Chapter 3

It Plays on the Body and Mind: Encountering Shame and Crisis of Self

3.1 Introduction

3.1.1 Shame and Breast Cancer

> Your breasts/sliced-off The scars
> dimmed as they would have to be
> years later
>
> ***
>
> and you too have taken off your blouse
> but this was not what you wanted:
>
> to show your scarred, deleted torso
>
> -Adrienne Rich, *A Woman Dead in Her Forties*

A Woman Dead in Her Forties gives us a glimpse of a woman's shame of breastlessness. A woman who has suffered the pain of breast cancer and has lost her breast through mastectomy lives with scars on her body. The narrator, a lifelong friend of the woman in this poem, can understand her humiliation or shame after taking off her blouse while basking under the sun. The "scarred, deleted torso" symbolises her embodied shame, which becomes associated with her degraded self-perception. As the breast is culturally understood as a symbol of womanhood, losing it causes an enormous crisis of self, preventing the sufferers from sharing the lived experiences of a scarred body. The above expression, "this was not what you wanted," reflects the unwillingness of the sufferer to share the pains of her shameful existence with her friend. Before undergoing a mastectomy, a breast cancer patient experiences a series of events, including diagnosis, treatment, and chemotherapy. These medical experiences can lead to significant psychological stress, causing an identity crisis similar to what Michael Bury (1982) refers to as "biographical disruption." This disruption links the patient's sense of self before and after diagnosis.

In the altered reality of illness, the patient suffers through the experiences of fear, anxiety, trauma, and shame, with the latter being the most tormenting emotion as it questions one's existence and causes the sickness of the soul. When societal acceptance and self-dignity are at stake, the patients hide their feelings of shame even from their close friends and relatives. However, some sufferers take to illness narratives to break the silence and create an opportunity for themselves to confront the challenges of shame instead of hiding it from others. The narrative thus becomes the meeting ground of the articulated and the unarticulated voices. In her semi-poetic novel *Ceremony,* Leslie Marmon Silko remarks, "all we have to fight off/ (are) illness and death. (Then) You don't have anything/ If you don't have stories" (2006, p. 13). Stories that emerge at the meeting ground have a significant role in human life and help in existential and spiritual healing by opening "a distance between the patient living in a diseased body and the ill person who is able to narrate illness" (Frank, 2009, p. 193).

Every chronic illness does not cause an equal amount of shame for the sufferers. Some illnesses, namely breast cancer, AIDS, paralysis, and deafness are socially and culturally far more stigmatised than others (Couser, 1997, p. 44). Of the above four, cancer is so extremely stigmatised that it is generally referred to as "the C word" (Stacey, 1997, p. 66) or even as "Al-marad illi ma btitssamma: the disease not to be named” (Accad, 2001, p. 29). According to Stacey, “cultural imperatives of secrecy and disguise are a constant reminder of the price of living with a stigmatised illness” (1997, p. 67). Among different kinds of cancer, breast cancer, ovarian, and uterine cancer cause even more stigma for women because they cause the loss of reproductive organs, as it is the reproductive ability that decides their social value (DeShazer, 2005). As per a 2022 study, breast cancer is the most common cancer type experienced by women worldwide, and even after the advancements in medical science, it causes adverse effects (loss of breasts, visible scarring, hair loss, and lymphoedema) from surgery, chemotherapy, and radiotherapy (Bu et al., 2022, p.1). The study also focuses on two important themes, like “Self-image disorder” and negative "self-perception,” among the four important consequences related to shame. Psychological health is considerably affected by body image impairment, which in turn seems to be highly associated with shame (Trindade et al., 2018).

As breast cancer is the most common disease among women in both America and developing countries like India, shame as a consequence of this stigmatised illness is also universal among women (Bu et al, 2022; Trindade et al, 2018). However, the manifestations of shame are slightly different among women with breast cancer in America and India. For instance, shame does not cause much harm to American breast cancer patients by restricting them from discussing their illness with healthcare professionals. Even regular breast self-examination and awareness regarding this are quite popular in America. Compared to their American counterparts, the experience of shame after the self-discovery of a symptom of breast cancer makes Indian women deliberately delay the process of diagnosis because of the shame associated with the disease (Grunfeld & Kohli, 2010, p. 327). Since the breast is a reproductive organ and it brings femininity and grace to women as per common cultural understanding, the very thought of losing it leads to hesitancy among women to even discuss the symptoms of breast cancer, as they often feel embarrassed to discuss it with other women, elders of the family, and especially male individuals (Bhan & Jayaram, 2022, p. 589). The biggest barrier to patients' willingness to accept the treatment is the deep socio-cultural shame associated with cancer detection, followed by post-breast surgery self-image issues, lifestyle changes, post-operative lifespan, and family members' reaction to both the disease and its treatment (Kumar & Mattoo, 2022, p. 569). As breasts are culturally considered signs of "woman's grace, sexuality and motherhood", the scarring, bleeding, disfigurement, and therapeutic amputation specifically lead to the degradation of "a woman's self-image of physical beauty, self-esteem and femininity" (p. 570). In addition to depression and anxiety, patients often experience feelings of humiliation, shame, and social withdrawal. This is due to the psychological burden they carry, as they may feel shame, guilt, and fear that sharing their feelings could worsen their emotional well-being (p. 572). Moreover, illness is often associated with stigma, and the sick person is seen as an "alien other" onto whom are projected attributes that the group values as opposite to its own (Kleinman, 1989, p. 159).

Identified as one of the nine basic affects, shame is "an inner torment, a sickness of the soul" (Tomkins, 1995, p. 132). A distinction between distress and shame has been marked by saying that "if distress is the affect of suffering, shame is the affect of indignity, of defeat, of transgression, and of alienation" (p. 132). Shame has been redefined as "an emotion of self-assessment, a peculiarly social experience, and… a culturally pervasive affect with particular pertinence for understanding contemporary constructions of gendered subjectivity, expressions and experiences of sexual desire, the complexities of embodiment, and social processes of 'othering'" (Mitchell, 2019, p. 1). The peculiarity of shame has been marked by associating it with gender and asserting that women are socially expected to be "more marked out for shame than others" as "they must 'blush at what and who they are' in a way that men are not required to do" (p. 6). Both guilt and shame were earlier used as synonymous because "each involves a condemnation of the self by itself," but Ruth Leys has mentioned a major paradigm shift "from a guilt culture to a shame culture" as "a shift of focus from actions to the self that makes the question of personal identity of paramount importance" (2009, p. 2, p. 3). Guilt generally occurs when a person feels ashamed of one's action whereas shame occurs when one feels ashamed about one's identity/selfhood. In a study "Guilt and guilt-proneness, shame and shame-proneness in Indian and Italian young adults", it has been proven that Indian participants reported reacting more intensely to shame, and Italians tended to react more intensely to guilt (Anolli and Pascucci, 2005, p. 763). Therefore, guilt is all about the "self-criticism of a specific action" whereas "in a shame experience, the focus is on the self in its entirety" and it is often associated with negative self-perception (p. 764).

As the question of shame is related to one's identity, and chronic illness becomes the cause of an ill person's othering, writing shame through an illness narrative does not empower only the authors but also its readers. While writing about illness, patients share their experience of bodily shame through autopathography as "embodied stories" because they tell "not just about the body but through it" (Frank, 2013, p. 2; p. 3).

Shame eludes both representation and comprehension as it is difficult to be contained in and communicated through language. However, writing brings with it a particular ‘anxiety of exposure’ and a ‘desire for exposure’ because this ambivalence of shame as an emotion necessitates the duplicities of writing (Mitchell, 2019, p. 25). Because of the complex nature of shame as a negative emotion and the continuous emphasis on positive illness stories, reading and writing shame for illness narratives has been partially ignored by scholars. In *Shame and the Aging Woman* (2016), J. Brooks Bouson has dealt with the importance of patients’ autobiographies to reconsider the function of shame in understanding the crisis of self among elderly women with any kind of chronic illness. Bouson has also considered some breast cancer narratives, including Jo Spence’s *Cultural Snipping* (1995), and Christina Middlebrook’s *Seeing the Crab: A Memoir of Dying* (1996) to study the bodily shame of the patient-narrators (2016, pp. 93-142). Significantly, Mary DeShazer in her book *Mammographies* has studied many contemporary memoirs and photographic narratives mostly by American and British writers or photographers including one of Byram’s where the narrator has accepted ‘hairlessness and breastlessness’ as beautiful and has also questioned the existing breast cancer culture’s hegemony and the politics of appearance (2013, p. 152). A 2017 study “Stigma Perceived by Women Following Surgery for Breast Cancer" based on Indian women undergoing surgical treatment for breast cancer shows the necessity of psychological interventions to address stigma, affective symptoms, and body image problems (Tripathi et al., 2017, p. 146). Compared to its American counterpart, the Indian cancer memoir is still a less-studied genre where “body-visualization” has been focused on by Nayar in his reading of two cancer memoirs of

Bollywood heroines, mapping a shift from the cosmetic to the pathologized body (2020, p. 86).

Shame is an emotion closely linked to a loss of identity and significant disruption in the sense of self (Kaufman, 1992, Tomkins, 1995). Its connection to biographical disruption requires further study. This chapter will focus on two important dimensions of shame: its impact on the understanding of the body and the self, which can be explored in the context of biographical disruption. Looking at the importance of reading patients' subjectivity and lived experience of shame caused by a critical illness, the breast cancer memoirs of Indian women have been studied in comparison to the American breast cancer memoirs to understand the similarities and differences in their struggle through shame, body dissatisfaction, crisis of self, and life narration.

