



The Recuperative Power of Autopathographical Writing in Tess Gallagher’s “The Women of Auschwitz”

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Abstract

This study aims to examine the American author Tess Gallagher’s “The Women of Auschwitz” in terms of narrativisation of illness as autopathography. In a confessional mode, the poem depicts Gallagher’s subjective experience of breast cancer and her medical treatment. The study attempts to demonstrate the ways the historical author makes use of poetry as a means of cancer wellness and a search for consolation as well as a meaningful confrontation with her breast cancer. It suggests that through the acts of writing and narrating, the author fights not only against the illness but also the metaphors and images collected around the concept of illness in such a way that the readers and the poet attempt to manage health-related stigma through recreating and reconstructing a new self, the poet through writing and narrating, and the readers through the therapeutic act of reading. Referring to the biographical details of the writer, the study deploys the theory of Susan Sontag concerning the metaphors of cancer and health-related stigma, and the terminology of Julia Kristeva regarding the recuperative power of writing.

Keywords: Tess Gallagher, autopathography, cancer narrative, Susan Sontag, Julia Kristeva

Introduction

*Cancer gave me courage.
Tess Gallagher*

Tess Gallagher is quite familiar with the concept of illness. As a daughter, her father died from cancer in 1982, and as a wife, her third husband, Raymond Carver, eventually succumbed to lung cancer in 1988. In subsequent years, she was admitted to the hospital for a precancerous condition in 1986 and diagnosed with breast cancer in 2002. In this respect, her subjective experience of cancer as a caregiver and patient are both combined and first-hand. This particularly manifests itself in her poems in a confessional mode, ““confessional”

meaning, in her case, that she often beautifully transforms incidents in her personal life into occasions for nearly mystical reflection" (Gilbert, 2007, p. 410). Therefore, this study attempts to dissect Tess Gallagher's "The Women of Auschwitz" in terms of the representation of breast cancer in autopathographical writing. The study aims to demonstrate how the historical author tries to regain recuperation through autopathography and how poetry helps her cope with the social stigma breast cancer brings forth and with the distorted body image. Within this framework, the study foregrounds the theory of Sontag regarding the metaphorical implications of illness and health-related stigma along with the benefits of autopathographical writing.

Autopathographical Writing

Cancer patient or survivor might construct a first-person narrative to document and represent the illness and "depicting illness in the form of narratives is a way of contextualising illness events and illness symptoms by bringing them together within a biographical context" (Hydén, 1997, p. 53). Narrativizing the impact of cancer on the patient/survivor and family members serving as a caregiver is used to historicize the patient's story and "When analyzed critically and holistically, illness narratives provide insight into the context of patients' lives, create and sustain empathy, and spark critical reflection on implicit biases and structural inequities" (Lee, et al., 2017, p. 306). "Narratives can be constructed and presented by the person who is ill, by his or her family, or by the medical professional" (Hydén, 1997, p. 53) and if the patient writes his/her own experience of illness, these narratives are referred to as autopathography meaning "autobiographical narratives of illness or disability" (Couser, 1991, p. 65) or "the patient's tale" (Aronson, 2000, p. 1599). The central concern for this autopathography is to narrativize cancer-related cognitive and physical impairments, functional decline, and emotional suffering for both the writing and reading subjects. These narratives might entirely focus on the illness, or the author may prefer to keep the experience of illness in the background, as "disease may remain in the background, as when serious illness stimulates reassessment of a whole life; but usually it is squarely in the foreground, as when the narrative is coextensive with the illness" (Couser, 1991, p. 65). A direct and striking parallel is accordingly drawn between the rise of autopathography and women writers, since "one of the notable and salutary features of this recent trend is the prominence of women writers in it" (Couser, 1991, p. 65). These narratives are thus mostly written by women writers about their subjective experience of cancer, particularly about the body image distortions induced by femininity norms and health-related stigma.

