

South Dakota State University
**Open PRAIRIE: Open Public Research Access Institutional
Repository and Information Exchange**

Theses and Dissertations

2016

A Poetic Response to Cancer: Scars, Mortality, and the Doctor-Patient Relationship

Jodi Andrews

South Dakota State University

Follow this and additional works at: <http://openprairie.sdstate.edu/etd>



Part of the [Poetry Commons](#)

Recommended Citation

Andrews, Jodi, "A Poetic Response to Cancer: Scars, Mortality, and the Doctor-Patient Relationship" (2016). *Theses and Dissertations*. 1101.

<http://openprairie.sdstate.edu/etd/1101>

This Thesis - Open Access is brought to you for free and open access by Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. For more information, please contact michael.biondo@sdstate.edu.

A POETIC RESPONSE TO CANCER: SCARS, MORTALITY, AND THE DOCTOR-
PATIENT RELATIONSHIP

BY

JODI ANDREWS

A thesis submitted in partial fulfillment of the requirements for the

Master of Arts

Major in English

South Dakota State University

2016

A POETIC RESPONSE TO CANCER: SCARS, MORTALITY, AND THE DOCTOR-
PATIENT RELATIONSHIP

This thesis is approved as a creditable and independent investigation by a candidate for the Master of Arts in English and is acceptable for meeting the thesis requirements for this degree. Acceptance of this does not imply that conclusions reached by the candidate are necessarily the conclusions of the major department.

Christine Stewart, Ph.D.
Thesis Advisor

Date

Jason McEntee, Ph.D.
Head, Department of English

Date

Kinchel C. Doerner, Ph.D.
Dean, Graduate School

Date

ACKNOWLEDGEMENTS

I want to thank my parents for always encouraging my brother and me to read and to pursue curiosities. They have supported me through all my years in school, and I am forever grateful for their love through schooling difficulties and through the medical scares I address in this thesis. I also want to thank my brother TJ for encouraging my poetic pursuits and for always pushing my love for creative endeavors. My husband, Joel, has spurred me on, always available to listen to my struggles or a new poem. His constant love and encouragement has meant the world to me.

I also want to thank educators who have pushed me to improve through the years and who have sparked my love of writing poetry and learning. Dr. Jennifer Weber, my 6th grade English teacher, included an engaging poetry unit which lit my initial love for poetry. I also want to thank Sharon King and Becky Ekeland for encouraging me in their high school English classes and for their contagious love for English. Dr. Christine Stewart has taught me to be a better poet and has contributed invaluable advice and support in writing this thesis.

CONTENTS

ABSTRACT.....	v
CHAPTER ONE: INTRODUCTION.....	1
CHAPTER TWO: (RE)WRITING THE SCARRED BODY.....	5
REWRITING THE SCARRED BODY: POEMS.....	21
CHAPTER THREE: FACING DEATH.....	38
FACING DEATH: POEMS.....	55
CHAPTER FOUR: THE DOCTOR-PATIENT POWER STRUCTURE.....	71
THE DOCTOR-PATIENT RELATIONSHIP: POEMS.....	86
CHAPTER FIVE: CONCLUSION.....	99
WORKS CITED.....	101

ABSTRACT

A POETIC RESPONSE TO CANCER: SCARS, MORTALITY, AND THE DOCTOR-
PATIENT RELATIONSHIP

JODI ANDREWS

2016

In this thesis I enter the medical poetry conversation, specifically focusing on scars, mortality and the doctor-patient relationship. I argue that the body standards society sets for women complicate how women wear scars; people read scars as imperfections on the female form. Because scars are visible markers on the body, they speak for themselves; I, therefore, encourage poets to write their own truth on their scars, to (re)write their meaning. In the mortality chapter, I argue that the isolation of death and burial and the dominant belief in the finality of death increases modern fear of death. This makes patients feel especially isolated when facing death. In the doctor-patient relationship chapter, I argue that the power structure between doctor and patient has changed in the last couple of centuries as doctors have learned more about the body and its functions. Doctors continue to hold power in this relationship through their knowledge and language which increases the powerlessness patients feel. However, through the process of writing, patients can harness this powerless feeling and turn it into something unique which individualizes and humanizes each patient. Through writing the poetry for this thesis, I have felt empowered even through exposing vulnerabilities; I have turned difficult medical situations into crafted poetry.

CHAPTER ONE: INTRODUCTION

For in trouble
the poem is strong medicine
like the wind that blows
where it wills,
like the serpent of brass
set upon a pole
in the wilderness (20-26).

