

Unmasking Normalcy: Audre Lorde's Radical Defiance in *The Cancer Journals*

V. Rachel Touthang

Research Scholar

North Eastern Hill University, Shillong.

V Rachel Touthang is a research scholar in the Department of English NEHU Shillong, Meghalaya. Her work primarily focuses on disability studies and its intersections with literature and cultural theory. She is currently working on Life Writings by disabled American Women from diverse ethnic backgrounds, looking at how these women in their narratives challenge dominant societal perceptions of normalcy, embodiment, ability, femininity to name a few. Through her research Rachel aims to bridge academic inquiry with social issues, seeking to contribute to the growing discourse on inclusivity. Email -

racheltouthang23@gmail.com

Abstract

Written in 1980, *The Cancer Journals* by Audre Lorde is the outcome of a tumultuous era influenced by the United States' (US') environmental movement and women's health movement, when Audre Lorde was herself suffering from breast cancer. The book offers a poignant account of Lorde's confrontation with the fear, anguish and existential turmoil brought about by her 1978 breast cancer diagnosis and subsequent mastectomy. For Lorde, breaking the silence around breast cancer constituted an ethical feminist imperative.

'Breast cancer and mastectomy are not unique experiences' Lorde writes, 'but ones shared by thousands of American women'. These voices, she insists, must come together in a collective 'female outcry against all preventable cancers, as well as against the secret fears that allow all those cancers to flourish'. Her call is clear, women must speak and act out from their lived encounters with cancer and mortality, 'for silence has never brought us anything of worth' (Lorde 2020: 10)

Situating her experience within a broader context, Lorde exposes how society and the medical system dehumanises women who deviate from the norm, pressuring them to adhere to rigid standards of beauty and health. Her work also highlights the importance of intersectionality, showing how race, gender and disability intersect to exacerbate marginalisation. The paper aims to explore how Lorde's narrative deconstructs normalcy by critiquing the medicalisation of bodies, the societal policing of femininity and the erasure of not only people with disabilities but also of all marginalised people from mainstream discourse, ultimately advocating for a vision of survival that embraces vulnerability and authenticity.

Keywords: marginalisation; hegemony; women; prosthesis; feminist

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People with disability and disability as a concept is all pervasive in life as well as in popular culture, from 'ideas of ancient and medieval gods and monsters to the sentimental figures of the realist 19th century to modernist fixations with eugenics, contemporary patterns of racialisation and obsessions with mental health'(Barker and Murray 2018:2). Cultures all around the world have been capitalising on disability for a very long time. In many of these representations, disability is often figured or explored in terms of 'complex ideas about what it means to be human, arousing notions of deviance or being special, providing examples that shock, create fear, invite pity or as subjects for spiritual and philosophical contemplation'(Barker and Murray 2018:1). While representations of disability might be hyper represented and pervasive in cultural imagination, one might infer that disability paradoxically becomes invisible when imagined and represented in a way that probes and explores questions that do not really pertain to the material lived in experiences of disability. The dominant representation of disabled people has served at their expense partly because disabled folks have not been in control of their narratives. Disabled life writings in this context can be 'counter discursive' written from the 'inside of experience'; they have the transgressive potential to write back to dominant discourses of disability and challenge conventional meanings attributed to disability.

Life writing as a counter discursive practice and movement is deeply intertwined with broader cultural and political currents of human rights movements. In the context of disability activism, it aligns closely with the rise of the social model of disability as activists strategically foregrounded their lived experiences of marginalisation 'to demand political rights and not medical cures' (Simplican 2017:47). The social model rose alongside and supplemented the movement. While the medical model situated defects in the body and mind, a malignant body

and mind in need of a cure, in the social model of disability there is a clear division between disability and impairment, the former is located in social barriers and in the environment whereas impairment is located in the body. Life writings by disabled individuals at this juncture reflected the movement, disability was not individually situated but present in the social barriers created by society, and the goal was to break down these barriers, demanding inclusion and non remedial procedures. To understand Lorde's coming out as a self proclaimed Black feminist lesbian post mastectomy breast cancer survivor in *The Cancer Journals*, it is imperative to be familiar with these paradigms that crop up in disability studies and the disability rights movement, as well as the symbolic paradigms of disability often employed in literature. These representations in the symbolic paradigm are not necessarily negative but usually attribute anomalous bodies or minds to that of spiritual degeneration, divinity or in need of a miracle.