3.2 Theoretical Framework

3.2.1 Body, Shame, and Embodiment

In Bouson's book *Embodied Shame*, there is a quote from Alice Munro's character Jordan, who says that to be 'made of flesh' is 'humiliation' (Bouson, 2010, p. 1). Bouson argues that women experience a 'prolonged immersion in shame' during the socialisation process, where women's bodies are perceived as defective or deficient from male norms and potentially diseased (Bouson, 2010, p. 2). Similarly, Sandra Bartky, a feminist philosopher, has described shame as 'the distressed apprehension of the self as inadequate or diminished' (1990, p. 86). In addition, Sheldon George, in her chapter "The Body that Race Built," has studied Lacan to describe the "body" as a "bag" of "merely skin" that "holds things together" and is responsible for structuring an image of the self that is simultaneously physical and mental (2018, p. 136). While reading Toni Morrison’s texts, she has also explained Lacanian theory of how the body is inherently ‘foreign’ to us because one has a body but it is not only that body that defines him; rather the body must serve as a ‘bandage’ for both binding together the fragmented self and making that self both loveable and worthy of ownership (p. 136). Susan Bordo has remarked that women have been culturally “cast in the role of the body” which brings an unease with their femaleness and causes shame over their degraded bodies (1993, p. 5; p. 8). As women develop adult bodily characteristics like body hair, breasts, and female genitals during adolescence, self-consciousness and shyness which are present even before adolescence, become heightened during this particular developmental phase (Kaufman, 1992, p. 42). Indian oncologists Yadav and Jaiswal have observed that the breast is ‘the most revered symbol of the feminine’ in Indian culture and the diagnosis of breast cancer and removal of the breast (through mastectomy) lead to ‘a deformity with potential adverse impact on body image perception and psychosexual wellbeing’ of Indian women (2022, p. 464). Besides the loss of breasts, the patients often suffer from many other symptoms like scarring/ lymphedema after surgery, hair loss, change in skin colour from radiation, and weight gain (Patel, 2022, p. 583).

According to "The Beauty Myth," society's perception of beauty as an objective quality leads to women feeling the need to embody it and men feeling the need to possess women who embody it (Wolf, 2013, p. 12). The woman’s breasts hold enormous significance in terms of societal judgement as they are considered “the daily visible and tangible signifier of her womanliness, and her experience is as variable as the size and shape of breasts themselves" (Young, 2005, p. 215). In most cultures, breasts are considered the symbol of beauty, motherhood, and sexuality. When these breasts are diseased, women need to narrate about the trauma of losing breast and the dilemma in deciding for reconstruction (Boesky, 2015, p. 74; Webb et al., 219, p. 50). Breast cancer personal memoirs record how patients feel "deformed, less sexually attractive" and "less feminine" after their encounter with breast cancer (Kahane, 1995, p. 2).

Mary K. DeShazer in her work *Fractured Borders*, has introduced five ways of representing women's ill bodies through literature: medicalized, leaky, amputated, prosthetic, and (not dying). Medicalised bodies refer to women's bodies that generally experience an invasive treatment that can be lifesaving or useless but women face the continuous struggle with appropriation and agency. Leaky bodies refer to women's bodies showing disturbing instability as blood or fluids ooze out of the breast or any other organs (also considered as abject by Kristeva). Amputated bodies exhibit a radical absence of partial or complete removal of breast/s and prosthetic bodies refer to the bodies that 'evolve from the surgical reconstruction of amputated body parts' or breast reconstruction surgery (DeShazer, 2010, p. 13). Surviving or (Not) dying bodies refer to those bodies that live in a liminal state, 'vulnerable to the recurrence of cancer and frequent medical scrutiny, while dying bodies typically suffer, shrink or bloat, and eventually fail' (DeShazer, 2010, pp. 13-14). The concept of 'abject' has been introduced by Kristeva as opposed to the 'clean and proper' body because it produces visceral feelings like shame, humiliation, and disgust. Abject has been considered unclean, impure, and disgusting as it is associated with various detachable parts of the body, its excretions, and bodily waste products including saliva, urine, vomit, and mucus; and the ‘corpse’ is considered as the ‘utmost of abjection’ as it is the death infecting life (Kristeva, 1982, pp. 3-4; Grosz, 1994, p. 81).

The body is not only an important source of shame and disgust but is sometimes considered the canvas for the portrayal of human emotion as shame is often depicted with a blush, an averting of the gaze, and a turning away of the face (Tomkins, 1995, pp. 136-7; Darwin, 1998, p. 340; Mitchell, 2019, p. 167). Indian Women feel ashamed of uncovering their breasts in the presence of male doctors or nurses and also feel shy to discuss their problems with family members of both sexes and those feelings of shame are represented through their narratives. On the other hand, American breast cancer memoirists attempt to break the taboo regarding sexual functioning through their bold narration about it. Invariably in any society and culture, “sexual functioning is disrupted by the slightest onset of shame, along with other negative affects, and sexual identity itself becomes both moulded and distorted by shame” (Kaufman, 1989, p. 43). It is difficult for women like Tig Notaro and Nina Riggs not to feel ashamed because their sexual identity is already distorted after the loss of feminine features of the body which is either leaky, amputated, abjected, or even all those. American society is a deeply “shame-based culture” because “shame about shame” makes it taboo to talk about it (Kaufman, 1989, p. 46). As women “attempt to perfect” their bodies to meet the cultural standard, this creates “rejection, shame, and fear about both failures to control the body and deviations from body ideals” (Wendell, 1996, p. 85). The body suffering from disabilities or chronic illnesses is generally marked as “the rejected body—of what the ‘normal’ are trying to avoid, forget, and ignore,” and the shame of such rejection is caused not only by the “fear of being or becoming abnormal” but also by the “fear of pain, illness, limitation, suffering, and dying” (p. 91).

3.2.2 Shame and Crisis of Self

There is a deep connection between the experience of shame and the disruption or conflict within one's sense of identity. Shame can cause an internal crisis, challenging how one views oneself and one’s place in the world. This emotional state often triggers a struggle between one's public persona and private feelings, leading to a profound questioning of self-worth and identity. The crisis emerges as shame forces individuals to confront aspects of themselves that they find unacceptable or unworthy, potentially reshaping their entire self-concept. Shame is often defined by many theorists as 'the apprehension of a significant flaw in the self' (Bartky, 1990, p. 87). Alternatively, shame has also been defined as:

> [A] bad feeling attaching to what one is: one therefore is something, in experiencing shame. The place of identity, the structure ‘identity’, marked by shame’s threshold between sociability and introversion, may be established and naturalized in the first instance through shame. (Sedgwick, 1993, p. 12)

Shame does not only depend on the self’s flaws or “the limitation of our being, inasmuch as it is liable to sin, but rather on the very being of our being, on its incapacity to break with itself” (Levinas, 2003, p. 63). Greshen Kaufman has observed shame as a ‘multidimensional, multilayered experience’ of every person because it does not only occur at the individual level but is also equally “a *family* phenomenon and a *cultural* phenomenon” because it is “reproduced within families, and each culture has its distinct sources as well as targets of shame" (1992, p. 191). On a similar note, Sartre has noted the intentional structure of shame in *Being and Nothingness*: "I am ashamed of what I am. Shame, therefore, realizes an intimate relation of myself to myself. Through shame I have discovered an aspect of my being" (Sartre 1943/56, p. 301). He has also explained shame as a reflection phenomenon by saying that "shame is the shame of oneself before the Other; these two structures are inseparable" (p. 303). Therefore, seeing oneself naked in front of others is not the only reason for being ashamed but also recognizing oneself as a patient living with a stigmatised illness (cancer) also provides a reason for cultural shame. While struggling with the new reality of illness, the patient struggles with the shame in accepting the disease as well as perceiving the self-in-crisis.

In *Psychology of Shame,* Kaufman has described how the "life-threatening uncertainty" of diseases like AIDS "renders all individuals potentially powerless and seemingly trapped…." (Kaufman, 1989, p. 48). What he has analysed in the context of AIDS also holds in the case of patients suffering from other stigmatised and life-threatening illnesses including breast cancer. Following the tradition of Levinas, Sartre, and Agamben, Mitchell defines shame as "an ontological question concerning the subject's relation to its being or non-being" (2020, p. 5). Along with the powerlessness and feelings of being trapped, it can also create the "rapid magnification of conjoined terror and humiliation" causing 'affect magnification' (Tomkins, 1963, pp. 282-3). Such magnified negative affects have further suppressive long-term effects on the "already weakened immune system" of the suffering individual (Kaufman, 1989, p. 48). Such long-term feelings of shame can not only negatively affect one's mind but can also harm one’s sense of self. Affect theorist Silvan Tomkins has defined shame as “an experience of the self by the self” (Tomkins, 1995, p. 136). Shame is felt as a “sickness within the self” because it “generates the torment of self-consciousness” (136).

3.3 Analysis

3.3.1 Identity Under Siege: Shame and Crisis of Self in Indian and American Breast Cancer Narratives

Cultural differences determine how women experience and express their encounters with shame and crisis of self-caused by breast cancer. 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 body image, societal expectations, stigma of illness, medical encounters, and narrative expressions of shame and crisis of self to unravel the nuances of breast cancer experience across two different cultures. Furthermore, as illustrated in the chosen American and Indian breast cancer narratives, these sections offer an examination of the disrupted self-battling additional layers of shame brought on by breast cancer. Informed by the theories on shame and crisis of self-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 shame and crisis of self across two settings, offering insights into the broader cultural frameworks that influence the experience of illness.