-“Poem of the Week” by Veneta Masson

When I was about to graduate with my bachelor’s degree, I found out that a mole I’d had removed on the side of my right knee contained skin cancer. I had surgery to remove the skin around the cancer site and to test if more cancer was in that skin. This left me with fifty eight stitches and a long scar. Two years later, I had a PET/CT scan because doctors thought they felt enlarged lymph nodes; they thought my melanoma might be back. The scan showed about 8 suspicious lymph nodes in my abdominal area. If these were cancerous, I would have had to be treated for stage four melanoma. Surgery determined these lymph nodes did not contain cancer, and left me with a three-inch scar on my stomach. Facing these experiences in my early twenties upset me. After each of these experiences, I wrote poetry to try and make something good out of these uncertain doctor’s appointments and painful surgery recoveries. In this poetry, I noticed three dominant themes: physical scars of cancer, a fear of mortality, and a mistrust/frustration with the doctor-patient relationship. I allot a chapter to each of these themes.

My experience with melanoma inspired this thesis. Skin cancer poetry is a largely untapped poetic conversation even though “about 5.4 million basal and squamous cell skin cancers are diagnosed each year. (These are found in about 3.3 million Americans; some people have more than one.) Melanoma, the most deadly type of skin cancer will account for about 76,380 cases of skin cancer in 2016” (“Skin Cancer” sec. 2). Because this kind of cancer affects millions of people, it should be written about more.

Poetry adds a perspective too often left out of the doctor’s office, a part of the human spirit beyond statistics, beyond cells and disease. Writing poetry gives writers a medium which allows them to mirror the human heartbeat, to boil down emotions to the core, to eliminate excesses and reveal emotions. Poets challenge normative ideas of cancer survivors by writing on their own experiences instead of being put into a stereotype by other members of society. Poetry humanizes and individualizes these patients, their families, and doctors, and it emphasizes the individual above statistics and percentages. Poetry refuses to let people fit into a box, a number, a statistic. It reveals how people felt about a diagnosis, a treatment option, the aftermath. Poets struggle to make sense of the senseless. When we surround ourselves with this kind of language, we can never hear those statistics without thinking of individual people who fought each day for their life. Their poetry validates and yet transcends their individual human experience.

By writing about experiences with cancer, patients break silences. The scars of cancer are often covered. Facing one’s own mortality is often difficult to hear, something we would rather avoid, ignore. The interaction between doctors and patients is usually personal and hidden. People write poetry to express themselves, empower themselves, break silences and give voice to the otherwise voiceless. Through the history of cancer

activism, people have written their experiences for themselves in order to build larger communities into which others can enter.

Poetry acts as a kind of medicine in itself; I found this to be true in the poems I wrote and read for this thesis. It can supplement doctor care and provide a path for the patient to express him/herself. In the preface to John Fox's book *Poetic Medicine: The Healing Art of Poem Making*, Rachel Naomi Remen writes "Our poetry allows us to remember that our integrity is not in our body, that despite our physical limitations, our suffering and our fears, there is something in us that is not touched, something shining. Our poetry is its voice. To hear that voice is to know the power to heal. To believe" (xiii-xiv). The ability to write my experience into poetry has helped me to heal. I processed my experiences by initially writing these pieces and through various revisions.

I started this thesis with the poetry. I wrote about anything that struck me through this experience. I let the creative process guide me to these poems. This included reading books about writing poetry including *Ordinary Genius: A Guide for the Poet Within* by Kim Addonizio, *The Poet's Companion: A Guide to the Pleasures of Writing Poetry* by Kim Addonizio and Dorianne Laux, and *The Poetry Home Repair Manual: Practical Advice for Beginning Poets* by Ted Kooser. And when I had forty rough poems, I considered how I might group them thematically. I found the three chapter themes from there. I then analyzed what the poems argued and formed each chapter's argument from them. I then researched the theoretical and historical trends that lead me to write these kinds of arguments and located other poets engaging with these themes. I then analyzed my work in the context of all that I read.

I organize each of my chapters the same way. I begin with an anecdote which illustrates why that theme arose in my work, then I examine the theoretical and historical framework that has led to those thought processes; I then analyze the poetry of others writing about the same theme, noting ways my work interacts with theirs. I finish each chapter with my own poetry and analysis/process that led to that work.