The narrative of illness might be incongruous with the experience of illness, since

Illness narratives are particularly subject to this implicit schism between that which is lived and that which is narrated. The ill do not live in narrative as much as they live in or through their illness. The narration of illness is often described as 'trying to make sense of that illness,' even if the narrative is disjointed or contradictory, and its metaphorical and representational nature is stressed. The very language of illness narratives betrays this duality between the illness and its telling. (Mathieson and Stam, 1995, p. 283-284)

Although what the ill subject experiences and what the writing subject narrates are not always the same thing and might reveal a disparity or seem to contradict each other, autopathography is aimed at distilling the experience of illness and translating the emotional suffering into a narrative frame in a way that it brings about a form of redemption and healing for the writer and reader. The patient thus achieves transforming the self by showing an emotional detachment from the image of illness so that this narrativization prevents the gradual disintegration of the self and identity.

Narratives of illness might be produced in the form of poetry which accordingly permits negation and prevents the denial of the signifier. Recounting the physical agony and depressive affect that leads the symbolic asymbolia enables the author to hold onto a third form (poetry) in a way that s/he narrativizes what s/he (un)consciously prefers to repress in the symbolic. Thus, what is concealed in the symbolic is revealed in the semiotic and converted to a poetic form. Kristeva explains this as negation, meaning “the intellectual process that leads to the repressed representation on the condition of denying it, and on that account, shares in the signifier’s advent” (1989, p. 44). Within this framework, the study explicates Gallagher’s poem as an autopathographical writing. It delves into the ways the persona narrativizes her illness to cope with cancer-related stigma and distorted body image.

Cancer as Metaphor and Health-Related Stigma

As each illness produces a metaphor within a cultural context, the patient feels burdened with and even victimized by that metaphorical thinking to such an extent that s/he is forced to struggle against the images around the concept much earlier before the illness itself. As for the diseases whose treatment is known to be relatively disheartening, painful, and expensive, this struggle proves to be twofold. Cancer is one whose very name, not to mention the diagnosis, arouses in the subject a sense of dread, deep anxiety, and fear of death. In *Illness as Metaphor*, Sontag compares cancer to tuberculosis with respect to the cluster of metaphors surrounding both concepts. Unlike the romanticized and idealized consumption, cancer is associated with social stigma and negative connotations for “in the popular imagination, cancer equals death” (Sontag, 1978, p. 7). This might be given as a reason why the physician is often reluctant to talk about the diagnosis as “conventions of the concealment with cancer are even more strenuous” (Sontag, 1978, p. 7). It means that clinical diagnosis of cancer causes a scandal in the social milieu and brings a disgrace upon the patient and his/her family, since “getting a cancer can be a scandal that jeopardizes one’s love life, one’s chance of promotion, even one’s job” (Sontag, 1978, p. 8). Often synonymous with death, cancer implies the imminent death of the patient.

Metaphors attached to cancer as an incurable and severe illness are profuse. As a disease “of growth (sometimes visible; more characteristically, inside), of abnormal, ultimately lethal growth that is measured, incessant, steady” (Sontag, 1978, p. 12), it desexualizes the patient. The development of cancer is slow and continual, having “stages rather than gaits; it is (eventually) “terminal”” (Sontag, 1978, p. 14). It mostly attacks bodily organs one feels embarrassed to openly articulate, such as “colon, bladder, rectum, breast, cervix, prostate, testicles” (Sontag, 1978, p. 17) so that “having a tumour generally arouses some feelings of shame, but in the hierarchy of the body’s organs, lung cancer is felt to be less shameful than rectal cancer” (Sontag, 1978, p. 17-18) due to spiritual qualities assigned to the lung. As a potentially fatal illness, cancer is construed to be extremely difficult for literary representation and too painful to be recounted in poetic works, especially for Sontag, who states that “cancer is a rare and still scandalous subject for poetry; and it seems unimaginable to aestheticize the disease” (Sontag, 1978, p. 20) due to the presence of “the agonies that can’t be romanticized” (Sontag, 1978, p. 36).

