006. 2 Feb. 2007. <<http://womanlyparts.blogspot.com/>>

<sup>124</sup> Mary. “A Long Time Coming...” Sunnyside2day. 24 Jan. 2006. 2 Feb. 2007. <[http://sunnyside2day.blogspot.com/2006\\_01\\_01\\_sunnyside2day\\_archive.html](http://sunnyside2day.blogspot.com/2006_01_01_sunnyside2day_archive.html)>

<sup>125</sup> Adriene. “A Trip to Hawaii.” Archive of a Breast Cancer Survivor. 13 Oct. 2005. 2 Feb. 2007. <<http://www.softservegirl.com/survivor/10.13.05.html>>

about my health. To radiate or not to radiate, that is the question.”<sup>126</sup> Dana, too, retreated from writing when struggling to make important health-related decisions. She wrote, “I have so much to write, but I just can't get myself to do it. This depression is eating me alive. It is a cancer of it's own. I am still trying to decide what to do about mastectomies.”<sup>127</sup> Jeanette also wrote about her reluctance, or inability, to write when she must devote such considerable mental energy to coming to terms with aspects of her own illness and treatment:

I've been quiet for a few days. I have had so many thoughts and emotions going through my head. I was having a bit of separation anxiety from chemotherapy. It wasn't quite strong enough to make me re-enlist for more treatment. Not by a long shot! It was just that sense of actively doing something to fight the cancer.<sup>128</sup>

By saying that she had been “quiet,” of course, does not mean that her illness or life had been quiet. Quite the contrary, her experience had merely been something that she did not, or could not, articulate in language, a requisite for including it in her written narrative.

Thus, unlike other forms of illness narrative, the unique characteristics of the blog highlight the times during which the author is *not* writing. The marking of each post with the time and date the blogger uploaded it illustrates the gaps in the narrative during which the blogger is absent from writing. Many factors may account for her absence, such as fear, discouragement, fatigue, and distraction. Bloggers, cognizant that their absence is noticed, often assume responsibility for guiding readers in how those periods of silence should be interpreted. By doing so, they create a kind of metanarrative, offering commentary on how their own lives are being narrativized through their blogs. Although they may have little or no control over the

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<sup>126</sup> Adriene. “Radiate.” Archive of a Breast Cancer Survivor. 25 Apr. 2005. 11 Dec. 2006.  
<<http://www.softservegirl.com/survivor/05.25.05.html>>

<sup>127</sup> Dana. “Height Chart.” Journey Through Breast Cancer. 6 Apr. 2006. 30 Jan. 2007.  
<[http://fightingbreastcancer.blogspot.com/2006\\_04\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2006_04_01_fightingbreastcancer_archive.html)>

<sup>128</sup> Jeannette. “Making Room for Less.” Two Hands... 16 Nov. 2004. 11 Dec. 2006.  
<[http://2hands.blogspot.com/2004\\_11\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2004_11_01_2hands_archive.html)>

reasons for their absences, their explanations of them denote an attempt to control the representation and interpretation of them.

### **Authorship and the Appropriation of Pronouns**

Sometimes, even posting to simply say “I am here” is not possible. Instead of remaining inactive, however, family members or friends, who may themselves closely identify with the ill person, often update the blog. As a result, the boundaries between the various *Is* and *yous* of the authors represented on the blog blur, and a new pronoun emerges: *we*. The post below was written by Joyce, the sister of Jeannette, a woman who for over two years had written about breast cancer on her blog:

Today marks the first of many appointments in the process of Jeannette's reconstruction. Guess what? It has almost become routine. Whereas last year was filled with concern, worry, and wonder, lately this entire process has become much like a Saturday errand list -- fairly easy to accomplish, as long as one remains organized. With our list, we are taking it one step at a time, one day at a time -- without fear or apprehension. We wish the same for all of you.<sup>129</sup>

When Joyce wrote, “we are taking it one step at a time [...] without fear or apprehension,” to whom does this *we* refer? Presumably, based on the context of the post, it refers to she and her sister, Jeannette. But do readers trust the authority of this *we*? Would Jeannette herself, undergoing the painful and potentially traumatic procedure of breast reconstructive surgery after mastectomy, describe the process as “fairly easy to accomplish”? Indeed, she may. And, readers may grant Joyce the authority to speak for the person of Jeannette because she has been granted access to the *space* from which Jeannette usually speaks. But what are the ethical implications of appropriating pronouns in this way?

