Chapter 2

Beyond the Lump: Grappling with Fear and Anxiety

> Fear is not always directly of dying or death, but of a range of experiences, thoughts, possibilities and impossibilities that are related to the diagnosis and prognosis in cancer—a disease that draws acute attention to one's mortality and then, in many cases, asks you to sit with that over several years, uncertain whether or not you will live or die.
>
> Jennifer Mae Hamilton, "Affect Theory and Breast Cancer Memoirs," 2021

2.1 Introduction

2.1.1 Fear and Anxiety in Breast Cancer

Studies have shown that cancer is the most dreaded of all life-threatening chronic illnesses, sparking widespread fear and anxiety, often referred to as "cancerophobia" (Patterson, 1987, p. 255; Awang et al., 2018, p. 175). Looking at its deadliness, cancer is often referred to as a "death sentence" (Sontag, 1978, p. 102), and many people even use the metaphor of 'cancer' to describe any other extreme fears in their lives (Patterson, 1987, p. 307). The term cancer is associated with all the kinds of fear that grow from every irrecoverable malignancy of one's life. Of all types of cancer, women often fear breast cancer due to its frequent occurrence and significant psychological and social impact (Mazumder et al., 2022, p. 243). Identified as the most feared cancer among women by the American Cancer Society (Lerner, 2003, p. 7), breast cancer often leads to significant biographical disruptions in women's lives, profoundly altering their sense of self, identity, and life narrative, leading to a tremendous amount of

multidimensional fear, and forcing them to re-evaluate their past, present, and future. A study based on Thai women's breast cancer experiences has established how biographical disruption leads to fear, death anxiety, and loss of hope, causing psychological shock in the lives of breast cancer patients (Liamputtong & Suwankhong, 2015). Besides, the medical treatment of breast cancer, including mastectomy and chemotherapy, is very painful, and they do not guarantee a cure for the illness. Patients often struggle with the fear of illness and death anxiety when considering the choice between undergoing invasive treatment to continue living or avoiding treatment and facing the risk of dying (Springen, 2008, p. 1).

The exact response of fear and anxiety in patients suffering from breast cancer is generally measured by using the Health Belief Model (HBM). The Extended Parallel Process Model (EPPM), developed by Witte, incorporates perceived threats in breast cancer, especially those related to one's screening behaviour from HBM, and also adds an anxiety/ fear response (Champion et al., 2004, p. 754). In America, regular screening mammography is encouraged, as both the American Cancer Society (ACS) and the National Cancer Institute (NCI) recommend it to women aged 40 years or older (American Cancer Society, 2023; National Cancer Institute, 2023). Although screening has increased in recent years in America, the proportion of women who go for mammography is still below the optimum level. On the other hand, women in developing countries like India still delay their help-seeking behaviour even after their first discovery of symptoms due to their fear of breast cancer (Kumar & Mattoo, 2022, p. 568). Besides, studies to measure the amount of fear in breast cancer patients using models like HBM and EPPM are still very few in India. Baqutyan (2012, p. 120)

explains that breast cancer patients experience various forms of fear, anxiety, and psychological stress during different stages while undergoing a screening test, awaiting test results, receiving a diagnosis, undergoing treatment, or anticipating a cancer recurrence. Breast cancer, being the second leading cause of cancer-related death among women, significantly contributes to death anxiety among patients, and despite advancements in medical treatments, death continues to be a harsh reality as it can sometimes be diagnosed at a terminal stage due to late screenings (Champion et al., 2004, p. 754). It is a well-established fact that early diagnosis can prevent and cure cancer. However, death anxiety is often rooted in the belief that cancer is inevitably fatal. This belief, known as cancer fatalism, is common among cancer patients, including those with breast cancer (Champion et al., 2004, p. 755).

2.2 Theoretical Framework

2.2.1 Breast Cancer and the Fear of Illness and Treatment

Breast cancer, as a major cause of biographical disruption, leads to the manifestation of fear in patients who are scared either of the illness, its painful treatment, or both. Lerner (2003, p. 59) has precisely theorised fear in American patients who feel extremely scared at every possibility of losing the breast/s due to surgery. Similarly, eminent Indian-American oncologist Siddhartha Mukherjee has opined that for a woman, “cancer will become a chronic condition. She will live in its immediate shadow for decades, never quite certain about her outcome … Having entered the world of cancer, her life will be permanently altered. For her, cancer will become the new “normal” (Mukherjee, 2011, p. 27). Therefore, for women who experience breast

cancer in their lifetime, their whole existence is permanently altered because of the disease. When the fear related to altering the body and altering life persists for a long time, it turns into a phobia and can lead to suicide if a cancer patient fails to manage the extreme stage of fear associated with “unavoidable and uncontrolled suffering” (Landnis, 1964, p. 240; Tickoo et al., 2015, p. 181). Along with cancer, a patient also suffers the fear of bodily decline and the fear of dependency associated with illness as the patient is reduced to a “sick role” and remains devoid of her agency until the sickness is restored to health (Frank 1997, p. 131; Parsons, 1951).

Arthur Frank, in his “Five Dramas of Illness,” has connected loss in suffering as the reason behind all these fears. Like the multiple fears, he has mentioned “a succession of losses” in illness causing fear in an individual: “the loss of bodily capability and, for some, the loss of a pain-free life; the loss of partial or complete capacity to work; the loss of friends who are either scared away or whose agenda does not include visiting the ill and engaging in issues of illness; the loss of life as it was planned and the greater loss of a capacity for planning—the loss of a reliable future; and ultimately, the loss of life itself" (Frank, 2007, p. 388). Frank has also mentioned the multiple dimensions of fear that are commonly found in any chronic illnesses, including breast cancer: “fears of certain diagnoses; fears of surgery, treatment procedures, or side effects of treatment; fears of pain; fears of changes to one’s body; and fears of recurrence” (Frank, 2007, p. 388). Further, alienation of patients from the medical process creates more “confusion and fear” due to the gap in doctor-patient communication and the heavy use of “technical language and unclarified medical jargon” (Schnitzler et al., 2017, p. 112). In chronic illnesses such as breast cancer, fear persists almost throughout the patients’

lives from the time of diagnosis and presents itself in various ways. Fear of recurrence is evident in many breast cancer patients as they go through ongoing biographical disruptions even in their post-treatment period. In a study "Fears about Breast Cancer Recurrence," fear in breast cancer patients has been categorised majorly as fear of death, fear of chemotherapy, anxiety about doctor's appointments, and mammographies; and minorly as fear of "less common concerns revolved around identity, sexuality, and interpersonal relationships" (Johnson Vickberg, 2001, p. 242). However, in a more recent study "Assessment of Depression and Anxiety in Breast Cancer Patients," the researchers have established the importance of studying the impact of breast cancer on women's "self-image" and "sexual relationship" causing intense fear, anger, and denial of the situation (Tsaras et al., 2018, p. 1661). Thus, fear can manifest in several forms including "panic, haunt, hesitation, anxiety, peril" (Landis, 1964, p. 256). Especially in breast cancer, fear of recurrence is also sometimes triggered as a result of perceiving visible scarring in the body or psychological stress because of the treatment process and chemotherapy (Johnson Vickberg, 2001, p. 242). Indian psycho-oncologists have referred to Indian patients' fear of breast cancer as being commonly associated with "dependency, disfigurement, and physical disabilities" (Kumar and Mattoo, 2022, p. 567). Additionally, in the Indian healthcare scenario, patients suffer the fear of stigmatisation associated with linguistic, social, cultural, and financial barriers (Kattepur and Gopinath, 2022, p. 363).

The types of fear discussed above are deeply personal and vary from person to person, but they all highlight the significant emotional challenges that come with a breast cancer diagnosis. However, the fears most commonly experienced include fear of

recurrence, fear of treatment side effects, fear of physical changes, fear of loss of independence, and fear of death.

2.2.2 Breast Cancer and Death Anxiety

Death anxiety is a basic fear and a "uniquely human dilemma that can consciously or unconsciously impact a person's everyday life domains and functioning" (Awang et al., 2018, p. 177). Death anxiety or thanatophobia is often defined as a "morbid, abnormal or constant fear of death" (Karampour et al., 2018, p. 61). Further, death is considered the final growth stage of human life (Kubler-Ross, 1975), and dying is believed to be a phase marked by gruelling physical and psychological pain, compounded with the loss of dignity and autonomy (Kastenbaum, 1982). People with greater wisdom see themselves from a truer, broader, and higher perspective which becomes less distressing for them and they can accept the reality of death more easily (Kesebir, 2014, p. 620). However, the perception of death can vary from individual to individual as some people, under the influence of media representations, perceive cancer as a life-threatening disease. The anxiety of death varies on an individual level and also depends on one's ability to perceive self from a true perspective - be it in a positive or negative light. Certain factors regulate the intensity of death anxiety as it is directly proportional to lower self-esteem, considering one's life less valuable, and is also indirectly proportional to happiness (Awang et al., 2018, p. 177).

While death is an inevitable reality for all human beings, it evokes a particularly intense and varied form of anxiety in cancer patients (Soleimani et al., 2020, p. 1). This anxiety is especially prevalent among breast cancer patients, as the disease is common and

carries a significant risk of mortality (Karampour et al., 2018, p. 61). As a result, many individuals "living in the shadow of death" have begun to openly discuss issues that were once considered deeply private, if not shameful (Egan, 1999, p. 195). This shift reflects a broader cultural movement towards confronting and articulating the fears associated with mortality, particularly in the context of life-threatening illnesses like cancer. However, there are many pioneering cancer memoirists like Christina Middlebrook who self-consciously narrated the process of dying which "is to identify herself, eschewing euphemism and denial, as a 'dier'" (Couser, 1997, p. 75).

The "ultimate, or foundational, relationship of life with death has always been important to autobiography" (Egan, 1999, p. 12). Because of this reason, Nancy K. Miller has opined: "Every autobiography, we might say, is also an autothanatography" (Miller, 1994, p. 12). Chronic illnesses like cancer, or breast cancer in particular, always bring a question of life and death to the minds of patients. The illness narratives provide a broader historical, cultural, social, and relational framework to both illness and death than approaching it just from the medical or technological perspective (Baena, 2020, pp. 372-3). Among the other studies in recent American autothanatography, Rosalia Baena's "When Time Stops: Death and Autobiography in Contemporary Personal Narratives" is a significant one as it marks the difference between autothanatographies and illness narratives and also establishes how "writing becomes an act of self-creation amid the process of self-extinction" for them (Baena, 2020, p. 381). It is not only autothanatography that ends with the author's death but also illness narratives including memoirs by cancer survivors portray death anxiety in a varied manner. Patients with a family history of cancer or associating with cancer

patients in their lifetime perceive death differently than persons with no previous association.

Anxiety has been defined as “an unpleasant subjective experience associated with the perception of real threat” and studies show that it is very common among cancer patients (Baqutyan, 2012, p. 120). Anxiety has both physiological and psychological aspects: physiological aspects include “acceleration of heart rate and respiration, tremor, sweating, muscle tension, and gastrointestinal changes” and psychological aspects include “apprehension, feeling powerless, and fearing loss of control” (p. 120). Among cancer patients, death anxiety is caused by feelings of uncertainty at every stage of illness and treatment, worries about the side effects of chemotherapy or radiation, fear of cancer progression and associated death, guilt, and spiritual reasoning (p. 120). Most of the time, fear of death and death anxiety are almost alternatively used and it also has several dimensions (Pollak, 1980, p. 98). As per Choron, there are three types of death fear: fear of what happens after death, fear of the process of dying, and fear of ceasing to be (Choron, 1964, pp. 80-82). Basic death fear or death anxiety consists of fear of “extinction, annihilation, obliteration, or ceasing to be” (Pollak, 1980, p. 98). In a factor analytic study, the four main dimensions of death anxiety are found to include avoidance of death, fear of death, denial of death, and reluctance to interact with the dying (Nelson & Nelson, 1975, p. 171). The six factors that are analytically derived from the death perspective include “death perceived as pain, loneliness, and fear”; “death perceived as courage and an afterlife of reward”; “death perceived as the unknown, the mysterious, the ambiguous”; “death perceived indifferently”; “death perceived as a natural end to existence”; and death perceived as punishment or sin and

"the forsaking of dependents, with accompanying guilty feelings" (Pollak, 1980, pp. 98-9). Most of these factors bear psychological stress and pain except two comparatively positive factors, i.e., death perceived as courage and an afterlife of reward, and death perceived indifferently. However, all the rest of the factors have negative connotations that cause tremendous fear, stress, and anxiety for individuals. As death can never be precisely predicted, most people are anxious about it (Hashemi et al., 2019). Although death anxiety is universally present in every individual, "persons with high purpose and meaning in their lives" feel death anxiety less than others (Pollak, 1980, p. 105). Various research has established that different individual, cultural, and social factors decide the levels of death anxiety in cancer patients (Peters et al., 2013, p. 14). A systematic review has established how death anxiety in cancer patients is influenced by "socio-demographic factors such as geographic region, type of cancer, sex, and marital status" (Soleimani et al., 2020, p. 6). For instance, young women feel more death anxiety than elderly women and married women feel more death anxiety than unmarried women (Soleimani et al., 2020, p. 6; Karampour, 2018, p. 62). Females from Asian countries feel more death anxiety in breast cancer because of the expensive treatment process than their Western counterparts (Soleimani et al., 2020, p. 7).

