

## **Illness Narratives and Audience Engagement in Linda Park Fuller's *A Clean Breast of It* and Susan Miller's *My Left Breast***

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### **Abstract**

Illness narratives are a genre where an illness and its effect on the patient's life are told as an autobiographical or biographical account. Rarely is a patient's story 'just a story,' but is rather the conscious and unconscious representation and performance of complex personal motives and dominant meta-narrative influences. This paper tackles two autobiographical solo performances of breast cancer survivors, Linda Park-Fuller's *A Clean Breast of It* (1993), and Susan Miller's *My Left Breast* (1998), as examples of illness narratives. The study focuses on how autobiographical illness narratives contain therapeutic potential for their authors, making room for the restoration of identities and subjectivities undermined by the experience of illness. The two dramatists use autobiographical solo performance to ensure that their voices are heard by removing others from the stage entirely. In each of these plays, the protagonist breaks the fourth wall that traditionally separates the performer from the audience both physically and verbally and addresses the audience directly, making them active participants in the piece. The performers demonstrate a perpetual desire to connect with the audience to tell her own story rather than allow supporting characters to perform a mediated recreation. The need to tell their stories in their own words is the motivating force all the way through. The two one-woman, one-act plays emphasize that testimony functions as a politicized performative of truth. The study investigates how these performances witness to radical reshaping of identity through the transference of trauma into conveyable life narrative. Rather than simple successful stories of individual cure and recovery, these complex expressions of traumatic experience reveal patterns of cultural oppression that keep the ill female body isolated and silenced. These plays chronicle cultural, social and political tendencies around cancer, thus sharing a claim for making the most painful experiences enjoyable to the audience. The two pieces are approached with two main issues in mind: on the one hand, intentionality, personal involvement, feminist commitment and on the other hand, the process of reception - audience involvement, outcome expectations, and effectiveness.

**Keywords:** Illness narratives, audience engagement, autobiography, breast cancer, performance, traumatic experiences.

*Diverse sources converge on stories of experience, indicated by the term narrative, and the performance of identity, as indicated by the term personal. Embedded in the lives of the ordinary, the marginalized, and the muted, personal narrative responds to the disintegration of master narratives as people make sense of experience, claim identities, and 'get a life' by telling and writing their stories. (Langellier, "You're marked..." 700)*

A number of personal narratives have explored illness and recovery through staged performances. Stories containing the memories of ill people from the time of the occurrence of the symptoms of an illness, learning about the diagnosis and the sequence of treatment, and recovery are referred to in literature with several names: illness narratives, suffering narratives, pathographies or autopathographies.

Illness narratives are defined as autobiographical accounts of illness spoken or written by patients. It is where an illness and its effect on the patient's life are told as an autobiographical or biographical account. The stories people tell are important not only because they offer an incomparable window into subjective experience, but also because they are part of the image people have of themselves.

This paper tackles two autobiographical solo performances of breast cancer survivors, namely Linda Park-Fuller's *A Clean Breast of It* (1993), and Susan Miller's *My Left Breast* (1998), as examples of illness narratives. The study focuses on how autobiographical illness narratives contain therapeutic potential for their authors, making room for the restoration of identities and subjectivities undermined by the experience of illness.

Arthur Kleinman has argued that illness narratives are forms of meaning making that provide insight into how patients and clinicians understand the why and how of illness causation and treatment, "including how illness processes are linked to the broader social and structural contexts of patients, their communities, and their clinicians"(1-2).

A patient's story is the conscious and unconscious representation and performance of complex personal motives and dominant meta-narrative influences. According to Arthur Kleinman, "The illness narrative, is a story the patient tells, and significant others retell, to give coherence to the distinctive events and long-term course of suffering . . . The personal narrative does not merely reflect illness experience, but rather it contributes to the experience of symptoms and suffering" (49). The narrative is the form in which patients shape and give voice to their suffering: "Patients' narratives give voice to suffering in a way that lies outside the domain of the biomedical voice. This is probably one of the main reasons for the emerging interest in narratives among social scientists engaged in research on biomedicine, illness and suffering" (Hyden 51).

Illness narratives are encountered in different forms, "as oral narratives or as written, textual narratives, and in various (social) forums ranging from contexts in which experience is made communal through collective oral narratives to individualized narrative situations, as in interviews and medical examinations or during self-reflection"(Hyden 64). Both the form of the narrative and the forum in which it is related are subject to historical and chronological changes, which emphasizes that, "both the narrative and the telling of it are linked to social and cultural contexts"(Hyden 64). Illness narratives can be found in a range of social contexts, all of which determine in different ways who narrates for whom, and for what purposes. One of the uses that can be made of the illness narrative, "is to transform illness from an individual into a collective phenomenon" (Hyden 55).

To tell something means to relate an ordered sequence of events to one or more listeners. Lars Hyden demonstrates, “The narrator selects certain events and arranges them in such a way as to form a whole – with a beginning, a middle and an end – that is imbued with meaning. To listen to the narrative is to take an active part in its construction in order to be able to understand what it is all about and how it can be expected to develop”(Hyden 60). The narrator creates the ‘plot’ and the listener tests various ways of listening to and understanding ‘the unfolding story’ (Bruner 50).

Medical Sociologist Arthur W. Frank sheds light on the wounded storyteller whose illness calls for stories. He asserts that “postmodern times are when the capacity for telling one’s own story is reclaimed” (*Wounded Storyteller* 7). However, simply writing down one’s story is insufficient as a healing act; embodiment and speech are necessary. In the preface to the work, Frank links the physical wound to a psychological one: “Seriously ill people are wounded not just in body but in voice. They need to become storytellers in order to recover the voices that illness and treatment often take away. The voice speaks the mind and expresses the spirit, but it is also a physical organ of the body. The mystery of illness stories is their expression of the body; in the silences between the words, the tissues speak”. (xii)

In the meantime, representing illness in the form of narratives is a way of contextualizing illness events and illness symptoms by bringing them together within a biographical context. K. Langellier illustrates that from a pragmatic perspective, personal narrative performance is radically contextualized: “First, in the voice and body of the narrator; second, in conversation with empirically present listeners; and, third, in dialogue with absent or ‘ghostly audiences’. Personal narrative performance is situated not just within locally occasioned talk—a conversation, public speech, ritual—but also within the forces of discourse that shape language, identity, and experience” (“Personal Narrative...”127) Weaving illness events into the texture of our personal lives, physical symptoms are transformed into aspects of our lives, and diagnoses and prognoses accomplish meaning within the framework of personal life. Narrativising illness empowers other individuals to comment on the narrative and to offer new interpretations and suggestions.