The emergence of self-delusions and self-recriminations with the onset of the disease is due to the metaphors attached to cancer. The patient is immediately beset with constant worries and tries to understand what s/he has done to be punished with a fatal illness. Sontag (1978) attempts to discuss this point as “no one asks “Why me?” who gets cholera or typhus. But “Why me?” (meaning “It’s not fair”) is the question of many who learn they have cancer” (p. 38). Cancer is thus deemed “forms of self-judgement, of self-betrayal” (Sontag, 1978, p. 40), and a betrayal of body and soul. The patient indulges in a fantasy world in which s/he develops the delusion that s/he is morally tested by God as a consequence of this betrayal.

Establishing a strong correlation between disease and character, Sontag emphasizes that cancer is believed to be caused by suppressed emotions, and this aspect of illness “condemns the cancer patient: expresses pity but also conveys contempt” (1978, p. 48). Hence, the patients that eventually succumb to cancer are viewed as losers, as “one of life’s losers” (Sontag, 1978, p. 49). This might be given as one reason among many for the cancer not to be romanticized and for the patient not to be thought of having a romantic character. Providing a psychological explanation for the disease ends up with ignoring and disregarding the physical aspect, since it means to attribute the blame to the personality of the patient rather than to consider other genetic, bodily, or environmental factors. Sontag dispels this misconception about the disease by emphasizing that “psychological understanding undermines the “reality” of a disease” (1978, p. 55), since “patients who are instructed that they have, unwittingly, caused their disease are also being made to feel that they have deserved it” (p. 57).

From the perspective of the patient, undergoing the medical treatment proves to be more painful than coping with the diagnosis and this notion is manifested as “the treatment is worse than the disease” (Sontag, 1978, p. 64). The long-term treatment for cancer is explained by analogy with warfare, as “the controlling metaphors in descriptions of cancer are, in fact, drawn not from economics but from the language of warfare: every physician and every attentive patient is familiar with, if perhaps inured to, this military terminology” (Sontag, 1978, p. 64). Cancer cells are not characterized simply by an uncontrollable and malignant growth but rather as being “invasive” and the whole body is attacked by these cells that are only treated with a “counterattack” (Sontag, 1978, p. 64). Conventional medical treatment thus has “a military flavour” (Sontag, 1978, p. 65), for the most common forms of cancer treatment are by the use of chemical substances, such as radiotherapy and chemotherapy. The former might be analogized to “the metaphors of aerial warfare; patients are “bombarded” with toxic rays” whereas the latter to “chemical warfare, using poisons” (Sontag, 1978, p. 65). Not every patient responds well to the treatment and eventually heals, as these methods might slow the growth of, damage, or even kill healthy cells in the body, since “indeed, some methods used to treat cancer can cause cancer” (Sontag, 1978, p. 65).

Cancer is a common form of health-related stigma which is briefly explained as “This judgement is based on an enduring feature of identity conferred by a health problem or health-related condition, and the judgement is in some essential way medically unwarranted” (Scrambler, 2009, p. 441). This health-related stigma proves to be prevalent in female patients with breast cancer which “is the most frequently diagnosed cancer and the leading cause of cancer-related death in females worldwide” (Wang et al., 2017, p. 158) and “in this context, the body image of women with breast cancer is particularly important” (Ahn & Suh, 2023, p. 1), since, in both patients and survivors, it leads to physical and cognitive impairments, psychological distress along with body image distortions. Patients or survivors may have disfigurements or scars on the body left by the mastectomy or lumpectomy or “it may be a small scar from a needle biopsy or a series of scars from a mastectomy. Or even multiple well-placed scars from careful breast reconstruction. Their bodies have changed, and the scars are a constant reminder” (Popp, 2023). Hence, they may develop sexual dysfunction, lose sexual attraction or sexual appetite, or come to believe that they fail to fulfil the societal norms of femininity, since “Breast cancer, in this way, has become an important focal point for highlighting how gender norms and expectations for women’s sexuality actively discipline women’s bodies” (McClelland, 2017, p. 29). Overall, all these factors contribute to the stigmatization of the patient and survivor whilst leading to social alienation, self-estrangement, and the loss of a sense of coherent self.