2.3 Analysis

2.3.1 Shadow of Death: Fear and Anxiety in Indian and American Breast Cancer Narratives

The experience of fear and anxiety caused by breast cancer is universally challenging, but cultural contexts shape how individuals perceive and narrate their encounters with these debilitating emotions. The following sections present the analysis of three Indian and three American breast cancer narratives with a focus on the critical themes of cultural perceptions of mortality, medical infrastructure and access, and narrative expressions of fear and anxiety to unravel the nuances of breast cancer experience across two different cultures. Furthermore, these sections present an exploration of fear and death anxiety in the select breast cancer narratives from India and America revealing both commonalities and differences shaped by cultural, social, and medical contexts. Informed by the theories on fear and anxiety discussed above, the following sections also examine both the unique and the universal ways through which the six women narrators under consideration articulate and manage their breast cancer-related fear and anxiety across two settings, offering insights into the broader cultural frameworks that influence the experience of illness.

2.3.2 Sunshine (2011) by Minakshi Chaudhry

Sometimes, the overall perception towards the disease also creates fear in a patient's mind much before the diagnosis. Minakshi Chaudhry (hereafter, Minakshi) in her memoir *Sunshine* narrates her fear of breast cancer for the first time while attending the death-ceremony of her junior's mother who died of breast cancer: "I was awfully scared to face the family that had lost his mother to breast cancer a week back" (Chaudhry, 2011, p. 6). Her initial fear of the disease also originates in the fear of the unknown: "What kind of disease was this, I thought, that it could happen to anybody" (p. 6). Her curiosity about the unknown leads her to narrate the fear as she says:

> Somewhere in the background I also wanted to know in detail - how did Aunty get to know, how much did she suffer, how did she take it, how much time did it take to kill her, what were the last moments like, what exactly happened to her? God knows why I felt I had to know all of that. (p. 6)

When Minakshi had herself first discovered the lump on her right breast, she initially denied any possibility of it considering all the positive points on her side. For instance, the points that nullify the possibility of her understanding are her young age and her sincerity with her routine check-ups for the last nine years (p. 12). Therefore, Minakshi's disbelief reflects the fear inside her about the possibility of cancer: "Though I had heavy fibroids in both breasts, I was told people with fibrosis didn't get cancer (a view shared by many doctors). Of course, nothing would happen to me (p. 12)." Despite following the breast examination routine regularly, Minakshi feels scared of the next check-up after finding the abnormal growth: "All the baring your chest and going through the useless stress bothered me" (p. 14). Even after long being in denial mode, she constantly feels fear and finds herself at fault at her end for not paying attention, as she says: "The more I touched the lump the more I felt that it was different, different from before, although for the last six to eight months I had not had the time to check it. (p. 14)"

Her psychological stress and self-blaming are later transformed into an unknown anxiety upon the arrival of the doctor after a long waiting time (p. 15). The fear of the unknown even becomes more prominent among patients while waiting for the result after getting the tests done. While waiting, Minakshi feels irritated as she says, "The anxiety and stress were now more about being free than the outcome of the tests" (p.

17). Her fear even becomes more intense when the doctor mentions abnormalities while doing a mammogram by using the medical jargon "calcification" (p. 18).

As theorised by Schnitzler et al. (2017), patients' fear arises because of the difficulty in comprehending medical terms, which invariably leads to miscommunication and misinterpretation. As a cancer patient, Minakshi's fear becomes even more intense because she does not understand everything about her illness because of the difficult medical jargon: "Fibroids in both breasts, a suggested fine needle test, and a follow-up mammography every year, the rest are all medical terms, I don't understand" (p. 43). Minakshi feels even more scared about the test results when her husband takes a longer time to disclose the truth about the mammogram. Therefore, she personified her fear while asking about the reports to her husband Rakesh: "What was it?' Fear was creeping into my voice" (p. 21). Listening to the doctor's suggestions to consult a breast specialist, she uses the following metaphor to express her fear: "Something is very bad, I was convinced and I felt my bones turning into jelly" (p. 19). She has even used similar expressions of "lifeless body" to express her fear: "I tried to move and realised that my legs would not budge, they were heavy, lifeless as if my body was not *my body*...If my body was numb, my brain was agitated. (p. 20)"

When fear becomes more intense, the whole body gets frozen, making the scared person experience extreme numbness. Minakshi has almost lost her thinking ability as she metaphorically narrates her fear and psychological stress: "I just couldn't see anything beyond, the life ahead was just a closed door" (p. 20). She has been so scared about her future that she starts crying: "It was the kind of crying without a sound, my tears streaming silently down" (p. 21). In the waiting room, when Minakshi looks at

"the pale and tense faces of twenty-odd people" and comments on herself as well "I must be looking just the same, pale and anxiety-ridden" (p. 40). She has described her fear as it is the same reflected in the eyes of other women waiting in the room. Sometimes, when patients face the challenges of life, they freeze as their emotions get numbed. For instance, Minakshi feels the same numbness on several other occasions: "It did not matter to me what she (Minakshi's friend) was saying. I was too numb so I handed the phone back to Rakesh" (p. 22). While leaving for Chandigarh to have the FNAC done, she expresses her excessive fear of needles: "I had never taken an injection and just the thought gave me the shivers!" (p. 34) While revealing the FNAC report, the doctor suggests Minakshi for some operation as she declares: "Your cells are not right. You have to be operated on" (p. 23). Minakshi's anxiety about the upcoming surgical process is expressed by herself: "I felt like I was going deeper and deeper into an abyss" (p. 23). Her fear of cancerous cells has been expressed when she sees them in the slide under the microscope: "So tiny, so dangerous. What are they?" (p. 24).

As initially Minakshi feels scared of her breast examination, her friend Nirmanand expresses her anger about regular breast check-ups: "What is wrong in getting yourself examined once a year?" (p. 26). As Indian patients are mostly scared about the stigma associated with breast cancer, she shortlists the name of "a good, unknown one" among the long list of doctors to overcome her fear of breast examination (p. 27). Finally, while meeting the doctor, she starts stuttering and stammering as she feels scared about her breast check-up after a bad mammogram report. She also feels scared to visit an unknown male doctor, as expressed in the following words: "Though deep down I was

a little scared, what if he acted smart or tried to molest me?" (p. 27). Though she has not felt comfortable about the breast check-up and conversation with a male doctor, she expresses her fear of going through a similar experience for the second time: "I was definitely not coming back for another torturous session. I mean, to go again to some other person and say the same things. Once was enough!" (p. 28). When the doctor inquires about the lumps on Minakshi, she is taken aback and communicates her fear: "Lumps! I never knew I had that, I mean they were breasts, not lumps!" (p. 29). She feels terrified as if she is "shaken to the core" to know "what was going on, how could there be lumps and when they had developed" (p. 29).

The doctor's repeated questioning leaves her devastated, and she feels herself "on the verge of crying" (p. 29). She narrates her fear by using the metaphor: "My legs turned to jelly and I felt that if I stood there for a little while more I would collapse" (p. 29). When she gets herself checked by another doctor and a nurse, they repeatedly blame her for not getting her lumps checked before. These incidents create intense fear in her mind about her disease: "I was getting even more scared now, thinking there must be something really wrong" and she expresses the fear with the dreaded question: "Are they not like the others?" (p. 32). Before her mammogram, Minakshi feels scared after having thoughts of body pain and expresses her anger against her caring husband Rakesh, who has been consoling her: "But of course there is a lot of difference between speech and action, after all, it was not he who was going to go through all these tests, not his body which was going to be pierced or pressed" (p. 35). As her life has been eventful with many other incidents, Minakshi has suppressed her fear and worries as she has prioritised her mother's emergency uterus operation and her husband's transfer

to the tribal area (p. 33). However, she feels extremely scared as her throat becomes dry after reaching the room for a mammogram. She even wants her husband to seek permission to accompany her in the room for the test. After the first torturous session of the mammogram, there are three more sessions to take place. So, she starts chanting and praying to God to deal with her fear of the painful situation (p. 37). When the lady in the mammogram declares big lumps as being the reason for a painful mammogram Minakshi expresses: “It scared me more and more” (p. 37).

Fragmented care in cancer intensifies fear among patients as it arises in Minakshi too: “My fear had returned as we walked up the stairs to the pathology section” (p. 45). She has expressed her dislike of the fragmented care system: “...how many doctors do you have to have - a radiologist, a pathologist, and then your own doctor” (p. 47). She starts feeling comfortable with the warmth and compassionate empathy of Dr. Vijay Lakshmi Pandit. When she showcases her fear of the FNAC test and whether it is painful, the doctor tries to solace her by saying: “No, nothing, just a prick, it is a very fine needle, I will do it myself” (p. 44). Her kindness helps her to overcome the fear as she narrates how the doctor's voice hovers around her head: “It is finished, a little more, done, done, and then it was over” (p. 45). When the report declares it as fibrosis instead of cancer, she narrates how she visualises her fear of going away: “I literally felt all the stress, anxiety, and heaviness in my body disappear. I could, in fact, *see* it going away and in its place, the normal *me* was coming back” (p. 45).

Fear of illness has been so strong in Minakshi that she narrates how she has been ignoring her bodily pain: “I felt a piercing pain in my right breast and especially when I moved to pick something or when stretching my arm. I tried to ignore it for two days,

putting hot water sponges on it" (p. 50). Minakshi has fortunately received her husband's support with her at every step of her illness, but she still feels an unknown fear lingering on her mind: "I faced too big a calamity for that hand of his to give me any hope" (p. 54). Here, the hand signifies the emotional support, warmth, and empathy that help her fight the challenges of life. The fear of cancer is not only felt by the patient herself but also by her close ones, as Minakshi has marked how Rakesh's voice becomes "almost lifeless" to narrating about her wife's breast cancer. Minakshi narrates her fear in her own words: "How difficult it was for him to say it aloud, Cancer, Cancer. Cancer. I could not say it aloud myself. I could not say it aloud myself" (p. 59). After a long hesitation, when Minakshi confides her problems to her family, the "stony silence in the house," her father's "heavy and tense" voice when speaking to his friend, and his failure to pronounce the word "cancer" all cause her fear and anxiety about the deadly illness (p. 56, p. 57).

When Minakshi has been taken for the scan of other body parts like "the abdomen, liver, and kidney" to check whether they are also affected by cancer or not, she becomes paranoid as she asks herself the following questions in terror: "What will come out now? Then I heard them discussing me, 'Was there something there? Which part?" (p. 72). Minakshi's fear turns into terror when she gets to know her cancer has spread to her uterus and other parts: "I wanted to scream. It had spread. It was no longer a question of having an operation now. I was never going to be cured of this. They were just torturing me" (p. 73).

Minakshi also feels scared about repeated experiences of tests and their painful experiences: "I asked again, would they do the FNAC test? I was scared. But Rakesh

said it was always better to have a second opinion. I felt there was no need. How many opinions did you need?" (p. 77). There are some moments in the life of Minakshi when she feels much relaxed, but there are some other moments when she feels scared. Therefore, she narrates: "One moment I was relieved and the next I was in dread once more" (p. 78). It has been helpful for her that she has used some coping strategies to overcome her fear even if for momentary relief. Minakshi sometimes feels like fleeing away from the situation when she sees Rakesh's hands full of "tubes, bottles, different sizes of syringes, and other things" (p. 79). She narrates her fear: "I have never been pierced like that in my life before and I started trembling. And there was a pipe. What was it for? I wanted to go away, run away" (p. 79). When she comes to know about her long treatment process, she gets scared about the pain associated with it and asks the doctor: "Which is the most painful - surgery, chemo or radiation?" (p. 81). Prof. Vepa Rao (Sir) has helped Minakshi to overcome her fear by saying: "But now there is nothing to be scared of. You already have it (cancer)" (p. 82). Although Minakshi agrees with his statement, she soliloquises that "I was scared of one more thing, and that was pain" (p. 83).