3.3.2 *Sunshine* (2011) by Minakshi Chaudhry

Minakshi Chaudhry, in her memoir *Sunshine* has narrated how it was embarrassing for her even to consult a doctor for a breast check-up, and she has said it was not a ‘normal’ problem like flu or leg pain or arm pain for which she needed not be uncomfortable. She experienced a strong feeling of shame for showing her breast to a doctor at the government hospital because everyone knew her there and she felt even more embarrassed in a known place (Chaudhry, 2011, p. 13). She has narrated how she felt shame when she had to stand ‘all bare-chested before him while he checked’ against her will, as she had not found any other female doctor or a private doctor who didn’t know her (p. 13). Later, she chooses to consult a female doctor, but she cannot still overcome shame as she says: “Again the same procedure, baring your chest, standing and then bending as she checked” (15). On another occasion, Minakshi has been waiting to meet a female doctor but unexpectedly a male doctor is available to ask Minakshi about her problem, she starts stuttering, stammering, and blushing to the roots of her hair. All these are expressions of her shame related to her breast checking and finally, she becomes able to convey to the doctor that she has come for the routine examination of her breasts. She has herself narrated her experience: “At last, I could say the word, the very word ‘breast’ which had made me tongue-tied!” (28). Minakshi feels quite ashamed in front of a junior doctor as she has no choice but to bare her chest. She has narrated how uncomfortable she has been while the junior doctor examines her: “It was unlike the examination by the senior doctor, who was so gentle, and I wanted it all to stop. Why was this happening to me? Why do people have to come and touch me?” (p. 71). When she visits the clinic for a mammogram, she is left alone in the metallic room to change her clothes and her bodily shame is narrated in her own words - “I fumbled with my clothes and the gown, scared that someone might open the door suddenly" (36). She even feels ashamed to discuss her lumps with mummy and daddy and plans to get everything "done in the most secretive manner":

> I was even embarrassed of talking about this to my mummy, let alone daddy what would I say to her? I had never ever talked about underwear and bras with her, how could I discuss this, and then the fact that there were lumps! (p. 31)

Minakshi feels like escaping from all the pain and shame of the processes: "I wanted to cry, run away, hide from all this - pain, shame, consequences, but could do nothing" (p. 40). Sometimes, doctors make patients feel ashamed of their removal of the breast by reminding bodily imperfections while suggesting for lumpectomy instead of a mastectomy just like minakshi's doctor advises her:

> "Do not go in for removal of the whole breast, nowadays this is not advisable, you have to go in for preservation. Otherwise, women face a psychological problem. Go in for a lumpectomy" (p. 61).

Minakshi Chaudhry narrates in her memoir *Sunshine* how she was shy to ask anyone to accompany her to the appointment with the doctor. There is a special amount of stigma and shame that is associated with breast cancer, because of which a patient with breast cancer hesitates more than a patient suffering from other diseases. In India, 'breast talk' is still not normalised as a conversation, and that's why Minakshi says that all the breast talk was too much for her when the 'breast' itself is a taboo word and she preferred to visit the doctor alone. Minakshi decided with her husband Rakesh to keep the doctor's advice of performing her mammogram secret from "parents, in-laws, Bhaiya, Sir, Shashikant and the rest of the gang" considering the amount of anxiety and shame it might bring into the family (2011, p. 16). When Minakshi gathered her courage and got ready for her breast examination by the male doctor, the doctor himself felt uncomfortable about the examination as Minakshi had observed the doctor "fumble with the paperweight which slipped from his fingers twice" (p. 28). Following that, Minakshi was asked by the doctor whether she wanted a regular check-up and she vigorously nodded though they both were unsure of the following incidents to happen. Minakshi became quite sympathetic to the doctor by calling him 'poor guy' looking at his embarrassment as he consulted some other person in a hushed voice about this. Later, the doctor informed Minakshi that the female nurse was not present as she had taken leave and asked her to come later if possible. As Minakshi narrates the incident, she gives a detailed description of the doctor's incomplete sentence and the changing colour of blushing or shame across his neck and cheeks (p. 28). Minakshi understood that the same amount of shame had been felt by him as well and it boosted her confidence. As she wanted to get rid of such a 'torturous session' as soon as possible and was not willing to come back again to the doctor's chamber, she confidently says that it was okay for her if he examined her. Later, she has found one fault with the doctor that he could have made her "more comfortable, at ease, not so conscious, terrified and uneasy" (p. 29). Though she was sympathetic to him from the beginning, she has acknowledged that she became more uneasy because of the discomfort felt by the doctor himself. She has even appreciated the fact that the doctor too had overcome his feeling of shame while prescribing the diagnosis and she has noted that he "had suddenly transformed into a doctor, from a man or unknown personality" (30). Sometimes, the doctors, friends, and families can act in a more mature way to help the patient come out of the crisis of self-followed by shame. Sometimes, the patient goes through a crisis of self when they appear in public for the first time after diagnosis. Minakshi narrates her shame of her public appearance: "...I realised that such a big thing had happened and I was out again on the road in front of so many people. Did they know about my illness, I kept thinking as we walked, though we must have seemed normal to them" (p. 64). She again feels embarrassed when the people around come to know about her illness and behave abnormally: "They were all tense, standing far away and not coming near me. They were not looking at me but looking here and there. Confused perhaps, about how to look at a person who was not going to live long" (pp. 69-70). When Rakesh discusses Minakshi's reports with his friends, they also behave in a similar manner which causes a crisis of self in her: "They were looking at me in between from far off and then shifting their gaze when I looked back. They avoided eye-contact but I didn't wonder about it, after all I was also unable to face myself" (p. 72). Even Minakshi feels ashamed of herself for being a burden on her family: "I had disturbed everyone's life. All of it worried me. And I could not face any of them" (p. 77). However, she feels happy to receive support and empathy from "a large group of friends" - "real friends who were ready to drop everything in my time of need" (p. 77).

3.3.3 *To Cancer, with Love*: *My Journey of Joy* (2015) by Neelum Kumar

Neelam Kumar in her memoir *To Cancer, With Love* (2015), has narrated her reaction after seeing her bodily image in the mirror as she "screamed" looking at a face that had "a shiny pate, no eyebrows, and a few pokey eyelashes" (2015, p. 53). When her inner self Carol nicely compliments her on her big eyes, she simultaneously feels ashamed of her loss of hair, eyelashes, and eyebrows but still feels happy while receiving a good compliment on her eyes (p. 53). Later, she has to struggle to find a suitable wig for herself to cover her baldness, and when she finally chooses the one suitable for her, she says in a satisfied manner - “I was all set to present myself to the world” (p. 55). After wearing the wig, she again faces the mirror and addresses herself as “Hello star!” but she is conscious of her artificial appearance by saying “my fresh, fake persona smiled back at me” (p. 56). Carol who has called her “baldie” on the earlier occasion now calls Neelam with the wig “Bollywood babe” because of her new normal look (p. 56). She knows very well that the world is not going to accept her with her “pale ghost-like image" which Carol humorously mentions as “perfectly alien” and suggests trying for the audition of a science fiction movie (p. 53). Her non-acceptance of her own body leads her to choose a wig for herself and public sympathy for a cancer patient turns into shame when her office colleagues see her reaching the office as “draped in a fashionable sari, lipstick in place” and “marching on my stylish heels" (p. 63). As a patient is expected to have a grim and sad look, her colleagues have highlighted her unexpected appearance by saying “Oh, the poor thing is trying so hard to pretend that she is normal” (p. 63). She has even narrated how the people stare at her after the operation to “figure out whether it (breast) had all been cut off and whether I was wearing falsies (artificial breasts)” (p. 63). Therefore Neelam, like many other patients, has become conscious of her bodily appearance during the treatment process and post-surgery.

Similarly, Neelam expresses her dilemma of facing herself in the mirror after the third round of chemotherapy because of ‘the body-shaking retchings and the life-draining exhaustion’ (Kumar, 2015, p. 54). It becomes even more difficult for a patient to accept one’s post-diagnostic self especially when others hesitate to accept cancer:

> People looked at me as if I were a weirdo, an alien, or something that had crawled out of the gutter. I felt depressed, hopeless, miserable, wretched, downcast, and despondent. (Kumar, 2015, p. 43).

Thus, the process of othering from the normal crowd causes an enormous amount of embarrassment to herself. Accepting the changed self after surviving the cancer is always a difficult task for a patient and it becomes even more difficult when people alienate cancer patients. Neelam Kumar sympathises with them: “Having been at the receiving end, I feel strongly that people have no clue how to behave with those who are braving an illness” (p. 61). In India, cancer patients are still stigmatised and looked down upon as sinners who are paying the price of their sins from the past. After listening to some strange suggestions of healing cancer, Neelam narrates her shame at being “the biggest sinner on this planet” (p. 64). Sometimes it is the ‘cultural imperatives of secrecy and disguise’ which become ‘a constant reminder of the price of living with a stigmatized illness’ (Stacey, 1997, p. 67). Neelam also feels embarrassed when her body becomes objectified in terms of treatment and care: “Never have I had the experience of so many strange men looking intently at my bare body, taking down notes and discussing the exact spot on my breast (in mm fractions) of where the 3-D Conformal Beams would be directed and its precise field” (Kumar, 2015, p. 84).

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

Shormistha Mukherjee in her memoir *Cancer, You Picked the Wrong Girl*, has become much more accepting of her bodily appearance as she says with a humorous undertone that other ladies with "no hair" look sweet but she will look stupid and she has positively called the "black bruises all over my arm" caused by the series of blood tests as "track marks" (Mukherjee, 2021, p. 93; p. 99). She has narrated her post-chemotherapy hair loss journey: "It just kept falling, and before I knew it, there was nothing. Just my bald head" (p. 190). She started with a carefree attitude at the beginning but later her attitude changed with the changing reality. She has sorrowfully narrated her weight gain during chemotherapy because of the steroids: "my face is ballooning" (p. 193). The other bodily changes are also noted by her to narrate the shame with her changing look: "The dark circles, the pallor, no hair, no eyebrows or eyelashes, moon face, the hump in my neck" (p. 193). As Shormistha has accepted the reality completely, she narrates the incident during the PET scan by saying that she has got "the loosies" being inside the PET scan machine and "I think I have peed in my pyjamas" which initiates a feeling of shame and disgust as related to abject. Her next thoughts follow how to get rid of the abject and restore it into a "clean body" as she says "Who is going to clean it, and how will I get off?" (p. 103). A similar situation is found with Minakshi as she narrates those tears (as abject) poured down from her eyes while the tortuous sessions of mammogram were taking place (Chaudhry 2011, p. 37). When Shormistha has to clean or remove the dressing on her port after the chemotherapy, it reminds her of the past "memories of the blood and the mottled skin" after her breast surgery. When the oncologist explains to her that it is important for her to touch it as it is her breast and her tissue, then she replies with disgust and shame: "But I just can't" (Mukherjee, 2021, p. 176). The memories from the past are closely associated with her disgust as it is closely linked to body fluid, blood, and wounds. Her feelings of disgust about the smell of chemo are also narrated: "The chemical smell has spread, it’s not only in my pee, it’s now on my body and even my clothes smell strange” (p. 177).