CHAPTER TWO: (RE)WRITING THE SCARRED BODY

When the surgeon told me I would have a straight line sticking out from behind my right knee after surgery, I didn't even blink. I said, "take whatever you need. I don't want any cancer on this body." At the time, I didn't know how it would feel to have a big scar on my leg. I didn't know he was going to mess up and the scar would be much larger than he originally promised. I didn't know all cancer had been removed with the initial mole biopsy. I didn't know the scar would forever change how I sit, sleep, exercise, bend down. Through the process of getting the scar and healing from the surgery, I have thought a lot about how cancer scars profoundly affect their wearers. They hurt, pull, stretch, garner attention, and remind the wearer of their origin story. I have sought theory and background explaining why scars have such adverse effect on their wearers, and I have also located other female writers and poets discussing their scars of cancer. In this chapter, I argue that society writes ideals on our bodies, negatively labeling the scarred body, and because of their visibility, scars, unlike other wounds, can, speak for themselves; cancer scar wearers have and should continue to write on their scars to combat and revise these dominant narratives/visions.

Society Writes Ideals on the Female Body

Many theorists have argued the influence of social construction on the body. In his book *The Body and Social Theory*, Chris Shilling weaves together theorists' contributions to the field of Sociology in regards to the body. In modern culture, people often construct their bodies to fit the societal ideal. In his introduction, Shilling outlines various ways people control their bodies in modern times: health- based projects like diet and exercise are thought to help individuals avoid disease and appear healthy; people

who want more drastic changes can pursue plastic surgery including nose jobs, liposuction, face lifts, tummy tucks, and breast augmentation. Those who want to save money can hit the gym and body build; even the valuation of certain skin colors leads to skin lightening creams and use of tanning beds. Because of this increased ability to change the body, people associate their bodies with their sense of self more and more (Shilling 6-12). This fixation on changing the body affects women more than men: Shilling extends Bourdieu's assessment of gendered expectations by noting that "women are generally encouraged more than men to develop their bodies as objects of perception for others" (140). Moreover, because the majority of cosmetic surgeries are performed on women, "The manner in which the body has become project for some women, for example, would appear to be more reflective of male designs and fantasies than an expression of individuality" (10). Society pressures women to look a certain way, and in our capitalist consumer culture, companies must create needs to sell their products. They often do this through advertising. Society's fixation on the ideal female form negatively affects women in general and especially scarred women.

Our consumer culture fixates on the body as project and sets unrealistic expectations so that Americans continue buying products to achieve the unachievable. Images of beautiful women showing off their incredible bodies with flawless, photo shopped skin surround us. Many products promise to reduce the appearance of any kind of skin imperfection, including discoloration or acne. If products promise to clear up the slightest imperfection, what does the media say about scars? They are ugly. They tarnish the skin. The more people can reduce the appearance of scars, the better. One especially troubling advertisement I encountered exclaimed: "One common goal for all skinkind:

No more scars” and while the page showed some smaller images of scars before and after cream use, the larger image displayed a woman with her top off, her arms covering her breasts without a scar in sight. This image dominates the page and speaks the real message: scars are ugly and people cannot be truly beautiful until they have no scars and, notably, both breasts. In this chapter, I primarily study the effects of breast cancer and skin cancer scars on the body. Neither of these scars, according to this dominant cultural narrative, enhance the body.

To understand the profound effect scars have on the life of scar wearers, Brown et al. published the article “The Hidden Cost of Skin Scars: Quality of Life After Skin Scarring.” They recruited and interviewed 34 patients with various kinds of scars. They found little published research on how scars affect patients in their daily lives. These researchers wanted to find the ways scars affect patients in order to develop appropriate clinical practices to combat negative effects. They note that while some cultures “consider scarification desirable. . . this is not necessarily true in modern western society and many people seek treatment for scars, often with unrealistic expectations fueled by the media” (1050). While a notion of scars as imperfections may exist without such a dominating media presence, the authors acknowledge that the media affects how we read scars. Before the final discussion, the researchers note “Worryingly, some respondents claimed that they did not receive any emotional support from clinicians and in some cases had concerns that their scars were dismissed as trivial” (1056). This trivialization of the impact of scarring isolates scar wearers, and they receive mixed messages. On the one hand, the media, models, and mainstream magazines and advertisements for scar care tell them they should rid themselves of their scar or at least reduce its appearance while it is

often not that simple, and on the other hand, medical professionals dismiss their self-consciousness about their scars. This puts patients in a particularly troubling, silenced place.