When Rakesh asks the doctor about the chance of recurrence, Minakshi narrates her experience of fear: "I now got scared. After all that, it would come back again?" (p. 90). She even feels more scared when the doctor cannot confirm anything about the recurrence of the illness. Though Minakshi grew a strong sense of affinity to her breast before her mastectomy surgery, she opines "in favour of a mastectomy as I was scared of another operation in case cancer had spread" (p. 96). There are several times Minakshi wants to escape from the situation as she wants to flee from her surgery

because of her fear: “Instead of undergoing any operation, it would be better to jump out of the window” (p. 101). When she could not find any other way to escape, she expressed her wish to “just disappear from this earth” (p. 102). To escape the surgery, Minakshi first decides to die, and when she finds that impossible, she wants “to run away, get into a bus to a place far away” (p. 102). Finally, she overcomes the fear of coming back from flight mode: “If I became the laughing stock of my community, how difficult would it be for Rakesh to face them” (p. 103). Therefore, she finally decides to go for the operation, overcoming all the fear related to surgery. Though she reaches the surgery room with confidence, she feels anxious when she is instructed to lie down: “Why make the patient anxious before they started the whole thing?” (p. 105). Her subjective feelings of pain are narrated through her description of surgery:

> I was picked up and kept on the table with hanging lamps and four or five people seemed to attack me at once. They took hold of my legs and arms, stretching them, there was no gentleness. I wanted to tell them they were hurting me. (p. 105)

Therefore, an unknown fear hovers around her head when she is inside the operation theatre and feels more scared in the absence of known faces: “Why were Dr. Geetha and Dr. Harit not there?” (p. 106). Minakshi has narrated her pain and how it has been difficult for her to move her body after her surgery: “I could not move onto my left side because I was scared that the pipes would come out” (p. 111). As a part of her treatment, many tubes have been inserted inside her body which creates fear: “Again I feared the worst, what if the hole opens up and blood just gushes out with force?” (p. 113).

Patients' fear of the adverse side effects of chemotherapy is quite common and Minakshi shares her fear of weight loss during her chemotherapy in the following lines:

> Some people lost weight, as much as fifteen kilos. I was only forty-nine kilos, what would happen if I lost that much? There was a lot of confusion and fear in my mind. (p. 129)

She has also explained the reason behind her fear as she has been already aware of the chemo experiences of Vina didi who has always been an inspiration for Minakshi's journey of illness: "It was only after four days of each cycle that she could manage to swallow a morsel of food and crawl up seven steps to her puja room" (p. 131). Minakshi says that she becomes physically weak but she tries to "be mentally strong to withstand the chemo" as suggested by Veena Didi. Contrarily, she expresses her anxiety even after listening to her suggestions: "But the more she (Veena didi) said it, the more terrified I got" (p. 131).

Death anxiety is widespread among cancer patients, and Minakshi's death anxiety is first narrated when she is in the company of a family who has recently lost a loved one to breast cancer as it has been detected in the last stage. Minakshi recounts her anxiety in the following words: "Questions bombarded my mind: Was it painful, what was it like? How did she take her last breath?" (Chaudhry, 2011, p. 8). She has expressed her death anxiety while considering the inevitability of death and destiny with cancer:

> Oh my god, it can strike anyone and before you know what has hit you, it is the end. It doesn't matter whether you are rich or poor, thin or fat, man or woman,

> educated or illiterate, officer or labourer, at random it can attack anyone and it just wither away helplessly. (p. 8)

Minakshi has even marked the fact that human beings do not understand the significance of life, and "only when someone dies do we realise the significance of being alive" (p. 9). She feels grateful for the life she has as the daily activities like "moving, eating, talking, waving our hands, listening" are no less than "a big wonder" that we take for granted (p. 9). She receives death positively, as it is the ultimate reality of life. Minakshi thinks life without death is a fearful situation:

> I have seen so many people open their mouths in shock, who are hesitant to even say the word 'death', or hear it. But imagine how scary life would be if there was no end;...Thank god there is death at the end of it all, just like life, before that. But do we think the same way when it is our own loved one who goes? (pp. 9-10)

Minakshi has also concluded that it is easy to accept death from a distance, but when it happens in one's own life, then it is difficult to deal with death anxiety. There is one point in Minakshi's life when she hardly wants to know what doctors say about her to avoid worrying about death. She feels a strong existential crisis inside herself as she says: "Nothing mattered to me now" (p. 22). At the second needle test at FNAC, Minakshi narrates her death anxiety: "I was so numb and hollow that nothing mattered" (p. 23). Her fear is narrated when she faces difficulty in registering the voices around her: "It was as if all voices were coming from far away. I heard her soothing voice say that she was going to puncture my breast now, but it did not register" (p. 23). When the

doctor declares her carcinoma, Minakshi goes through a prolonged existential crisis as she narrates herself:

> I was just going deeper and deeper down somewhere to a point of no return. Is this really happening to me? I vaguely heard them talk about breast cancer and how there was nothing to worry about. (pp. 23-4)

Her existential angst even grows more intense as she feels like an outsider because most of her health conditions and necessary decisions have been discussed without her. Minakshi sarcastically attacked her foolishness while narrating her death anxiety: "I was going to die soon anyway. Why was I thinking about what the driver would think if I cried aloud" (p. 54). Along with death anxiety, cancer patients feel the anxiety of leaving their family members alone, and Minakshi even worries about the challenging situation she is leaving behind: "How will they cope with this? How will I tell them that I have cancer? What will happen to them?" (p. 54). She burst into tears after meeting her father, as she could not hold her emotions. Minakshi feels devastated while comparing her present situation to her pre-cancerous situation: " I felt so ancient. My life before cancer was so far away. I had no desire to look at anyone's face, as I cried and cried, pouring out my life, which was no longer mine" (p. 55).

Cancer has stepped into her life like a calamity, and her death anxiety has also become evident in the above-quoted lines. After her cancer has been detected, Minakshi hears several sympathetic words consoling her, but she says: "Words, empty words. They would not change anything" (p. 58). She feels worried about her husband too after her death: "As I watched him, I felt shattered. What will he do?" (p. 58). Upon acknowledging her early cancer death, she is immediately troubled by her family's

ongoing concerns: "Why were they wishing for the unattainable? They had to accept it—I was at my end" (p. 61). Sometimes, doctors avoid discussing the chance of death with their patients, which therefore intensifies death anxiety: "I was asking about dying. But he thought I was asking about the surgery, the process of my recovery" (p. 61). Thus, Minakshi also marks the painful fact that patients' testimonies are less paid attention to. The moment Minakshi comes to know about her deadly disease, she narrates her anxiety and expectation of warmth from her husband:" I slept, woke up a dozen times, and he was always there, wide awake, patting me, telling me to sleep as he hugged me tight, I did not want him to let go of me as if it was my last day!" (p. 61). Therefore, every moment she feels herself living the last day of her life. Minakshi's fear leads her not only into a severe dilemma, but she also disbelieves her husband for his positive thinking: "Rakesh had always said that nothing would happen to me and I had believed him. But now this had happened. How could I believe him again?" (p. 65). Minakshi's death anxiety becomes intense when she has to go through the scan of other organs to check on the spread of cancer: "I felt I was dying a slow death right there. I did die a thousand times on that bed, as they took ages" (pp. 72-3). Thereafter, when the date of surgery has been decided she hears from her uncle who suggests shifting the date to the 9th instead of the 8th because the day is inauspicious. After listening to this, her death anxiety has grown: "I was a bit scared, there was nothing lucky or unlucky now" (p. 94). When everyone suggests she be positive before surgery, she questions the absurdity of life: "And then, what was the difference between positive and negative? (p. 95). When all her relatives from different places have been forced to come and be present at her surgery, she feels: "Was it that they all thought that I was dying and wanted to have a last look at me?" (p. 96). She repeats her feelings of fear:

“Slowly, I began getting scared of the operation” (p. 96). As Minakshi observes, "The part was never so important for me but the thought of losing it (which had been with me for thirty-nine years) made me feel very sad" (p. 98), losing a breast always causes a woman to experience an unknown fear.

When Minakshi’s family has not informed her about her three operations, her death anxiety becomes more intense: “Maybe they were not telling me the truth at all and merely trying to prolong my life” (p. 102). There are multiple weak moments when patients decide to suicide is better than going through the painful journey of cancer: “I was just crazy and then when I decided to jump out of the window I got scared” (p. 102). When all of her siblings gather for her surgery, she feels happy to meet them all after so many years but feels anxiety about her death considering it the last time with them: “We clicked photos even as I wondered, were these to be our last photographs as a group?” (p. 118).

2.3.3 To *Cancer, with Love* (2015) by Neelam Kumar

Neelam Kumar (hereafter, Neelam) attempts to write happy literature on cancer in the form of her memoir *To Cancer, with Love*. The few incidents she does record have a significant impact, even though she has recollections of the less unpleasant parts of her cancer journey. For instance, she expresses her fear of the cancerous lump in her breast: “I was horrified when the good doctor held my hand and clucked disapprovingly at a lump” (p. 20). The primary fear in cancer patients commonly leads the patients to generally question God or destiny about ‘why me?’, an important moment signifying “biographical disruption” (Liamputtong & Suwankhong, 2015, p. 1086), and Neelam

showcases an instance of such fear: “How could I, of all the people, who neither smoked, nor drank, nor did drugs have breast cancer?” (p. 21) The fear becomes even more intensified when a person waits for the result of a diagnosis: “I knew that the tension of waiting for the result would be too much for me; I am an action woman” (p. 21). Later, she narrates her fear of chemotherapy in her own words: “Tomorrow morning I go in for chemotherapy! The very thought of playing host to that deadly fluid in my veins has me shaking like a leaf” (p. 26). Her use of a shaking leaf as a simile for herself shows the intense fear she feels even before the treatment begins. Minakshi’s stronger inner self tries to repress her fear by diverting her attention by engaging herself in cricket talks and Bollywood talks. However, Minakshi narrates her fear:

> I plead and weep. ‘When the deadly injection goes inside me tomorrow morning, playing international cricket, growing back luxurious hair, or storming into Bollywood is going to be the last thing on my mind, Carol.’ (p. 27)

Neelam’s inner fear of chemo-baldness is reflected when she calls her inner self Carol “truly crazy” and “heartless” because Carol asks her, “Hey babes, how about going completely bald?” (p. 38). After the diagnosis of cancer, the whole life of a cancer patient goes through emotional turmoil as Carol observes how relationships either get damaged or deepened. Neelam narrates her journey in her memoir and how she became a motivational speaker and life-skills coach post-breast cancer diagnosis. Neelam has already survived breast cancer in her left breast, and then, after seventeen years, she gets affected with breast cancer in her right breast. Therefore, it is quite difficult for

her to overcome the fear of recurrence and ongoing biographical disruption after being the victim of breast cancer twice.

Neelam Kumar has initially never worried about death, but she feels it for the first time when her opportunist relatives showcase their fear by weeping and moaning: "It's you … we can't bear to see you go. We can't bear to see you fight this alone" (p. 65). Seeing them weeping badly, all her smiles get frozen on her face, and she feels anxious about her death. Neelam Kumar, like many other cancer patients, has struggled through the anxiety that leads her to choose death over a painful life: "In frustration, I would rant that the business of living was much tougher than that of dying" (p. 129). At the difficult moments of her life, she tries to overcome "why me?" mode as well as her suicidal tendency, Neelam tries to philosophise about human sufferings: "The bad news is that sufferings of birth, ageing, sickness, and death are inevitable" (p. 131). She has accepted the bigger truth of life, and thus has overcome the challenges of fear associated with illness and its treatment.

