

The Trauma of Diagnosis:
Picturing Cancer in
Graphic Memoir

Nancy K. Miller

"Cancer, thrombosis, pneumonia: it is as violent and unforeseen as
an engine stopping in the middle of the sky."

—Simone de Beauvoir, *A Very Easy Death*

The omnipresence of cancer on the American scene has been the subject of proliferating cancer narratives—autobiographical, historical, scientific, filmic and graphic. Graphic narrative, particularly graphic memoir, is proving an especially versatile medium for representing the many varieties of the disease to a broad audience of readers for whom cancer is no stranger.¹ The form's capacity to convey

1. "Why Everyone Seems to Have Cancer," read a recent headline in the *New York Times*, January 5, 2014. "As heart disease and stroke are beaten back," reporter George Johnson wrote, "cancer vies to become the final killer." Johnson is the author of *The Cancer Chronicles: Unlocking Medicine's Biggest Mystery* (New York, Knopf, 2013). In addition to Johnson, many have taken on the task of analyzing the prevalence of cancer,

contradictory realities in a single frame; upended temporalities; wordless assaults of mercurial emotional states; and unexpected, even comic juxtapositions of scale makes it uniquely suited to exposing the overwhelming mind/body challenges engendered by cancer's regime. Through ink and image, graphic memoir imprints the details of the cancer experience as lived within the parameters of twenty-first-century medical protocols.

Anthropologist S. Lochlann Jain's recent contribution to the literature, *Malignant: How Cancer Becomes Us*, illuminates the darkest corners of Cancerland's time zones: "Cancer and prognosis form oncology's double helix. . . . The prognosis activates terror—the shock of having harbored cancer, the fear of an unknown future seemingly presented through survival-rate numbers, the brush with a culture of death. . . . Living in prognosis severs the idea of a time line."² The diagnosis of cancer deals an initial blow, a shock to mind and body—a traumatic event. At the moment of diagnosis, when all you have is the signifier CANCER, you are, in that instant, a heartbeat away from prognosis. Prognosis follows quickly on the heels of diagnosis; it tells how long you might have to live, depending on staging, treatment, and statistics. The effects of the blow continue after the diagnosis as a perpetual rewounding of the mind as the body spools its melancholy time of prognosis, however long that may turn out to be.

Life-threatening illnesses like cancer have been characterized in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* since 1994 as stressors and predictors of posttraumatic stress disorder (PTSD). More recently, however, psychologists have suggested that despite a PTSD diagnosis, "assessments of positive outcomes, such as 'growth,'" deserve further study and are "increasingly included in cancer survivorship outcome research."³ In my view, the language of "survivor-

the cancer mystique, vocabulary, industry—most famously, Siddhartha Mukarjee's Pulitzer Prize-winning *The Emperor of All Maladies: A Biography of Cancer* (New York: Scribner, 2010). The group outoftheframe.org is in the process of compiling a list of graphic health/illness/disability memoirs and novels; as of April 2014, it lists more than fifty publications, of which eight are about cancer.

2. S. Lochlann Jain, *Malignant: How Cancer Becomes Us* (Berkeley: University of California Press, 2013). Jain published a preview of *Malignant* titled "Living in Prognosis: Toward an Elegiac Politics" (*Representations* 98 [spring 2007]: 77–92). I am quoting from the preview version, pp. 78–80.

3. See, for example, Michael A. Andrykowski, Rachel F. Steffens, Heather M. Bush, and Thomas C. Tucker, "Reports of 'Growth' in Survivors of Non-Small Cell Lung Cancer and Healthy Controls: What Is the Value-Added by the Cancer Experience?" *Psycho-Oncology* 22:10 (2013): 2214–2219, quote on p. 2214. See also Maria Kangas, "DSM-5

ship," "growth," and "positive outcome" that pervades this research echoes the more general trend toward positive psychology in contemporary culture's belief in the powers of self-transformation despite adversity and hardship. In *Bright-Sided: How Positive Thinking Is Undermining America*, Barbara Ehrenreich deftly dissects the national ukase to "stay positive," no matter the context.⁴ It is not at all clear that the cheerfulness mantra delivers in practice for cancer;⁵ notably, the push to optimism in the case of cancer can often have a damaging psychic effect, making it difficult for patients to believe in all too real, often surreal, registers of our bodily and mental experiences.