The researchers who published this study conclude that the interviews and data collection acted as a form of therapy: “Many participants expressed their gratitude at the opportunity to express their thoughts and feelings on the impact of their disease, which was something they always wanted from their health care provider” (1056). This illustrates the power of speaking about personal experience to individualize difficulties. These researchers found that the location, size, type, and cause all factor into how the patient copes with the scar. They “identified five main areas of impact: physical comfort and functioning; acceptability to self and others; social functioning; confidence in the nature and management of the condition; [and] emotional well-being” (1056). Therefore, this study found that scars affect wearers in various profound ways, and patients should be given the opportunity to speak honestly to healthcare providers about how wearing these scars affects their lives. Additionally, poets can combat these dominant scar labels by writing on them themselves.

Scars Speak for Themselves

Scars, unlike other kinds of internal pain, etch evidence on the body. In this way, they speak and cannot be silenced as easily as invisible pain. In her book *The Body in Pain*, Elaine Scarry argues that the body in pain cannot be accurately translated into words or necessarily confirmed and is therefore silenced. She discusses the inability of language to express pain which silences the person in pain and allows a person not in

pain to deny its existence. Scarry argues that this hidden pain leads to both personal and political silence (3-19). Unlike internal pain, scars externally mark painful events. The wearers have evidence of pain suffered: the changed skin permanently marks their bodies. Depending on location, some scars are more visible than others, but scar wearers have evidence for an experience lived: a procedure undergone, a difficulty suffered, and in the case of cancer survivors, an encounter with one's mortality.

Breast cancer scars are often concealed, silencing the lived experience and difficulty of accepting a changed body. In her article "The SCAR Project: Disability Aesthetics of Dis-ease" Nadine Ehlers discusses a 2010 photography exhibition where David Jay photographed and displayed images of women's bodies changed by breast cancer. He showed the realities of breast cancer instead of culturally dominant pink corporatization of breast cancer as symbolism of the "heroic femininity" of women who "conquer cancer" (333). Jay showed real women's lived experience with the permanent effects of breast cancer, and captured women's emotions in compelling ways: some laughing, some crying, one covering her face with her hands, and some looking at the camera straight on. Poetry, unlike an image, can show survivors the thought process other women went through. This exhibit empowers women in their own skin: with or without a breast or a scar. Images can educate those not affected by breast cancer and perhaps empower those affected. These two creative mediums can work together to add more personal human experience to the plastered pink awareness strategies and provide a truer awareness and understanding than any T-shirt logo like "tough enough to wear pink" can offer.

Scars, healed wounds written on the body, speak for themselves. In his article “Scarred Narratives and Speaking Wounds,” Jeffrey Sychterz discusses the power of scars in literature including *The Illiad*, *The Odyssey*, and Shakespeare’s *Henry V*. In these works, scars identify their wearers as either Odysseus (when he is disguising himself) or war heroes (the scars Henry’s men acquired on the battlefield). The scar in *Henry V* proves valor and strength, proves war experience if national victory is won. While his body may be marked by war, this marking gives him the authority to tell the tale that marked him as such (141). When Odysseus encounters his servant, he wants to hide his identity, so he conceals the scar on his leg. However, Euryclea sees it and identifies him. “It is as though the narrative of the boar hunt were inscribed upon the hero’s thigh, and she read its story. . . Odysseus covers the scar not only to hide his identity, but also to control his own story until the proper time for its telling” (138). Scars speak for themselves, and if wearers do not want others reading their marked skin, the permanence and visibility of scars becomes problematic. Writers need not let scars speak for themselves; they can write their own truth on them.

Contemporary Poetry

Before seeking out what others had written about their cancer scars, I did not realize how many famous female poets have written about their breast cancer scars. When cancer forces people to lose pieces of the body, they have lost their body control. One way they can gain some agency over these unchosen changes is to write about them: make sense of them, name them before others do, speak to wholeness instead of loss, write them as triumphs instead of tragedies, as symbols of empowerment and a deep

value of life instead of imperfections, marring ideally flawless bodies. I analyze the writings and poetry of Lucille Clifton, Marilyn Hacker, Audre Lorde, Hilda Raz, and Alicia Suskin Ostriker to reveal the present conversation, to provide evidence for the way that cancer scar poetry individualizes and humanizes the cancer experience and to examine the power of writing on their scars themselves. By writing about their experiences, they refuse to be reduced to statistics. In her article “Reading the Scar in Breast Cancer Poetry,” Stephanie Hartman reveals the necessity of breast cancer survivors writing on their own scars:

This poetry challenges an exclusively organic conception of the body, one that makes it difficult to conceive of cancer in general, and mastectomy in particular, in any terms other than pure loss: loss of bodily wholeness, of sexual and maternal identity, or of self. The act of writing poetry enables women not only to address the sense of dislocation and alterity caused by cancer, but also to revise the meanings of their postcancer bodies (155).