In one sense, blogs could be seen as a narrative form that reinforces clearly defined

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<sup>129</sup> Joyce. “Know Fear.” Two Hands... 10 Jan. 2005. 11 Dec. 2006.  
<[http://2hands.blogspot.com/2005\\_01\\_01\\_2hands\\_archive.html](http://2hands.blogspot.com/2005_01_01_2hands_archive.html)>

notions of subjectivity. The subject-positions of *I* and *you*, Benveniste's requirement for subjectivity, are built into the structure of the Web pages. Most blogs conform to standard conventions of page layout and information architecture. The left- and right-hand navigational columns contain links to archives of past posts and other blogs, as well as in some cases a link to a personal profile or images. Links to comments, generally the only space in which voices other than that of the blogger are included, appear below each individual post. However, the clarity that typically characterizes the various identities represented on a blog diminishes when others post on behalf of a blogger to explain to readers the reason for her absence. These persons, who, if mentioned previously in the blog, would have occupied third-person pronouns, suddenly take up the privileged position of the *I*. The blogger, in turn, is relegated to the *she*, what Benveniste has described as a "non-person" that exists beyond the bounds of the discourse ("Problems" 221). However, when a family member or friend posts an update to a blog on behalf of a blogger, she or he not only inhabits the pronoun of the author—the *I*—but the *space* of the author as well. As a consequence, the boundaries between the self/subject and the other/object become blurred, a condition which undermines notions of a singular, unified narrator and echoes a post-structuralist, feminist understanding of a fluid and multivocal female subjectivity.

This fluid notion of subjectivity is further complicated by the conventions surrounding how posts are signed. The name of the author of a post generally appears at the bottom of the post, along with the time and date the content was uploaded. Thus, when a reader is viewing a post, the author of the post often appears below the portion of the Web page viewable within the computer screen. It is not until the reader has scrolled down far enough to see the end of the post that she learns the identity of the author. For this reason, many "guest" authors identify themselves immediately, so that readers do not confuse the *I* of the present with the *I* of the past.

However, some do not. In addition, on some occasions, guest authors fail to change the author signature, a feature which by default may be set to display the usual blogger's name, creating a situation in which readers must rely on their own knowledge and the context of the post to determine the identities of persons assigned to various pronouns.

One woman, Dori, chronicled her experiences with breast cancer through a blog. After she died, her husband, whom she had referred to as "JE" on the blog, began posting. Initially blogging to notify readers of her death, he continued posting long after, writing primarily about the struggles of raising their children and of life in general without her. However, he never changed the author signature that appears at the bottom of each post. As a consequence, a strange merging of identities occurs within the text:

I will celebrate alone tonight. But I do know that Dori is happy for me. [...] As happy as I am to see Texas win I realize that there are bigger things-more important things. My kids, my faith and my own well being are number one. Things like a national championships are nice but I can live without them.

Congrats to the Horns, congrats to me. Thanks Dori. Wish you were here to smell the roses with me.

*posted by Dori at 12:47 AM*<sup>130</sup>

A reader, particularly one who encounters this post as a stand-alone page (a common occurrence when search engines are used to navigate the Web), could understandably become disoriented when trying to sort out the subjectivities represented in this single post. The *I* that speaks in the text of the post, which begins "I will celebrate alone tonight," does *not* refer to the person whose name appears at the bottom of the text in the space reserved for the author. Dori appears within the text of the post as *she*, yet that same *she* had for years been the *I* in the context of this specific online space and explicitly identified as its author.

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<sup>130</sup> JE. "A Fitting End to One Heck of a Year." No Bra Required. 5 Jan. 2006. 11 Dec. 2006. <[http://www.nobrarequired.com/~dori/journal/archives/week\\_2006\\_01\\_01.html#000236](http://www.nobrarequired.com/~dori/journal/archives/week_2006_01_01.html#000236)>

Leigh Gilmore's work discusses the ambivalence with which women may add their signature to autobiographical texts, calling the title page a "site of necessary evasion." She points out that throughout history women were compelled to sign only "anon" to their writing. In addition, women's names may in fact represent a "fiction of identity," as their legal names have historically been signifiers of male property (81). In the online world, many women bloggers also choose to post under a fictional or de-personalized name. While this may simply convey a desire for privacy or security over their "real life" identity, it may also signal their awareness that the "blogger," or narrator of their own story, is itself a particular subject-position and may represent an identity distinct from other identities which they may inhabit in other areas of their lives. Thus, in women's blogs, the signature may not carry the same meaning or operate in the same way that it has for autobiographical works circulated through print media.