Walter Benjamin asserts, “The storyteller takes what he tells from experience—his own or that reported by others. And he in turn makes it the experience of those who are listening to his tale” (87). Thus, narratives serve as grounds or settings for presenting, discussing, and negotiating illness and how we relate to illness.

Shoshana Felman and Dori Laub argue, “For the testimonial process to take place, there needs to be a bonding, the intimate and total presence of an other – in the position of the one who hears” (70). Performing autobiography suggests an audience to receive them, and in so doing, sympathetic audience bear witness in another sense, bearing the weight of the performer’s tale, the act of sharing the attempt to reduce the load.

First-person narratives of illness experience are dramatic. Arthur Frank argues that the narrator, who is also the sufferer, is caught in conflicts of forces that permit understanding more than control. He explains, “Among the dramas of illness, five occur frequently in autobiographical accounts of illness. These dramas overlap and have varying emphases in different people’s stories. They are the drama of genesis (what instigated the illness); the drama of emotion work (what emotional displays are required or prohibited); the drama of fear and loss; the drama of meaning; and finally, the drama of self”. (“Five Dramas of Illness...” 379). This five-drama framework can center critical and clinical attention on which conflicting forces the ill person is working to settle, what makes that work difficult, and how considering one’s illness as a drama can be a source of both meaning and value. What can be enjoyed about

participating in a drama is playing one's part well, however deeply in plight this part. A decisive moment is reached when one shows that he/she can play his part well and teaches others something of their parts and what counts as playing them well. With the process of teaching, private trouble is transformed into public plight.

Among the many theatrical forms adopted by American feminists in the 1990s is auto performance, defined by Ryan Claycomb as an "intersection of feminist solo performance and autobiographical narrative," developing in a one-woman show that features the "explicit body," (28) as central to cancer theatre. In this type of representation, "a process of (self) revelation occurs that bridges the gap between the personal and the political, reinforcing from the stage the discourse of the breast cancer movement; indeed, grassroots activism and feminist performance feed each other in the battle against breast cancer" (Fernández-Morales 131).

Feminist post-modern theory from the mid- 1990s and beyond has illustrated that any feminist understanding of the body's corporeality must be constantly mediated by its spoken contexts. As Judith Butler notes in *Performative Acts and Gender Constitution*, "The body is a historical situation...a manner of doing, dramatizing, and reproducing a historical situation... It affects and is affected by the world it inhabits" (56). Because of a newly gained awareness on the part of women, plays about breast cancer began to appear. The breast cancer movement was born in the late 1960s out of the experience of women diagnosed with the disease. Feminist counter narratives aimed at reconstructing and reclaiming shattered identities, "Women's performance of cancer narratives participate in feminist decolonization. They act in resistance to the medicalization of their bodies by questioning the absolute authority of medicine and positing women's experiences of their own bodies as a valid alternate epistemology" (DeShazer 81).

The two autobiographical solo performances under investigation, Linda Park-Fuller's *A Clean Breast of It* (1993), and Susan Miller's *My Left Breast* (1998), are examples of illness narratives where the two dramatists use autobiographical staged personal narrative to ensure that their voices are heard, by removing others from the stage entirely. In each of the two plays, the protagonist breaks the fourth wall that traditionally separates the performer from the audience both physically and verbally and addresses the audience directly, making them active participants in the show. Each performer demonstrates a perpetual desire to connect with the audience to tell her own story rather than allow supporting characters to perform a mediated recreation. The need to tell their stories in their own words is the motivating force all the way through.

The two one-woman, one-act plays emphasize that testimony functions as a politicized performative of truth. The study investigates how these performances witness to radical reshaping of identity through the transference of trauma into conveyable life narrative. Rather than being simple successful stories of individual cure and recovery, these complex expressions of traumatic experience reveal patterns of cultural oppression that keep the ill female body isolated and silenced. These texts chronicle cultural, social and political tendencies around cancer, thus sharing a claim for making the most painful experiences enjoyable to the audience. The two performances are approached with two main issues in mind: on the one hand, intentionality, personal involvement, feminist commitment and on the other hand, the process of reception - audience involvement, outcome expectations, and effectiveness.

Linda Park-Fuller's *A Clean Breast of It* and Susan Miller's *My Left Breast* use illness as narrative where the narrator, illness, and narrative can be combined in one and the same person. The narrative plays a central role both, "in the occurrence of the illness and in shaping the manner in which it impinges on the life of the individual. In a sense, we could say that the

illness is the narrative. This kind of illness narrative closely resembles what is usually called ‘personal experience narratives’” (Labov17). That is to say, the narrative describes events that have been experienced personally and posture problems for the individual in one way or another. The narrative is therefore a way of assimilating or solving the problems that confront human beings.

Through narrative, each dramatist composes a performance story that is one in a strongly testimonial style that recounts her breast cancer diagnosis, treatment, and recovery, and uses narrative to educate the audience about this disease. Both works move between anguish and subjectivity, with emphasis on the latter because their protagonists are survivors. Their works grew out of the agony and isolation the performers felt when they were diagnosed. They wanted those “just diagnosed” patients to know that many people survive it; they wished that they and their friends and families know about how it is like to go through it. They desired them to have access to some possible coping strategies and to realize that they have a right to speak up to representatives of the medical community about their experiences; they required everyone to know the importance of fighting the disease both personally and politically. “Controlling one’s own body rather than confronting death is the dominant motif in these two plays. Both plays disrupt the proairetic, however, by denying the closure that reconstructive surgery or even death can arguably provide” (84).