All of these poets contend with their changed bodies. They discuss the difficulty in losing a piece of the body due to cancer, and they work to revision the experience by writing about the various aspects of having breast cancer. They take some agency in this powerless diagnosis and surgery by writing their experiences and rewriting the scars for themselves and their readers.

Lucille Clifton focuses on naming her scar; Marilyn Hacker wants to control how others read her scar. In Clifton’s poem “Scar” in *The Terrible Stories*, she writes “we will learn / to live together” (1-2). Accepting a changed body landscape is a process. She then focuses on naming, providing herself and, surprisingly, the scar with agency:

i will call you
 ribbon of hunger
 and desire
 empty pocket flap
 edge of before and after.

and you
 what will you call me?

woman I ride
 who cannot throw me
 and I will not fall off (3-12).

Her names for the scar show her processing its existence. She feels a loss, hunger, desire, emptiness. Her body has changed. She then asks the scar to name her and it responds with loyalty. Hartman writes, “The woman and scar are put in dyadic relationship, almost like mother and child” (174). This naming process enables them to better understand one another. Similarly, Marilyn Hacker in her poem “Cancer Winter,” a series of sonnets, writes her breast cancer experience, relates it to other unchosen sufferings, and repeats end lines as later first lines. One line she repeats illuminates her desire to not let the scar speak for itself: “Should I tattoo my scar? What would it say?” (154). She wants to choose the permanent skin mark; she wants to assert her own agency. Hartman argues “Tattooing is a figure for Hacker’s agency; whereas the scar is unchosen, the tattoo offers a way to incorporate the scar into a design of her own making and to control how it is

read by others. Tattooing is ultimately a trope for writing poetry, which can likewise make subjective experience legible and public” (165). The scar marks the body, but these poets do not allow it to have the final word. They assert power over the mark that could be read as disfiguring; they label it themselves.

Audre Lorde, in her book *The Cancer Journals*, argues for an acceptance of the changed body instead of covering up and silencing it. She explains the pressure she felt to immediately wear a fake breast to replace the one she had lost to cancer. Shortly after surgery, a woman from Reach for Recovery spoke with Lorde in the hospital about wearing a prosthesis to get back to feeling normal. Lorde discusses the other concerns she had about if the cancer could have been prevented and if it would affect her in the future. But this woman focused on returning Lorde to a similar physical state, at least the appearance of the same body on the outside. Lorde rejected this focus on the physical because “with quick cosmetic reassurance, we are told that our feelings are not important, our appearance is all, the sum total of self” (58). Lorde emphasizes the need for women to accept their new bodies instead of immediately wearing a prosthesis to pretend that cancer never struck them, that they are essentially unchanged from having breast cancer. She insists that women should have the right to choose whether they want an implant or breast reconstructive surgery and recommends that women accept and love their changed bodies as they are. “For not even the most skilled prosthesis in the world could undo that reality, or feel the way my breast had felt, and either I would love my body one-breasted now, or remain forever alien to myself” (44). This body alienation can be avoided by acceptance, and a way of acceptance is exposure, whether physical or otherwise. Lorde

chose to live proudly in her changed body. She wrote this book explaining her experience and voicing the power she found in accepting her scarred and altered body.

Lorde argues that encouraging women to cover up their cancer, their lost breast, is a way of silencing and isolating them. Exposing and writing about scars breaks these silences. Women who choose to wear prosthetics cannot be found by other women who have also experienced mastectomy (62). Lorde blames the way society measures women by how they look for the fixation on all women, even those who have lost a breast, to have two breasts. The argument that women won't be able to tell a difference between the body before the mastectomy and the body after is especially problematic in that it tells women that they cannot mentally grasp or understand a new body (57); they cannot process their new body; and they cannot still see themselves as fully feminine, fully themselves. Lorde uses her writing to counteract these silences placed so oppressively on women.

Hilda Raz subverts the patriarchal silencing of her breast cancer experience in *Divine Honors*. In one poem titled "Day-Old Bargain," a speaker writes about being told not to write about cancer, surgery, and having one less breast: "he said, don't write about that / surgery, women who have hacked off write / all parts and natures of women" (2-4) he continues,

When you give over your breast
to cancer, for God's sake don't
write about it.