“The Women of Auschwitz” as an Autopathographical Narrative

Tess Gallagher explores the human condition in her literary outputs and aestheticizes her life experiences by transposing and transforming the physical pain and emotional suffering into art. Clearly, the poems that revolve around her experience of breast cancer and medical treatment rivet readers' attention with their intense style, apt analogy, and resonant imagery. Particularly, "The Women of Auschwitz" in the book *Dear Ghosts* published in 2006 is regarded as noteworthy in that it "reaches across time and geography, and we sit with all women who have suffered in *extremis*" (Derry, 2008).

The Women of Auschwitz
were not treated so well as I.
I am haunted by their shorn heads,
their bodies more naked for this
as they stumble against each other
in those last black-and-white
moments of live footage. (lines 1-6)

In the collective unconscious, cancer is implanted as war, and "Combat-oriented metaphors are deeply ingrained in how we talk about the disease" (Nicholas, 2013, p. 608). It compels the patient to wage war against her body, her psyche, and the illness as well as the metaphors and stigma attached to it. The historical author therefore draws a direct analogy between cancer and warfare in the opening line and demonstrates the relationship between the illness and the pattern of destructive metaphors associated with it. The title of the autopathographical narrative, "The Women of Auschwitz," which accordingly serves as the first line, refers to the Holocaust during World War II. The author compares her battle with breast cancer and long-term treatments in hospital to the struggle to survive and the years of internment at Auschwitz concentration camp. While she identifies with the Jewish women in the camp, she analogizes the painful treatment of cancer to the persecution those internees were subject to. She compares chemotherapy to gas chambers the women of Auschwitz are sent to and radiotherapy to the surgical procedure and medical experimentation conducted on those victims as German physicians are known to have carried out countless medical experiments by "scientific methods" – through depriving people of their reproductive capacity" (Jewish Virtual Library, n. d., Dr. Horst Schumann section), particularly by practising X-ray sterilization. In this regard, cancer is as brutal and violent as war is, and her aches and pains are as excruciating as the physical tortures Jewish women were subjected to. Through this poetic journey from present to past, "she lets their voices be heard in the profound way of identification" (Derry, 2008) and she conceptualizes her subjective experience and personal context by analogy with Jewish women's national experience and historical context, since in extreme physical pain she becomes reunited with them. She thus gives a meaning to her illness by focusing on non-cancer events and times and sustains cancer wellness, since "The intrapsychic and the interpersonal are thought to transform each other. It is likely this reciprocal interaction between internal and external experiences occurs in response to a woman's illness" (Spira and Kenemore, 2002, p. 177). For Gallagher, "the dead and the living fill these pages, but the dead abound" in this gruesome "confrontation with her own mortality, her cancer, her multiple surgeries, her survival" (Ashley, 2006, p. 165).

Before she cuts the braid
Teresa twines the red ribbon
bordered with gold into my hair.
The scissors stutter against the thick
black hank of it, though for its part,
the hair is mute. (lines 7-12)

With help from a woman friend, the author prepares her body for chemoradiotherapy and takes the necessary bodily form by cutting her hair so that she can integrate the illness into

her life and adjusts to the side effects of the combination of treatments. Chemoradiotherapy-induced alopecia is a common side effect of cancer treatment and marks the onset of body image distortions along with cancer-related stigma. It is a traumatic event for the patient with cancer as she has to adapt to the new image in the mirror. It is particularly dramatic for the female sex, for which the feminine beauty ideal might be culturally associated with the presence of long thick hair, and for Gallagher, who is internationally famous for wearing her trademark long hair, especially on the covers of her books, exposing her "surprisingly long, thick, strong-looking dark hair, much like the manes of the horses she so loves" (Ashley, 2006, p. 165), except in *Dear Ghosts*, where "the photo is of a woman with no hair at all" (Ashley, 2006, p. 165) is presented to readers. The author thus copes with alopecia by cutting her hair before it falls out and this effects a smooth process of transition from health to illness, from diagnosis to treatment.