Despite being a one-woman story, each is quite consciously and carefully not just one woman’s story. Each author employs a number of strategies to connect her story to the larger context of breast cancer experiences. Mary DeShazer argues, “They depict the bodily betrayal and suffering of women diagnosed with cancer but present as well their struggle for agency, their multiple subjectivities. Furthermore, they often do so with outrageous humor, evoking in audiences astonished laughter, itself a healing force, and employing transgressive discursive strategies” (82). Each author stands there for all of us, our mothers, our sisters, our daughters, and us. They allow us to share their pain, by proudly assuring us that they still feel beautiful and powerful. They register cultural, social and political tendencies around cancer, thus sharing a claim for making the most painful experiences pleasant to the audience, the Freudian paradox of tragedy. Both Park-Fuller and Susan Miller foreground cancer pervasiveness with comic irony.

Meanwhile, the two pieces bring the audience into the same playing space as the performers, obliterating any walls that separate the audience from the performers. Robbie McCauley discusses the kind of audience participation. She states, “I invite them to participate and the ritual happens differently each time. Your part in it may be to listen, but that is certainly a participatory listening that’s I’m asking you to do because you’re in it” (Patraka36). The two plays aim at awakening the public and transforming society. Pamela Renner notifies, “Cancer plays invite empathy on part of readers/theatergoers by fostering a complex sense of intimacy among playwright, actors, and audience, each of whom becomes a ‘penetrating witness to extreme rites” (34).

The two American authors work within a tradition of feminist Brechtian theatre that arose during the second wave of the women's movement and is booming in the twenty-first century. In the words of Karen Laughlin, “playwrights, feminist theatre groups, and other women who have assumed leadership roles in the contemporary theatre have linked their work with Brecht’s in a variety of ways.” (147) They have found in the German director's theories useful suggestions about the actor-audience relationship and the re-examination of history, as well as dramaturgical techniques that are in line with the ongoing feminist project of consciousness raising and sociopolitical transformation.

In her article “Is Anybody Paying Attention,” Marta Fernandez-Morales elucidates,

Through processes of consciousness raising, self and mutual healthcare education, and individual and collective empowerment, women turned from patients into impatient - from docile bodies in a Foucauldian context of clinical control and surveillance into subjects of their own stories of diagnosis, treatment, recovery, and/or death. As Sharon Batt has noted, by the 1990s the breast cancer movement had reached the peak of its visibility and was for the first time encouraging women to “[make] the private grief of breast cancer a public issue.” Feminist authors have adapted Michel Foucault’s theory about the regulation of the human body - turned into a “docile” organism by the disciplinary practices exerted on it by institutions like schools, armies, and clinics- in ways that have proved productive to the study of contemporary theater and of bio-political dynamics, like the authors working around breast cancer. (129)

Linda Park-Fuller's *A Clean Breast of It* (1993) is regarded as the earliest feminist auto performance piece about breast cancer. Staged in the 1990s and later anthologized, it paved the way for many other works. It is a forty-minute one-woman, autobiographical performance show where the drama professor shares insights from her own experience, recounting the experiences surrounding the diagnosis and treatment of her breast cancer. The performance combines humor, song and educational narrative as Park-Fuller narrates her battle with breast cancer. In addition to her story, the one-act play includes excerpts of a song and a poem borrowed from other composers, some statistics and information about breast cancer research and treatment. The play was composed four years after the events. Park-Fuller explains, “At this writing, I have performed it more than fifty times in diverse venues, such as hospital auditoriums, university lecture halls and classrooms, community centers, manufacturing plant resource rooms, libraries, church sanctuaries, and hotel conference rooms, as well as in theater auditoriums. I continue to perform it whenever my schedule permits” (215).

In the late 1980s, Park-Fuller became interested in performance composition as a form of artistic work. She encouraged her students to perform their own personal narratives, fictive monologues and simulated interviews. “Personal narrative performance constitutes identities and experience, producing and reproducing that to which it refers” (Langellier, “Personal Narratives”128). In her article, “How to Tell a True Cancer Story,” Park-Fuller describes how cancer stories, like war stories, “carry complex burdens of truth and multiple obligations to capture and convey those truths. Consequently, such stories resist telling” (178). Park-Fuller believed in the rich potential of using personal narratives to educate people:

Trained as a performing artist-scholar who specializes in the performance of lyric and narrative genres, I did not consider myself a “writer” but rather an appreciative critic and a “page to stage” translator of writers’ words and the worlds they evoked. I had adapted a number of works for the stage, but I did not have much confidence in my ability to “make up” a story, even if the story was made from my actual experience. I also feared “dredging up” the emotional trauma I had experienced during the time of the cancer diagnosis. (216)

In *Voices made flesh: Performing women’s autobiography*, Park-Fuller describes her motivation as “an educational impulse, a sociopolitical impulse, and a performative impulse” (215). She notifies,

I composed it as an intervention against the silence surrounding the disease. I also composed it as an intervention against the dominant medical discourse that

privileges abstract knowledge over individual stories about cancer. And I composed it as an intervention against the power of the disease to desubjectify my experiential identity-to force me into a passive life-role of “cancer victim”. (215)

Admitting that the piece is the result of her own experiences surrounding breast cancer diagnosis and treatment, Park-Fuller is “blurring the subject positions of author, character, and actor... Park-Fuller's play... becomes an interpretation of [her] own life story, with the author functioning in multiple roles of writing, interpreting, and performing the self, as well as combining the statuses of ‘survivor-protagonist’ and ‘survivor-teller’” (Fernández-Morales132). This multiplicity of roles takes the human social incidents to be portrayed and labelled as something striking, something that calls for explanation, and not to be taken for granted.