Write about silliness,

holding hands

in sandboxes, small girls playing (9-14).

This poem emphasizes the patriarchal silencing of women and their experiences. He infantilizes her by suggesting fluffy subject matter for her poems which would not require him to experience any discomfort with the pain she has endured through surviving breast cancer. He trivializes her experience with a deadly disease. By placing this poem earlier in the collection and after some cancer poems, Raz defies these voices working to silence her and other women who have survived breast cancer. The speaker ignores these restrictive silences and writes on her experience herself.

Raz also writes specifically about her scar showing a camaraderie between her and the scar and labeling the scar beautiful. In the poem titled “Two Are Better Than One . . . For If They Fall, the One Will Lift Up His Fellow; But Woe to Him That Is Alone When He Falleth, For He Hath Not Another to Help Him Up,” she writes

in the mornings, in window sun I dozed

and woke repeatedly, myself camellia

on the skin of the hospital bed.

You never left me.

Now I call you scar” (23-27)

The speaker calls the scar her loyal companion. Instead of voicing the struggle to accept her new scar, she focuses on its longevity. It kept her company and made her better than she was before. Rather than voicing the difficulty of losing one breast, like the title might suggest, she turned that notion on its head by making the scar and herself the two that are better than one. This rewrites something that’s largely considered a loss to a gain. In the

poem “Axe-earring, abalone shell” the speaker writes “Leaf humor smell around her, rising / like water, red from sun, red falling / from body, scarred, sealed, / healed, an ornament now” (7-10). To speak of her scar as ornament goes against how society views skin tarnished by scars. She includes the three words “scarred, sealed, healed” with alliteration and rhyme to make these ideas pleasing to the ear even though they are not easy to live through. She creates art from pain. The word “sealed” also emphasizes the chapter closing, a difficult experience closed off in the past, healed with the physical tissue.

In another poem, Raz shows another glimpse into the full acceptance of the scar as part of her body. Raz writes “Petting the Scar” with a note ‘-for Alicia Ostriker’ in response to Ostriker’s poem “Normal” where Ostriker writes “Want to pet it? It cannot hurt you. / Care to fingertip my silky scar?” (25-6). Raz responds “You tell me to reach under my shirt and pet the scar” and a few lines later

Under my robe—I must put down my pen to do it—

my palm finds chill: this is not a metaphor

but an image, true, a fact: I swear it.

No pouty lip the color of eyelids. A cold blank.

But the scar!

Riverroad, meandering root, stretched coil, wire chord, embroidery

in its hoop, mine, my body.

Oh, love!” (19-26)

This intertextual dialogue between poets discussing their experiences with breast cancer presents a larger conversation. Writing off of each other’s ideas, these poets build a

community of cancer survivors which future cancer survivors, including myself, can turn to understand how to read our own scars and to fall in love with them as our own bodies. Raz speaks of this event as so beautiful; she accepts her body and loves it dearly. She stacks scar metaphors. “Riverroad” is something peaceful, tracing the sound of the river. A meandering root buried deep seeks sustenance. The stretched coil and wire chord are surprisingly metal, manmade like her scar. These metal metaphors stick out among the more natural metaphors that precede them and emphasize the difference between how scarred and unscarred skin feels. But then embroidery—to see a scar as embroidery—such a beautiful metaphor which argues the scar ornaments the body. The surgeon embroidered the scar, stitched it forever on her chest. Embroidery also sets up the sound that Raz continues with “mine, my body.” The repetition of “mine, my” emphasizes the ownership of her scar. The two are not separate. They are one. Then she declares a resounding “Oh, love!” In this poem, Raz includes two exclamation points: “But the scar!” and “Oh, love!” She seems infatuated with this healed skin, scarred where a breast once was. This poetry can empower women who have lost their breast(s) or who have other scars to see them as something beautiful, to write on their bodies themselves instead of letting society write on them.

In *The Crack in Everything*, Alicia Suskin Ostriker wrestles with and rewrites her experience with breast cancer in a section titled “The Mastectomy Poems.” It includes twelve poems specifically about the experience of breast cancer, and she includes other poems in the book that speak to this experience as well. One poem titled “Riddle: Post-Op” frames different images the mastectomy scar reminds her of as a riddle:

it was not drawn with crayon

brushed on with watercolor
 or red ink,
 It makes a skinny stripe
 That won't come off with soap
 A scarlet letter lacking a meaning
 Guess what it is
 It's nothing (28-35).