Shormistha has always been insecure about the small size of her breast and therefore she worries about society’s judgement as she questions the doctor’s drawing of her boobs on prescriptions: “The boobs she drew? They looked small. Was she judging the size of my boobs?” (p. 51). She has also experienced a deep shame about her bald head and starts to wear a cap to cover her head, especially whenever visitors come: “I felt odd wearing it (cap), like here I am in my living room, in the middle of the day, sweating in the Mumbai humidity, dressed like a rapper. I was awkward, and I just wanted them to leave” (p. 190). Thus, the female socialisation and the cultural shame associated with women's bodies lead breast cancer patients towards feelings of shame and embarrassment, and such embodied experiences are found in all three Indian autobiographers while narrating their stories.

In Shormistha Mukherjee’s memoir, she has mentioned the mature behaviour of the doctors and the nurses but she has narrated her colleagues’ “unsaid reactions and feelings were trickling into my consciousness” (2021, p. 36). Still, the healthcare professionals’ treating her boobs as objects is also disturbing for her as it creates a question about her identity. She feels ashamed of the fact that her medical file is considered her subjective identity within the hospital (p. 22). Similarly, she has narrated how the nurse while doing mammography takes one of her boobs, “lifts it and squishes and wrestles with it” (p. 16). The nurse’s apathy towards the whole incident has been connected with the metaphor of “standing in the Mumbai local” and getting squished to express her internal crisis of being treated as an object (p. 16). She narrates how her gynaecologist and her GP nicely behaved with her but she still felt as if she had been treated as “A cancer case” (p. 33). On many occasions, Shormistha also includes her experience of crisis in her memoir by looking at the receptionist’s sad and worried facial expressions towards her which she got used to gradually (p. 25; 24). She expresses her crisis of self after getting to know about the options of lumpectomy and mastectomy which will lead to the loss of her breast and her nipple: “And that one part of your body, a part that defines you as a woman, will have to go?” (p. 44).

Shormistha talks about the change in their whole life when she cannot be able to communicate it. In her case, she became fortunate to have a distant relative (aunt from America) who calmly received the news and normally reacted to her situation and after finishing the talk, Shormistha herself reported that “...I was feeling way better” (p. 28). Shormistha narrates how others’ behaviour creates shame and crisis of self: “I know they’re being nice, and they’ve come to see me. But I feel like a specimen in a Petri dish” (p. 137). That is how, most of the time, people’s behaviour towards an illness as well as the patient can cause shame and crisis of self whereas normalising the talk can also prevent this. Shormistha has narrated how she has been kept in a separate bed as well as a room which makes her feel ostracised during the chemo treatment. Therefore, she narrates how her doctor has steadily told her family members that the “superstition and treating the patient like she’s got some infectious diseases were bigger problems than the chemo” (p. 185). The patient’s crisis of self after diagnosis of cancer has been narrated in her own words:

> On the surface I had everything. Yet, there were things that gnawed at me. Maybe it was a midlife crisis, maybe I didn’t know where I was headed. I

> wanted to work, I didn't want to work, I loved having my own company, I hated having my own company, I was happily married, I was unhappily married, I was fine, I was not fine. I didn't know which one I was. And I was running away from it all. (Mukherjee 2021, 30)

While coping with the changing reality of life, illness, and diseased body; she repeatedly asks herself the question: "Who the hell am I?" (p. 198). Shormistha also narrates her experience of how chemotherapy robs her dignity, and it becomes embarrassing for her that her husband and friend Ziba have to see her "smelling of potty and sweat, and groaning and moaning" (p. 188). She was also disturbed when her lady doctor hesitated to pronounce the word 'cancer': "Yep, I know. I heard the lady. But listen, why did she call it the disease? Why didn't she use the word 'cancer'?" (p. 43). When people do not accept the reality of cancer and are confused while facing the patient, Shormistha observes the situation in her words: "Either people are saying the wrong things, or they're not making eye contact with you, or they are rushing to get off the phone. because they are so freaked out" (2021, 75). The confused reactions from people around the patient make the crisis even greater.

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

Tig Notaro in her memoir *I'm Just a Person* has boldly narrated the acceptance of the imperfect body with the distortions but becomes anxious about the bodily shame after listening to a possible mastectomy in the place of lumpectomy. She narrates her shame and anxiety about the possible post-mastectomy removal of her breast:

> Did I really have to agree to get a double mastectomy? How had my situation become so severe that I had no choice but to permanently change my body in order to live? (Notaro, 2016, p 123)

She also feels ashamed of her surgery, and public shame regarding the loss of breast. When she has been accompanied by her relatives and friends before surgery, she narrates how Sarah looks at her chest and says: “Oh my God – am I too late? Did you already have it done?” (p. 155). It is the first time she feels conscious about her breasts, which are going to be removed from her body soon. Her own thoughts about her cancerous body have been expressed:

> I had debated whether or not to take a picture of myself before the surgery, but I rarely looked through any old photos in the first place. When would I get out the shoe box of my old vacation photos and topless selfies sporting boobs riddled with cancer? (p. 155)

Tig also feels ashamed of herself when she starts being visited by “a nonstop stream of friends” as she says that her hospital room “looked like a party going on around someone who had overdosed before the guests had arrived” (p. 156). She feels uncomfortable about this kind of attention and also about her bodily appearance and disabilities:

> My face was greasy, my tits were off, and it looked like a horse had been chewing on my hair since 1977. The only thing I had going for me at this point was that I could (barely) use the bathroom on my own. (pp. 156-157)

Her embarrassment even becomes more prevalent when for the whole first month after surgery she needs to depend on ‘the mercy of kind friends’ who bring her food, help to get dressed, and also drain ‘the blood and gunk’ coming out of her chest. She discovers her disgust towards bodily abjects like “blood and guts” during the dissection of an earthworm in seventh grade (p. 158). Later, it becomes not only a matter of fear but also a shame for her to look at the fresh injury on her chest along with the blood and gunk. However, she has gradually overcome the shame of looking at the “flat chest with fresh scars” (p. 161):

> A couple of days later, I stood in front of a mirror and slowly unbuttoned my shirt. When I looked down, what I saw turned out to be just a flat chest with fresh scars on their way to looking healed. My stitches had dissolved. I took my shirt completely off and stared at myself, thinking, “Lake was right, I can do this.” (p. 161)

When she has been going through the initial dilemma of the decision of surgery then she understands how much she loves her body for the first time. However, Tig has shared her unwillingness about the breast reconstruction surgery to transform her body: “My chest was barely anything at all to begin with, so why go through such pain and recovery time for something that wouldn’t be noticed? (p. 159). She has considered thinking about situations like a plain chest with scars, fake boobs, or a bare-chested look in front of strangers—which one might be more embarrassing or more acceptable: “I tried to picture taking my shirt off in front of someone with these fake things attached to me and saying, “Welp, here’s my boobs!” (p. 159)

Finally, she has decided to have no reconstruction surgery, but immediately after this, she describes the future look as “no boobs, no nipples, just nice, uneven scars” (p. 159). She has expressed her feelings about her post-surgical body:

> And after surgery, I felt so damaged. The place where I had once considered myself “flat-chested” was now slightly conclave and padded with thick bandages, throbbing with a dull ache and with frequent sharp, shooting pains. (p. 159)

Thus, it becomes almost impossible for her to come out of the bodily pain and the mental trauma associated with it. She narrates how painful it has been for her to pull on and off T-shirts, and she feels herself ‘confined to button-down shirts’ (p. 159). She becomes too conscious about her fresh injury in the chest getting hurt by some external forces, which makes her feel vulnerable:

> The thought of walking down the street stirred fears of being punched in the chest; the thought of getting into a car was accompanied by the sight of the ensuing accident where my chest hit the steering wheel and was ripped wide open. Again. (p. 159)

Therefore, it is evident that she has not come out of the trauma of the surgery and bodily pain, as she uses the word ‘again’ to talk about her fear of going through the same pain. She has even felt an extreme level of disgust to ‘glance down’ while even moving a washcloth over her chest at the time of taking a bath. Without seeing the chest with her own eyes, she prefers to search for the Google images of “bilateral double mastectomy” and imagines her own body as one of those. worst-looking photos. She gradually tries to understand how her illness and her past experiences decide each of her choices—"what"to eat, where to go, who to be around" (p. 161).