Marta Fernández-Morales comments, “Taken together, these theatrical imperatives make possible the atmosphere of intense communication between author/ performer and audience described by DeShazer as typical of cancer drama and necessary to fulfill the political aims of this type of art” (53). *In A Clean Breast of It*, “the protagonist/teller forces audience members to reconsider their previous knowledge about breast cancer by presenting her plight in unusual ways, moving beyond the triumphalist cure-narratives disseminated by the mainstream media. She speaks onstage about the abuses of the medical system alongside her successful surgery, about her physical and psychic losses during treatment, about the sacrifices and the rage” ((Fernández-Morales132). Based on the concept that all narratives have a political function, Park-Fuller, in telling her story, has been trying to break out of the prescribed, marginalized role of “patient-victim” and exercise sociopolitical agency in the world. “That exercise of agency, in turn,” Park-Fuller clarifies, “circles back to transform and constitute me as actor-agent-as survivor. In that way, the piece functions performatively to recompose my subjective identity and to influence society” (215).

Persuaded of the power of personal narrative, Park-Fuller decided to take the step and see if her own story of breast cancer might have some value for others. Nevertheless, Park-Fuller needed distraction from the fear of writing about herself, the fear of performing her own work, and the fear of cancer memories. She had to work through those emotions alone before she could get to the point of telling her story to someone. The first one to whom she could safely tell her story was her dog. Gradually, Park-Fuller worked off the stress of the memories and of the composing process:

Eventually, my emotions settled down and my critical impulses began to take over. I began to enjoy the process of selecting and arranging incidents and ideas, adding dialogue sequences, choosing important words and phrases. I liked conceiving of the text as an *oral-performance* text-as an outlined work-rather than a precisely wrought literary text... the improvisational nature of the piece reflects my philosophy of “life after cancer,” an important theme in the work and a part of its constitutive power. All life is improvisational. Nothing is “fixed.” Everything is subject to interruption and revision. Anything (and everything) is possible. (217)

Park-Fuller’s performance is a straightforward personal narrative. In “Performance and Beyond Literature, Paul Edwards states,

Park-Fuller employs a largely chronological organizational structure as she narrates her experience from the moment she discovers a lump in her breast through diagnosis and treatment and the first few months of reorienting her life

after cancer. She wants to make sure that the audience understands the emotional and practical impact of breast cancer. The communication teacher in her is apparent as she carefully explains in clear and simple language what she has learnt about how cancer attacks the body with its own cells. (184)

Park-Fuller believes that what fascinates her most is that cancer is all about communication-intercellular communication, “about how the cells communicate (or fail to communicate) with one another. When you think about it, cancer is just one big misunderstanding!” (228)

Park-Fuller sees the text as a “story” told somewhat differently each time, “with different emphases for different audiences, and with up-to-date information, examples, and statistics” (Park-Fuller 221). (At curtain, the house lights go out. She {narrator/performer} walks to down center and introduces the performance.) Park-Fuller's show opens with a dedication to all who have survived breast cancer and to all who have not: “She: This performance is for all those who have struggled with breast cancer-those who have survived and those who have not. They all have their own unique stories, and I do not claim to speak for them. But I dedicate this performance to them” (222). This dedication has served several purposes:

The dedication, which was added later, serves two functions. First, it provides an opportunity to establish a stage relationship with the audience that is not as formal as a “fourth wall” theatrical aesthetic but not as informal as a discussion. With the dedication, I can, in the first few moments of the performance, negotiate the dual role of speaker and actor that this play demands and signal that this negotiation is part of the performance aesthetic. Second, the dedication allows me to offer a disclaimer. While the wording of the dedication may change with specific audiences, I make it a point to indicate that my story is not meant to “stand in” for stories of other cancer survivors. (Park-Fuller 218)

Park-Fuller used several strategies. First, the performance style is conversational personal narrative. The whole show is told in the form of a conversation with the audience. Park-Fuller adopted the strategy of the question-answer frame that interrupts the narrative to stimulate the listener's own involvement in the story and disrupt the silent patient image. She asks questions like, “How many people in the United States will be diagnosed with breast cancer this year?”; “[Radical mastectomy?] What's that?” and “Doesn't anyone talk to anyone else in this hospital?” At one point, for example, she asks, “How do you make love to a woman with one breast?” (pp. 222, 225, 230). She directs these questions to those people who might consider themselves safe from the disease so as to recognize that this disease can affect them in significant ways and at any time. By keeping the reins of her story always in her own hands, “Park-Fuller insists on the inscription of her voice as the subject of a narrative that forms part of an oppositional discourse promoted by the 1990s breast cancer movement - a discourse that reinterpreted the meaning of being a woman with cancer, challenged existing stereotypes of how they should behave, and demanded recognition of a new paradigm” (Fernández-Morales132)

The presentation space has three areas: Down right, “is a bench or straight-back chair that serves as the doctor's office, recovery room, and hospital bed. It is attractive but institutional.” Upstage center, “is a small decorator table with tablecloth, flower arrangement, glass of water, and a small electronic timer.” To the left of the table, “is an armless, straight-back chair. Left of the chair is a guitar on a guitar stand. A down left area serves as the surgeon's office, among other things.”(221) Throughout the performance, Park-Fuller keeps crossing to

downright area, and then back to audience, this helps her dominate the stage and achieve connection and intimacy with the audience.

In the beginning of the performance, Park-Fuller picks up the guitar and sings with an untrained voice and simple chord changes, “It will Come to Me,” a song that stresses the improvisational nature of much of life. Using the excerpts of a song is but one of several strategies used in the performance to transcend the merely personal in personal narrative, to stand with, not to stand in for, others’ stories and realize some aesthetic purposes. Park-Fuller illustrates, “They function rhythmically to break up the narrative; their lyrics establish and reinforce the theme of improvisation; and their repetition provides unity to the piece” (218). “It’ll come to me just like a song. I’ll make it up as I go along. The push and pull, the give and take will even out, for goodness sake. The sun might shine or the wind might blow. I can’t say, ‘cause I don’t know. Whatever it is that’s meant to be. Sooner or later, it’ll come to me.”(222) Besides the opening song, Park-Fuller punctuates the performance three more times with her singing. “I want to learn to love, myself and others, unconditionally. I want to learn to forgive. (Singing.) I’ve spent so many yesterdays worrying about forever. But no amount of worry makes the day go any better. And no amount of planning makes the difference worth a dime. Whatever’s gonna happen, it’s gonna take its own sweet time. And it will come to me just like a song...” (226-7) In the performance, she reveals that she has always wanted to learn how to play the guitar. She sought to balance her life after diagnosis and surgery. “The simplicity of the music becomes an integral manifestation of what she has learnt about living from her cancer experience” (Edward184).