2.3.4 Cancer, *You Picked the Wrong Girl* (2021) by Shormistha Mukherjee

Since her mother has been operated on because of a tumour in her breast, Shormistha has always been under regular check for any malignancy and she initially shows fearlessness about the "lumps" as if it is "no big deal" for her. However, she finally feels scared after the sudden discovery of growth in lumps along with the inverted nipple. Shormistha has uttered her moment of fear and stupidity when she starts blabbering about the incident of her nipples going inside. When the doctor starts looking more worried during the check-up, she expresses her fear through excessive

talking: “But the more her eyebrows go up, the more I talk. It’s like my mind is frantically running around, shutting out all possibilities of anything being wrong, while my mouth motors on” (p. 8). When the doctors discuss Shormistha's condition, she sits outside the chamber and says, "And suddenly I feel that familiar ball of fear starting to unfurl in my tummy." I gulp it down” (p. 17). She uses a simile to describe her fear of being asked the same question during multiple medical examinations, "It is like being in a giant exam hall, and your whole life will depend on this one viva question. Suddenly you worry that you are unprepared. For even the easiest question” (p. 17). Therefore, even after having the experience of cancer in the family, she feels scared after her sudden cancer diagnosis. When the doctor suggests a biopsy for the first time, Shormistha narrates her fear after listening to this:

> My mind was moving in slow motion. Everything was very clear, but happening very slowly. She understood. She’s probably seen patients go into that kind of shock. Where you just can’t comprehend what is being said. (p. 18)

Like Minakshi, Shormistha’s doctors use multiple unfamiliar technical terms which generally intensifies her fear. When Shormistha hears the word “metastatic” she searches the word in Google to ultimately find the meaning of “transition”. Her fear of the unknown future is reflected through the literal meaning involving the word: “Well, little did I know how much of transition it had waiting for me. My whole life was going to change, forever” (p. 21). Therefore, fear of the unknown and uncertainty of life are expressed in Shormistha’s words as it becomes really difficult for her to cope with life's alteration and biographical disruption. When a gynaecologist suggests that she should visit an "oncologist," she interprets the term incorrectly as "an eye doctor" because her

mind has stopped functioning and eventually realises that it refers to a "cancer doctor" (p. 23). Minakshi's fear and helplessness are narrated as she almost starts panicking: "I don't know any oncologists. How does one find one? And where do they sit? I've hardly ever been to a hospital. I feel helpless and lost" (p. 23). Her fear and psychological stress lead her to utter hopelessness. Therefore, she concludes that, as she does not have any doctors in the family, it is not a proper setup for her to fight cancer.

The gloomy image of cancer as a fearful disease in patients' minds also creates fear of the illness: "In my head, I see a hospital corridor, and in the room in the end, an elderly doctor. Balding. White coat. Waiting" (p. 23). When everyone else looks at her with a sad face, including the receptionist, Shormistha does not know how to react to this sorrow or cope with the fear. Therefore, others' use of sombre and serious attitudes towards cancer also creates fear in patients. When a lady addresses her cancer as "disease" instead of pronouncing the name of cancer, Shormistha's fear gets intensified, and she feels emotionally disturbed: "Why did she call it the disease? Why didn't she use the word 'cancer'?" (p. 43). Shormistha narrates her present condition, where all the practical thoughts and scared thoughts run through her head parallelly. She has used the metaphor of a messy wardrobe to narrate her mental condition: "It was all in my head, like a cupboard where clothes are just jumbled and thrown in, and you're scared to open it in case they tumble out and drown you" (p. 33).

On a similar note, Shormistha shares her fear of cancer with her friend Ziba over the internet, saying, "It is cancer. We are now hoping it is non-invasive" (p. 48). In between these two sentences, she uses a sad emoji (WhatsApp symbol) to represent her anxiety

and fear about the invasive nature of cancer. As she comes to know that she has long ignored lump and inverted nipple, Shormistha grows afraid of something more serious to happen to her: “But I am obsessed with checking on this nipple. It’s sort of a side effect of what happened to me” (p. 49). Even though she is not very scared about her cancer, her head gets filled with several thoughts, which she compares with “some supersonic toaster” (p. 52). She narrates her fear as she thinks, “My biggest dread is hospitals,” and she just wants to flee from them (p. 114).

Like Neelam Kumar, Shormistha has also understood the real meaning of human pain and suffering after spending time in the Tata Memorial general ward: “There can be no greater lesson than having to see that level of suffering every day. While looking at the sonomammography reports lying on the table, Shormistha describes it using the simile of “a ticking Laxmi bomb” holding the possibilities of fear inside it (p. 38). At the moment of the MRI scan, Shormistha expresses her fear and her forceful attempt to laugh at it: “I was so scared till a while ago. I’m still scared, but now also so amused at how on a regular working day, I ended up looking like a topless DJ about to enter a doughnut” (p. 68). Therefore, she has mocked herself while coping with the fear of cancer. After the MRI, while going back home in Oinx’s car she expresses her gloomy negative thoughts: “It’s still gloomy, and Parel with its monorail flyover looks even more cramped and Dickensian. I feel it in my bones that the MRI will confirm the cancer. I don’t want to deal with it today” (p. 69). Most of the time, Shormistha tries to act strong as she replies with words like “Totally fine” and “Not stressed” but her friend Oindrila understands her denial of fear. Shormistha tries to be more active in involving herself “to go out, go to work, cycle, loaf around, and live my life” so that “the cancer

would not be able to catch up" (p. 74). The doctor prescribes a PET scan for Shormistha and then calmly explains that it is for checking whether cancer has spread anywhere in the body. After listening to his suggestions about the PET scan, Shormistha feels an extreme level of fear and anxiety: "Just writing this gives me the shivers. Hearing him say that was like someone threw ice-cold water on all my positivity" (p. 93). She has metaphorically narrated her fear: "It's like I was on a see-saw, up and down in seconds" (p. 93). Finally, when Shormistha is about to open the PET scan result she feels a terrible amount of fear: "My heart is not just in my mouth, it's everywhere, in my shaking hands, head, shivering knees" (p. 113). She has been in a great dilemma as she asks herself the following questions: "What if I never open it? What if I throw it away and run?" (p. 113). Even if she feels scared about chemotherapy, Shormistha initially does not accept her feelings of fear. However, her fear and anxiety get intensified when everyone asks her "Will you have to go through chemotherapy?" (p. 110). For every cancer patient, chemotherapy is a universal suffering as well as a lifeline system. Therefore, the above question appears to her as if they ask her "Will you be bungee jumping without a cord?" (p. 110). Thereafter, Shormistha's fear about the possible consequences of chemotherapy has been narrated: "My hair will fall off. I'll be nauseous at the sight of food. I'll feel sick all the time" (p. 111).

Sometimes, it is difficult which is most fearful whether it is cancer or chemotherapy. Shormistha expresses her dread: "I don't know at this point which should be called the Big C, the cancer or the chemo" (p. 164). Her fear of chemotherapy has been narrated even after the doctor assures her that chemo has become far easier: "I am already terrified. I ask him if I'll be pukey and sick all the time" (p. 165). The fear of cancer is

also closely associated with the stigma of cancer. Therefore, people prefer not to openly discuss it. Shormistha herself narrates that she had no idea about her own grandmother's history of ovarian cancer before her doctor Mandy asked for the family history (pp. 163-4). In Indian society, it is still taboo to openly discuss cancer. Shormistha addresses her readers to talk about her fear and also expresses how difficult it becomes to pronounce the word 'cancer' for herself:

> Dear reader, you have no idea how difficult it is for me to even write these words. For all my acceptance and positivity, it's hard to say the word 'cancer'. Like He Who Must Not Be Named in Harry Potter. (p. 156)

She has even drawn a comparison between words like 'cancer' and 'breast cancer' because she thinks it becomes easier for her to pronounce breast cancer in the place of cancer: "It's as if the specificity of it makes it less scary to mention. And also, the fact that it's common cancer, and so by using the words 'breast cancer', I feel a sense of reassurance" (p. 156). The fear is less for her to utter breast cancer because it is a very commonly found type among women and the survival rate is also quite high.

Shormistha's fear of chemotherapy is narrated when she thinks that it has been hellish for two weeks because of her unwillingness to have food or her anxiety to go for the potty (p. 189). She narrates the fear of pain while being under twelfth chemo:

> …I just crashed. I had the worst attack of the blues. It was so bad that even I got scared. It was like one half of me couldn't stop crying hysterically, and one half of me was watching that half and going, 'Dude, I'm worried for her.' (p. 199).

After the breast reconstruction surgery and removal of the bandage, Shormistha feels scared seeing the blood and newly formed scars as she describes it: “I felt like someone from a horror movie. Just scars and blood and stitches. This was not me” (p. 162). She narrates how her bodily pain, physical numbness, and her emotional numbness are intermingled with each other: “Imagine, having a needle go through and not feel a thing. That’s how my back was, all nerves torn and numb. Everything, including my reconstructed breast, was just a tight ball of flesh with no feeling at all” (p. 163). The fear of relapse has also become prominent in Shormistha when she is almost towards the end of chemotherapy sessions. The fear in her mind has not let her enjoy the ending of painful chemo as she has multiple questions in her mind: “How could anyone be sure that the chemo was working? Why were they not going to do another PET scan?” She uses the metaphor of “sushi syndrome” to narrate her fear as she explains it in her own words: “One plate is never enough and two is way too much” (p. 207).

When the gynaecologist suggests she meet an oncologist, Shormistha first feels anxious about death and then takes it as a challenge to overcome: “Where on the one hand I was howling my head off scared to death. And on the other hand, a tiny voice in my head was jumping up and down, telling me this was my chance to change my life” (p. 31). When her dog Milo comes to her, sits on her lap, and expects some petting; she expresses her feelings: “Just small everyday things that seem so huge on a night when you don’t know what’ll happen to your life the next day” (p. 36). She feels such everyday moments as very precious in her day-to-day life. Shormistha feels lesser death anxiety as compared to other patients as she feels: “I was calm. The calmest I’ve ever been. No tears, no hysterics, no why me, no how sad is my life. The not crying part is

strange" (p. 44). Shormistha has narrated how she gets her life's first major anxiety attack after seeing her dog's death: "I could just see my dog there, not moving, not breathing, and I found myself gasping for air, trying to keep myself from passing out" (p. 54). Her anxiety starts growing to reach a point when she cannot control her emotions as she starts "having panic attacks" describing almost near-death experiences: "I'd lie in bed and that familiar chill would start on my hands and feet, then the sweating, then the heart racing, then the dry mouth. Ugh. It was the worst" (p. 55). For a long time, she has almost overcome her fear of having panic attacks but she again starts having the fear back from the moment she is allowed inside the MRI section all by herself: "Will I have to go in there alone? What if my claustrophobia kicks in? Will they be able to stop it and pull me out in time before I have an anxiety attack?" (p. 60).

The gloomy picture of cancer, as portrayed in the popular media, affects people's mindset about cancer and thus creates death anxiety in them: "I start remembering all the books and movies I've watched. One minute! I can't remember a single book or movie where the person who has cancer doesn't die! Shit. From *Love Story* to *The Fault in Our Stars*" (p. 111). She has also mentioned the sad portrayal of every cancer patient both male and female in Hindi movies who start wearing either kurta pyjamas or white clothes depending on their gender. Shormistha narrates the common death anxiety in cancer patients after watching and imagining those gloomy portrayals from Hindi movies: "Next, their friends and relatives don't tell them they are going to die, but they stand exactly one foot away from them and cry and sing sad songs. So, I'm not sure how the patient doesn't guess it's bad, and realise that they are probably going to die" (p. 111). Shormistha's anxiety about death pushes her to divide the world into two

kinds of people: “Those who would want to know they are dying, and those who would not” (p. 111). She tries to understand herself and which group she belongs to between these two. Her psychological distress and death anxiety have been expressed through her direct question to her husband: “If the doctor has told you I am dying, please tell me” (p. 111). As mostly she has watched in Hindi movies the dying persons are not informed about their death, this creates an optimum level of anxiety in Shormistha as she notes her husband’s expression in reply to her question: “He looks at me like I have lost it” (p. 111). Shormistha restores hope thinking that just one lump cannot cause her death: “I’m sipping a cocktail called Hoping Like Hell, and the ingredients are some parts optimism, some parts denial” (p. 111). Her urge to live has been so overpowering that she has become ready to lose her breast through mastectomy: “In fact, I am so eager to get the cancer out, that I totally take it in my stride. No second thoughts at all” (p. 112). While going through the difficult phases of chemo, she feels scared about the uncertainty of death and the painful process of dying: “I was terrified of getting a relapse, I was scared that the chemo might not do its job. I was scared of dying, I was scared of spending my life like this” (p. 199). Shormistha also feels absorbed with the anxiety of death when most of her acquaintances send her random links and forwards about cancer patients’ stories of recurrence or death. One such message along with the link was: “Shorms, I read this and I thought about you” (p. 203). After reading this, she tries to find the reason behind receiving it and expresses her inner feelings: “Because the article is about someone, somewhere in the world who got cancer and died. Died. Finished. Khallas. Lights off” (p. 203). The struggle to overcome the fear is really significant because gloominess, and death associated with cancer; torture the patients’ minds.