Even after her acceptance of the body, her mind has not still been prepared to face her post-surgery chest to be seen by her romantic partner Jessie:

> I was now facing the exact moment I had been dreading. Lake had seen my Frankenchest, but she was a friend. This was my first topless romantic encounter. I wasn't sure it would go well even though Jessie had previously given me the impression that not only was this no big deal, it was something that she was way into. (p. 164)

As a lesbian woman, Tig has been in a romantic relationship with Jessie which makes her even more hesitant than her revealing of her 'Frankenchest' to her friend Lake. Her hesitation has been overcome when Jessie says: "To be totally honest, I fucking love scars!" (p. 164). Immediately after this, Tig narrates her reaction to the whole event:

> She loves scars?! Oh my gosh – Jessie, I can hook you up, no problem. If there's one thing I do have to bring to this relationship, by God, it's scars. The amount of confidence she gave me that night at the restaurant is beyond words. (p. 164)

She feels so confident about her body's scars that she starts wearing fitted T-shirts instead of hiding her body under shirts, especially after Jessie's comments on her scars as sexy. Therefore, the whole definition of beauty of a woman's body has been changed for her, and she accepts the new body with scars even better than her pre-surgical body. However, her acceptance of her own body has hugely depended on her close partner

Jessie's opinion about it. Initially, when Jessie's calls her "Oh my God! You're so hot!" or "You look so fucking sexy!" it was difficult for her to believe as she says: "Wait a minute, she's talking to me, right? Indeed, she was" (p. 165). Later, she enjoys the feeling of being loved despite revealing her 'bare chest with its two-inch scars in place of my two-inch breasts' to Jessie:

> Someone looking at you just the way you are and exclaiming that you're hot always feels great, but when you look a way that you never thought you would look, you really want to hear someone say it's so fucking hot. (p. 165)

When the doctor has declared the results of the mammogram in front of Tig Notaro, she feels like completely freaking out in public but couldn't do it thinking that people might consider it as overreacting towards the situation. The patients generally feel a crisis of self when their public behaviour or emotions are getting controlled like this as it is often recognised as affective injustice towards them. Cancer is a difficult disease for any of its victims and patients feel ashamed of their selves thinking that they might be pitied by others. Similarly, Tig narrates in her memoir that she has always been considered 'annoyingly lucky' by her friends who might feel either pity or pathetic at her present situation. After she detected cancer, she has felt alone but she narrates how she is not ready to be comforted by anyone including all her recent ex-girlfriends or her newest romantic interest. Mostly, patients' subjective feelings are either not given a voice or ignored in the healthcare system. Here, Tig narrates that she wants to have some time alone with her inner self to fight the crisis: "I felt so alone, which only made me want to be alone. I didn't want a hug. I wasn't Hungry. I was nothing. I couldn't even cry” (p. 116). On another occasion, she has expressed her worries about emotion regulation in front of the public:

> Wouldn’t I look ridiculous if I had a breakdown in front of everybody and then my doctors told me my condition was not that serious at all? Or did I only have two years to live? (p. 125)

Her fear of both cancer and death leads her to worry about her future but she does not forget to consider the public shame if she panics more in comparison to the actual seriousness of her illness. Tig’s oncologist’s decision to double mastectomy leads her to a serious emotional crisis because of the constructed ideal body image. The double mastectomy has a severe effect on the patient's mind as it initiates a crisis of self which cannot relate the post-mastectomy body with the image of the ideal female body. Along with this, Tig also becomes ashamed of herself when she is scared inside and people continue to celebrate her bravery as a fighter. She has become conscious of her public image and feels ashamed if people get to know her weaker side:

> My biggest problem with being called brave was that I felt undeserving. I didn’t choose to get cancer or to handle it in a particular way. It seemed that what people were calling courageous was simply the fact that I happened to be still breathing. (p. 144)

Despite all the overnight popularity she has received, she has chosen to be truthful towards herself as she says: “Yes, trying to be alive with a deadly disease makes a person brave, almost by default” (p. 144). Though she wants to only share her subjective feelings with the audience, she feels ashamed of herself for using her deadly disease as a chance to be popular as a brave cancer fighter. She has narrated the shame and her subsequent crisis of self: “I went to bed feeling tremendously relieved and lucky, but also very much like an imposter” (p. 146). Thus, the sudden and unexpected luck which she refers to as a ‘fluke’ has led her to feel like ‘an imposter’. Especially after so many copies of the album *Live* have sold, she feels strong guilt as if she has used her emotional state as a material to sell instead of using hard work as a step toward success:

> I always imagined a steady, comfortable climb in my career, even if it was up the world’s tiniest steps. I certainly never imagined that success would arrive in tandem with stress, mourning, and deadly disease. I still felt like an impostor. (p. 147)

Tig also narrates how she gets nominated for the prestigious Grammy award but has not finally won it. Her inner shame as an undeserving candidate convinces her to be happy that it is a justified judgment because she has never considered the album as worthy as a Grammy Award-winning material:

> The ideas and jokes were not my best. The crowd’s response was not the loudest. In truth, I didn’t listen to the album with pride. Certain parts still make me cringe. (pp. 147-148)

Thus, her feelings of no pride in her work indicate the embarrassment of undeserving success. On the other hand, Tig feels ashamed of her appearance in a public space even though she feels confident with her breastless scarred body in a private space with her romantic partner Jessie. It has still been difficult for her to be confident in her appearance while being recorded for national television first time after her surgery:

> I was wearing a fitted baseball jersey, and my posture was not confident. The scene required several takes, and in between them, I snuck off to peer at my reflection in the surrounding windows to see if my scars were visible. It appeared that they were not, but I shot the entire episode worried that my scars would be making their national television debut through the powerful lens of the camera. I kept wanting to stop the production and ask, “Hey, can you guys see my scars?” (p. 166)

Her public appearance and pride sometimes become the reason behind her shame, even though her life and creativity have been celebrated as a public figure, causing her an enormous amount of fame as a comedian. She becomes extremely self-conscious about her outward appearance and the real worth of her work as she sometimes goes through a dilemma of whether all the appreciation is based on sympathy.

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

In her memoir *The Bright Hour*, Nina feels ashamed of wearing the wig after her hair is shaved off as she says: “My wig smells toxic and makes me feel like a bank robber” (p. 26). She has never liked the shape, size, and even smell of the wig: “When your new hair emerges sleek and orderly from a shoebox” (p. 25). While sharing her experiences of chemotherapy, Nina feels a strong disgust towards the residue of chemo left on her tongue: “Steroids: I wake up with the oily taste of chemo in my mouth – even the flavor of coffee slides off my tongue” (p. 39). As a post-chemo experience, she feels such a strong feeling of disgust about the impurity inside her body. When Nina has to follow Dr Cavanaugh’s advice to opt for a single mastectomy as she is left with no option, she feels tremendous torture herself thinking of her asymmetrical body:

> I struggle the most with the asymmetry of a single mastectomy. It feels more conspicuous – and neither here nor there. I keep picturing a volcano – Vesuvius threatening on the horizon. (p. 77)

Nina hesitates and feels ashamed of looking at her post-mastectomy scar but later she narrates about it: “I hadn’t really noticed before, but the scar is a stretched S-shape – kind of a meandering river – snaking about eight inches from my sternum to just under my armpit” (p. 103). Her husband John positively sees her scar as he refers to it as “a sideways Superman-type S” though Nina herself looks at it as “a lazy question mark with no dot” (p. 103). Nina has certain expectations about this unknown and unexplored surface of her body and finds something unexpected about this “new world” which she continues exploring:

> The whole area is numb, so tracing it with my fingers is the disorienting gap between the expected and the perceived. It is not lovely, exactly, but it is – to my fingers – the new world. I cannot stop wanting to know it better. (p. 103)

The skin surrounding the fresh incision reminds her of “nipple after nursing: the baby’s head lolling back, the skin of the breast newly pliable and soft” (p. 104). She also reveals how the remaining portion of her breast looks “as ridiculous there as I imagined it would” (p. 104). She has even compared her shapeless wounded breasts after surgery to “Vesuvius rumbling over burned Pompeii” (p. 104). She sadly remarks on her declining body because of both ageing and illness:

> I have recently turned thirty-eight. The hair that pokes through my scalp is white. I am pale from the opiates, from recovering indoors. I cannot yet lift my arm. I am a ghost of myself at thirty-five, at twenty-five. How much farther? (pp. 104-5)

In reply to the question “how much farther?”, Nina quotes the famous philosopher Montaigne by saying “Que sais-je? What do I know?” emphasizing the uncertainty of transformation. Thus, she has compared her ageing self and body with her younger self and body and this comparison leads her to emotional crisis. She even tries to relocate the difference between her pre-surgical and post-surgical body by touching the scar again: “I trace the scar again with my finger. *Unattached to outcome*, I try saying out loud in front of the mirror” (p. 105). Nina’s deformed ageing body even becomes the cause of tremendous shame. Once when the hospice nurse mistakenly recognises Nina as her mother, she feels ashamed of her present bodily appearance after chemotherapy. Nina has reported how she has been shamed because of her ageing body and illness:

> She thinks I’m my mom. She’s noted the baldness and the surgical drain hanging clipped to my shirt that had to be reinstalled when my mastectomy site kept filling and refilling with fluid. (p. 116)

Nina tries to hide the bodily shame with a smile and an honest humble reply to the hospice nurse by correcting her mistake: “Oh no, I’m the daughter. Sorry. I know it’s confusing. I’ll show you to my mom” (p. 116). After this, Nina issues a very generalised statement for the hospice nurses that they should "retain a sense of the way the world should work" (p. 116). Nina has also narrated her public shame on another occasion:

> As a bald woman, I noted stricken looks from other moms at PTA meetings and grocery parking lots. I noted our mailman hurrying to avoid me on the stoop. Discomfort from waiters and shop attendants. The worried brow of the guy who hands me my locker key at the gym. (p. 120)

Nina has repeatedly used the word 'evil' to talk about cancer as well as its treatment because they both are the reasons behind her bodily disabilities and imperfections. She even quotes Montaigne in this context who says "I do not at all like to cure one evil by another" (p. 121). She has openly talked about the post-chemo abnormalities in her bodily appearance:

> In treatment, the wrongness I feel in my life is a wrongness reflected in my body – my steroid puffy face, my bald head, my lopsided chest. (p. 121)

Besides talking about the hair loss, Nina normalises breast-talk while talking about the scars on the breast and also about the craftsmanship of the nipple tattoo artist, Vinnie Myers:

> His work is extraordinary, and women flock to him like pilgrims: nothing frou-frou. No flowers or dragons covering the scar. Just nipples of all varieties: pink and pubescent, dark and post-breastfeeding, large, small, one that even contains an artificial piercing. They look 3-dimensional and completely real. (p. 124)

Nina wishes to create a false impression of her real breasts by creating tattoos on her chest. DeShazer has noted the fact that photographic representation of post-mastectomy bare scars or tattoed breasts encourages enabling western women with breast cancer (2013, p. 163). Following the tradition, Nina decides to create a tattoo for herself and also continues a conversation with Ginny accepting the reality of her bodily disfiguration: “Right now I don’t even have a breast. The whole idea feels like an abstraction” (p. 124).