In another example, the husband of a woman named Cheryl, who had undergone treatment for breast cancer and subsequently died from the disease, frequently assumed the subject-position of *we* during her illness and treatment. He wrote, "We had a follow-up ultrasound on Wednesday," and "There are lots of issues confronting us."<sup>131</sup> The use of *we* in this case could understandably be read as a sign of solidarity, reflecting a desire on the part of family members to show love and support during the difficulties associated with prolonged illness. However, what sort of appropriation of experience is implied as a result of this language use? What are the consequences of presuming to speak for the ill, when they are unwilling or unable to speak for themselves? When Cheryl's husband wrote about the "issues" that "confront us," a reader might deem it a reasonable claim, considering the myriad challenges that a woman with cancer and her husband encounter. But does the husband's use of *us* in this case suggest that

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<sup>131</sup> Greg. "Where We've Been." California Hammonds, 24 Aug. 2001. 11 Dec. 2006.  
<[http://www.californiahammonds.com/weblog/where\\_weve\\_been/](http://www.californiahammonds.com/weblog/where_weve_been/)>

these “issues” are *the same* for both of them? As Elaine Scarry said, “Whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language” (4). Because the real nature of her suffering is inexpressible, her husband has no access to that part of her experience, although his use of pronouns could suggest otherwise.

In the days before Cheryl’s death, while she was hospitalized, her husband blogged about a conversation he had with her physician: “As he left, I followed him out of the room and asked if this was ‘that day’ on which he was giving us the bad news. He replied that nothing is ever certain, but that he thought it was.” After this post, a notice follows, set apart from the main text of the post by brackets: “This entry was not published contemporaneously on the journal for fear that Cheryl might see it while still alive.”<sup>132</sup> Although it is understandable that a husband would want to protect his wife from information that might cause her distress, his role as mediator of information about her illness is noteworthy. By being a presence in her hospital room, he is in a position to mediate the information she receives from her doctor. Then, by also being a presence on her blog, he mediates how her experience of illness is communicated—a mediation that occurs through his appropriation of pronouns. As an ill person, confined to a hospital bed, Cheryl can no longer be an *I*. Her only recourse to linguistic subjectivity, then, is by being subsumed within the *we*.

### **Death and Narrative Closure**

Instances in which a surviving friend or family member takes up the activity of posting to a woman’s blog after her death highlight an important characteristic of breast cancer blogs—they expose death. The majority of breast cancer narratives typically describe experiences of

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<sup>132</sup> Greg. “The Day I Dreaded.” California Hammonds. 13 Mar. 2004. 11 Dec. 2006.  
<[http://www.californiahammonds.com/weblog/the\\_day\\_i\\_dreaded/](http://www.californiahammonds.com/weblog/the_day_i_dreaded/)>

recovery, and writers tell stories that trace a positive movement through treatment to healing and ultimate wellness. This trend reflects the discourse of the breast cancer awareness movement, which encourages women to embrace the “survivor” mentality and rely on bravery, willpower, and a cheerful disposition as the means to recovery. This discourse is also closely aligned with that of the Western medical institution, which promotes a linear, biomedical model of diagnosis, treatment, and recovery that celebrates the advances of medical science and technological innovation. The consequence of these discourses and the conventional depiction of breast cancer in illness narratives is that the incidence of death is downplayed. Despite the successes of modern medicine as well as increased awareness about prevention and early detection, many women who are diagnosed with the disease will ultimately die from it.

By definition, stories of breast cancer have typically been narrated by those who “lived to tell the tale” or who at least are well enough for long enough to undertake the labor-intensive task of writing for publication (Langellier and Peterson 190). G. Thomas Couser concluded that, because the authors of breast cancer narratives are without exception survivors (at least for a time), their accounts of their experiences may constitute a “misrepresentation of the disease” (40). He noted that the majority of narratives are retrospective and written approximately five years after the cancer diagnosis, an occasion widely considered the “milestone of survival” (40). Writing from such a vantage point, narrators may feel tempted to consider their experience of illness as over. Such a tendency to create a closed-end narrative, in which the narrator presents herself as “better off at the end than at the beginning,” is therefore “false” to the actual experience (41). Even if these women do die as result of their illness subsequent to the circulation of their narratives, that death is not reflected within the text and the narratives nonetheless end with cautious assurances of survival. The storytelling effectively mutes the

incidence of mortality and provides for an “emotional and narrative denouement” (191). Those who have cancer receive a clear message of hope, and other readers may feel their own anxieties about illness and death lessened. Few people, as Couser has asserted, are motivated to either read or write an illness narrative that ends in tragedy (40). In conventional narratives, readers are nearly guaranteed the gratification that comes from the narrator’s recovery (43).

