

Extended Abstract:

Breast cancer memoirs have grabbed considerable scholarly attention over the last few decades. The post-millennial breast cancer memoirs have addressed several issues concerning the disease that were previously neglected. The shifting politics of appearance with the growth of prosthesis and reconstruction, issues related to the ethics of mastectomy, genetic testing, and adverse effects of carcinogens on the environment are discussed considerably in Western breast cancer memoirs. However, along with the scholarly studies based on Indian breast cancer memoirs, the number of Indian women's cancer memoirs remains lower than that of their Western counterparts. In contrast to developed nations such as the United States of America, breast cancer in India continues to face the stigma of widespread silence because it is still a taboo to discuss breast cancer in public.

Keeping the sociocultural differences in mind, a comparative study of fear and shame as portrayed in breast cancer memoirs from India and America has provided valuable insights into the societal and personal experiences of individuals facing the disease. Further, breast cancer is identified as a major cause of biographical disruption which is equally found in both the Indian and American contexts. Biographical disruption is a continuous process of disruption in terms of one's body, self, and resources; because it can happen at multiple points in time after the diagnosis of critical illness. A journey starting from diagnosis and treatment to the cure of the disease is more than a physical journey for the patients. The emotional journey begins with an identity crisis and ends in reconstructing the self while restoring agency. While undergoing the crisis caused by breast cancer, they also battle with the biomedical, cultural, and social understanding of the disease.

Through this current study of fear and shame an attempt is made to deeply understand how cultural norms and values in India and America generally shape the experiences of breast

cancer and the emotions surrounding it. The patients' subjective feelings and emotions are less valued inside healthcare because of the over-professionalisation and lack of time. Both the medical science's approach toward treating the patient as objects and Pink Ribbon culture's popularisation with tyrannic cheerfulness also make the American breast cancer patients' journey some extra miles longer. In India, lack of awareness programme, silence around breast cancer, and the required normalisation of breast talk create hindrance in patients' journey to overcome the disrupted experiences. Therefore, the current research has extended Michael Bury's (1982) concept of biographical disruption to understand fear and shame as two important manifestations caused by breast cancer.

This research also extends the understanding of coping with emotional challenges in breast cancer by using Richard Lazarus and Susan Folkman's theoretical framework (1980, 1984, 1988, 1993, 1999). Following Lazarus and Folkman's works on behavioural coping and emotion-based coping, the present study finds both similarities and differences in coping among breast cancer patients from Indian and American cultural backgrounds. Literature provides a platform for showcasing subtle changes in emotions, coping, and empowerment through narrating. Therefore, a comparative approach to studying Indian and American memoirs will possibly enhance more opportunities to understand the process of narrative reconstruction of self.

Research Objectives:

The current study will aim:

- a) To explore, analyse, and critique the different dimensions of fear and shame as recorded in their personal narratives by the select Indian and American breast cancer memoirists spanning 2011 – 2021.

- b) To develop an understanding of fear and shame as two of the most challenging manifestations of biographical disruption, which occurred in the lives of breast cancer patients from two different cultural backgrounds.
- c) To explore the differences, present in the culture of silence and shame existing both in Indian and American contexts.
- d) To understand the universality of emotions even after the huge differences in culture, beliefs, economy, and healthcare facilities between Indian and American contexts. To find out a possible connection between two different cultures of breast cancer and to know if patients can build a community of breast cancer patients through locating similar feelings.
- e) To understand both the similarities and differences in the coping mechanisms on an individual level even though all the patients pass through the similar shocking news of diagnosis and the challenging treatment procedures beyond that.
- f) To find out whether the breast cancer-affected women possibly create a community for themselves through their coping strategies to overcome the tormenting effect of breast cancer as a biographical disruption and the sharing of their emotions.

Research Questions:

To fulfil the objectives of the research, the following research questions are addressed in the current study:

- a) How do both Indian and American breast cancer patients share two significant challenging emotions—fear and shame—that are universally present? In what aspects are they similar and different?
- b) How do differences in cultures, politics, and healthcare facilities affect the feelings of producing difficult emotions like fear or shame? How do they build a community

for themselves despite belonging to different cultures, different occupations, and different strata of society?