The second strategy used in the performance is the quoted poem: “The quoted poem encapsulates the theme and provides a new form to balance those of a story, song, and public address” (Park-Fuller281). The title of the poem is “Faith”: “When you walk to the edge of all the light that you have and take that first step into the darkness of the unknown, you must believe one of two things will happen: There will be something solid for you to stand upon or we will be taught how to fly.” (234)

The final strategy employed is using the electronic timer. Park-Fuller explains, “The timer was not part of the original performance. Instead, I used a chime to ‘announce’ and punctuate the question-answer sequences that referenced larger issues and hinted at broad aspects of the disease” (281). Since the “telling time” varies, the performer does not know when the timer will sound. It can happen at an appropriate or inappropriate time. “Whenever it goes off, the narrative is interrupted. I stop, turn it off, and reset it-allowing time for the significance to set in-and then try to pick up the narrative, but without attempting to precisely resume and skipping entire parts, if necessary” (221). Also, the question-answer sequences, “are prefaced and followed by a chime like sound made by plucking a guitar string, as if sounding a bell for attention” (221). Throughout the performance, she interrupts her narrative to pluck the string of her guitar and speak directly to the audience: “Is anybody paying attention?” (222). Later, “in playing with the potentials of the chime sound and of the question-answer sequences,” Park-Fuller continues, “I wondered if I could reference others’ experience by using a timer” (281). In performance, the electronic timer is set to go off every thirteen minutes, symbolizing the death rate of breast cancer in the United States.

Accordingly, the electronic timer serves three purposes:

First, as a social-medical critique, it sharpens our comprehension of how many people die from the disease and how little progress has been made against it. Second, aesthetically, it symbolizes the theme of life interruptions and improvisation, since I, as performer, cannot predict exactly when the timer will

go off. Like the cancer that occurred so unexpectedly, forcing me to stop, reevaluate and revise my life, so the sounding of the timer forces me to stop and revise my performance. And, third, ethically, the timer evokes awareness of others whose stories do not end as fortunately as mine. Over the course of the play, it comes to represent them. By interrupting my narrative (the survivor's narrative), it symbolically gives the power to contradict my story to those who cannot tell their own. Their stories are not heard within the frame of my performance, but drawing attention to their absence reminds audiences that someone had a different story that will never be told. (Park-Fuller 218-9)

The more she learns about her disease, the more she needs to take an active role in her healing, questioning the medical institution's inability to address the human side of this disease, or even to help recognize the lifestyle changes that might stimulate healing. Park -Fuller explains that the funniest thing that occurred at lunch one day was when they served her a six-can of diet Shasta soda pop. As she was pouring it into the glass, she noticed some printing on the side of the can. It said: "Warning: This product contains Saccharine, which has long been known to cause cancer in laboratory animals." Park-Fuller then asks surprisingly, "Huh! Doesn't anyone talk to anyone else in this hospital? I mean, what am I in here for? ...So that's when I realized that if I thought behavioral changes were going to make a difference in preventing recurrence, ...then I would have to initiate them myself". (229-230) Paul Edward comments, "This is a narrative account from a woman who is actively involved in reflecting on and learning about her disease and in shaping her own recovery. Thus, the audience stands to learn a great deal by following her journey" (184). When Park-Fuller questions the cost of cancer drugs or mentions the unavailability of insurance to many women, she intends to politicize the events to stimulate the audience to look at and beyond her specific breast cancer experience, to the broader social and economic issues surrounding the disease: "Why is it that in Canada and other countries sixty tablets of the cancer drug, tamoxifen, sell for \$12.80, whereas in the United States, those same sixty tablets of the same tamoxifen drug sell for \$ 156.42?" (232)

Park-Fuller uses simple colloquial language and speaks simply and humbly about her journey. Hence, she sets herself up as a traveler rather than a professor and expert and invites the audience to view her as a friend who has been there: "Park-Fuller's language is simple, too, intentionally vernacular, as she sprinkles the script with 'you know,' 'oh,' 'oh boy,' 'oh man,' and 'you see.'" (Edwards184) Yet, Paul Edward continues, "She manages to do a great deal of teaching along the way, as she consistently calls the audience to attend to the larger cultural context in which her individual story unfolds...Park-Fuller brings to the staged narrative a highly trained capacity for adapting her level of diction to target audience and rhetorical goals" (185).

The end of the performance is inspirational. Park-Fuller feels lucky for things that she had once seen unfortunate: "I was lucky because I found the lump in time, and so many people don't. I was lucky because I had a good medical team and a good insurance, and there are millions of women, even in this country, that don't have that luxury. And I had good support from my husband, my family, and friends..." (233)

Because of its educational importance, Park-Fuller has recommended that the performance be followed by a discussion to allow people to ask questions, to share their own comments, insights, experiences, and to learn from one another. Audience members are empowered to share their stories of cancer, as it has affected them or their family members or friends. "This audience involvement extends the show's attempts to transcend the personal and to move toward community efforts to break the silence of the disease" (Park-Fuller220).

Another example of an autopathographic text that enters into a dialogue between the author's own experience of breast cancer and cultural perceptions is Susan Miller's autobiographical solo performance *My Left Breast* (1998). Like Park-Fuller's, it is a one-woman, one-act play that tells the tale of a cancer survivor's mastectomy, beginning at diagnosis and taking the audience through to the physical aftermath. It is story of personal loss that takes the audience on a spiritual journey that ends in recovery and rebirth. The play addresses feelings common to the human experience, focusing not only on the emotional paralysis that often accompanies pain, but also on the strength of the human spirit.