2.3.5 I'm *Just a Person* (2016) by Tig Notaro

Tig Notaro (hereafter, Tig) in her breast cancer memoir *I'm Just a Person,* has confidently begun narrating how her self-discovery of breast lumps was quite normal for her as she has considered it a 'no monumental day' (Notaro, 2017, p. 109). Thereafter, she ignored the lumps for two years and left them unchecked because she was not ready to find them diagnosed to be malignant. She denied the fear of cancer initially by declaring herself as "a healthy person" instead of going through a medical diagnosis: "I decided that my lumpy breast tissue was merely the result of the ebb and flow of hormones" (p. 109). Such a decision reveals her fear of getting diagnosed with breast cancer which can affect her normal life as she says: "I believed everything was normal" (p. 109). Even after listening to her partner Brooke's encouragement for breast examination, she still spends the next couple of months thinking about whether she has grown cancer or not. Finally, while going for testing she feels a strong fear of the hospital set-up as she says: "[I was] Put in gown after gown. Bed after bed. Machine after machine" (p. 113). The long five hours of medical process has made her believe that she might be diagnosed with an 'abnormal mammogram' (p. 113). Therefore, she was not ready to go for a lunch break with her ex-girlfriend Sascha until she got the results of the diagnosis. Her fear of not getting accepted by anybody is expressed: "Your tits have cancer/ Who knows who's going to love you through it?" (p. 113) Even after her diagnosis of cancer, she has forcefully broken up with her girlfriend Brooke because her fear of losing a close one has been intermingled with her fear of cancer. While being in a relationship with her partner Brooke, Tig narrates how Brooke used to support her emotionally by modifying the lines of the chorus of a popular Martina

McBride song: “Just take my hand, together we can do it/ Your tits have cancer” (p. 110). When Brooke was singing these lines for her in a protective manner, Tig used to laugh with her at the ridiculousness of the line: “Ha ha your tits have cancer” (p. 110). Now, her fear becomes more intense when she finds none to love her, support and empathise with her. Eventually, she feels helpless when she realises that her bond with Brooke does not have “enough of a foundation to stabilise the relationship through these tough times” (p. 111).

The fear of being diagnosed with breast cancer has been so strong in her that she cannot believe her ears when the doctor reveals the news to her for the first time: “I couldn’t figure out if what I was hearing was scary. Was I being told I had cancer?” (p. 114) Her inner self has been longing to hear a supporting voice that can negate the truth of cancer by saying: “She’s a doctor and she has to say things like that” (p. 114). Thus, her inner fear does not let her completely believe in the cause of fear: “Like maybe they had gotten my files mixed up with someone else’s” (p. 114). Tig’s fear of having cancer as another bad stroke in her life has forced her to consider all the cruel incidents of her life. She has narrated her fear of cancer as the biggest challenge while talking about the recent unfortunate events that happened in her life such as her mother’s death, separation from her girlfriend, and being admitted to the hospital for C-diff. Her fear has been prominently expressed when she says: “I was the single most unlikely person to have another bad straw piled onto the camel’s back” (p. 114). Despite all her fear of cancer, the doctor has told her that there is a high possibility of cancer though she couldn’t confirm the disease before getting the reports in hand. Soon after that, she narrates her fear: “I felt like I had just been told I had cancer but also like I had not

been told that I had cancer. Here I was again: dangling in purgatory" (p. 116). Thus, the long waiting period for the results intensifies the fear in her mind. Moreover, her strong fear of being alone has been expressed when she uses the metaphor of 'red target' while mentioning her lonely self with 'bad news' (p. 117). She strongly felt as if some helicopter had been searching for such red targets or "lonely people with bad news" and thus she might be followed by it for the next several months. She has taken her 'nurturing', 'calm and collected' friend Beth to accompany her to the doctor's chamber. However, while the surgeon has been informing them about her 'stage II cancer in both breasts' and invasive tumour on the left breast, both of them get frozen out by this shocking news.

After the surgeon declared her cancer, she took a longer time to come out of the initial shock and fear of having cancer. Subsequently, another shock she receives from the doctor about the double mastectomy because she had prepared herself for the lumpectomy as an expected necessary step to get rid of the cancer. She has narrated her fear emerging out of the previous knowledge of both lumpectomy and mastectomy:

> All I had been prepared to hear was that I needed a lumpectomy. I'd known people who'd had those and they were alive and doing well. No one I knew had a double mastectomy, at least not that I was aware of. (p. 123)

As most of the news she has heard in her circle is of lumpectomy, Tig convinces herself to feel confident about it whereas the sudden decision on mastectomy causes fear in her. Tig's diagnosis of cancer has caused an extreme level of anxiety as she feels unknown fear out of every body ache or even sneezing:

> Any bodily pain or discomfort was reason to believe that my cancer was spreading rapidly. I no longer trusted even a raucous sneeze to be something I could just dismiss. (p. 131)

Her initial dilemma in breast examination and the late diagnosis of cancer creates unnecessary fear in her mind. Tig's fear of cancer as well as double mastectomy is therefore narrated by using the metaphor of "world's steepest roller coaster" to talk about her life: "I was at the top of the world's steepest roller coaster, and I could almost hear the *click, click, click* of what I really hoped wouldn't be a one-way ride" (p. 156). When being at home after the double mastectomy, she expresses her fear of seeing the "blood and gunk" coming from her chest as she feels scared to barely look at her body parts. She has expressed the fear of fresh injury and dilemma in accepting the new body:

> My fear of looking down was compounded by the fact that I'm someone who is extremely queasy – almost phobic – when it comes to any sort of fresh injury to the human body, or any creature, for that matter. (p. 158)

She also narrates how her life has gradually changed after her illness. Before her cancer, she also suffered from C-diff and feels scared of the recurrence of both diseases: "Always looming heavily in my mind was the fact that both the diseases that could have killed me might return at any time" (p. 161). She has left for New York to overcome the fear of changing reality. However, after coming back from New York she goes through a panic attack while staying alone at home. While sitting on her couch, she narrates her fear of how she doesn't even feel safe at home: "…it felt like I was

about to lose my balance and fall off not only the couch but the planet entirely. I spent hours sitting still, trying to picture myself as a solid, stationary body" (p. 167). Tig expresses how she feels almost similar experiences of panic attacks on aeroplanes while being strapped in her seat. She narrates the experience of that panic attack on the aeroplane as it has been the ultimate level of fear and anxiety for her after surviving a near-death situation: "I felt reborn. Breathing was as easy as doing nothing. I was light and available to life again" (p. 168). After this panic attack, she has never felt the pressure to perform comedy and even shows the eagerness to face the public audience by answering all their questions. Though she has gradually overcome the trauma, whenever she looks back at it she almost relives the same trauma which she questions the well-known line "God never gives you more than you can handle" doubtfully and opposes: "But I can assure you that C-diff, the death of my mother, and breast cancer were each, individually, more than I could handle" (p. 170). She has narrated the difficulty she has faced in bearing both emotional stress and bodily pain as well as the burden of fear associated with them:

> Losing my ability to eat food—and more than twenty pounds—as well as losing my mother; losing my breasts; having stitched and scabbed incisions across my chest that made it almost impossible to be hugged or to move; being unable to lift my arms until I was able to rebuild excised muscle tissue; being terrified of dying, and if I lived, of never working again; and going through a breakup while having constant stabbing pains in my gut was, ultimately, more than I could handle. (pp. 173-4)

Therefore, it is not only the fear of losing breast, losing physical ability, and hunger that disturbs her but also, she has been terrified of possible death and losing emotional support through break up.

Even after the surgery, the fear of recurrence is quite common among cancer patients. Tig's new oncologist has suggested starting on hormone blockers immediately and comments that her risk of recurrence is much higher as she delays starting the hormone blockers soon after her surgery. After hearing this from the oncologist, her fear reappears as she narrates the current situation along with the fear of getting detected with Stage IV incurable cancer. This fear has been expressed with the outburst of anger as she first says: "She (doctor) then told me something I didn't remember hearing before" (p. 214). Although she blames the doctor initially, she later blames herself: "Doctors may very well have told me I needed to start hormone blockers right after surgery, or to come back every three months to have "levels" checked, but I didn't hear it" (p. 214).

When her doctors suggested the precautionary chemotherapy following surgery, she considered continuing with chemotherapy would be brutal on her system as she has still not completely recovered from C-diff. She also feels scared of losing her body's normal function by reducing her 'chances for getting pregnant in the future slim to none' (p. 215). According to the doctor's suggestions, her trying to get pregnant through IVF would be like "throwing gas on a fire" as it would surely increase her hormone levels and this 'nine-month spike in hormones' would kill her (p. 215). Her fear of cancer recurrence has been expressed in opposition to her guilt of not risking her life for her pregnancy. Finally, she gathers the courage to go through the least life-

threatening plan as devised by both her fertility doctor and oncologist but her subjective feelings of spreading fear into the body have been narrated:

> It took nearly six months to research and organise the IVF and surrogate processes, and each day I imagined my 7 percent chance of having a terminal cancer diagnosis rapidly growing in the wrong direction. I pictured cancer cells returning as little black dots scattered throughout my body. When I finally began injecting myself with the fertility hormones, I pretty much saw fire racing down a trail of gasoline (p. 216).

The metaphor of 'a trail of gasoline' is used to narrate the risk of taking chances with cancer and similarly the metaphor of 'fire' is used to talk about the narrator's fear of rapid and uncontrolled growth of cancerous cells.

Death anxiety sometimes evolves from the fear of being alone. When Tig Notaro is alone in her apartment after dropping Sascha off at her home, two thoughts come to her mind. First, she denies the possibility of her having cancer and secondly, she thinks if cancer is detected then there will be no chance of survival. Her death anxiety becomes evident when she says: "Oh my God, I have cancer and I'm going to die" (p. 118). Her anxiety about the chances of survival and possible death has been recurrent when she refers to cancer as a 'potentially deadly disease' (p. 119). Like every cancer patient who desperately wants to live a normal life to the fullest, Tig Notaro also shares her feelings with the readers:

> I had stubbornly not cancelled these (previously decided comedy shows) because I had wanted to believe that if I kept going through life like everything was normal, then it finally would be. (p. 119)

Though she has been making a serious effort to restore her normal life, she receives a call from the doctor's office reporting that her condition is serious and she needs "to make an appointment as soon as possible with an oncologist and a surgeon to learn what stage I had and figure out a plan" (p. 120). Tig has expressed her fear in the following words: "I don't recall anything else the surgeon said, I only remember wanting to get out of my chair to go curl up in a ball somewhere on the floor of his office, like an animal trying to die" (p. 121).

The metaphor of "an animal trying to die" that has been used for herself shows how she is scared of her death because for her cancer itself means death. As Anne Boyer has pointed out the fact that even a feminist scholar like Susan Sontag couldn't use the words "I" and "cancer" in the same sentence (Boyer, 2019, p. 3). While talking about the stigma associated with cancer, Sontag has referred to cancer as a "disease widely considered a synonym for death" (Sontag, 1978, p. 8). The cultural meaning of cancer as synonymous with death makes anyone's life difficult until the patient can accept the cancer as a part of the body as well as the self. Therefore, after learning about her present medical condition, she feels worried about her health and fears death as an event is nearing her: "I hung up the phone, thinking that I was going to die and my mother didn't even know" (p. 120). Out of grief and death anxiety, she has even tried to remember her dead mother who had been unaware of her daughter's cancer and the possibility of premature death. She feels an insatiable thirst for motherly care while

struggling with her anxiety of death. Each time she has faced the challenges of coping with her mother's death or her own emerging death, she strongly feels the need to have her mother by her side for emotional support:

> Needing my mother to comfort me about her death was an insatiable, unresolvable problem. And now, having cancer without having a mother brought on a similar, and similarly insurmountable, problem. (p. 121)

After consulting her friend Stef who was studying Biological Anthropology then she felt even more confused while comparing Stef's notes with Google searches and the notes from her doctors. Because of comparing all three sources of information, she panics and even starts feeling that her journey will be full of multiple "roadblocks, detours and warnings" and if any of the warnings get ignored then it would lead to a 'no-turning-back-zone' referring to death (pp. 122-123).

The sudden news of mastectomy in the place of lumpectomy causes the fear of death in Tig. Her death anxiety has become manifested when she shares with her readers that she does not know the possible chances of post-mastectomy survival among breast cancer patients. She is severely panicked about the time she is left with before her death: "Or did I only have two years to live? Three? ... how was it even possible that there had been several days when I'd had pneumonia, C-diff, and invasive cancer all at the same time, and didn't even know it?" (p. 125). Her death anxiety has disconnected her from her social life and even prevented her from replying to people's emails and texts.