The argument takes root in the book's first chapter, "Smile or Die: The Bright Side of Cancer." Recalling her experience with breast cancer, Ehrenreich reports feeling alone in a panic that "blurred the line between selfhood and thing-hood, organic and inorganic, me and it."⁶ To her chagrin, however, she discovers that "not everyone views the disease with horror and dread. Instead the appropriate attitude is upbeat and even eagerly acquisitive." In particular, Ehrenreich bemoans the scale of the consumer market inspired by breast cancer, "the cornucopia of pink-ribbon-themed breast cancer products."⁷

This problem is not new. Four decades ago, in *The Cancer Journals*, Audre Lorde, while grateful for her moment of survival, rejects in

Trauma and Stress-Related Disorders: Implications for Screening for Cancer-Related Stress," *Frontiers in Psychiatry* 4:122 (2013): 1–3; and Enric C. Sumalla, Cristian Ochoa, and Ignacio Blanco, "Posttraumatic Growth in Cancer: Reality or Illusion?" *Clinical Psychology Review* 29 (2009): 24–33.

I owe my access to these studies from clinical psychologist Sharon Dekel, who works in this area. See Dekel, Christine Mandl, and Zahava Solomon, "Shared and Unique Predictors of Post-Traumatic Growth and Distress," *Journal of Clinical Psychology* 67:3 (2011): 241–252; and Dekel, Zahava Solomon, and Tsachi Ein-Dor, "Posttraumatic Growth and Posttraumatic Distress: A Longitudinal Study," *Psychological Trauma: Theory, Research, Practice, and Policy* 4:1 (2012) 94–101. Dekel presented her research and I presented a version of this essay at a session of ACLA (American Comparative Literature Association) (2014), "Trauma in Context," co-chaired by Mikhal Dekel. Interesting as this research is, I have a lot of trouble with the notions of trauma as "salutogenic," especially in relation to cancer. Perhaps a cancer survivor, looking back after twenty years of "cure," could conjure lessons learned from the disease; but, given survival rates, this degree of temporality is not typical. To me, posttraumatic growth (PTG) is a broader version of obligatory cancer cheer (enforced smiling) nicely dubbed by Jain as "chemoflage" ("Living in Prognosis" [above, n. 2], p. 235).

4. Barbara Ehrenreich, *Bright-Sided: How Positive Thinking Is Undermining America* (New York: Metropolitan Books, 2009).

5. *Ibid.*, p. 41.

6. *Ibid.*, p. 20.

7. *Ibid.*, p. 22.

unforgiving prose “the superficial farce of ‘looking on the bright side of things.’”⁸ “Looking on the bright side of things,” she objects, “is a euphemism used for obscuring certain realities of life.”⁹ Cancer fractures our sense of selfhood as its rogue cells invade the borders of our bodies and our minds. The “new normal” of cancer is anything but normal. Like Ehrenreich’s report and Lorde’s journals, the cancer stories evoked here show how crucial it is to confront the disease on its own terms: indolent but relentless, aggressive, and, above all, unpredictable.

Graphic memoirs resist cancer’s threat to reduce the self to “thinghood” through their visual imaginations, often through a common representational strategy. Figured through the juxtaposition of the extreme with the everyday, the minor with the catastrophic, the tropes of what has been called “traumatic realism” hold together on the page what the mind tends to keep apart.¹⁰

What Does Cancerland Look Like to Its Inhabitants?