After being diagnosed with breast cancer and having her left breast removed, "The play's character, Susan, really stops at a moment in time where you come to the edge. You either fall off that edge or transform it into a threshold, your next experience." (Miller 5) The play draws together the themes of parenthood, and breast cancer in a funny, honest, and direct solo performance. All through a poignant, one-hour humorous monologue, Miller talks directly to the audience about her struggles with facing a mastectomy, losing a baby, raising a son, dealing with an aching rejection from her one true love, Franny, the side effects of her life-saving drugs and her career as a writer and actress. *My Left Breast* narrates the playwright's real-life experiences, leading the audience through many first experiences, both before and after her mastectomy. She exposes more than just her mastectomy scar: "Ostensibly a play about surviving breast cancer, *My Left Breast* is really a series of poetic riffs on loss of all kinds: lost love, lost children, bone loss and the loss of structure (both real and narrative)." (Jent) "Your doctor says it's positive, your lover says it's over and you say goodbye to the person you thought you were." (29) This the line that sums up the entire piece. Nevertheless, Miller has been trying her best to deal with a devastating truth, and to find a way to move on with her life and forget about her lost breast and lost lover.

Unlike Park-Fuller's, Miller's story took a longer time to tell. It was not until fifteen years after a radical mastectomy and chemotherapy treatment that Miller found a way to work her experiences into a script. She explains, "The removal of my left breast is a metaphor for the transformations in our lives. I don't write 'journalistic' pieces. It isn't a confessional. This wasn't a catharsis. I have to have some sort of literary metaphor, and finally I was able to put the breast cancer in a structure and context of other life-transforming experiences" (216). Like Park-Fuller, Miller admits that in order for her to be able to play Susan, she had to distance herself from the dense emotions that overwhelmed her when she went through these moments in her life and later when she put them into a play.

As a multi-layered character, Miller tells a powerful survival story and seems proud and amused when she introduces herself to the audience as a "one-breasted menopausal bisexual Jewish Lesbian mom," to recognize, with irony, that her body carries political as well as personal signification: This is my body-where the past and the future collide. This is my body. All at once, timely. All at once, chic." (11) She then turns her new status into a joke: "I am the topic of our times! I am the hot issue...I am a best seller... Yes, I'm coming to a theater near you." (Miller 11) Although Miller had a sad tale to tell, the manner she uses is enthralling. The result is an honest comical solo piece where, "The laughter is as spontaneous as the glimmer of recognition that passes through the audience...Miller is an elegant writer with a keen eye for description, she paints her experiences vividly in her wry, witty, warm and ultimately revealing script" (*The Washington Post*). Though her body failed and her bones deteriorated, the loss of her left breast helped her find resilience in her spirit.

Like Linda Park-Fuller, Susan Miller centralizes all the anger and hurt into her soul and allows the audience to share her pain, by proudly assuring that she still feels beautiful, sexy and powerful. Like Park-Fuller's, Miller's was more of a testimonial than it was a show. Both

performers seem to subscribe to the same school of performance where there is more emphasis on words than character acting. They focus on the verbal rather than the non-verbal. They employ limited movements and gestures.

There is not a narrow focus on the sickness; instead, the audience see the emotional and social impact of breast cancer on Susan. In the author's note, Susan Miller explains that *My Left Breast* is the first and only play she has written with a character named Susan. She felt that she wanted to write something to perform, to speak directly to an audience, to say what she had to say and rise or fall with it (4). She continues, "I wanted to inhabit the story and eliminate the interloper. Be the character, navigate the world of it-the transitions, the language, the theatricality-with my own body. Find the voice of the play beyond the voice of the text. It just seemed, at that juncture, of my life, necessary" (4). However, "See," Miller tells us, "that Susan...she isn't me. She's a character, which by this time many other actors have played, and although open to interpretation and modern contextual theoretical exegesis, she's written to be who she is where she is what she is for all time" ("Casting Myself"). Unlike Park-Fuller, Miller felt an urgency to disengage herself from the character. Despite her attempt to prove that she has moved forward and that cancer is not more significant than other life experiences, she only manages to convey the opposite that is, a strong sense of disorientation. Admitting that "Susan" is someone who exists somewhere in time, Miller, unlike Park-Fuller, in some way rejects the autobiographical dimension of the play.

*My left Breast* is told mostly in Miller's voice, though she takes on the persona of an emotionally distant lover or her son a few times. Miller wanted to eliminate what she called "the middleman" and speak directly to an audience and to have emotional connection. Miller explains, "A two-way bond that includes the sharing of experiences both on the part of the performer and the audience. I'd like the audience to respond with their own history of loss and love. Their own history of a broken heart and of repair" (6) Similar to Park-Fuller, following Miller's revelation of her past, viewers would react with pieces of themselves and their humanity.

The performance runs an hour and five minutes without breaks. There were few props to dress up her monologue; the stage contained little more than bleachers and a wire fence in back and center, a cushy high-backed chair at stage left and a wooden chair and table at stage right. As Lisa Traiger puts it, "Director Nela Wagman allows the writer to move naturally among simple set pieces-- an easy chair, a desk and a set of steps and a mesh playground fence. Petite, almost gamine with her cropped, shaggy hair, khaki slacks and saddle shoes, Miller exudes the most warmth when speaking of her son, Jeremy, whom we get to know as child, sullen teen and young man leaving for college" (3).

Miller takes on to subvert the play's dark topic, employing humor and surprise. She thus comes out dancing, asking the audience to guess which of her breasts is fake, shows them her prosthesis, and talks about the most important moments in her life. The opening music plays "I will survive" by Gloria Gaynor. "(I come out dancing. As if I am alone in my house. A tap and kick to the armchair, a twirl, a euphoric turn. Then, after a few bars, I turned to face the audience :) (6) In the introduction to the play, Susan Miller argues, "When people saw the title and description of my play, 'My Left Breast,' they probably thought 'Oh my god, this is about breast cancer' (of course, it's about more than that). The first thing I do in that play is to come out dancing to rock-and-roll music. Then I stop, the music stops, and I say, "That's what I did on the night before I went to the hospital-I danced." (5).