Her death anxiety is prominently reflected in her words when she tries to figure out the location of her tombstone: “Holy God, I have invasive cancer and I better figure out where I want my lonesome tombstone to be standing for an eternity with no visitors” (p. 127). After her diagnosis of cancer, she wants to restrict herself from social life, and even in her death, she wants to lie peacefully at some “lonesome tombstone” so that nobody disturbs her there (p. 127). As she starts thinking about her nearing death, she also considers her next stage performance as if it is the “last performance” of her life (p. 130). Tig’s death anxiety gets even more increased after receiving repeated good-bye calls from friends and relatives. However, she has narrated how eager she has been to find out the remaining days left with her and therefore she has scheduled her appointment with the surgeon on the day before her comedy performance.

Even after getting the devastating news of stage II invasive cancer, she decides to perform in the Largo show. This incident shows how she gradually tries to overcome the fear of subsequent death as she wants to live her life to the fullest: “…but my life was likely ending, and I needed to perform one last time” (p. 132). She narrates how she meticulously works on writing down “jokes, concepts, and moments” (p. 129) though she has never been habituated to such writing down stand-up material earlier. Tig’s excessive effort to give her best at the comedy performance reflects that she wants to win over death. However, Tig gradually overcomes the dilemma and anxiety as she has given importance to the cancer journey whether “the end of the road is health and happiness or a brutal, painful demise” (p. 145). She feels confident about her diseased self and overcomes the fear of being cowardice at some moments of her crisis as it is quite common for any human being: “Can anyone with a deadly disease be called

cowardly? Even those who have lost the will to live?" (p. 145). Therefore, Tig has not only expressed her fear but also talked about the normalisation of such fear in breast cancer patients which is generally discouraged in the dominant breast cancer hero narratives. At the moment of the official release of her recorded album, Tig chooses the name "*Live"* (verb) for it which emphasises her strong life instinct as she says that the word means "to keep not dying" (p. 145). Her death anxiety became prominent again when her double mastectomy was scheduled at the beginning of September. She has felt anxious about the deadly possibilities like the spread of cancer to bones or being left with "three years to live" (p. 152). Her death anxiety even leads to a presumptuous attitude as she says that three is "a number I'd arbitrarily decided upon" (p. 152).

Tig realises the importance of time as soon as she understands that only a few years are left with her to spend with her partner Jessie or cherish her desire to enjoy motherhood. Therefore, she decides to search for adoption possibilities along with Jessie to best utilise the left-out time according to her preference. However, she prefers to take the risk of her life to fulfil her dream of giving birth to a child of her own: "As complicated and irresponsible as it sounds, I felt certain that I would regret it for the rest of my life if I did not risk my own life in trying to have a child" (p. 216). Thus, her death anxiety becomes almost nothing in front of her worries for her only "viable embryo" which might develop into a child in the future. Tig has almost accepted her death as she has realised that "everyone has an "end day" coming, and that I was no different" (p. 223).

2.3.6 The *Bright Hour* (2017) by Nina Riggs

Nina Riggs' (hereafter, Nina) memoir *The Bright Hour* is not only about her illness but also about her family including her husband and sons, coping with the slow death of her mother, her beach vacations, and every other happy and sad memory. Nina has a family history of cancer from both paternal and maternal sides including her paternal grandfather had breast cancer, her maternal grandfather, grandmother, and her mother herself suffered from a blood cancer called multiple myeloma (p. 10). She has received information from the researchers that sometimes 'even family members without the mutation are at a greater risk for developing the disease' (p. 11). After listening to the uncertainty of genetic mutation as well as the uncertainty of life, she narrates her fear with philosophical insights: "We are certain only that there is so much of which we are not certain" (p. 11). Her fear even gets doubled when she tries to find the answers through Google as she has been misguided by a hundred necessary catastrophic topics and also wrong information about ovarian cancer.

Her fear of cancer as a deadly disease and the tremendous shock after getting diagnosed with it are reflected in the following lines:

> *Cancer in the breast,* the doctor from the biopsy says. *One small spot.* One small spot. I repeat it to John, who steps out of a break-out session when he sees my text. I repeat it to my mom, who says, "You've got to be kidding me. Not you, already." (p. 7)

Nina acknowledges her fear of the situation as she repeatedly refers to it as "The terrible thing" (p. 7). She has faced the serious dilemma in informing her cancer to her two sons as she says:

> "I don't think I can tell the boys until I can get my head around it myself," I said to my mom the day after the diagnosis. Freddy has just turned eight, and Benny is five. (p. 13)

Her hesitation in disclosing the news is not only because her children are too small for it but she is also not ready to share the truth as she has been scared of its consequences. Instead of denying the fear, she displayed it in the following lines: "*It has happened*, I keep thinking. *The terrible thing. This is what the terrible thing feels like*" (p. 14).

The patients generally feel an unknown anxiety in the healthcare setup as both Nina and her husband John feel scared while waiting for the doctor before the appointment: "This is what two completely terrified people who are trying to act like they've got it all under control look like" (p. 19). Like Tig Notaro, Nina has also experienced anxiety through her panic attacks as she narrates it in the form of "a recurring dream" of choking inside a battery: "Each time, I awake with panic, and I can always feel the very real sensation of the hard shape disappearing down my oesophagus" (Riggs, 2017, p. 207). The painful chemotherapy has such a bad effect on her mind that she wishes to disappear instead of experiencing it again. Therefore, she narrates her fear of chemo sessions: "On chemo, I'd like to crawl inside that blind spot, whatever its size – scrunch up my body and disappear" (p. 42). She has coined such interesting metaphors as 'blind spot' to express her desire to vanish through the spot, which is invisible to human eyes. Sometimes more than the actual treatment, the terms used for it are even more scary for patients. Nina reports how she has been scared every time she listens to the term 'tumour board':

> *You're just saying that to freak me out,* I think. What is actually a group of doctors from different specialities discussing the specifics of your case together around a table sounds like a cancer court-martial or a torture tactic. (p. 113)

She has not only represented the patient's common fear of such gigantic medical jargon boldly, but she also suggests that it can be replaced with common terms like "patient review meeting," "checking in with my colleagues," or "exaltation of oncologists" (p. 113).

Being a patient, her fear gets doubled when the surgeon refers to her new lump as "an occult tumour – hidden on earlier imaging" (p. 71). While her radiologist was doing her post-chemo scan, Nina expressed her fear to the radiologist by narrating her previous night's dream about two tigers. The radiologist truthfully says that she does not like the size and shape of the tumour and Nina narrates the situation to express the reason for her fear:

> It is not smaller. In fact, it is bigger than they first thought. It seems to reach in a thousand directions. And, on top of that, there is another tumour a few centimetres away that has surfaced from some depth previously unseeable. A second tiger. (p. 69)

The symbol of the tiger as a ferocious animal is used to visualise the intensity of fear associated with a cancerous tumour. Nina has correlated her two tumours with two tigers from her dream of the last two nights before the post-chemo scan. Nina has earlier narrated how she visualises "two tigers pacing the perimeter of my chest wall" in her dream instead of seeing the "strange universe of shadows and ghosts" that people

usually dream about while being anxious (p. 62). The long description of the tigers and her reference to "the beastie cats [tigers] are pacing the chest wall" (p. 63) refer to the fear she had about the discovery of the tumours in the upcoming post-chemo scan. After the scan, when she meets the surgeon with the report, the doctor suggests mastectomy after referring to tumours as dumbbell-shaped and "a four-centimetre-long bar of cancerous material" (p. 71).

After meeting the doctor with the result of the scan, Nina finally opts for a single mastectomy at Dr Cavanaugh's urging. However, she expresses her fear and anxiety about the surgery and the post-surgery effect on life: "Halving, dividing, splitting, cutting—this is our new language: cells, statistics, surgeries, household duties, anxiety" (p. 77). Nina's fear is even more intensified after seeing the doctor's objective treatment of patients from an authoritative position. Her fear even leads her to doubt her doctor's intentions by asking whether "he would recommend a double mastectomy if it were his wife" (p. 71). After her mastectomy, Nina is scared of discovering the condition of her breasts as she refers to the condition under her bandage as a "foreign land": "Right now my emotions around it are waiting as if on a shelf just out of reach" (p. 100). Later, when Dr. Cavanaugh shows some ray of hope by saying, "Probably no more chemo" and sends her for some more imaging, then Nina shows faith in the doctor and expresses how the clarity helps to overcome the fear: "As though having a map makes the trail less snowy" (p. 92).

When Nina narrates her son's bike ride learning episode with close details then she narrates how the small boy screams by saying phrases like "Don't let me go yet!" and "But I'm not ready" (p. 1). These lines refer to her fear of death which is recurrent

throughout the text. After her diagnosis of cancer, she almost cried and pleaded to life that she was not yet ready to accept death at such an early age. Nina Riggs in her autobiography *The Bright Hour* (2017) has expressed her significant effort to overcome her death anxiety as she quotes her mother who was a terminally ill patient in the very opening line: "Dying isn't the end of the world" (p. 1).

While teaching her younger son to ride a bike, she realises that whatever happens with one person life goes on: "The beautiful, vibrant, living world goes on" (p. 2). Nina has also narrated her experience of being inside an MRI as more like the story in which the workers lie inside the coffin as a part of the team-building exercise in South Korea to understand the real worth of life. She has also referred to the fact that this MRI was the one that suggested that she is left with eighteen to thirty-six months to live. After knowing about the limited time she is left with, Nina understands the value of every precious moment of life and even wants to fix every problem. She wonders about the fact that just "one small spot" can take away her life. She has not only expressed her shocking state to her husband and mother but she has also repeated the phrase "One small spot" to her father, her best friend Tita, and even to herself. Her death anxiety instigates her urge to live as she says desperately: "One small spot is fixable. One small spot is a year of your life. No one dies from one small spot" (p. 8). Immediately after this, she recalls all her happy memories from her past to narrate how peaceful everything was just "several weeks before the call' (p. 9). She feels like her whole world has been changed after she detected cancer.

Being a voracious reader of Literature, Nina develops her understanding of death by reading *Essays* of Montaigne who himself has witnessed the death of his brother, five

daughters, and his closest friend. She has spent a chilly weekend with her terminally ill mother at the beach 'reading and discussing a biography of Michael de Montaigne' (p. 24). Nina has directly quoted from Montaigne and then interprets death as a 'suspicious country' which she has begun to know: "Love about Montaigne that, despite roving bands of thieves and constant political upheaval, he reportedly never kept his castle guarded. He left all his doors unlocked" (p. 26).

Therefore, Nina has not only attempted to understand her death anxiety through literature but has gathered the courage to narrate the unknown fear about the suspicious country, i.e., death. Her death anxiety is evident when she repeats the phrase 'one small spot' almost like chanting because she thinks "repeating the little phrase will keep me better attached to the spinning planet (earth)" (p. 45). She has quoted some philosophical standpoints from her great-great-great grandfather Ralph Waldo Emerson who wrote in the essay *Circles*: "The universe is fluid and volatile" and "Permanence is but a word of degrees" (p. 45). Nina not only reads and rereads these lines but she also connects her cancer with the changing world which she cannot accept very easily like any other patient: "One small spot and the universe is fluid and volatile" (p. 45). Her fear and dilemma in accepting reality have been narrated: "The "universe is fluid and volatile" is scary, but allows for the idea that there are things that cannot be contained. These two thoughts flip around and now cannot be pulled apart" (p. 45).

Sometimes, Nina finds solace in Emersonian philosophical thoughts but she feels quite lonely as she is "fishing in a big, empty ocean" (p. 48) while going through the pain of chemotherapy and loses herself as she talks about the struggle of finding the centre: "At chemo, I can never find my centre anymore. It's like a big, empty ocean" (p. 49).

Writing autopathography is not only writing about the positive aspects of illness but it also helps us to look at the darker sides of life including death. Nina has commented on dying along with all the negative sides of cancer and its treatment: "The illness, the remedy. We are such fragile creatures, although we feel far more like oysters until we are dying – those rough husks" (p. 112).