What strikes me about this poem is these images and the ones that appear earlier include “jeweled lapel,” “chestful of medals,” “friendly slit of a zipper,” “dolphin grin,” and “kind words.” All of these images have positive connotations. In this way, she plays with the reader and shows her sense of humor in the transition of accepting her new body. This empowers her; she is not stuck in self-pity or writing about missing her breast in this poem, which she does in other poems. This poem shows a discovery of a new part of the body, a play with metaphor that reimagines the scar as an ugly imperfection.

Ostriker discusses and overturns dominant cultural notions of scars using playful, conversational language in her poem “Normal:”

Meanwhile a short piece of cosmic string
 Uncoiled from the tenth dimension
 Has fastened itself to my chest.
 Ominous asp, it burns and stings, . . .
 It will not bite and can perhaps be tamed.
 Want to pet it? It cannot hurt you.
 Care to fingertip my silky scar?” (16-26).

The speaker begins by emphasizing the other worldliness of the scar. It feels like something cosmic, something from outer space, like an alien invasion. She also mentions the pain that accompanies the scar. And this is important; these female poets largely rewrite their scars, but they also admit their difficulty. Then she shifts and uses words like “pink,” “smooth,” and “gelatin.” The scar becomes animal: “it will not bite,” it “can perhaps be tamed,” and “want to pet it?” This proves how much scars disturb people. She reassures the reader that the scar will not hurt him/her. This rejects people’s disgust and perhaps fear of scars. She accepts the scar. While it may feel like something from far away, it is part of her body, and she has rewritten it as docile and calm, including even a hit of luxury in “silky.”

These female poets speak against society’s views of scars and breast cancer. They write about their scars in ways that show their beauty, and they complicate their experiences which opens up the conversation for others to enter. They personalize and individualize their experience which shows readers that survivors process their cancer experiences differently. This encourages survivors who have read these poems that processing this disease and its aftermath takes time and looks different at different points. Also, these poems encourage readers like me to write on our scarred bodies ourselves.

In her poem “First Summer,” Joan Annsfire finds vulnerability and power in the scar she received when diagnosed with a level four malignant melanoma:

I was still feeling fragile, uncertain,
 the hollow place on my thigh etched
 with a deep purple scar,
 the mark of one who has shed her skin

and stepped out, transformed
 into this undeterrable rush
 of water. (16-22)

Her surgery changed her body, and she explains the complicated way she processes it with feeling fragile but also writing a certain strength onto her skin. She has moved beyond the pain. She gained a renewed love for life and skin. Later, she writes about the word itself: “melody, melodies / melancholy, melodrama / melanoma, melanoma, / how can a word so like music/ imply the possibility of the end of this fierce beauty?” (35-39). She likens the sound of this cancer to words that sound similar and elicit much more positive emotions and perhaps descriptions of her experience in “melancholy” and “melodrama.” This word play shows her processing her experience with a deadly cancer, and she emerged stronger, beautiful on the other side, even with a scar marking her leg.

One way scar wearers can combat how others view scars and the view of these bodies as abnormal is to write on them ourselves. Like the patients who expressed themselves through participating in the study examining the effects of scars, like the poets who write their experiences with cancer, I can write poetry about my scars which allows me to name them and attempt to make some sense of the senseless nature of cancer. Writing helps me to see my scars in a more positive way and hopefully poems like this can give others language with which to write on and think about their own scars and the physical scars of others. I ordered the poems I wrote in the same order as this chapter: society writes ideals on our bodies, others write on our scars, and scar wearers must combat these dominant narratives by writing on them ourselves.

(Re)Writing the Scarred Body: Poems and Analysis

Speak, Woman

Skipping meals and stepping on scales.
Just a few more pounds to lose.
Butts, legs, hips, breasts, lips divided,
segmented to sell everything.
Photo shopped to remove moles,
freckles, wrinkles, cellulite to tell
women what society expects:
tanned skin and smooth surfaces.
The body—the microphone we
always get handed. Speak your value—
they demand. Speak your worth through
closed, plumped, lipsticked lips.

Strengthen Skin Against the Day's Assaults

Embrace your skin to reduce key signs of visible aging.
Nothing superficial about plumped & dewy.
Great skin runs deep— from the inside out. #1 anti-

wrinkle cream. Younger, more radiant skin.
Rejuvenate the appearance of severe frown lines between
the brows and 28 or 38? Skin won't show your age.