Soon, a comfort zone within the theater is created as the expressiveness of Miller's body language was natural and fluid. Like Park-Fuller, Miller immediately bonds with her

audience, making them feel as if this could be anyone - a mother, a sister, themselves. Likewise, Miller undermines the taboo of speaking openly about her experiences with breast cancer. It was not until the women's health movement became popular alongside the feminist movement in the 1970s that women had the courage to speak publicly about breast cancer. "Historically, women have been socially conditioned into silence, or have been taught that they must speak quietly. We are taught not to shriek or be shrill. We are taught not to express anger" (Aston 51).

Based on the work of Elin Diamond, one can see that the moment Miller takes the stage, her body immediately takes on multiple meanings,

The body, particularly the female body, by virtue of entering the stage space, enters representation—it is not just there, a live, unmediated presence, but rather (1) a signifying element in a dramatic fiction; (2) a part of a theatrical sign system whose conventions of gesturing, voicing, and impersonating are referents for both performer and audience; and (3) a sign in a system governed by a particular apparatus, usually owned and operated by men for the pleasure of a viewing public whose major wage earners are male. (89)

In an essay entitled, "Casting Myself," Susan Miller illustrates, "*My Left Breast* introduced me to something larger. Plunged me into the bigger thing. I was never alone on stage. The audience populated the world of the play. We occupied the space together. And their participation urged me to take the time in every place I went— every city, every café, every small business, and every local newspaper to engage" (8).

Miller starts the evening with a series of memories about her left breast: the first time a boy touched it, her son's reaction when she told him that it had been removed. However, the show quickly moves to its central concern: Miller's love of a woman named Franny and the eventual end of their eight-year relationship. "Like a stone dropped in water, the loss of Franny ripples in waves that connect to other losses: her infant son, her left breast, her sense of control, her image of herself" (Jent). "You say goodbye to the person that you were," she realizes. This saying goodbye is an unending process.

Unlike Park-Fuller's, *My Left Breast* is not in chronological order; it moves in circles and disrupts the linearity of Susan's storytelling, including elements of the chaos narrative. Tessa W. Carr notifies, "Chaos stories remain the sufferers own story, but the suffering is too great for a self to be told. The voice of the teller has been lost as a result of the chaos, and this loss then perpetuates that chaos" (115). Carr examines Miller's text in her own work on autobiography and illness experience, pointing to the "tension between the accounts of loss and disability and the rebellious resilience to carry on illuminates the personal narrative of cancer that cannot be positioned as simplistically triumphant. Miller's work is...poignant and unflinching in examining this paradox" (114). Some of *My Left Breast* has a stream-of-consciousness feel, with one thought generating another thought, then shifting back and forth. For instance, Miller's memory of dropping her son off at college links to her memory of dropping him off at day camp, which connects to instantly recognizable parental fears, which takes her back to the day she brought him home from the hospital. Her son himself says he still remembers "how it was to be carried home." (10) Her son, her lover and her breast cancer, all of these journeys are interwoven in a nonlinear way: "Goodbye my left breast, Goodbye my infant son. Goodbye my period. Goodbye my 35. Goodbye old neighborhood."(29)

Deanna Jent comments,

The strength of Miller's writing is her ability to connect a series of events with a lasting image. The missing left breast becomes emblematic of all her losses. A novel that never got finished is stored in a pink suitcase, an image of unfulfilled dreams. Salty pictures of death...from dying wasps to earthquakes to a corpse's feet sticking out from under a blanket...contrast with sweet memories of making love, getting her son to wear a jockstrap and watching Little League games. Those baseball games, she tells us, were the cure for her cancer. Participating in her son's sports, being in a community of parents and children—those things made her well again. Miller moves nimbly from one memory to another, hardly pausing to let the audience catch its breath. She often reports on the situations with little emotional involvement, an observer of her former self. (6)

Jeremy was eight when his mother learned of the cancer, and he developed psychological symptoms. “Whatever shadowed my face, it was enough for him to say, ‘Are you going to die?’ Did he worry himself orphaned every day since I had cancer?” (14-15) Even into his twenties, she tells the audience, her hypersensitive son opened every phone call home with, “Mom, I'm all right. Don't get upset.” (14) When she addresses her relationship with her former partner, Franny, a touch of uneasiness permeates into her voice. “Here her loss feels palpable, a wound still sensitive to the touch. Her onetime lover, Franny, knowingly or not, created a scar nearly as gaping and deep as the one from the mastectomy. Their courtship, as Miller describes it, was bliss. Their parting, like the cancer, seemed unbearable but in fact was not insurmountable” (Traiger).

The last image of the play is Miller's mastectomy scar, an instant which she describes as “a line that suggests my beginning and my end.” (32) In a remarkable moment of courage and inspiration, reminding survivors everywhere that “we are still beautiful and we are still here,” (31) Miller changes the stage direction, unbuttons her shirt, and exposes her chest. Her exposure is a speech act, a moment in which she exposes the life story that is literally inscribed upon her body. By so doing, she allows her tissues to speak and recovers her personal voice: “I'm going to show you my scar” (32). As Pitts puts it, “Reclaiming discourse presents the body as a potential site of symbolic resistance to oppression. Reclaiming or resistance ideology implies that social inscriptions on the body can be rewritten, and the body – especially the female genitals and breasts – can be reclaimed” (71). The wounded body part has thus turned into a site of social meaning. When Miller shows the audience the scar where her breast once was, she reclaims the power of self-authorship. It is a physical manifestation of her experience that mutes the audience's private fears. She adds proudly, “I cherish this scar. It's a mark of experience. It's the history of me, a permanent fix of on the impermanence of it all. A line that suggests I take it seriously... A scar is a challenge to see ourselves as survivors, after all. Here's is the evidence. The body repairs. And the human heart, even after it has broken into million pieces, will make itself large again.” (32) Lisa Traiger comments, “Miller bares all...her bravery and her quirks, her loves and her losses, and eventually the scar where her left breast used to be...The scar functions as embodied memory incorporated into identity, as lived histories inscribed into and upon her body. By absorbing them into herself, she asserts final control over her narrative, making an intelligible sign system out of formerly uncontrollable trauma” (2).