It is not only anxiety about her death that torments her but she has also been going through the anxiety about her mother's death and cremation. Nina recalls her mother's memory regularly after her death as she narrates: "In the days right after she died, her bedroom smelled like, well – death" (p. 150). She repeatedly uses the phrase "death smell" and tries to remember her mother in fragmented parts of the body like "softest, most delicate hands", "her lips", and "the colour of her skin" (p. 151). Nina also narrates the coexistence of life and death in human lives. Following Sontag's reference to cancer as a death sentence in *The Illness Metaphor,* Nina also associates the cancer ward with the land of death: "Suspicious country: ninth floor, oncology ward" (p. 200). She sometimes personifies death while narrating her fear: "In the Emergency Department, death enters the room looking like a young, cheerful attending" (p. 198).

2.3.7 The *Undying* (2019) by Anne Boyer

The fear of cancer has always been very prominent in any of the individuals diagnosed with cancer. Similarly, Anne Boyer (hereafter, Anne) refers to many of her previous breast cancer survivors and writers to understand the fear associated with breast cancer. For instance, Anne initially refers to Audre Lorde who courageously attempts to break the tradition by using "I" and "cancer" together for the first time which shows the

patients gradually accept cancer as an illness inside their body and thus step towards overcoming the fear. Lorde has designed her *The Cancer Journals* as something more than just "a record of grieving only" or "a record only of tears" (Boyer, 2019, p. 4). Despite having all the warriors challenging the pain and fear of breast cancer, the disease has the "substantial weight of its calamities" for women. Anne has remarked on the fearful calamities breast cancer brings in the life of cancer patients including "early death, painful death, disabling treatment, disabling late effects of treatments, loss of partners, income, and capacity" along with "the social morass of the disease—its class politics, gendered delimitations, and racialized distribution of death, its rotating scheme of confused instructions and brutal mystifications" (p. 6). Anne has also noted the fact that the fear and agonies of cancer are not only created by the disease itself, but also by "what is written about it, or whether or not to write about it, or how" (p. 7).

Anne identifies that cancer's formal problem has been something "political" more than personal and she refers to Jain, writer of *Cancer Butch,* by saying "silence is no longer the greatest obstacle to finding a cure for breast cancer" but rather it is the excessive awareness and "cancer's everywhereness" that drops "into a sludge of nowhereness" (p. 9). Anne has remarked on the fact that it is the pink ribbon culture that has celebrated only survivors' stories involving "neoliberal self-management" and thus has ignored the fear and anxiety of breast cancer patients (p. 9).

Anne has recorded her experience of dealing with her fear when she discovers her first tumour on the screen and she recognizes it as "my own" instead of denying it:

> The first tumour I ever saw was a darkness on that screen, round with a long craggy finger jutting from it. I took a photo of it from my exam table with an iPhone. That tumour was my own. (p. 13)

Anne also narrates the absurdity and uncertainty of life with the help of a metaphoric tale of two birds and tea leaves where two birds stand for two lovers in search of "tomorrow's happiness" and tea leaves which signify the "fortune teller" talks about the third ruining the lives of two lovers (p. 13). Thus, Anne has blamed the diagnostic system which works as a fortune teller to ruin the happiness of an ill person. Therefore, she narrates how the lump inside her breast was a part of her own body previously but the moment the radiologist marks it by giving a BI-RADS 5 score then "it became a tumour forever at home in the system of oncology" (p. 14) and thereafter causes fear in her mind. However, Anne thinks that diagnosis provides freedom from self-perception. The artificial quantification of the body's illness and naming it through the technological process can create fearful stress on every individual as Anne sarcastically narrates:

> Welcome to the detectors with names made of letters: MRI, CT, PET. Earmuffs on, gown on, gown removed, arms up, arms down, breathe in, breathe out, blood drawn, dye injected, wand in, wand on, moving or being moved—radiology turns a person made of feelings and flesh into a patient made of light and shadows. There are quiet technicians, loud clatters, warmed blankets, cinematic beeps. (p. 15)

However, Anne thinks that sometimes giving a name to the illness can help in overcoming the fear: “Sometimes to give a person a word to call their suffering is the only treatment for it” (p. 17). Thus, it is better to struggle with the fear of something unknown than something unknown because naming the disease helps a person connect with a community with the same illness. Though diagnosis is a stage of fear, pain, instability, and curiosity, unknown and undiagnosed diseases can even be more fearsome for patients. In the case of cancer, the feeling of illness generally starts from professionals’ declarations about it, and thus fear emerges from the unknown, unfelt reality, as Anne says: “Our senses tell us almost nothing about our illness, but the doctors ask us to believe that we cannot see or feel might kill us, and so we do” (p. 18). She narrates an old man’s experience whom she meets in the chemotherapy infusion room who severely doubts the news of having cancer even after the doctor’s confirmation, as he does not feel anything abnormal inside his body. Anne narrates her own experience of getting the news of cancer:

> The news of cancer comes to us on the same sort of screens as the news about elections, in email at the same minute as invitations to LinkedIn…The screen life of cancer is the screen life of all mediated global terror and unreality, too. (p. 27)

When cancer is diagnosed, people start googling information about the disease and also trying to learn more about it from the internet and other sources. Anne describes her fear by referring to "data" as "a minor god" that only serves to increase patients' anxiety rather than provide relief (p. 22). Anne has been unaware of many such technical terms

associated with breast cancer and feels frustrated about her little knowledge: “Mets. Foobs. NED. I was afraid, on the first day, for my vocabulary” (p. 26).

While Anne meets the breast surgeon, she is accompanied by her friend Cara. The breast surgeon declares that Anne has “at least one cancerous tumour, 3.8 centimetres” in her left breast (p. 29). This information is already known to both of them, but still, Anne feels her hand get wet while listening to this from the surgeon. She narrates how she keeps herself busy with other work to avoid narrating about her illness. Several times in her life, Anne wants to prove the whole cancer episode as an unrealistic dream: “Cancer’s treatment is like a dream from which we only half-wake to find that half-waking is another chapter in the book of the dream, a dream that is a document and a container for both waking and sleep” (p. 28). She also narrates how this dream is hardly about “any pleasure and all pain” and thus “every moment of the dream” is “too vast to forget and every recollection of it amnesiac” (p. 28).

Anne has described cancer as unreal, alien, mid-astral, semi-sensory, and all terrible. She tries to express her fear with dark humour as used by the doctor: “The breast surgeon said the greatest risk factor for breast cancer was having breasts” (p. 29). Anne calls her doctor “Dr. Baby” because he has been very compassionate with her and explains the variants of breast cancer, including hormone-receptive positive breast cancer, HER 2-positive breast cancer, and triple-negative breast cancer. There are targeted treatments for the first two kinds, but there are no targeted treatments for the triple-negative breast cancer, which Anne is afflicted with. Though the doctor tries to prepare his patient to accept the reality of the disease, it initially creates enormous fear in Anne’s mind:

> He wrote down "85%" for the tumour's growth rate, and I asked him what that meant. He told me that a Ki-67 score of "anything over twenty percent" was highly aggressive. He then said, "Neoadjuvant chemotherapy," which meant "right away." (p. 31)

The tumour's unnatural excessive growth rate and unfamiliar medical jargon create an even more fearful situation for Anne. Her fear has been expressed when she disagrees with the dissection of any nodes or the biopsy of the other potential areas, fearing that it can reveal other bad news. She even denies knowing the complete truth about how far cancer has spread: "this one certain tumour was bad news enough, and its treatment would be so aggressive I felt like there wasn't any point in a painful intervention to know what else was there" (p. 31).

Anne has voiced her fear of chemotherapy by drawing comparisons between the mental preparation required for it and that needed for a winter storm, a houseguest, a childbirth, a holiday, a virus, and a short-lived but intense episode of depression (p. 69). She compares Cyclophosphamide as "a medicalized form of chemical weapon" for fighting against chemotherapy which is no less than a war in cancer patients' lives (p. 63). Anne narrates the patient's helplessness and dependence on others at the time of chemotherapy: "In chemotherapy, as in war, when you are being exposed to cyclophosphamide, it is advisable that you have someone to hold your hand" (p. 64).

Like Tig Notaro, Anne feels doubtfully scared of the sudden intrusion of drugs as foreign elements inside her body. In chemotherapy, as multiple drugs are applied to patients in a trial-and-error method, Anne expresses her body's possible reaction to it

as “each type of chemotherapy mixing with its additives into a unique mush of hybrid lack of clarity” (p. 70). However, the change in her body has also been noted by Anne: “I was once a person who reacted strongly to a cup of coffee, now I am a person who behaves demi-unreactive to the sludge of substances inside me” (p. 71). Her fear of unknown foreign elements inside her body has been repeatedly expressed as she narrates her experiences in the infusion room: “Terrible things are happening in my body” (p. 71).

Anne Boyer addresses the topic of death and dying in greater detail as she begins her memoir *The Undying* (2019) by referring to several persons’ deaths, including Virginia Woolf, Marie Curie, Jeanne d’Arc, Rosa Luxemberg, and Alice James. Before sharing her idea about death anxiety and the process of dying, she refers to others’ interpretations of death. For instance, the breast cancer victim Jacqueline Susann, the writer of *Valley of the Dolls* (1996), has expressed the fear that is not about death but the damage it brings to her life. On a similar note, the writer Perkins Gilman also prefers death over cancer. Anne Boyer’s *The Undying* is hardly about the fear of her death but about death in a transpersonal manner: “To write only of oneself may be to write of death, but to write of death is to write of everyone” (p. 10). Despite all the dominance of political discourses, the personal drama is played against the backdrop of the external world. As breast cancer patients, both Lorde and Sontag note that they connect their deaths with other women who couldn’t survive and thus attempt to connect among the past, present, and future. The feeling of loneliness, catastrophe, death, and doom is quite common in cancer patients but Anne has also associated it with the devil’s world where catastrophe is certain: “I thought I had become sick (in a manner), that I was

unwell (in the spirit), that I was collapsing in a fit of Faustianism in a devil's bargain world" (p. 19).

Anne Boyer's death anxiety becomes more evident as she uses the reference dream interpretation technique from Aelius Aristides' book of dreams and *The Tibetan Book of the Dead.* However, she tries to find her life's deadline by reading PubMed instead of reading her dreams:

> I read PubMed instead of my dreams for clues to how long I will live, and the more I read, the more I fear dying somewhere along the path of expensive and diabolical treatments, then for hours these statistics alternate with online shopping, reading wig reviews, dissatisfied. (p. 23)

Despite continuing with all the regular works like writing, teaching, and speaking as daily means of living, she never forgets to search about the possibility of death and desperately tries to find the "study that says I will live" (p. 24). The less information she receives from the search engine the more fear is developed by the misleading information as she is "afraid of how people were turned into patients with handles and signatures, agonies, neologisms, and encouragements" (p. 26).

Anne Boyer's fear of painful treatment and the possible fear of death become more evident when Dr. Baby suggests that not taking chemo means dying but choosing chemo is also "to die from secondary effects rather than a primary disease or to live, finally, almost restored, but not quite" (p. 32). The question of life and death repeatedly haunts him as the car radio poses this question – "*Should I stay or should I go?*" which Anne is unable to answer. She narrates her death anxiety while mentioning her inability

to answer any question: “As soon as a patient lies down on the exam table, she has laid down her life on a bed of narrowed answers, but the questions are never sufficiently clear” (p. 32). As Nina Riggs tries to find the place for her tombstone after death, Anne tries to imagine her afterlife. She has fixed her destination to the imaginary place Delphi and describes her thoughts: “Every step is on the road to Delphi, crowded with divination, every fortune now accompanied by the curse of it-could-be-worse, with the worst being even worse than that” (p. 33).