Marisa Acocella Marchetto’s popular *Cancer Vixen: A True Story* renders the moment of diagnosis as a jolt to her stylish, elegantly shoeshod self, a shock powerful enough to eject her from Planet Earth.¹¹ On facing pages, the vacuum cleaner, an ordinary domestic appliance, is transformed into a rocket-like instrument capable of pulling a human into outer space. Despite the conventional comics markers

8. Audre Lorde, *The Cancer Journals* (San Francisco: Aunt Lute Books, 1980), p. 74.

9. Ibid. S. Lochlann Jain has revisited Lorde’s analysis in “Cancer Butch” (*Cultural Anthropology* 22:4 [2007]: 501–538). “The most notable change since Lorde’s era,” Jain writes, “lies in the rates of a woman’s lifetime risk of breast cancer, up from one in 20 to one in seven women.”

10. The expression was developed by Michael Rothberg, *Traumatic Realism: The Demands of Holocaust Representation* (Minneapolis: University of Minnesota Press, 2000), p. 135. In the pages devoted to Lynda Barry’s *One Hundred Demons*, in particular “Resilience,” Hillary Chute astutely describes the way in which the representation of traumatic experience appears on the page in graphic memoir: “The basic structural form of comics—which replicates the structure of traumatic memory with its fragmentation, condensation, and placement of elements in space—is able to express the movement of memory” Hillary L. Chute, *Graphic Women: Life Narrative and Contemporary Comics* (New York: Columbia University Press, 2010), p. 114. Many of these graphic features also characterize the cancer memoirs, but with the important difference that they do not seek to recapture memory; on the contrary, they are focused on the experience, usually recent, of the traumatic event—their entry into cancer in the present tense. I have not included a discussion of David Small’s remarkable memoir *Stitches* because it structures the diagnostic event in a radically different way from the memoirs discussed here, in which diagnosis jumpstarts the narrative. In *Stitches* the trauma of diagnosis emerges in painful installments.

11. Marisa Acocella Marchetto, *Cancer Vixen: A True Story* (New York: Alfred A. Knopf, 2006), pp. 8–9.

for sound, movement, and spatial confusion, the time stamp in the upper left-hand corner of the frame is earthbound in its precision: "10:12 a.m. The Exact *Second* I Found Out." Marchetto maintains the unreality of her sudden journey, underscoring the housewifely, even branded origins of the spaceship: "The Electrolux of the universe sucked me into A BLACK HOLE." Frozen in time for an eternity, the woman is reduced to two weird-looking eyes that stare at us from under expressive eyebrows belonging to a creepy, spiculated black mass creature. (*Spiculated*: "In oncology, a spiculated mass is a lump of tissue with spikes or points on the surface. It is suggestive but not diagnostic of malignancy, i.e. cancer" [Wikipedia].)

I read on my first CT report, when I had no idea what the word meant and had not yet seen Marchetto's poignant image: "spiculated mass of the right lower lobe measuring 16x20 mm, suspicious for neoplasm/malignancy." Thup! (to borrow from Marchetto's lexicon). Shock, terror, surprise, disbelief—I experienced all these emotions at once as the pulmonologist, who had been trying to diagnose a range of symptoms of what I thought was a bad winter cold, allergies, or even yoga injuries—all that downward-facing dog—handed me, along with the scan report, a pamphlet that said simply in bold letters on the cover, "Lung Cancer," and sent me on my way.

When I was diagnosed with stage 3B lung cancer at Christmas 2011, I found myself unexpectedly attracted to drawing, or rather cartoon collage, as I think of it, in order to deal with my shock and rage (fig. 1). I am not an artist, but once I was shot into Cancerland, not only did words suddenly not seem enough, but I felt a strong aversion to the conventional language surrounding the disease and that would decide my fate. To compensate for what my drawing could not communicate, I have used collage as a way of rendering, although not necessarily understanding, the tension between what cancer may be doing inside my body—my specific, somatic life with cancer—and large amounts of printed information, mainly statistical or actuarial, that accounts for the disease in demographics. As a result of my plunge into the visual, my experience of cancer is now also entangled with the graphic cancer memoir both as a reader/consumer and as a "producer."