The author struggles to give birth to a new her and life as she enters a new era after receiving the cancer diagnosis. Therefore, Teresa goes through a ritual practice of arranging her hair with a red ribbon as if she is a puerperal woman, since "Various cultures believe in evil forces that frighten postpartum women and cause them sickness or death, hence leading to use of precautionary practices to protect the women which include; praying, exchange of needles among puerperants, wearing red ribbons..." (Nakibuuka, 2021, p. 4). Likewise, the author makes a ritual of haircut prior to an initial phase of chemoradiotherapy. To remove cancer-related stigma, she has her hair cut in the form of a ritual so that she redefines her own position and identity, not as a passive victim or a patient but as a woman saint about to enter the novitiate. In this way, she does not reveal any self-pity and becomes open to what life, illness and treatment bring. Accordingly, the pair of scissors does not simply represent a new cut within this context but also a new identity, self and era characterized by the use of medications, cancer surgery, the long struggle with illness, physical changes, altered body image, the hope for recovery and the fear of recurrence. In this regard, this era is signified by the presence and absence, a loss and find of meanings, and she welcomes all these in a very audacious manner, without a feeling of pity and shame, and without repressing anything. She thus strives to build a sense of normal self to develop "a person's ability to live with cancer" (Spira and Kenemore, 2002, p. 178) as "it's hard to define the strength that shapes survival, so it's no wonder Gallagher sometimes goes too far into strange tropes or too deep into the clotted darkness of the private" (Gilbert, 2007, p. 412), yet "when she's in control, even her tentative affirmations are heartening" (Gilbert, 2007, p. 412).

When it was done
to them they stood next to each other.
Maybe they leaned
into each other's necks afterwards. Or
simply gazed back with the incredulity
of their night-blooming souls. (lines 13-18)

For a successful adaptation to cancer-related physical changes, Gallagher adopts a stoic attitude towards hair loss in the pretreatment period and regards it as a rite of passage, since "While women have no control over getting cancer, they can choose how to deal with cancer over time" (Spira and Kenemore, 2002, p. 176). That is why she gives one last glance to the remains of her former body, lying now all over the floor as a dark pile. To relieve the emotional burden, she attempts to reconcile herself to the new body image and responds to the haircut in disbelief in the same manner as hair does.

Something silences us.
Even the scissors, yawning at
the anchor rope, can't find their sound.
They slip against years as if they were bone.

I recall an arm-thick rope I saw in China
made entirely of women's hair, used to anchor
a ship during some ancient war
when hemp was scarce. (lines 19-26)

The author communes with other women in the textual realm to share her experience and assigns a meaning to cancer. Hence, she makes an interpersonal connection with women of older generations and bygone eras and presents examples of hair loss in historical and geographical contexts. This time she identifies with the Chinese women who have to utilize their hair to “anchor a ship used during some ancient war when hemp was scarce” (lines 24-26). This symbolic interaction assists in her adjustment to hair loss, treatment, and diagnosis. While, as a human being, she meditates on the brutal realities of the world again, she “traverses the boundaries of life and death, past and present, the permanent and impermanent” (Johnston, 2008, p. 112) thanks to this identification.

At last the blades come together
like the beak of a metallic stork,
delivering me into my new form.
The braid-end fresh and bloodless.
Preempting the inevitable,
Teresa uses the clippers to buzz off
the rest. Breath by plover-breath,
hair falls to my shoulders, onto the floor, onto
my feet, left bare for this occasion. (lines 27-35)

The author integrates cancer into her life by reevaluating physical changes from an ontological perspective. She draws an analogy between the scissors and the stork which is viewed as the universal symbol of fertility, (re)birth, and growth. She reconceptualizes the braid as the umbilical cord and forms an impression that she is a newborn baby delivered by caesarean section. In that regard, she gives birth to a mature her.

As the skull comes forward,
as the ghost ship
of the cranium, floating
in its newborn ferocity, forces through,
we are in no doubt: the helm
of death and the helm of life
are the same, each craving light. (lines 36-41)

She assigns a meaning to the changes in the pretreatment period. The skull is thus analogized to the ghost ship to reveal the ghastriness of the cranium after the haircut. It strangely unites illness with health, death with rebirth, and the end with the beginning. Hence, she comes to regard the head with no hair as the head of a newborn.