In contrast, blogs withhold such assurances. The blog enables a certain representation of death, the “final silence” of illness, within the content of the narrative in a way that other narrative forms cannot. Blogs are concurrent narratives, available to be read immediately after they are written. As a consequence, the narrator has little more information than the reader. The possibility of death is always present. Each post introduces the potential for bad news, and each day without a post introduces the potential for even worse. In a sense, the writer and the reader (assuming a reader who follows the blog as it is being written) both share in the day-to-day uncertainties of the experience of illness. Thus, reading a narrative of illness written retrospectively versus concurrently offers a substantially different experience for both writer and reader.

Inevitably, some women who chronicle their day-to-day experiences with breast cancer through blogs die. In some cases, a woman’s partner, spouse, friend, or family member will post a message on her blog, letting readers know of her death and providing a conclusion to the narrative. Because of the structure of blogs, wherein messages are posted in reverse chronological order with the most recent post appearing at the top of the page, these messages from loved ones often appear immediately above a post from the woman herself. For example, on October 22, 2005, Dan, the husband of The Butterfly, posted this message:

To all the friends, family and fans of the Butterfly, this is her husband, Dan.

I am sorry to post this news but some of you are already aware of it. I just feel that Ronne wanted an ending to this blog and was unable to do so. I will fill in the final blanks.<sup>133</sup>

He went on to recount the details of her hospitalization and death, the “blanks” of her narrative, which she is unable to complete herself. Immediately below this post, dated September 12, 2005, appears the last message posted by The Butterfly herself:

Remission is over.  
Cancer is progressing again.  
Time to try a new drug. Next on the menu: Doxil, given once every 3 weeks.  
I'm really upset and depressed. We are running out of drugs to try.<sup>134</sup>

These blog posts, of course, do not represent the event of death itself, but rather they demonstrate the gaps in the written narrative during which death occurs. How do readers make sense of the distance that separates September 12 and October 22? How might these interpretations differ if Dan had *not* updated The Butterfly’s blog to announce that she had died?

It is not uncommon to encounter a breast cancer blog, which, by virtue of being left un-updated, resists narrative closure altogether. Conventionally published illness narratives, whether in the form of a book, short story, or even poem, have endings. Those endings may not promise wellness, healing, or continued life. They may not suggest a hopeful future (although most do), or give any indication of what the future might look like at all. However, they all *end*, in a way that readers generally understand to be a deliberate choice by the author. In contrast, how do audiences read blogs that end abruptly—simply left, abandoned, in cyberspace? Because many of the most popular blogging software tools are associated with free hosting services, no financial relationship exists between a blogger and the host. Thus, a blog may remain accessible online long after a blogger ceases to actively manage it. In a typical blog, readers might assume

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<sup>133</sup> Dan. “Ronne Passing.” Metamorph: The Journey Back. 22 Oct. 2005. 11 Dec. 2006.  
<<http://thebutterfly777.blogspot.com/>>

<sup>134</sup> The Butterfly. “Nice While It Lasted.” Metamorph: The Journey Back. 12 Sep. 2005. 11 Dec. 2006.  
<<http://thebutterfly777.blogspot.com/2005/09/nice-while-it-last-ed.html>>

the blogger simply moved on to other projects, forgot her password, or some other scenario.

When the blogger is ill, though, they imagine possibilities that factor in survival statistics, treatment success rates, and remission likelihoods. The post below, from Beth, was published on November 8, 2005. At the time of this writing, her blog has not been updated since:

I want my boob back, and my hair. I hate that I have to dress up in my costume every morning, so that I look normal to the outside world. Can't wait to get in the house every evening, so I can strip down. The minute I walk into the house; I whip off the dumb wig, take out the fake teeth, and pull the fake boob stuffing out of the bra which has caused my left side to swell all day long. But then again, at least I'm still alive, right???..... Will update again, probably when I reach the next stage of my grieving process.<sup>135</sup>

Her post reveals the devastating physical consequences of a standard treatment for breast cancer, the mastectomy, and shows her frustration, sadness, and anger. But what is the reason for her prolonged absence? Did she suffer a recurrence of the disease, leaving her unable to continue posting, or did her emotional despair make writing an unthinkable endeavor?