Published in 1980, *The Cancer Journals* is a product of its time, a tumultuous era that was influenced by the US environmental movement and women's health movement, at a time when Audre Lorde herself suffered from breast cancer. Combining journal entries, retrospective commentary, speeches, and essays, the book bears witness to her battles with her diagnosis and subsequent mastectomy, her pain, her doubts and fears in the face of societal forces. *The Cancer Journals*, according to Diane Price Herndl in her essay 'Signs', has made a 'difference not only in the visibility of breast cancer and in the possibilities of writing about it but also creating an imperative: not only should one write about one's own experiences about cancer, but doing so is a political act, doing so correctly is an ethical act'(Herndl 2006: 221).

In *The Cancer Journals* breaking the silence around breast cancer is deeply political and not just personal. Breast cancer and mastectomy Lorde insists are 'not unique experiences'

but part of a collective reality shared by thousands of American women. Each woman's story contributes to a broader and necessary outcry- one that not only confronts systemic conditions enabling preventable cancers but also challenges 'the secret fears that allow all those cancers to flourish'(Lorde 2020: 10). Breaking silence about breast cancer then is not just addressing the illness, but also cultural narratives, in other words the symbolical paradigms and narratives that constitute breast cancer as well as other cancers. In the 1970s when Lorde was diagnosed with breast cancer — illness was often attributed to patients. Depression and an inability to maintain stress, these were often pathologised as the psychological causes of cancer; and therefore, a cancer patient was often held responsible for her illness, with doctors in medical magazines openly announcing 'no truly happy person ever gets cancer'. This assertion exemplifies a culture of victim blaming, which in turn discourages the mobilisation of collective action 'against the very real forms of death which surround us' (Lorde 2020: 66–67).

Denouncing this, Lorde critiques the ease with which society prioritises happiness over addressing systemic environmental and social crises. As she points out, it is far more convenient to demand happiness than to undertake the difficult collective work of environmental accountability and systemic change. Highlighting the interconnectedness of personal and collective struggles, emphasising that happiness cannot insulate individuals from the structural forces of capitalist exploitation and cultural oppression, she writes: 'Was I really fighting the spread of radiation, racism, woman slaughter, chemical invasion of our food, pollution of our environment, the abuse and psychic destruction of our young, merely to avoid dealing with my first and greatest responsibility — to be happy?'(Lorde 2020: 66). Lorde situates these crises within what she terms 'profit-madness', where all of societal focus on consumption and profit perpetuates both ethical and spiritual decay. In foregrounding the

inseparability of individual health and collective well-being, she counteracts that individual positivity alone cannot overcome systemic harm.

Reflecting on her life and her activism, Lorde relates that her illness sharpened her awareness of her own mortality, compelling her to confront past regrets and the conviction she had previously set aside: ‘My silences had not protected me. Your silence will not protect you’ (Lorde 2020: 14). She critiques cultural narratives that silence marginalised voices and sustain the status quo, asserting that such narratives serve as tools of erasure and oppression. For Lorde, silence and inaction are complicit in maintaining oppressive systems. She urges individuals to confront these silences, asking, ‘What are the words you do not yet have? What do you need to say? What are the tyrannies you swallow day by day and attempt to make your own, until you will sicken and die of them, still in silence?’ (Lorde 2020: 14). Speaking out becomes a political and ethical imperative —a reclamation of one’s narrative becomes not only an act of personal agency but also a means of empowering others through the articulation of lived experiences.

This act of speaking oneself into language extends beyond individual resistance; it is also a form of collective solidarity. In grappling with illness and mortality, Lorde situates her narrative within a broader community of those whose bodies and lives are marked by systemic inequities and cultural narratives. As critics such as Diane Price Herndl have observed, breast cancer autobiographies often reveal a process of reconciling individual identity with communal belonging, where ‘in coming to terms with a changed body’ breast cancer autobiographers ‘connect with a community that is defined by its relation to the body’, often leading to ‘a new sense of self with the communal’ (Herndl 2006: 225).

In 'Welcome to Cancerland', Ehrenreich criticises breast cancer movements and their focus on coping and curing instead of confronting the political and environmental causes of the disease. She observes that prevailing discourse surrounding breast cancer advocacy rarely displayed anger, neglected to interrogate possible environmental causes and failed to critique how it was often the medical treatments, rather than the disease itself that caused illness and pain (Ehrenreich 2001: 48). In contrast, Lorde directly engages with the likely anthropogenic origins of her cancer, ultimately framing it as a consequence of a broader ecological crisis. She reflects, 'My scars are an honorable reminder that they may be a casualty in the cosmic war against radiation, animal fat, air pollution, McDonald's hamburgers, and Red Dye#2, but the fight is still going on, and I'm still a part of it'(Lorde 2020: 62). This analysis underscores breast cancer not merely as a medical issue but also one that pertains to public health and an environmental crisis, shaped by the intersections of industrial practices, dietary norms and toxic exposures.