The graphic memoir focused on illness is relatively new, but its subject is not. *A Very Easy Death*, Simone de Beauvoir's 1964 prose memoir about her mother's cancer and treatment by the medical establishment, is an important precursor to contemporary illness memoir in general.¹² The image of an engine stopping in the middle

12. Simone de Beauvoir, *A Very Easy Death*. Trans. Patrick O'Brian (New York: Pantheon, 1965).



Figure 1. Nancy K. Miller, "Notes from a Diagnosis."

of the sky that appears in my epigraph, and that brings Beauvoir's memoir to a close, offers a startling metaphor for the shock to one's view of the world that cancer produces. I cannot help seeing it refigured in Marchetto's vacuum cleaner trip to outer space.

Just as Beauvoir opened the public conversation in France on the treatment of cancer patients, Susan Sontag's 1978 landmark essay *Illness as Metaphor* made waves when it appeared. In it, Sontag re-

views the literary and cultural history of the disease (along with tuberculosis), and in the process offers one of the most expressive metaphors for the cancer experience I have yet to encounter: "Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place."¹³ The cancer diagnosis makes us travel to another realm of existence, but all the while the realm of our existence as we have known it splits in two. Strangely, paradoxically, however, cancer patients continue to inhabit both worlds; and the mental shock of severance continues to reverberate in the ordinary, even trivial interactions of everyday life.

I read Sontag's two kingdoms in Miriam Engelberg's *Cancer Made Me a Shallower Person*.¹⁴ The cracked planet, once composed of chance and variety, is reduced to a simple binary (fig. 2).

Sontag withheld her own cancer story from *Illness as Metaphor* for reasons that she explains only in *AIDS and Its Metaphors* some ten years later: "I didn't think it would be useful—and I wanted to be useful—to tell yet one more story in the first person of how someone had learned that she or he had cancer, wept, struggled, was comforted, suffered, took courage . . . though mine was also that story."¹⁵ In 1980, Lorde exposed her suffering precisely in order to tell that same story: "I am a post-mastectomy woman who believes our feelings need voice in order to be recognized, and of use."¹⁶ Like *The Cancer Journals*, the graphic cancer memoirs defy Sontag's rejection of personal narrative and typically are designed, almost by definition, to be "useful" to a wide audience.

The news is often delivered quickly, sometimes literally at a run, as drawn in Stan Mack's *Janet and Me: An Illustrated Story of Love and Loss*¹⁷: "It's cancer," the self-important surgeon says as he scurries

13. Susan Sontag, *Illness as Metaphor* and *AIDS and Its Metaphors* (New York: Picador, 2001), p. 3.

14. Miriam Engelberg, "Luck," in *Cancer Made Me a Shallower Person: A Memoir in Comics* (New York: HarperCollins, 2006), n.p.

15. Sontag, *AIDS and Its Metaphors* (above, n. 13), p. 101.

16. Lorde, *Cancer Journals* (above, n. 8), p. 9.

17. Stan Mack, *Janet and Me: An Illustrated Story of Love and Loss* (New York: Simon and Schuster, 2004), p. 15. In a personal communication on June 5, 2014, Mack said that as an effect of looking at the images I had chosen for this essay, "painful memories still intrude. For all the baloney doctors throw at us to duck simple truth, we do know treatment today continues to move forward."



Figure 2. Miriam Engelberg, "Luck," in *Cancer Made Me a Shallower Person: A Memoir in Comics*. (Copyright © 2006 by Miriam Engelberg, reprinted by permission of HarperCollins Publishers.)