Dana, who had posted regularly for over a year, last posted on June 28, 2006, and her latest post, unlike Beth's, suggests a more positive outlook:

Wow, it's been some time since I last wrote. We bought a new house and have been painting and moving. Exhausting, yet fulfilling. I feel so grateful to be a live. Last year at this time I had just went bald from chemotherapy and was sick as a dog. I feel grateful I am in a much different place. So grateful.  
[...]  
I realize now I cannot control the future. I just have to live the best I can. My faith has increased. I will go on.<sup>136</sup>

Yet, despite her seemingly optimistic frame of mind, she has not posted for a considerable length of time. These silences raise questions for readers, particularly readers who follow a blog over an extended period of time. On November 1, 2006, four months after Dana's last post, a visitor to

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<sup>135</sup> Beth. "Back to Work, Second Week." Beth's Breast Cancer Recovery. 8 Nov. 2005. 11 Dec. 2006. <[http://bethannbc.blogspot.com/2005\\_11\\_01\\_bethannbc\\_archive.html](http://bethannbc.blogspot.com/2005_11_01_bethannbc_archive.html)>

<sup>136</sup> Dana. "It's Been Awhile." Journey Through Breast Cancer. 28 Jun. 2006. 11 Dec. 2006. <[http://fightingbreastcancer.blogspot.com/2006\\_06\\_01\\_fightingbreastcancer\\_archive.html](http://fightingbreastcancer.blogspot.com/2006_06_01_fightingbreastcancer_archive.html)>

the site, iamnasra, posted a comment: “Its been awhile and you have not blogged hope you are alright...been checking your blog.”<sup>137</sup> This question of being “alright” is one that looms when blogs have silences that go unresolved. The uncertainty of how these open-ended silences should be read, whether as signs of greater illness or greater wellness, complicate the relationship between writer and reader. As Langellier and Peterson have insisted, “the language of survival and closure is the only language available for breast cancer storytelling.” (191) But what kinds of stories get told in the spaces of silence?

In many ways, the blog may be a narrative form particularly suited to stories of illness that emerge from life in the postmodern context. Traditional narratives of illness, composed after a period of recovery, rely on narrative closure and offer readers a hopeful account of survival. In the case of breast cancer, they often adhere to the culturally and medically reinforced narrative of triumphant survivorship. In contrast, blogs may remain open, promising readers no comfort of a happy resolution, and in some cases, they offer readers no resolution at all. And, unlike more conventional written narratives, which gloss over disruptions, breaks, and silences that mark the experience of illness, blogs allows these features to remain visible. As David B. Morris said, “We simplify and betray suffering...when we ignore its power to elude every linguistic and conceptual tool that humans employ to understand it” (196). Blogs challenge this notion by giving suffering representation, even if that representation is conveyed not through presence, but through absence. As a written form, blogs do not force the body and mind, disrupted and fractured by illness, to adapt to narrative forms that falsely urge stability, unity, constancy, and closure. If it is true, as Elaine Scarry has written, that pain has “no language,” perhaps there is no

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<sup>137</sup> Comments on “It’s Been Awhile.” [Journey Through Breast Cancer](http://www.blogger.com/comment.g?blogID=13649880&postID=115155154064280270). 1 Nov. 2006. 11 Dec. 2006. <<http://www.blogger.com/comment.g?blogID=13649880&postID=115155154064280270>>

better-suited forum for the ill person to communicate than one that represents not only the instances of speech, but also the instances of silence.

## CONCLUSION

*One year ago today I lost my breast. One year ago today the journey began. One year ago today I no longer was the person I knew, but a person I would come to know...*

*The rising of certain memories stays close, their nuances tactile and their smells real. And I keep near to my heart these very things—because it is these memories that create a clear distinction between then and now.*

*-- Adriene, December 5, 2005<sup>138</sup>*



Most women in America either know or are themselves a woman who has had breast cancer. Although other causes of death may claim more women's lives each year, breast cancer nonetheless remains what Barbara Ehrenreich has called "the biggest disease on the cultural map" (45). One reason it looms so large in the consciousness of American women is that it seems to defy the steady progress of modern medicine. While scientific advancement and technological development have made inroads into decreasing the incidence or mortality rates of a wide variety of other diseases, breast cancer has been on the rise since the middle of the twentieth century. Part of the reason that the number of women diagnosed with the disease has increased over time is that more women seek mammograms and seek them earlier, resulting in more women's cancer being detected than in earlier generations. However, the spread of diagnostic tools and even greater awareness about self examination do not fully account for the rise in incidence of the disease. The pervasiveness of the disease at this particular historical moment means that entire generations of women are working to make sense of the breast cancer epidemic, with each woman striving to come to terms with how she herself is positioned in relation to the disease.