She sweeps the clippings onto the dust pan
and casts them from the deck
into the forest. Then, as if startled awake,
scrambles down the bank
to retrieve them, for something live
attaches to her sense of hair, after
a lifetime cutting it. (lines 42-48)

The author attempts to reconcile herself to the pretreatment condition and goes with the flow. To this end, she does not overestimate the haircut. She does not display a sign of weakness

or intend to evoke sympathy in readers but is willing to accept things as they are and seems ready for the changes in her life.

I am holding nothing back.
Besides hair, I will lose toenails, fingernails,
eyelashes and a breast to the ministrations
of medicine. *First you must make
the form*, Setouchi-san tells me, explaining
why the heads of Buddhist nuns are shaved.
The shape is choosing me, simplifying,
shaving me down to essentials,
and I go with it. Those women
of Auschwitz who couldn't choose—
Meanwhile the war plays out
in desert cities, the news shorn of images
of death and dismemberment. (lines 49-61)

She copes with the stress of cancer treatment by confronting treatment-related side effects and provides readers with a very lurid description of the effects of medical interventions. Due to chemoradiotherapy, she is to get onycholysis and madarosis and undergo a mastectomy to remove her breast. These adverse side effects might cause body image alteration, psychological distress, and physical disability, but Gallagher prepares mentally for these physical and cognitive impairments and adapts accordingly to regain a sense of control. To alleviate her fear and anxiety, she makes an analogy between her condition and Buddhist nuns who traditionally practise tonsure. She in fact assumes the necessary form to transition to the new era in her life and creates a sense of identity by redefining her position as a woman saint. Hence, the treatment and experience are a type of life transitions to get to her core and discover who she really is. She accepts the diagnosis and adjusts to life with illness but shows unwillingness to submit to metaphorical meanings assigned to cancer; instead, she regards this as an experience and an occasion to grow, mature and transform. Once more, she remembers all those women in the remote parts of the world, identifying with and feeling sympathy for them who, unlike her, "couldn't choose" (line 58). Her freedom of choice and the fact that medical treatment gives her a choice, at least the choice when to undergo operations and get chemoradiotherapy and, more importantly, to receive a treatment of her own free will, makes her feel relatively relaxed compared to others in Auschwitz who are left with no choice. Therefore, the Iraqi women barbarously murdered spring to her mind and the images of dismembered bodies come to haunt her when she imagines her body in the treatment and post-treatment periods. Derry (2008) interprets these lines as serving to highlight "the solidarity with these women." Thus, all women (from Jewish to Chinese and Iraqi females) find a voice and are commemorated in Gallagher, in her body and her psyche, in her illness and her lines while she reminds readers of the co-existence of life and death, and the impermanence of illness and health. She boldly speaks about "war, deaths of family and friends, cancer: difficult but serious topics of considerable interest to those of us who share her concerns about the world, morality, and mortality" (Doreski, 2006, p. 195). She relooks at everything through the lenses of her experience and her body becomes the site of gaining a perception of how other people experience life and death.

I make visible the bare altar
of the skull.
Time is deepened. Space
more intimate than
I guessed. I run my hand over
the birth-moment I attend sixty years

after. I didn't know the women
would be so tender. Teresa takes my
photograph in Buddha Alcove, as if to prove
the passage has been safe. Holly, Jill, Dorothy,
Alice, Suzie, Chana, Debra, Molly and Hiromi offer flowers
and a hummingbird pendant, letting me know
they are with me. My sister
is there and Rijl. (lines 62-75)