Anne’s fear of death becomes prominent when she tries to find “a warrant to live” somewhere inside the screen of the computer: “My tumour started on a screen, and I returned it there. I entered its precise qualities into the prognostic calculator that promised to display the future in a pictograph” (p. 42). She then searches for many facts about similar cases of breast cancer including forty-eight non-survivors and fifty-two survivors to find her possibility of survival. The dead women are represented on the screen with the symbol of “dark pink frowning faces” and the living ones are represented by “smiling green ones” (p. 42). Therefore, the colour “dark pink” causes death anxiety in her because it symbolises the patients who could not survive the disease. Anne describes chemotherapy as a long painful process and compares it as inevitable death for cancer patients:

> Chemotherapy, like most medical treatments, is boring. Like death, it is a lot of waiting for your name to be called. It is also waiting while the potential for panic and panic hangs around, too, waiting for its name to be called. (p. 70)

Therefore, she compares waiting for chemotherapy to waiting for death which is inevitable for a cancer patient as death is for mortals. Anne has narrated her death anxiety and crisis of existence while talking about chemotherapy:

> Someone once said that choosing chemotherapy is like choosing to jump off a building when someone is holding a gun to your head. You jump out of fear of death, or at least a fear of the painful and ugly version of death that is cancer, or you jump from a desire to live, even if that life will be for the rest of its duration a painful one. (p. 85)

Following the existential theory of Kierkegaard, Anne Boyer also says that "there is a choice, of course, and you make it, but the choice never really feels like yours" (p. 85). As a patient chooses chemotherapy, she thinks there is hardly any choice as there is a parallel emotion of fear and hope deeply mingled with each other:

> You comply out of a fear of disappointing others, a fear of being seen as deserving of your suffering, a hope that you could again feel healthy, a fear that you will be blamed for your dying, a hope that you can put it all behind you, a fear of being named as the person who cannot cheerfully submit to every form of self-preservative self-destruction written in the popular instructions. (p. 85)

Being torn between the extreme fear of dying and the extreme hope of healthy living, patients generally choose chemotherapy as treatment which Anne calls "ritual obedience" (p. 85). Even if it arises in someone because of the strong desire to live, Anne finds nothing wrong in it as she says "it is also necessary to believe that you are a person worth keeping alive" (p. 86). Despite knowing about all the "painful,

expensive, environmentally harmful, extractive", cancer patients invariably fall prey to such expensive and harmful drugs (p. 86):

> My desire to survive means I still can't bring myself to unravel survival's ethics. One of the chemotherapy drugs with which I was treated, cyclophosphamide, passes into the urine only partially diluted, is only partially removed by water treatment methods, and lasts in the common water supply for four hundred to eight hundred days. (p. 86)

It is very common in cancer memoirs to mention the painful effects of chemotherapy on the body but Anne has also taken the responsibility of mentioning the environmental effects of these harmful drugs like cyclophosphamide, and carboplatin. The fear of environmental damage and harm affecting the future generation are narrated in the following words:

> Another carboplatin is described in its manufacturer's information sheet as having the "environmental fate" of accumulating in aquatic environments, where it lingers but no one yet knows what damage it does. The Himalayan yew tree, from which one of my chemotherapy drugs is harvested, has been endangered since 2011. (p. 86)

Anne's death anxiety becomes evident when she refers to her sickbed as the most tragic piece of furniture because she might die on that. She has been less scared about death or the process of dying but gets more scared about the thoughts of death:

> Being sick makes excessive space for thinking, and excessive thinking makes room for thoughts of death…*Don't try to make me,* I warned my friends in a set of emailed instructions, *stop thinking about death.* (p. 100)

Anne's fear of death includes her fear of leaving her daughter behind as she is a hardworking and "single mother without savings who existed in a world of profit" (p. 130). Along with this, her fear also includes her being forgotten and unknown after her death as she calls herself an "unspeaking thing" being a dead person. Anne has narrated her death anxiety and the fear of existential crisis as she feels herself stuck in a situation of undying where she is neither completely alive nor fully dead:

> …I feel I don't exist. Here we are, here I am, alone and myself, half of me fallen off, half of us gone, and all of us ghosts or the undying ones, half of us dead and half of myself nowhere to be remembered or to be found. (p. 144)

However, she finally can survive a deadly disease that makes her feel like "a baby being born into the hands of a body made only of the grand debt of love and rage" and she expresses her desire for a long life, which she quantifies in forty-one years because she thinks that she can avenge her fate by living long (p. 161).

2.4 Discussion

2.4.1 Cultural Frameworks and the Experience of Fear and Anxiety

Through the analysis of the six Indian and American breast cancer narratives, this chapter has developed an understanding of the cultural frameworks that vary significantly across India and America, impacting everything from perception,

diagnosis, and treatment to support systems and survivorship. The following sections present a summary of the key differences in the experience of fear and anxiety reported by these Indian and American women with breast cancer and their implications for culturally sensitive understanding, care, and support.

Fear of breast cancer is much more prominent among Indian patients because of less awareness of the disease in Indian culture as compared to the Western pink ribbon culture. Even American patients also feel scared to discuss their fear related to breast cancer because of the optimistic cheerfulness prevalent in Western society. The shocking revelation of breast cancer is quite common among both Indian and American patients. For instance, Minakshi has expressed the shock of her breast cancer as a biographical disruption by questioning "Why me?" and the same question has been modified by Neelam "How me?" as they both logically argue about the lower probability of breast cancer in their cases. Neelam has expressed her fear of hospital space as she refers to Tata Memorial Hospital as a place of suffering for the vast humanity and Shormistha also repeatedly wants to escape from the hospital. On the other hand, even after subscribing to the newest facilities and technological advancements in healthcare, American patients have also expressed their fear about cancer as a disease and the hospital ambience. Tig Notaro's cancer phobia has gone to such an extreme level that she feels scared of every small body pain or even every sneeze. The fear of cancer which she has initially received as bad news and the same has later been perceived as a roller coaster. Tig Notaro has also gone through a panic attack situation which is referred to as a "near-death situation". Anne Boyer has been very fearful of electronic screens, MRI machines, scans, diagnostic reports, and many

other things associated with hospital settings. Indian patients Meenakshi and Shormistha also feel scared before mammograms, and FNAC tests, and the waiting time for a doctor's consultation or test results leads them to panic. Some of the common reasons behind fear have been noted by the patients are the long waiting time, use of technical terms or medical jargon, sudden reveal of bad news about stages of cancer or requirement of surgery, multiple doctors and specialists engaged in a fragmented health care system. There are many instances of fear being personified to showcase its intensity or different crucial metaphors are used by the patients to narrate their fear in both Indian and American contexts.

Indian patients especially feel scared because of the silence existing around cancer. For instance, patients' family members and receptionists often do not pronounce the word 'cancer' which even intensifies the fear in them. Shormistha discusses her fear of pronouncing the word "cancer" associated with herself because of the stigma associated with the illness. However, she prefers to call herself a breast cancer patient than a cancer patient because of the lower death rate in breast cancer than other types of cancer. Anne Boyer comfortably talks about others' breast cancer as a history and as a political phenomenon. However, whenever it comes to her diagnosis she feels shaken considering 'cancer' as a part of her own body. Similarly, Shormistha tries to feel strong before her breast surgery and reconstruction but later she feels horrified seeing her post-surgery bodily disfigurement and scarred body. All Indian patients are conscious of their body image and few patients like Minakshi feel even scared about the process of breast check-ups because showing breasts to a doctor or discussing them is difficult for patients. In Western healthcare scenarios, such fear is less visible

because of breast cancer awareness in the Western culture. Tig Notaro and Anne Boyer have always felt scared about scarred bodies like the Indian patient Shormistha. Post-mastectomy scars, blood, and gunk are generally feared by every patient, be she an Indian or American. Body-related fear metaphors like throats getting dried and legs turning into jelly are commonly used fear metaphors in Indian patients' memoirs.

Sometimes, 'stony silence' around the patients about cancer even intensifies the fear. The cancer's impact becomes different on the individual level as Minakshi shows her tendency to escape from the situation and also her suicidal tendency to avoid pain. Minakshi's fear about medical decisions of surgery, chemotherapy, and also the side effects of chemotherapy are quite common in every patient. Shormistha feels scared of chemotherapy but Neelam has been more worried about the baldness as the compulsory aftermath of chemotherapy than the physical pain of the treatment. Shormistha's blabbering, slow processing in mind, Minakshi's stammering, and numbness reflect their extreme fearfulness. In most of the cases, Shormistha and Minakshi have acknowledged the support of their family members whereas Neelam as a widow has felt herself lonely while going through the difficult sessions of chemotherapy. Therefore, Indian patients commonly show their fear of cancer and its painful treatment associated with objective formal care inside the hospital where they feel alienated. However, they have mostly pointed out the stigma related to cancer in Indian society. Along with that, they have valued the familial relationships that help them to support in their difficult time.

Patients' common fear of chemotherapy is prevalent in most American patients. While going through chemotherapy sessions, Anne Boyer focuses on difficult expensive

chemo drugs which have lots of side effects on the body and make her helpless and dependent. Nina has described her fear of cancerous spots and chemotherapy in a most philosophical manner. Tig has also shown her fear of dependency and the fear of recurrence even after her logical decision to risk herself by growing eggs to give birth to her future biological child. While patients like Tig and Nina mostly lament their personal loss and suffering, Anne has also emphasised breast cancer patients' general lamentation over the loss of partners, physical capacity, societal status, and economic loss. Therefore, Anne Boyer sometimes reconsiders her lamentation as the lamentation of humanity and death as a boon or a final blow to get rid of other tormenting emotions. Therefore, she has covered the broader perspective of fear in cancer by considering the overall perspective of politics, gendered limitations, and brutal mystifications around the breast cancer discourse.

Indian patients feel death anxiety on a deeper level as it does not only include their fear of dying process or pain but also includes the family members' grief and loss. Many patients like Minakshi compare the pre-cancerous life with the post-cancerous one and therefore surrender themselves to death because they have no control over the painful altering life after their cancer diagnosis. Therefore, they even lose interest in participating in the discussions about the forthcoming plan of cancer treatment with their families. A few patients like Minakshi also feel worried about leaving her family and especially her husband behind after their death. Mostly, doctors' reluctance to discuss the chance of death or recovery with the patients also intensifies the patients' fear in the Indian context. Even when patients' families refuse to disclose the complete truth about the surgery to them, they feel miserably anxious. The fear of premature

death also creates severe dilemmas and patients retain themselves from believing any nice-sounding hopeful words about the future. Patients often grow superstitious about the date of surgery which they believe might bring an end to their lives. For instance, Minakshi even feels more scared while looking at the visiting family members before her surgery at the hospital as if they have come to bid her farewell. The word "last" is a commonly used adjective by patients like Minakshi and they often attempt to think about suicide to finally get rid of the tormenting death anxiety. Sometimes, patients like Neelam mention their over-sympathetic relatives as the main reason behind their death anxiety. Shormistha's moments of death anxiety started when she first saw her pet dog die in front of her eyes and therefore, she had her first anxiety attack as she could not do anything about it. The same anxiety attack she faces while being in a claustrophobic situation within the MRI machine. Even though there are patients like Neelam and Shormistha who take their lives in a very positive way, they often feel negative about death at some point in time because of the association of cancer with death in the media. The cover page of *To Cancer, with Love,* records Neelam's concern that she finds almost no "happy literature on cancer" in India and Shormistha also remarks on the gloomy portrayal of cancer in Hindi movies.

American patients also feel an extreme level of death anxiety despite being part of the first-world country's scientific and biomedical advancements along with several support groups. Like many other cancer patients, Tig perceives cancer as synonymous with death and her death anxiety intensifies when she feels very lonely in her struggle with cancer after her mother's death. Nina's death anxiety is also connected with her mother's suffering from cancer and finally death of her mother which is a deep, and

personal loss. Tig has used phrases like “no-turning-back-zone” or “animal going to die” referring to her death anxiety. Tig often counts her left-over time to live and imagines a peaceful death lying at some “lonesome tombstone”. Tig, in her style of being a comedian, has made fun of the bravery of cancer patients in defeating death and also created a pun of the word “live” as a verb/adjective form. Thereafter, she tries to desperately connect with her comedy show, audience, and the overnight popularity cancer has brought to her. Tig’s wish to be alive is prominent when she becomes more conscious of the “viable embryo” she has grown inside her body and its possibility of survival even though it costs risking her own life. Therefore, she has welcomed the possibility of motherhood in a constructive way to downgrade the negative challenges of death anxiety. Similarly, Nina has been disturbed by the sudden blow of death and therefore tries to connect more with her family and two children. She has found the true worth of life in philosophy, ancient South Korean stories, Emerson’s poetry, Montaingne’s philosophical words, and even in her own life experiences. She has tried her best to forget her death anxiety by recalling happy memories. Although Nina has not survived the disease in the end, her narration of death anxiety through multiple other standpoints is still a valuable source of multidimensional understanding of death as expressed by a cancer patient. When Tig has expressed her death anxiety as her personal and Nina has expressed it as her own as well as her family’s; Boyer narrates her death anxiety in a transpersonal manner while connecting with the death of many other women. Therefore, Boyer has not only given the title of her memoir as “The Undying” but also connects her past, present, and future in one single thread. Along with her death anxiety, Boyer has combined the universal agony and pain of human beings with the artificiality of health care, and the invention of chemo drugs with the

futility of human life and environment. Anne Boyer has asked many thought-provoking questions like whether it is better to die from cancer or the painful, expensive, and harmful treatment process of cancer. Thus, breast cancer patients' death anxiety becomes a universal fear fused with the universal agony, pain, and futility of human life.