She further interrogates the silence of major institutions, particularly the American Cancer Society (ACS). Writing about the carcinogenic risks posed by hormonally enhanced meat, Lorde questions why the ACS has not publicised the connection between animal fat and breast cancer with the same rigour as its campaigns against cigarette smoking and lung cancer. This silence is not accidental but indicative of systemic complicity, reflecting the prioritisation of profit over prevention (Lorde 2020: 58). The prioritisation of cure over prevention, as Lorde suggests, reflects capitalist interests that commodify illness and position women as perpetual patients rather than as empowered agents of their own health. Lorde sustains this critique by rejecting the medical establishment's coercive practices and advocating for women's autonomy in their health decisions. Chronicling her own journey through diagnosis, treatment and recovery, she details her decision to undergo a biopsy followed by a mastectomy and her refusal

of chemotherapy and radiation, which were deemed carcinogenic by Lorde. She condemns institutions like the ACS and the National Cancer Institute (NCI) for concealing and holding back research into alternative and preventative measures, referring to them as ‘Cancer Inc’ (Lorde 2020: 65). She argued that these organisations in tandem with the medical-industrial complex worked to profit from breast cancer, pressuring women to conform to post-mastectomy norms such as prosthetics, reconstructive surgery and invasive treatment regimens, all while sidelining holistic and preventive measures.

These criticisms position breast cancer as a site of resistance, calling for women to take militant responsibility for their health and reclaim autonomy, urging them to interrogate the ‘unavoidable evidence pointing towards the nutritional and environmental aspects of cancer prevention’ (Lorde 2020: 65). By reframing breast cancer as a nexus of medical and environmental concerns as well as systemic hegemony, Lorde advocates for a more radical intersectional approach to breast cancer activism.

One of the central points of Lorde’s critique is also what she calls the ‘superficial spirituality’ of mainstream breast cancer narratives, which encourage women to prioritise appearance and conformity over engaging with the deeper realities of their condition. Prostheses are positioned as emblematic of society’s discomfort with anomalous bodies, particularly those of women who refuse to align with conventional beauty standards. She recounts a nurse advising her that she would ‘feel much better’ wearing a prosthesis and that her unwillingness to do so was ‘bad for the morale of the office’ a statement that exposes how the medical establishment prioritises the comfort of others over the lived realities of women with one breast (Lorde 2020: 52). She rejects this imperative to normalise the non-standard body, arguing that prostheses offer the false comfort of invisibility while erasing the embodied

realities of women who have navigated the complexities of breast cancer. The need for a prosthesis is much more informed by cultural narratives rather than actual necessity. As she poignantly declares, ‘We are equally destroyed by false happiness and false breasts, and the passive acceptance of false values which corrupt our lives and distort our experience’ (Lorde 2020: 55).

Lorde also views the ‘normal’ body on which prostheses is predicated, as an ‘index of this society’s attitude towards women in general as decoration and externally defined sex object’ (Lorde 2020: 53). As opposed to other prosthetics that fulfil a purpose such as prosthetic limbs for example, false breasts are designed for an aesthetic purpose- an outward appearance of femininity only. Prostheses are also gendered and informed by traditional ideals of masculinity and femininity and expectations. She observes that when a woman attempts to ‘come to terms with her changed landscape and changed timetable of life with her own body and pain and beauty and strength’ by refusing to hide her one breastedness, she is a threat to the morale of those around her. And unlike women, who are pressured to conceal their mastectomy scars, men with visible bodily differences — such as Israeli Prime Minister Moshe Dayan with his eyepatch up in parliament or TV, are celebrated as ‘warriors’ with ‘honorable wounds’ by the world. No glass eyes are brought up, any problems that crop up with his empty eye socket is an individual’s problem to solve not Dayan’s (Lorde 2020: 59–61). This double standard highlights how women’s bodies are primarily viewed through the lens of decorativeness and desirability, particularly for the male gaze. For too long, women have been conditioned to perceive their bodies primarily through the lens of appearance and sensation, Lorde writes, when their concerns should be about living and fighting against the ravages of breast cancer and how ‘they feel to themselves’(Lorde 2020: 61). She counters the symbolic paradigms in society that mark the bodies of post-mastectomy and disabled women in general

as desexed, unattractive and unfeminine. This fetishisation of the female breast and the emphasis on appearance also extends to all women where societal ideals and the medical establishment actively persuade women to attain conventional symmetry by augmentation and reconstruction in order to look attractive and to cater to the male gaze. And surgeons operating within a sexist framework routinely recommend that women undergo reconstructive surgery on both their healthy and cancerous breasts in medically invasive procedures and in turn court more cancer (Lorde 2020: 57). This will to 'normalize' the non-standard body, exemplified by the promotion of post-mastectomy prostheses, highlights what Emily Waples terms the 'pervasive will-to-normalize' where 'unmodified bodies are presented as unnatural and abnormal while the surgically altered bodies are portrayed as normal and natural' (Waples 2013: 55). Lorde rejects this compulsion towards normalisation, seeing it as a deeper reflection of systemic misogyny and society's discomfort with difference.

