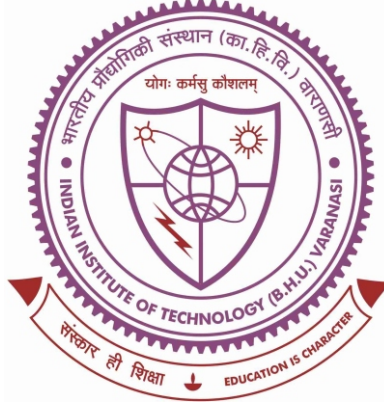


Shedding the Burden, Moving Forward: A Comparative Study of Select Contemporary Indian and American Breast Cancer Narratives



Thesis submitted in the partial fulfillment for the
Award of Degree

Doctor of Philosophy

By

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Preface

The unease associated with breast cancer continues to cause psychosocial challenges, even though the lived experience of breast cancer has changed with the advancement of technology, the popularity of the disease, social activism, awareness programs, and different mass media or online platforms for sharing stories. Cancer is such a word, the understanding of which is overtly associated with negative images like wretchedness, death, and dying. A sense of filthiness is evoked by cancer, which is absent in many other complicated illnesses like cardiovascular diseases, diabetes, and neurological diseases. Along with this existing filthiness associated with cancer, breast cancer is an even more disturbing event for women, as it has an added burden due to its growth in the female genital organ. From prehistoric times, breasts have been a compelling symbol of womanhood across cultures (Broom, 2001; Yalom, 1997). Breast cancer brings a change in one's personal and social understanding of breasts. It becomes a challenging task to articulate the insecurities, fear, rage, shame, anxiety, and feelings of alienation that torment an individual after a breast cancer diagnosis. As healthy breasts are considered symbols of feminine beauty, fertility, sexual potency, and motherhood, the malignant growths inside the breasts alter the affected women's lives, including their understanding of body, self, and identity. If breast cancer and its post-treatment period create a life-long biographical disruption, it is also important to overcome such challenges of liminality and to establish a new normal (Trusson et al., 2016, p. 121). Triggered by this compulsion to overcome challenging experiences, breast cancer patients become obligatory storytellers; some of them

actively participate in storytelling, while others participate passively in the storytelling process as listeners.

Although Western culture has a long and established history of breast cancer representation through literature, the Indian culture is still nascent in representing the challenging consequences of it, as breast-talk is yet not normalised in India. From this standpoint, a comparative study of Indian and American breast cancer memoirs is necessitated to understand the similarities and differences in the expression of emotional burden between the two cultures. The healthcare facilities, doctor-patient ratio, levels of testimonial injustice, and culture of silence are different in Indian breast cancer culture as compared to Western contexts. Breast cancer is still taboo because the loss of breast/s has been treated as the loss of perfect womanhood as well as motherhood. Deriving from such culturally driven concepts, a woman's position in terms of self, agency, and identity is shattered due to a continuous process of 'biographical disruption'. A completely new identity is established as the whole track of life is changed while coping with the new normal. Among other Western breast cancer cultures, American culture is one such representative culture that openly talks about the physical and emotional challenges associated with mutilating bodies in breast cancer. Other than that, American breast cancer patients also struggle with the dominating pink ribbon culture and objectification of patients. However, Indian patients cannot freely talk about their issues related to breast cancer because of the socio-cultural taboo. On the other hand, even after having the greater medical facilities and open culture associated with breast cancer, fear, anxiety, shame, anger, and guilt are still experienced by breast cancer patients in America. India is one of those developing countries where normalisation of breast talk and awareness of breast cancer are still not prevalent.

Therefore, more studies are needed to create a better community for breast cancer patients where every patient's narrative and subjective emotion will be equally valued.

The present study comprises five chapters; the first chapter, *Introduction*, traces the background of breast cancer memoirs in both American and Indian contexts. Like other illness memoirs, western breast cancer memoirs also saw major growth in the 1980s and 1990s. However, Indian breast cancer memoirs are still a nascent genre in comparison to their American counterparts. This chapter also traces the change in understanding breast cancer due to the growth of feminism, the emergence of bioethics, and narrative medicine against the dehumanising tendencies of biomedical reductionism. This study establishes the need to study more breast cancer memoirs from different cultural backgrounds as they provide broader insights about the differences in understanding the disease, treatments, and the 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 the 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 the breast), the fear related to every stage of treatment (chemotherapy, radiotherapy), and even the fear related to the possibility of recurrence. Pointing toward the differences in cultures, beliefs, and healthcare facilities, this chapter establishes the common characteristics of fear and death

anxiety among Indian and American individuals. Though all of them have felt death anxiety, Indian patients have accepted death as an end of life, whereas American patients struggle with the expression of death anxiety because of the robust optimism of pink ribbon culture.

The third chapter, *It Plays on the Body and Mind: Encountering Shame and Crisis of Self*, studies the complex emotion of 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 breasts, 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. In Indian culture, shame is also expressed by patients while sharing their problems with family members, friends, and relatives. The culture of silence is still prevalent in India, as breast talk is not yet normalised like in Western countries. 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 all the major and minor coping strategies used by patients. Based on them, five types of coping approaches are framed: namely, recollection, integration, self-reflection, emotional processing, and

meaning-making. These five stages are the building blocks of the Autobiographical Reconstruction Mechanism (ARM).

The fifth chapter *Conclusion* has discussed the importance of the current study by synthesising the observations and analysis undertaken in the previous chapters. This chapter has briefly explained the marked differences in fear and shame among breast cancer memoirists from both American and Indian contexts. The fear of illness and treatment is almost equally present at various stages for all the memoirists. Death anxiety is different found in both the American and Indian scenarios. American memoirists struggle with expressing the negative emotion related to death due to the dominating presence of cheerful Western breast cancer culture. In contrast, Indian memoirists' death anxiety is predominantly associated with family members' grief and loss. This chapter also discusses the different fear metaphors and shame expressions found in the analysis of six memoirs. This chapter has also established the remarkable features of ARM consisting of five major stages: recollection, integration, self-reflection, emotional processing, and meaning-making.

N.B: This thesis does not use any tables, figures, or diagrams. It has followed APA 7th Edition for referencing. Standard UK spelling has been used throughout the thesis.