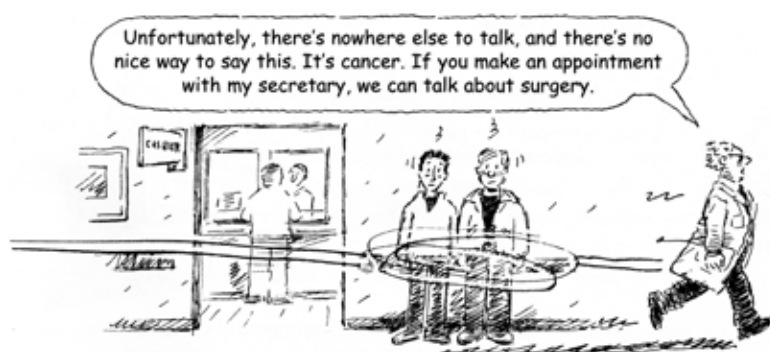


Figure 3. Stan Mack, *Janet and Me: An Illustrated Story of Love and Loss*.

past the bewildered patient and her partner. "If you make an appointment with my secretary, we can talk about surgery" (fig. 3). These graphic artists show just how quickly the diagnosis is pronounced, and how immediately devastating the "C" word can be when it attaches to you or someone you love.

Harvey Pekar and Joyce Brabner's images in *Our Cancer Year* convey the atmosphere of anxiety surrounding diagnosis through shadowed and heavily cross-hatched ink work¹⁸ (fig. 4). The contrast between the circular lines and the fractured panels further dramatizes the horror of the moment in which the paths of communication are garbled. "Wait . . . I don't understand. Does a 'tumor' mean the same thing as cancer?" Joyce asks, frantic with anxiety. The darkest interactions take place during the inevitable drama of the diagnostic moment, which the doctors, particularly surgeons, are typically eager to avoid. As you try to absorb the information your head instantly starts throbbing with the message: "CANCER, CANCER, CANCER, MORE CANCER" (fig. 5). The signifier has a life of its own—the word that takes you beyond words, words in sequential order. Worlds collide, boundaries evaporate. Your brain is assaulted by the potential deadly threats to your body.

The staging of cancer determines your prognosis; the assignment of staging is a second assault. I am used to talking about staging now, but at the time I was as clueless as the mother in Brian Fies's *Mom's Cancer*¹⁹ (fig. 6). "Is it the tumor? Shock?" the family wonders as

18. Harvey Pekar and Joyce Brabner, art by Frank Stack, *Our Cancer Year* (New York: Four Walls Eight Windows, 1994), n.p.

19. Brian Fies, *Mom's Cancer* (New York: Abrams, 2008), pp. 9–10.



Figure 4. Harvey Pekar and Joyce Brabner, *Our Cancer Year*. (Copyright © 782020800000 Harvey Pekar. Reprinted by permission of Running Press, a member of the Perseus Books Group.)

Mom struggles to understand. “An act?” No, you are instantly plunged into a sea of words, a whole dictionary in a new language minus the necessary translation. The cancer discourse at first makes you feel as if you are drowning; the mother’s speech bubbles are empty, as she tries to come up for air (fig. 7).



Figure 6. Brian Fies, *Mom's Cancer*. (Copyright © 2008 by Brian Fies, reprinted with permission.)