As a self-proclaimed 'Black Lesbian Feminist', Lorde approaches cancer as one of many intertwined political struggles: 'Battling racism and battling heterosexism and battling apartheid share the same urgency inside me as battling cancer' (Lorde 2020: 116). Her lived experiences as a Black lesbian feminist survivor of cancer also critiques the sidelining of disabled as well as Black bodies within the feminist discourse. She challenges white feminist movements for their failure to centre the voices and experiences of women of colour, particularly in matters of health and embodiment. She writes, 'The blood of Black women sloshes from coast to coast', drawing attention to the compounded oppressions Black women face, from racist violence to inadequate healthcare (Lorde 2020: 11). Lorde connects these oppressions to a global matrix of injustice, underscoring the inseparability of systemic racism, sexism and ableism. She vividly laments, 'In this disastrous time when little girls are still being stitched shut between their legs, when victims of cancer are urged to court more cancer in order

to be more attractive to men, when 12 year old black boys are being shot down in the street at random by uniformed men who are cleared of wrongdoing. What depraved monster could possibly be happy?' (Lorde 2020: 75). Here, she draws a link between the societal pressures imposed on women's bodies and the broader injustices faced by marginalised communities, particularly Black people. These assertions call attention to the importance of addressing these intersections, not as separate issues but as integral parts of a collective fight for equity and survival.

At the heart of her criticism of prostheses and the politics of appearance, is the emphasis on conventional femininity that assumes that only two breasted women are attractive as well as -hetero femininity, which is the assumption that all post-mastectomy women if not all women are heterosexual. Lorde foregrounds her lesbian identity as central to her critique of prostheses and the medicalisation of breast cancer. She recounts how a 'Reach for Recovery' volunteer reassured her that a prosthesis would not affect her love life, an assumption rooted in heteronormative frameworks of beauty and desire. Rejecting this framework, Lorde emphasises that her sexuality and relationships are not contingent on societal standards of femininity. 'A lifetime of loving women had taught me that physical change does not alter that love', Lorde declared, affirming the validity of queer love and resilience against heteronormative ideals (Lorde 2020: 56). The acceptance of this new sense of self and arrival of this integrated self in a new community also opens up possibilities of diverse ways of being in a heteronormative world. In doing so, Lorde not only critiques the systemic forces that marginalise bodies like hers but also opens up possibilities for diverse ways of being in a world that continues to privilege whiteness, heterosexuality and able bodiedness.

Refusing a linear narrative and bringing together materials written through different modes of addresses and timelines employing a distinctively feminist sensibility, Lorde enacts her lived experience of moving from personal suffering to activism. Her work challenges long-held assumptions of disabled people, particularly women as unattractive, unhappy and powerless, striking also at the cultural image of disabled women as desexed and unfeminine. Her call for visibility, autonomy and solidarity among women disrupts the cultural image of disabled people particularly disabled women as deficient while advocating for a reimagining of health and embodiment outside normative ideals. Simultaneously, Lorde exposes the medical establishment's complicity in perpetuating systemic oppression through what she terms 'carcinogenic capitalism', highlighting its focus on profit rather than prevention or inclusive care. Situating disability within broader structures of power and privilege, the need to integrate feminist, anti-racist and anti-ableist frameworks to confront and dismantle these systems arises. Her narrative compels us to confront the intersections of ableism, racism, heteronormative ideals, as well as patriarchy. Carrying death around in her body, Lorde searches for ways to 'integrate death into living, neither ignoring it nor giving into it' (Lorde 2020: 33), demonstrating how illness can become a radical site of self-definition as well as activism. Through the authority of lived experience Lorde's *The Cancer Journals* aligns with Garland Thomson's argument that systems of power 'operate together distinctly to support an imaginary norm and structure the relations that grant power, privilege and status to that norm' (Garland-Thomson 2002: 6). This unseats the current presumption of disability as something inherently undesirable or wrong with a person. Her work not only critiques oppressive paradigms and structures but also reclaims difference as a source of strength and a catalyst for envisioning more inclusive understandings of health, identity and power.

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