Nina has repeatedly shown how she acts self-conscious in public places as she says:

> We are all frazzled by the heat and the events of the past week, but I almost certainly look the most haggard. The hair on my head is just starting to fill in. My T-shirt sags off my body on the surgery side. (p. 141)

Another sad reality of the cancer surgery has been revealed by Nina when she narrates how breast reconstruction goes wrong in the case of her friend Ginny. She not only narrates the whole situation about this medical negligence causing the removal of non-cancerous breasts but also compares both of their outer appearances through normalising breast talk: “For now we are both just two left boobs – mine real and hers fake” (p. 160).

Despite knowing the risk of breast reconstruction surgery, Nina sometimes expresses her shame considering her body’s asymmetric nature after surgery. Dr. Cavanaugh has suggested her against the favour of another painful process of breast reconstruction: “I don’t want your immune system focused on anything except fighting cancer” (p. 178).

Despite being convinced by the logic, she narrates her displeasure with her imperfect body shape:

> It makes sense, but I really miss being symmetrical sometimes. I stuff my bra with a little breast-shaped hand-sewn cushion that Benny dubs the Pink Critter when he sees it sitting on my dresser. (p. 178)

Nina boldly describes how the dog attacks her artificial breast, the "pink critter," and how she searches for a long-term remedy that the dog "will be less inclined to eat": “Dr Cavanaugh writes me a prescription for a breast prosthetic and tells me to go talk to Alethia in the gift shop down on Level 0 of the cancer center” (p. 178). She still struggles with her inner shame even after receiving a warm welcome from Alethia, the shopkeeper, who says, “Let’s find you a breast!” (p. 178). After exploring multiple options of bras of different shapes, sizes and materials, she gets even more confused when Tita asks her: “Do you want something lacy and sexy?” (p. 179). She imagines her naked “curved up, asymmetrical body” with her husband John’s gaze falling on it (p. 179). Thus, she feels ashamed of imagining her body with all the imperfections, and then denies opting for Tita’s suggested patterns. While choosing a perfect bra for herself, she explores different patterns and thus remarks on the artificiality: “All the bras have sewn-in pockets where you can insert a breast form on either or both sides” (p. 179).

Finally, she has chosen her prosthetic breast and bras after overcoming all dilemmas with Alethia’s suggestion. Thereafter, Nina narrates how she puts a trial for them at home and feels more confident wearing them as she considers her new look as an "optical illusion" of "Amazing Appearing Woman" (p. 180). However, her husband John accepts her imperfect body by saying: "But I still prefer you topless, even when you're lopsided" (p. 180). After listening to her husband's supportive statement, she gradually overcomes the embarrassment of her imperfect body:

> I agree with him though. I appreciate having the ability to suggest symmetry, but sometimes I prefer the one-sidedness, the wrongness of it – the gap and the scar. It's a truth, an artifact – a way to put my hands on my losses and take stock. (p. 180)

Nina Riggs in her memoir *The Bright Hour* breaks the taboo by talking about her own sexual life and narrating about the other breast cancer patients who make her feel embarrassed about her attempt at this. When the nurse in the chemo school advises using a condom during midchemo sexual intercourse Nina finds herself ashamed as she takes furious notes in her binder and everyone stares in her direction. Despite public shaming, she overcomes the public shame as she narrates: "I underline condom twice, maybe three times" (p. 22). Nina's displeasure with wearing the wigs shows how it creates a dilemma to accept her sick self with a bald look: "I opened the door gripping a paper prescription from my oncologist that said 'head prosthesis'" (p. 25). It becomes difficult for her to believe that she needs a head prosthesis to restore a normal look with hair: "In my postdiagnosis haze, I had thrown out the first one she gave me, thinking: Oh, this must be for someone else. I haven't lost my head" (p. 25). Though Nina does not like her wig, she has not been comfortable with her bald look as well. She becomes very ashamed of her appearance after chemotherapy: "When the hair falls out, it is patchy and not vaguely pretty" (p. 47). Losing one's hair is not an easy thing to accept for any woman, so with Nina. She feels a strong psychological burden caused by hair loss, and she compares it with strong physical pain:

> Right before all your hair falls out, it aches. Like a ponytail pulled back for too long. And even after it's all gone, the ache resurfaces. You run your hands through the air, but assuage nothing. (p. 162).

Gradually, she overcomes the shame and registers her experience of the first official shave performed by her husband John with his electric clippers as it has been a special memory of care to be remembered. But when she understands that it is prescribed for her, she considers the wig as wearing an outer skin or cloak which gives her the entry pass to the cancerland: "But maybe it is just a cloak for riding out into suspicious country" (p. 26). Her experiences of chemotherapy create a strong crisis in herself as she thinks that she neither belongs to her bed nor she fits in in the world. She narrates this experience by drawing a similarity with a 'broken camera':

> I have a sense of myself as a broken camera – focusing on something out on the horizon (the future, cure, recurrence, death) and then, without warning, zooming in on a blade of grass (what is the weird taste in my mouth, is that a new lump, thank you for this beautiful card, this beautiful meal, did anyone remember to pack a snack for the kids). And then zooming out to the horizon again, and then back, and then again. (p. 39)

The metaphor of the 'broken camera' helps us to understand that her focus also gets often shifted from bigger issues like the future, death, and cure to smaller issues like bad taste or short-spanned happiness in life and vice versa. During the chemo sessions, she feels very lonely and cannot find her actual value of herself in this big world: “At chemo, I can never find my center anymore. It’s like a big, empty ocean” (p. 49). Nina goes through a crisis of self as she narrates how she stops planting in her garden to avoid meeting the cashier who also happens to be her neighbour:

> “Welcome back again, Nina,” he says when I walk in through the gate. He knows my name from my debit card. I know his from his name tag. “Hi, Clark,” I say without being able to make eye contact. (p. 58)

Her not being able to make eye contact while saying “Hi” to Clark, the cashier, reflects the torment of shame within herself that she has been through. Continuously being caught in surgical drains and medical apparatus, Nina goes through a strong struggle to find herself back:

> The other night, in a fit of irritation and optimism, I tore out one of my surgical drains, and this evening the last of the Steri-Strips ungooed itself. Now, for the first time since the mastectomy I am free of all the accompanying apparatus – all the not-me stuff – and I feel like I can finally get a decent sense of the landscape. I am pacing it out. I am reconnecting the edge. (p. 102)

The regrowth of the bodily hair makes the patient feel that her body is getting cured as Nina proudly narrates about her regrowth which makes her feel like a true human:

> My hair just started growing back and it’s soft and downy and makes me feel human. My eyebrows are coming back, too – although in an incredibly disorganized way that I can kind of relate too. (p. 114)

Nina's feeling of getting back to normal and also her feeling of being 'human' show how much the regrowth of hair means to a cancer patient as it is related to the idea of getting cured. Though Nina has battled her cancer with the care and support of her family everyone's case is not the same. Nina has narrated how cancer patients generally remain in self-crisis after being deprived of the love of family and friends and cited the situation of her friend Ginny with whom she has been regularly in touch.

Nina hates all the strange looks as well as stricken looks on the faces of people in public places which creates an inner torment. She has even compared her baldness with "mourning clothes" and she even says: "*I am going through something,* it announces. *Be gentle with me"* (p. 120). Nina feels both hurt and embarrassed because of this unwanted sympathy from the surrounding world. She sometimes feels frustrated by locating chemotherapy as the reason for the baldness. At the other time, she gets used to the baldness and even fears "departing from baldness" as she says:

> Departing from baldness also denotes a departure from treatment. Whether cured or beyond a cure, there is still fear. (Riggs, 2017, p. 120)

3.3.7 *The Undying* (2019) by Anne Boyer

Anne Boyer in her memoir *The Undying* has included all the women's shame who have suffered from breast cancer to represent the history of women's self-perception about their breast cancer. She has quoted Sontag who has herself referred to the eleven deaths of women suffering from cancer including Alice James. Following Alice James' perception, Anne also describes her breast tumour as "this unholy granite substance in my breast", it refers to her denial of accepting tumour as growth inside her body by calling it “unholy” (p. 33). Anne does not feel ashamed to accept the fact that she has breast cancer but she feels embarrassed with the fact that it is the “collection of cells” which decide her fate as well as agonies. She narrates how her hairfall will be a record of “the beauty of those heads, not soon-to-be-ziplocked evidence of a crime” (p. 33). Anne talks about her whole hair-loss journey which is of course not a choice for her as any other cancer patient who loses hair because of chemotherapy. She wants to cut her hair short even much before her treatment starts because she personally thinks that it “will make its eventual loss easier to bear” (p. 35). She narrates the whole incident in detail to overcome the shame:

> I usually cut my own (hair), but this time make an appointment at a salon – the Belle Époque—and sit in the elevated chair, saying nothing, while a blond stranger chops my long dark hair above my shoulders. As my hair falls into a pile to be swept up later by a poorly paid assistant with a push broom, I realize then that without ever knowing it I had, at least some years of my life, almost been beautiful and now wouldn’t be anymore. (p. 35)

The above-quoted narrative piece includes the description of the visible pile of hair and the touch of blond stranger chopping Anne’s hair which involves the reader in the process of shame with their visual and tactile sensations. She has experienced the beauty of her hair more when she is about to lose it and she regrets that it would not be with her anymore. Like other common patients, she has not stopped herself just from regretting the pain of this loss but she also tries philosophising it:

> Now it wasn't just that my hair would fall out, it was that my follicles would die, and painfully, that what once grew would stop growing even as I myself kept living, and everything I once understood about the world as evident would be subject to another proof. (p. 36)

Therefore, she has not only accepted all the pain as well as societal shame about a woman's hair loss in cancer treatment but also revealed a possibility of how to accept the change of the world in general. As nothing is personal in Anne's narrative, the whole human history of suffering has been incorporated through her description. The measurement of illness and suffering cannot be the same throughout the whole period of cancer as Anne has quoted from John Donne's 1624 sickbed masterpiece *Devotions upon Emergent Occasions* to express how she feels about her fatal illness: "This minute I was well, and I am ill, this minute" (p. 36). When the symptoms of illness are less visible or it causes more pain periodically instead of being constant, the patients with such illness feel ashamed to narrate such experiences for the fear of non-acceptance from others (Charmaz & Rosenfeld, 2016, pp. 35-6). However, Anne Boyer has attempted to break this tradition by sharing her feelings on social media platforms like Facebook, where she has posted a screen capture of John Donne's first devotion and receives "a lot of likes" (p. 37). She also tries to borrow some instructions from the Internet to follow one of which is to pretend not-having-breast:

> It is decided without ceremony that the doctors will eventually take my breasts from me and discard them in an incinerator, and because of it, I begin the practice of pretending that my breasts were never there (p. 37).