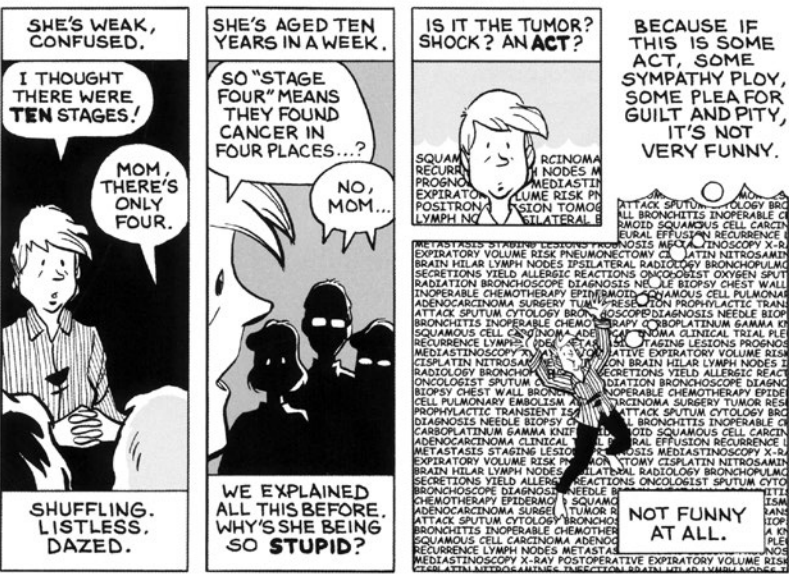


Figure 7. Brian Fies, *Mom's Cancer*. (Copyright © 2008 by Brian Fies, reprinted with permission.)

(Could it be because she is a woman?) “I’ve read the statistics. Show me one person with my lymph node involvement who is still alive after five years.” We are at the mercy of statistics, even if, as the doctor says, “You can’t go by those numbers. They’re 10 years old. Besides, statistics are not about individuals”²⁰ (fig. 8). But it is very difficult to think your way past the numbers, whatever the survival rate. This is what “living in prognosis” means: to live with your future coded with some kind of number, a statistic that either your oncologist will give you or you can scout out on the internet, often learning that the statistics for your particular illness do not yet exist.

Matt Freedman’s *Relatively Indolent, But Relentless: A Cancer Treatment Journal* shows how terrifying an answer might be²¹ (fig. 9). Freedman reports a comment made in passing by one of the nurses: “They were hoping to give me ‘two good years,’” while a search for a new drug treatment for the cancer in his lung could be found. This “information leak” inadvertently disclosed by the “friendly chatty nurse” is probably not reliable, but we will take any drop of information in the absence of any hard answers.

What does “two good years” even mean? Time as we knew it is no more. We are in cancer time. On this journal page, we can see the curtained wall separating the two worlds typical of cancer treatment topography: on the living side, the music Matt will be listening to on his iPad while being infused (after a while, listening to music while being hooked up to an IV starts to seem ordinary); on the other is the tombstone he has already imagined for himself in an immediate fu-

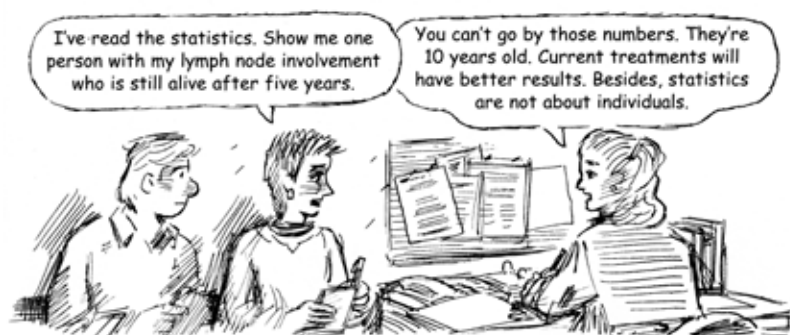


Figure 8. Stan Mack, *Janet and Me: An Illustrated Story of Love and Loss*.

20. Mack, *Janet and Me* (above, n. 17), p. 19.

21. Matt Freedman, *Relatively Indolent But Relentless: A Cancer Treatment Journal* (New York: Seven Stories Press, 2014), n.p. (entry for October 18th, day 7).



Figure 9. Matt Freedman, *Relatively Indolent, But Relentless: A Cancer Treatment Journal*.
(Copyright © 2014, published by Seven Stories Press.)

ture. Living with cancer means living with the prospect of death, suspended between the unbearable present of treatment and the unknowable future, the fear of recurrence, triggered and retriggered by constant testing, the “scan-to-scan life,” as my oncologist likes to put it.

In the penultimate page of *Cancer Made Me a Shallower Person*, Engelberg compares her fate with that of a woman whose breast cancer tumor turned out to be benign. “Why is *she* one of the lucky ones? It’s so unfair!” (fig. 10). Given the unpredictability of cancer, perhaps cancer’s defining feature, there is no explaining that kind of luck. But however fortunate the outcome, a “brush with cancer”—a popular euphemism—is never just a brush (fig. 11).