Like Park-Fuller, Miller has fought and won her battle with courage and faith and has found a new appreciation with the connection between her and Jeremy, her son and discovered how important lovers became to her and how losing them, like losing her breast, made her treasure life all the more. “When you have a brush with death, you think, if I pull through this,

I'm going to do it all differently. I'm going to say exactly what I think. I'll be a kind and generous citizen. I won't be impatient with my son. I won't shut down to my lover... I will never waste another minute." (29-30) Miller reconstructs her most painful moments as useful for incitement of social change. Such capacity for regeneration provides hope for all women with cancer: "It was the Moms. The Moms and Dads and the coolers. It was the hats we wore and the blankets. It was driving him home from practice. It was his bloody knees. It was the sun going down on us, watching our sons and daughters play and be well. (Beat.) This was the cure for cancer." (33). D.j.r. Bruckner concludes, "'Mastectomy' will never again be the name of an operation to anyone who feels the force of Susan Miller's one-woman show *My Left Breast*. In her performance, she turns her own mastectomy into a metaphor of resilience as the middle-aged character of the play convinces us that life's losses define us, chipping away at the rough surface until we become who we are"(12).

*My Left Breast* is more than a personal story; it is a revealing universal tale, a human story about loss and survival, about all of us. Although *My Left Breast* began as a personal story, it has been performed by many women of all ages, most of whom, have never experienced breast cancer. Like Park-Fuller's the play was designed to promote efforts to fight breast cancer and issues surrounding it: Susan directs audience's attention to the profoundly lacking medical and social establishment: "I miss [my breast], but maybe I wouldn't have to if anyone paid attention to women's healthcare." (21)

Breast cancer patients and survivors were invited to participate in audience discussions following the play. They were challenged to tell their own stories and prompted to reconsider preconceived ideas of what breast cancer survivorship is or should be. The audience was soon engaged and merged into a collective. As Elizabeth Bell argues in her *Theories of Performance*, "The performance was magical, wondrous, and thrilling...The energy flowed between performer and audience; there seemed to be a unity of focus and a willingness to join the performer in the space between... The space felt intimate and theatrical" (51).

Performed autobiographical narrative is a medium for revealing shared cultural experiences. It is one of numerous cultural forms available for conveying, framing or expressing our experience of illness and suffering.

Illness narratives have different functions: to construct an illness experience, to recreate life history, to make disease and illness comprehensible, and to collectivize the illness experience. In addition, a main characteristic of illness narratives is that they formulate a central aspect of being ill in modern society, namely the difficulty of giving voice both to suffering and to the life world context of illness. It is the literature of personal disaster. Over and over again, women with cancer take center stage, seizing control of their previously untold stories.

The two autopathographic texts, *A Clean Breast of It* and *My Left Breast* entered into a dialogue between the author's own experience of breast cancer and cultural perceptions. The two one-person performances helped transform the trauma and pain of catastrophic illness into a tool for social change and public welfare. The two pieces brought the audience into the same playing space as the performers, obliterating any walls that separated the audience from the performers.

Although each writer developed this approach in her own way, both Linda Park-Fuller and Susan Miller worked within a tradition of feminist Brechtian theatre that rejected the realistic convention of mimesis that prevailed in traditional dramatic theater and focused on the actor-audience relationship and the re-examination of history, as well as dramaturgical

techniques that were in line with the ongoing feminist project of consciousness raising and sociopolitical transformation.

Using simple and clear language, Park-Fuller made use of a largely chronological organizational structure as she narrated her experience from the moment she discovered a lump in her breast through diagnosis and treatment and the first few months of reorienting her life after cancer. In addition to her story, the one-act play included excerpts of a song and a poem borrowed from other composers, some statistics and information about breast cancer research and treatment. The whole show was told in the form of a conversation with the audience. Park-Fuller adopted the strategy of the question-answer frame that interrupts the narrative to stimulate the listener's own involvement in the story and disrupt the silent patient image.

On the other hand, Miller painted her experiences vividly in her ironic, witty, warm and ultimately revealing script. Unlike Park-Fuller, Miller felt an urgency to disengage herself from the character. Despite her attempt to prove that she had moved forward and that cancer was not more significant than other life experiences, she only managed to convey the opposite that is, a strong sense of disorientation. Admitting that "Susan" was someone who existed somewhere in time, Miller, unlike Park-Fuller, in some way rejected the autobiographical dimension of the play. Unlike Park-Fuller's, *My Left Breast* was not in chronological order; it moved in circles, disrupting the linearity of Susan's storytelling, including elements of the chaos narrative.

However, both performers seemed to subscribe to the same school of performance where there was more emphasis on words than character acting. Through narrative, each dramatist composed a performance story that was one in a strongly testimonial style that recounted her breast cancer diagnosis, treatment, and recovery, and used narrative to educate the audience about this disease. Both authors shared one aim which was to defamiliarize the topic of medicalization by urging audiences to reconsider their knowledge, prejudices, and expectations about patients, doctors, treatments, and decision-making processes, hence moving them to ethical reflection during and after the performance.

Both authors fought and won their battle with courage and faith. They balanced the personal therapeutic goals of autopathography and the broader public goals of social change performance, challenging cultural expectations of living with breast cancer that belied their own experience not through an aggressive attack upon the socio-political norms they contradict, but by inviting the audience in to hear their stories. They resisted the medical colonization of their bodies and spoke into the silence. The responses indicate that the audience members are moved, informed and persuaded. Many cancer survivors, survivors' family members, and friends believe that the performances serve a therapeutic function for their experiences. This is the transformative power of illness narrative performance.

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