For a woman, pretending that she never had a breast is not an easy task as it bears a special significance connected to her womanhood. Thus, Anne has not only overcome her personal shame of losing a perfect woman body but also made the journey easier for the other women as well. Anne also mentions the fact that as the body is the primary site of illness and thus the shame also begins with the sick body:

> Everything about being sick is written in our bodies first and sometimes written in notebooks later. Erotics are rarely allowed in cancer, and this is probably not a novel, but I would rather be Marguerite Duras, to write of love or its disappointments (p. 43).

Though it is difficult to talk about illness not considering talking about the body, it is generally considered that the talk about one's physical body causes shame if it falls under the genre of 'erotics'. Anne's connection of her body with other material assistive devices and her dependence on other persons creates moments of embarrassment for her: "Once treatment begins, my erotic longing is for assistive devices: a wheelchair and someone to push it, a bedpan and someone to empty it" (p. 43). Anne has identified ageing and cancer as reasons behind her monotonous look and distorting physical appearance: "the same bald head, the same devastated complexion, the same steroid-swollen face, the same plastic chemotherapy port visible as a lump under the skin" (p. 49). Among many other patients who feel unclean because of the bodily abject, Anne also expresses shame about the "blood from chemotherapy-induced nosebleeds" dripping on the sheets, foul odours, and several others (p. 49):

> We have poisonous vaginas and poisoned sperm. Our urine is so toxic that the signs in the bathroom instruct patients to flush twice. We do not look like people: we look like people with cancer. We resemble a disease before we resemble ourselves (p. 49).

The shame associated with the bodily imperfections is also tormenting her soul and she perceives herself as a diseased self with an unclean body. She connects her identity as “a sick and a woman” as it has been recorded in a written document or printout: “I write my own name. I am handed at each appointment a printout from the general database that I am told to amend or approve” (p. 51).

One day before chemotherapy, Anne feels conscious about her physical appearance in front of a friend who visits her from some fancy place, the name of which she does not recall. What she cannot forget is how she struggles to look normal and healthy “so that my friend will praise the skillfulness of my camouflage, its materials purchased at Wigs.com, CVS, and Sephora” (p. 69). She has felt extremely conscious of her imperfect beauty and public appearance:

> I try to be the best-dressed person in the infusion room, wrap myself up in thrift-store luxury and pin it together with a large gold brooch in the shape of a horseshoe. (p. 71)

Through the process of ornamenting her body, she not only grows self-love but also expects appreciation from others. Therefore, she narrates how she feels happy to get compliments from the nurse by saying “I need that” (p. 71). She has expressed how breast cancer is disturbing for a patient’s whole system of body and mind:

> At the fullest expression of its treatment, breast cancer is near total strike: striking hair, striking eyelashes, striking eyebrows, striking skin, striking thought, striking language, striking feeling, striking vigor, striking appetite, striking eros, striking maternity, striking productivity, striking immune system, negated fertility, negated breasts. (p. 73)

To overcome this huge physiological and psychological burden, patients are advised with positive activities that include beautifying as well as hiding the shame-inducing body parts. As Anne has noted, such activities include drawing on eyebrows, covering the head with a wig or colourful scarf, inserting teardrop-shaped or half-a-globe-shaped silicone under the scarred skin, tattooing or grafting on prosthetic nipples (p. 73). Even after receiving all the following suggestions, the personal freedom or choices of every individual sufferer needs to be respected, as per Anne, because it is necessary to confront the tormenting effect of shame. Female beauty associated with a woman's body becomes an important part of her identity even in her death. Thus, women's tragic deaths are represented in a particular way in classic literature, which intends to keep womanliness intact even after death:

> In Greek tragedy, too, women died only where they slept, made love, and gave birth. As the classicist Nicole Loraux writes about women's tragic deaths, "Even when a woman kills herself like a man, she nevertheless dies in her bed, like a woman." (p. 101)

However, Anne admits that a woman's death cannot always be as aesthetic as Cleopatra or other women of classic tragedy. She mentions the painting of an anonymous Flemish painter whose subject is “*Young Woman on Her Death Bed*” to describe shame on the woman’s inert sick body after her death:

> The young woman’s skin is waxen, her eyes unfocused, her posture cramped and scared, her hands inert and curled like claws. Her surroundings are fine – smooth linens and velvets, coordinated wallpaper, too – but all the comfort in the world cannot be a comfort in the face of that. (p. 101)

Dominant breast cancer culture’s heroic narratives forcefully display women’s beauty and their empowered imperfect image with breast cancer. Boyer reveals the fact that the administrator of the breast cancer fetish page strategically chooses the photos only of “fair-skinned young starlets” to showcase the gallery (p. 103). Thus, she has also pointed out the shame associated with racial discrimination in breast cancer.

Anne narrates how shame acts in connection with the self-crisis especially in a stigmatised illness like cancer even for feminist writers like Susan Sontag who never writes ‘“I” and “cancer” in the same sentence’ (p. 3). The patients also feel shame in seeing the self through the medical gaze as Boyer writes: “Once we were sick in our bodies. Now we are sick in a body of light” (p. 15). When a person’s bodily state of illness is decided merely with a photographic plate or by various scanning technologies like MRI, CT and PET, then it becomes physically and emotionally stressful for patients:

> We who become patients through the waves and stopped waves of sonograms, of light tricks and exposures, of brilliant injectable dyes, are by the power

> vested in me by having-a-body's universal law now to be called the imagelings. (p. 16).

According to Anthony Synnot, the body is both subject and object at the same time (Synnot, 1993, p. 4). Consequently, chronically ill or disabled persons view themselves or their body image in a particular way, considering the reactions of others: "Studying people's experiences with chronic illness and disability teaches us of the fragility of our body and its appearance, and how subject we are and have always been to contingencies that affect it" (Charmaz & Rosenfeld, 2016, p. 35). Seeing the state of her body's frailty on the screen, Anne says that patients are like "imagelings" objectified at the hands of technicians eager to look at their "interesting interiors" (Boyer, 2019, p. 16). Like other cancer patients, she also loses any sensation about her other body parts because of the body parts with which the 'newly installed chemo port' is attached:

> They (nurses) tell me that everything about cancer hurts more. I resist bathing and grooming, stop moving freely. I don't think about the other parts of my body, what they can still do, because the one part that hurts causes the others to fade from awareness. (p. 22)

Anne has imagined her own body while going through the medical processes of care: "Cancer treatment means I am often half-naked with my hair cut off" (p. 23). The bodily disability along with the pain makes the patient weaker in their self-image formation. Along with that, they feel embarrassed by random suggestions of a cure from outsiders as Anne narrates: "Someone sends me a link to a baking soda center cure. A former student emails to ask if I have heard about juicing" (p. 22). Anne has narrated how the diagnosis of cancer leads her to diminish her rational ability to choose between "good advice" and an "empty ideology" (p. 35). She finds the whole world around her as "sick itself" (p. 35). Breast cancer signifies a certain amount of loss for a patient as Boyer narrates about the pain of mastectomy:

> Now, despite inadequate advancement in postsurgical pain management, a patient's breasts are often cut off, tissue banked and incinerated, then the patient is forced onto her feet and out of bed. (p. 156)

However, she tries to grasp the fact: "After a cancer diagnosis, very little is ever itself again" (p. 33). She has ironically commented on the journey of her illness which depends less on her and more on others. The book that the nurses have gifted her is *Your Oncology Journey* and she makes fun of the title by saying "I am certain that trip can't be mine" (p. 33). She has even commented on her physical pain and her shame about her disabilities because it is no less than a nightmare to her:

> Then my longing is spend an hour in consideration of the act of "moving" each time I must move, mentally rehearsing this event of movement, preparing each part of my body that will be required to move and in what relationship with the others, and then to move and to find all the mental preparation had no effect on movement's difficulty. (p. 43)

Anne feels mentally weak thinking to overcome the challenges of her physical disabilities that most of the time walking even short distances leaves her winded. She narrates how her whole life changes after her cancer, as she does not feel any drive for her normal life:

> First a whole life of being appetitive, then to not be able to eat or have sex and to not want to, to not have it matter too much because I also can't without great effort shop for or prepare food;…then to not sleep, also, from an exhaustion so fulminating that it is too exhausting for the body to relieve it… (p. 44)

She also feels embarrassed by the quantification and objectification of her body within an artificial system. Her feelings of shame and tormented self are expressed while interpreting physical measurements of her sickness:

> Then they lead the patient (me) to an examining room and log into the system. They enter the numbers my body generates when offered to machines: how hot or cold I am, the rate at which my heart is beating. Then they ask the question: *Rate your pain on a scale of one to ten?* (p. 52)

She narrates her experience by saying that it is not only difficult but also embarrassing to quantify one's bodily sensations. Thus, she comments on contemporary medicine by saying that how it hyper-responds to "the body's unruly event of illness by transmuting it into data" (p. 52).