The cancer memoirs offer an antidote both to terrifying (if unreliable) statistics and the babble of clichés; their narratives display what Ehrenreich calls a “vigilant realism,” not unlike “traumatic realism,” which does not fear the deadly truth of metastasis, the bottom line of cancer’s arrested futurity.²² Engelberg died of her metastatic breast cancer in the same year her memoir was published.²³ Reading the memoirs might not make living with cancer or dying from it more bearable, but its cartooned vision can bring the solace of identification—or empathy; and one day, perhaps, in the right hands, these memoirs might make for more humane treatment from oncologists and surgeons.

The promised land for cancer patients is the state of NED: “no evidence of disease.” If you are like those of us in the “incurable but treatable” cohort, the best you can hope for is PFS “progression-free survival.” We are neither survivors nor are we dead—*yet*. My treatment, since June 2012, is called “maintenance,” which is perpetual chemo. We just wait (see “In the Waiting Room,” page 224).

Here, in closing, is a recent conversation with the oncologist I call Dr. Sweater, following my last “good” scan (after more than two years of stable results) (see “Dr. Sweater,” page 225):

NKM: Am I living or dying?

DR. SWEATER: I don’t know.

NKM: Maybe the cancer is dead, and I’m having chemo for nothing. What is the worst thing that could happen if I stopped?

22. Ehrenreich, *Bright-Sided* (above, n. 4), p. 205; Rothberg, *Traumatic Realism* (above, n. 10), p. 135.

23. Engelberg, *Cancer Made Me a Shallower Person*, n.p.



Figure 10. Miriam Engelberg, "Bitterness and Envy," in *Cancer Made Me a Shallower Person: A Memoir in Comics*. (Copyright © 2006 by Miriam Engelberg, reprinted by permission of HarperCollins Publishers.)

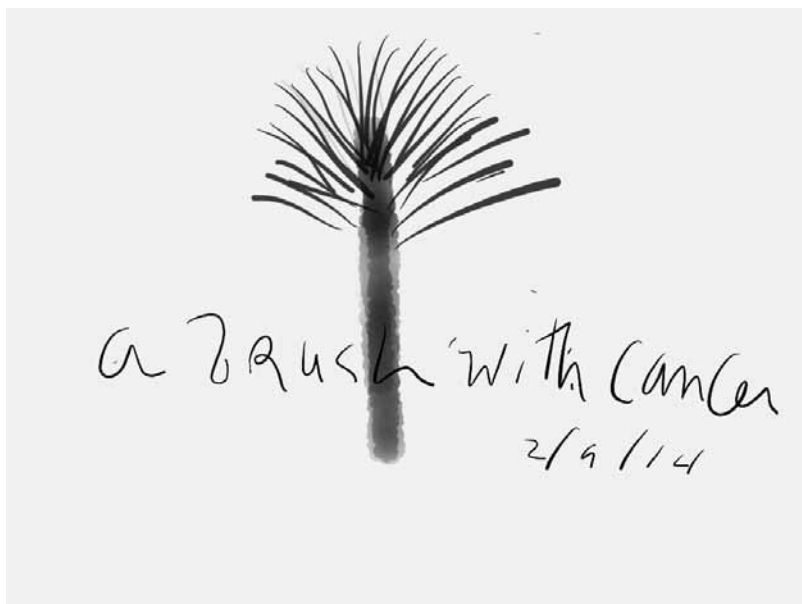


Figure 11. Nancy K. Miller, "A Brush with Cancer"

DR. SWEATER: The cancer could come back, but in a new place, and a new form.

And then the Alimta [my maintenance drug] would no longer work.

NKM: (*Empty speech bubbles*)

DR. SWEATER: Consider the alternative.

I consider the alternative.



Dr. Sweater



NKM: The Doctor & Avatar

In the Waiting Room



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