The author derives comfort from spirituality and interpersonal relationships to cope with the illness and sustain cancer wellness, since “In an attempt to regain some sense of control and to make meaning out of the experience, cancer patients often turn to God or clergy or some form of spirituality for support” (Spira and Kenemore, 2002, p. 179). Hence, she seeks refuge with Buddhism, whose fundamental teaching is that life is an endless cycle of death, rebirth and suffering and endorses the idea that “Gradually, we come to see that as we shift our subjective perceptions, the perceived also changes. Since subject and object are joined in the ground of our perceptions.” (Young-Eisendrath, 2014, p. 548). In this context, she shifts her perception and experiences her new body and self from a purely ontological and spiritual viewpoint by practising mindfulness. With the new form she takes on, she returns to her infancy and her lifecycle to its beginning, as if she is now in her second life. Her seemingly defeminizing illness helps her discover the communal motivation and compassion of other women who mother and take care of her. They take her photographs and offer her flowers regarded as the symbol of impermanence and a spiritual tradition in Buddhism. Female friends and companions, including her sister, help her regain courage and faith in herself, recovery, rebirth, health, life, and the state of transition. Thanks to all these women, she finds courage to stand on her own feet to fight against the illness and for the survival. Cancer might bring about changes in her female body and appearance, but absolutely fails to rob her of her inherent womanhood, femininity, female psyche, and bodily autonomy. Contrariwise, she rediscovers her womanhood and life once more with the help of these bonds of sisterhood and female friendship as “Wellness is also a relational process and takes place in the context of a complex network of relationships that include family members, friends, clergy, medical personnel, and other caregivers” (Spira and Kenemore, 2002, p. 184).

I feel strangely gentled, glimpsing
myself in the mirror, the artifact
of a country's lost humility.
My moon-smile, strange and far,
refuses to belong to the cruelties of ongoing war. I am like a madwoman
who has been caught eating pearls—softly radiant,
about to illuminate a vast savanna, ready
to work a miracle with everything left to her. (lines 76-83)

The author reconciles with the new image in the mirror as a result of her reconciliation with her body and her confrontation with cancer. She attributes a new meaning to that image and explore a subtle aspect rather than repulse the reflection, thinking that it is now distorted. She reconsiders and redefines this appearance as a symbol of the renunciation of earthly things and a form of dedication to the sublime and spiritual. Despite cancer, she is able to wear a bright smile on her face which indicates that she refuses to be engaged in a battle with herself, her body, and her soul in a world where there is already too much of “the cruelties of ongoing war” (line 80); it is only cancer itself she must fight off. She eventually finds inner peace by adjusting to a life with cancer and hopes to perform a miracle by healing completely with what is left for her in the aftermath of alopecia, onycholysis, madarosis and mastectomy. Thus, she sustains cancer wellness by living in the present and stopping to worry about the future, since

Cancer wellness implies being open to new possibilities and ways of looking at oneself and the world. It usually entails giving up the illusion of control, though feeling the empowerment of letting others take care. It means knowing when to trust individual choices for care and when to put faith in another for decisions. It means tolerating the ambiguity of the moment and the future. (Spira and Kenemore, 2002, p. 176)

The author consequently prefers to focus on what is controllable and derives support from a circle of female friends to deal with cancer while regarding the illness as a life transition.

Conclusion

The focal point for "The Women of Auschwitz" by the American writer Tess Gallagher is cancer wellness and cancer survivorship. The autopathographical narrative deals with the postdiagnosis and pretreatment periods and recounts the author's attempt to develop an ability to live with cancer as a chronic illness. She adapts to her new life with cancer by assigning a meaning to the illness and regarding it as a life transition. To integrate the illness into her new normal life, she seeks assistance from female friends, derives comfort from spirituality and confronts treatment-related physical changes so that she can go with the flow. The acts of narrating and writing of the experience of breast cancer thus enable the author to hold onto a third form, autopathographical narrative, in lieu of the illness and to reorder her affective and cognitive states by demystifying cancer so that she can negate rather than display a denial of the signifier. As the writer recreates a new self by producing a narrative form, the readers develop a sense of self by the therapeutic act of reading. Both the writer and the readers thereupon achieve a poetic healing and find relief. To conclude, thanks to "her understanding, her humility, her openness to the world and to human experience, coupled with evident commitment to words and art" (Johnston, 2008, p. 111), Gallagher explicitly encourages other patients with cancer to confront their illness and health-related stigma by reminding them of that it is only their bodies that are attacked by cancer cells, not their hearts, minds, and arts.

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