Anne has described the episode of replacing her clothes with the gown in the examining room. As clothing is an important part of one's identity, she feels the difference between seeing herself in regular clothes as a normal being and in a medical gown as a patient. Along with this transformation of clothes, she explains how her bodily sensations and subjective feelings are categorised and computerised with her name and an insurance code inside the hospital. Her inner torment about this objectification of the body and the quantification of sickness leads her to define care in the following words:

> “Care” is so often understood as a mode of feeling, neighboring, as it does, love. Care seems as removed from quantification as the cared-for person’s sensations of weakness or pain seem removed from statistics class. (p. 54)

After going through a long process of mechanised treatment and an artificial process of care, Anne feels a strong crisis thinking of herself as an alien or a disabled:

> I begin to feel a flicker of ambition again: first alien, then increasingly like myself – or myself, but disabled, but never predictably disabled, only as if a cloud of disability floats around my body, landing in one system or location or the next and then finding another, quickly, as soon as I have compensated for it. (p. 72)

There are multiple questions tormenting the sick soul including self-perception of the body afflicted with breast cancer as well as other’s perception of the same. Anne tries to find out the division between the healthy person and patient because she has listed many other characteristics of the patient including the state following the hair-loss. She narrates: “Any markers of specific identity beyond ‘the sick’ and ‘the healthy’ become from another era. Cancer mediates all” (p. 93). Being a cancer patient completely alters Anne's outlook on life following her diagnosis: "It seems like the plot of every movie I watch now is about a cast of people who seem to be cancer-free" (p. 93). Even she finds herself standing out of the crowd because she does not have “appetites for dinner and solid plans for retirement” like the normal mass (p. 93). Therefore, she highlights the fact of her being separate from the crowd and marked as a cancer patient which torments her with the feeling of shame:

> I am marked by cancer, and I can’t quite remember what the markers are that mark us as who we are when we are not being marked by something else. (p. 93)

For a patient with a chronic illness like cancer, the attachment to the regular material objects of care is quite common. Similarly, Anne recalls the long history of her bed and how it transforms into her long-term companion, i.e., her sickbed. Thus, she not only calls it the most tragic piece of furniture but also notes the transformation of the same rapidly “from the place we make love” to “the place we might die in” or, “from the place where we sleep” to “the place where we think ourselves mad” (p. 95).

First, Anne refers to the piece of furniture as her sickbed and later refers to it as deathbed or grave: “The bed where anyone makes love is also—and too clearly for anyone stuck there because of illness—the grave, as John Donne described it, from which they might never rise” (p. 95). As this bed becomes the permanent abode for a sick person, Anne narrates her personal story of pain, worry, and shame, which resembles many others:

> A sick person in bed is the ward of love, if she is lucky, and the orphan of action, even if she is not…Every pleasure of a bed can, during illness, disappear behind fresh architectures of worry. (p. 97)

Lying on a sickbed, an ill person tries to escape the pain and thus segregates parts of the failing body to think themselves into a range beyond the range of the actual body. Anne herself narrates how cancer vivifies “the magnitude of body’s parts and systems”:

> In the sickbed, the sick disassemble and this disassembly crowds a cosmos, organs and nerves and parts and aspects announcing themselves as unfurling particulars: a malfunctioning left tear duct – a new universe; a dying hair follicle – a solar system; that nerve ending in the fourth toe of the right foot – now eviscerating under chemotherapy drugs – a star about to collapse. (p. 99)

This kind of comparison is not intentionally drawn to overcome the shame and all other negative effects on patients’ minds. When Anne calls the whole thinking process “the microscopic practice of worry,” then she expresses her embarrassment and guilt associated with her illness:

> In the sickbed, illness also illuminates smallness, shabbiness, self-absorption, inconsequence, personal finance, home economics, the social order. (p. 99)

Boyer has even felt ashamed because of her physical disability to climb out of the hospital bed and even to reach the call button falling on the floor.

3.4 Discussion

3.4.1 Cultural Frameworks and the Experience of Shame and Crisis of Self

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 shame and crisis of self as reported by these Indian and American women with breast cancer and their implications for culturally sensitive understanding, care, and support.

Even after the advancement of healthcare in the American context, patients fear their mastectomy and the removal of the breast(s), which leads them to permanent loss or public shaming. People's gaze at the breasts also creates a different level of shame and consciousness inside the minds of patients. A comparison between the pre-surgery and post-surgery female body makes them feel more embarrassed both in private and in public. Many patients like Tig Notaro also feel disgusted to see the bodily abject like "blood and gunk" and therefore hate their own bodies with fresh injuries often leading towards mental trauma. Nina also feels almost disgusted in a similar manner thinking about "the oily taste of chemo" inside her mouth as Anne talks about chemo-induced nose-bleeding or even toxic urine. Everyone does not fortunately receive the care and love of partners like Jessie whose admiration for the imperfect body scars brings Tig Notaro a greater amount of assurance and confidence.

Similarly, Nina's embarrassment with her asymmetrical body which she compares with "volcano" has transformed into confidence when her husband John appreciates the unevenness of her beauty. Therefore, the patients can see the change in their attitude of embarrassment with the empathy in close partners, spouses, or family members. However, they feel embarrassed like Nina when some outsider suddenly misrecognises her to be her mother because of her chemo-baldness. Thus, body scars are also not enough pretty even after all the awareness programmes. Many American women feel the need to be hidden under tattoos as reflected by the popularity of the nipple tattoo artist Vinnie Myers. Along with this, the popularity of artificial breast fillers, prosthetic breast shops, and wig stores points towards the body-shaming culture in the USA which is still less dominant in the Indian scenario. Like Shormistha, Anne also values her hair when she is left with no option but to lose it. Like Neelam, Anne also wants to be "the best-dressed person" to prove herself no less than any other female and therefore tries to feel happy with the compliments. Alongside, Anne has also attacked the dominant breast cancer culture, which also strategically chooses only the white young scarlets to showcase their photo. Thus, shame related to cultural identity has been significantly pointed out by the memoirist Anne.

American patients mostly do not feel shy in sharing their problems with doctors or showing their breasts during check-ups. Few patients like Tig often feel more crisis inside themselves because of their instant popularity and attention after a cancer diagnosis. They sometimes feel extremely lonely and sometimes can feel disturbed even after receiving an enormous amount of public attention. Such moments show emotional turmoil when they cannot act normally or regulate their emotions in public. When their survivorship is celebrated as a victory but they feel scared inside, the patients mostly feel a huge torment of the self because of this gap between the outer celebration of survivorship and the feelings of shame. Indian patient Shormistha has particularly narrated about her bodily shame both with the "pitying looks" from the people and also when people clap for cheering the cancer patients: "All I wanted was for people to not notice me, or not stare or sympathize. Just be normal, goddammit" (p. 191). Many cancer patients like Shormistha and Neelam feel comfortable with their wigged looks in public even though it creates an artificial appearance. Neelam Kumar has also felt more ashamed of her alien-like appearance due to chemo-baldness. They not only feel ashamed to face the public with baldness but also to face the mirror. Neelam has also referred to a special kind of embarrassment when colleagues treat her as a “poor thing,” trying to hide her sadness under her fashionable appearance. Shormistha has attempted very hard to accept her bald head, black bruises, track marks, and even mastectomy scars on her body. However, it becomes difficult for her to accept the bodily abject like incontinence, and chemical smell associated with an unclean body. Many Indian patients, like Minakshi, feel so embarrassed to check up or discuss breast-related problems with doctors. Therefore, their shyness either delays their help-seeking behaviours or they prefer female doctors and private hospitals over government hospitals if they can afford it. Minakshi has become the spokesperson for those patients who feel uncomfortable with the touch of a junior male doctor or while changing dress inside the hospital.

Among American patients, Nina’s dilemma with her head prosthesis or even with a wig creates a strong inner crisis because she thinks hair loss is no less than physical pain. While going through chemo sessions, many patients like Nina struggle to find themselves, which they have lost, and thus they try to reassemble the broken pieces of their lives after biographical disruption. Looking at the ill body as an object through a medical gaze creates inner trouble in many patients like Anne Boyer and Nina Riggs. Cancer treatment, chemotherapy, and hair loss lead to a huge amount of self-image destruction. On the other hand, patients also feel a strong crisis because of chemo-baldness but they also feel a crisis to depart from the baldness after a long association with it. Such mixed feelings of shame are difficult to express and are also difficult to understand because of the inner crisis. Therefore, the patients often think of their outer world as “sick itself.” Their physical and social embarrassment as ill persons torment them, which gets even worse when their bodies are quantified and objectified within the health care system. Therefore, even after getting treated under extremely developed medical facilities, American patients feel embarrassed in a multidimensional way, and mostly their self-crisis is unaddressed both inside and outside the formal health care. Indian patients feel the crisis because of shame, as cancer is still significantly taboo in India. Sometimes, the doctors and nurses are not trained enough to show empathy towards breast cancer patients to decrease their embarrassment during breast check-ups. In Minakshi’s case, she has felt a strong inner crisis while meeting her doctor, and even it is difficult for her to record everything in her memoir. Similar uneasiness, fear, and uneasy feelings are shared by many Indian patients whose inner turmoil has been still unshared or unheard in the formal discourse of biomedicine. Patients feel ashamed when they even act or appear normal because the people who know about their cancer generally expect them to be seen as visibly weak or ill in their appearance. Such presumptuous beliefs and notions create a crisis of inner self in the ill person. All three Indian patients have felt a strong inner crisis for people’s reactions towards them as ill people, especially when separate rooms or beds are allotted to them. Neither they need to be treated as sinners as “poor thing” or alienated as abnormal beings. They also feel objectified inside the formal healthcare system because of the medical gaze towards the bare body, leading to a self-in-crisis. That is why Shormistha has felt as if she is “a specimen in a Petri dish." The patients feel lonely and ashamed, as they cannot share their feelings with their family members because they feel themselves already burdening them. As “cancer” is still a taboo word in India, the patients feel ashamed of their disease, as most of the people around them do not even prefer to use the word "cancer." People’s confused reactions, avoiding eye contact, or avoiding pronouncing the word "cancer,” make the crisis even more intense. Thus, the non-acceptance of breast cancer patients as normal human beings and the correlation between shame and crisis of self as consequences are depicted by the narrators of all three Indian autobiographical texts.