- c) How is fear equally challenging for both Indian and American patients? How are their expressions of fear and metaphors used for death anxiety different in both Indian and American contexts?
- d) How do Indian patients face more challenges in expressing shame related to breast cancer than American patients? How does breast talk need to be normalised in the Indian context to pave the way for writing more breast cancer memoirs?
- e) How do breast cancer patients try to explore new identities by accepting the new normal and finding a way for autobiographical reconstruction?
- f) How do women in the post-millennial era find a way to survive through these two overpowering emotions to regain control of their lives? What are the major and minor strategies found in postmillennial breast cancer memoirs? How can the coping mechanisms used by patients be helpful to others struggling with similar challenges?

Methodology: The thesis employs narrative analysis technique to analyse the selected six breast cancer memoirs spanning between 2011 and 2021. Each of the three chapters consisting of the body of the argument takes up three Indian and three American breast cancer memoirs to draw a parallel between the two situations. The three Indian breast cancer memoirs are Minakshi Chaudhry's *Sunshine* (2011), Neelam Kumar's *To Cancer, with Love* (2015), and Shormistha Mukherjee's *Cancer, you Picked the Wrong Girl* (2021). The three American breast cancer memoirs are Tig Notaro's *I'm Just a Person* (2017), Nina Riggs' *The Bright Hour: A Memoir of Living and Dying* (2017), and Anne Boyer's *The Undying* (2019). Using narrative analysis, a better understanding of patients' lived experiences are developed, further discussed and compared the similarities and differences observed in Indian and American context.

An overall theoretical framework for the thesis combines Michael Bury's biographical disruption, and Lazarus and Folkman's coping framework. The two chapters of the thesis which focus on fear and shame have used Bury's biographical disruption to showcase the expressions of fear and shame in Indian and American breast cancer memoirists. The coping framework provided by Lazarus and Folkman is used to trace the major and minor coping strategies used by six memoirists.

The present study comprises five chapters; the first chapter, *Introduction*, traces the change in understanding breast cancer due to growth of medical humanities, emergence of bioethics, and narrative medicine against the dehumanising tendencies of biomedical reductionism. This study establishes the need of studying more breast cancer memoirs from different cultural backgrounds as they provide broader insights about the differences in understanding the disease, treatments, understanding of disrupted self by the individual, the manifestation of 'biographical disruption' through different challenging emotions. Besides finding out the knowledge gap and objectives of study, this chapter also discussed the research methodology and theoretical framework.

The second chapter, *Beyond the Lump: Grappling with Fear and Anxiety*, studies the similarities and differences between the post-diagnosis fear among patients. Despite being separated by geographical location and cultural understanding of the disease, both Americans and Indians showcase their fear related to cancer (specifically of breast cancer), the fear related to every stage of treatment (MRI scan, chemotherapy, radiotherapy), and even the fear related to the possibility of recurrence. Pointing toward the differences in cultures, beliefs, and health care facilities; this chapter establishes the common characteristics of fear and death anxiety among Indian and American individuals.

The third chapter, *It Plays on the Body and Mind: Encountering Shame and Crisis of Self*, studies the complex emotion shame which is predominantly found in every case of breast cancer. This chapter differentiates the understanding of shame on two major levels: embodied shame and shame associated with the crisis of self. The perfect body-image which is disrupted in breast cancer patients due to chemo-baldness, post-surgery loss of breast/s, excreted bodily abject, and extreme weight loss/ gain leads to the crisis of the self. Such a reason is common for every individual but their expression of shame varies from one to another. The culture of silence is still prevalent in India as breast-talk is not yet normalised like western countries which creates some extra hurdle for them. Therefore, psychological turmoil related to breast examination and treatment of breast cancer is more prominent in India.

The fourth chapter, *Towards Autobiographical Reconstruction: Coping with Breast Cancer Challenges*, has attempted to apply Lazarus and Folkman's coping framework which is more often used to understand coping mechanisms in breast cancer. After studying all six major breast cancer memoirs from both Indian and American genres, this chapter has charted out twenty seven coping strategies used by patients. Based on them, five types of coping approaches are framed: namely, recollection, reflection, integration, emotional processing, and meaning-making. These five stages are the building blocks of Autobiographical Reconstruction Mechanism (ARM).

The fifth chapter, *Conclusion*, discusses the importance of the current study by synthesising the observations and analysis undertaken in the previous chapters. This chapter has also taken into consideration the unique fear metaphors and shame expressions that are used by all the six memoirists. This chapter has also established the remarkable features of all the five components that are the building blocks of ARM. Thereafter, the significance of the current study is discussed along with the future directions.