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<sup>138</sup> Adriene. "When the Journey Began." Archive of a Breast Cancer Survivor, 5 Dec. 2005. 29 Mar. 2007. <<http://www.softservegirl.com/survivor/12.05.05.html>>

One of humankind's most ready tools for making meaning out of the events of life is by turning them into narrative. By becoming storytellers, we as individuals are able to gain some control over chaos and disorderliness, as well as find recognition for both ourselves and our stories in those who listen. It is not surprising, then, that women are telling stories about their experiences with cancer. And, also not surprisingly, they are doing so with the cultural forms that are presently at hand. What makes the blog unique as compared to other forms of narrative is that they combine the quality of sharing personal information with only a close circle of intimates that the diary signifies, with the quality of broad exposure and wider readership associated with print publishing.

This project has considered the ways in which blogs are distinct from forms of narrative previously available to women with illness. More importantly, however, it has attempted to show possibilities for how blogs might in fact represent a form of narrative particularly suited to both a feminine notion of subjectivity and the experience of illness itself. The specific features of the blog which, in fact, distinguish it as a blog, enable the representation of a self through writing which is multiple, dispersed, and shifting—those qualities which echo feminist critiques of the universal subject, always coded masculine. I intend for this project to serve not as an answer, but as a question. Although vast stretches of uncharted territory remain, I hope this work may be a first step toward understanding how women's representation of breast cancer is structured through blogs.

Some may charge that this argument presumes a technological determinist positioning, wherein the blog format imposes a particular kind of representation on the narrative itself. Although it would be naive to posit that the form into which any experience is translated does not influence its content, I nonetheless resist a technological determinist point of view. Rather, I

suggest that the technologies of traditional autobiographic writing, which presupposes, in fact relies upon, a single, stable *I* as narrator, are themselves determinist in their operation. By allowing the unfixed subjectivities that characterize the experience of being a woman with breast cancer to be represented in the form of the narrative itself, blogs may be a particularly effective means for telling their stories.

No statistical information about the number of breast cancer blogs on the World Wide Web exists. However, the use of blogs in general has exploded in the last several years, and one can reasonably expect that the number of blogs dealing with breast cancer have been on the increase as well. It is important to recognize that even though the Internet and related technologies have perhaps expanded the sheer number and kinds of voices represented, including those that have been historically marginalized, there is nothing inherently progressive about this medium. The Web is far from neutral territory. Rather, it is informed and shaped by the very same ideologies that permeate life “offline.”

Nonetheless, as part of the ongoing effort to increase possibilities for individuals, especially of those who are marginalized or otherwise risk going unheard, to tell their stories, one inevitably returns to the question of agency. Does the blog as a narrative form tilt the existing power relations in favor of the blogger? By blogging, do those who are ill better position themselves to effect true and meaningful change? Do they find audiences in significant numbers? Any cultural tool which expands the number or diversity of stories told is ultimately a good thing, I argue, even if those stories are at first spoken in hushed tones and only to those in close proximity. There is value and political significance in the speech act itself, regardless of whether those words bring about further change. Particularly for the woman with breast cancer, telling her own story claims the right to speak rather than to be spoken for, a right which some female

patients may feel is threatened at every turn in the clinical environment.

Still, the political consequence of these narratives extends beyond the blogger to reach society more broadly, as a community of both sick and well persons. Ultimately, these narratives issue a call to each of us to hear the words *and* the silences of women with breast cancer and recognize both the storytellers and their stories. David B. Morris, in writing about the AIDS epidemic, noted that the challenge was “to find genres appropriate for our era that validate, illuminate, and authenticate suffering” (196). Perhaps the blog, which highlights suffering’s ability to elude language while at the same time provides mechanisms for listeners to acknowledge it, is in fact today’s “genre appropriate” for breast cancer.

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