Reduce age spots. Restore firmness. Moisturize.
Younger skin. It's got depth, feather-light touch, nothing
superficial about giving skin a fresh, supple look and feel.

One common goal for all skinkind: no more scars.
Imagine life without a raised, dark scar. From cuts
to tummy tucks—a beautiful finish. Embrace your blurred

imperfections. Natural nourishment. Feel the difference
so your skin won't show your crow's feet, wrinkles, age;
nothing superficial about the best skin of your life.

The Sound a Scar Makes

The wound glued together.
The open mouth sewn tight.
It will speak the tale of stitches,
scabs, infection—a jagged tale
marking a silent body.
Shhhhh the wearer says, covering it
with jeans, makeup, long sleeves.
Shhhhhh stay silent.
But Odysseus's scar identified him.
The scar as tag stapled to fin;
fish thrown back to the ocean.
Bright orange tag stays
no matter how much she shakes,
spins, jiggles, *shhhhhhh*
and it screams a blazing orange.

When Someone Saw the Jagged Scar Behind my Knee

and asked “What Happened?”
I replied “I had a bad mole”
because cancer didn’t taste good in my mouth.

I would joke that a mole—the animal—bit me,
or I’d had a rendezvous with a shark—
“That would be a better story,” they’d laugh.

At Taco John’s, fresh stitches,
I stood on crutches to show a friend.
“I just lost my appetite,” he said.

Joe grew up in Pittsburgh and saw Pirates
sketched into my knee, a letter P.

A two year old pokes at it—the numb patch
of skin feels like being underwater sounds.
I know he’s making noise, but can’t distinguish
words. Eye level, he knows it’s not normal.

A three year old asks, “How’s your scar?”
and points at every meeting.
I reply “It’s feeling good”
“Yes,” she responds, fingering the ridges.

In for a physical, the doctor tells me
I could buy creams, get procedures
to reduce the harsh, pink lines.

A Macy’s clerk helping me fit a skirt
called it “gnarly.” She meant intense,
but I pictured a knotted, twisted tree,
rotting from the inside, tangled up in itself.

Vitamin E

Even today as the thick goop
blobs out onto my finger I cringe,
tracing the raised skin—three lines

Blop – the original cut to remove possibly poisoned
skin.

Blop

forming the shape

-the first surgeon

couldn't close.

Blop—the second

surgeon moved

skin over

pivoted—

a Band-Aid

skin

patch—

leaving

this

calf

skin-

nier.

I keep my leg at a 90 degree angle,
hope I don't have to feel
every tug every twist
changing how I
sit, stand,
live.

My open abdomen

A red rose blossomed

No black nodes

Skin peeled—petals

Stitches, suchors

Thorny stem

Pink skin buds

Among black scabs

First Dermatology Trip

I slide the robe on, just underwear underneath,
boobs sag against skin. I hold my elbows,
shiver in the open back.

She starts—a bright light in my hair,
Fingers, a fine toothed comb.
She scans my moles like a quilter
searches for imperfections—
a frayed string, bunched cloth.
She pulls out her handheld magnifier
on this one and that

and marks one on the right side
of my right breast.
The nurse takes a photograph.
“You’re going to feel a poke,
a sting, and a burn.”
Anesthetic enters, scrape severs.

It was the first chunk of skin I ever lost, and I missed it

like those black low top converse I rescued
from the trash can. Black Hills dirt still
sparkled in the fabric.

The doctor carried my mole to pathology—
the body’s glitter: tested and trashed.

Healer

The back of my right knee—numb.
A coffee table, puppy claws—I feel
underneath the epidermis and twitch my leg away.
My husband avoided it. My own body
made me queasy. Over a year after surgery,
I urged him to palm the patch when his hands
caress my legs. His whole hand on every inch—
even the numb, textured scar, the hair I'm too
afraid to shave—a patch of forgotten
seaweed—he loves every piece of me.
This misplaced puzzle piece he covers—
the scar and my fears disappear altogether.

New Life

Pregnant with a scar- tissue baby—vertical
incision from my belly button down.

My friend's belly expands.
Little feet and hands move
across her globe. Scans show
the outline of limbs, head,
mouth, nose and genitals.

My scan shows suspicious
lymph nodes.

The OB/GYN cuts through
layers of skin and abs and
eases baby and placenta out.
My friend's awake, can hear the cry.

I'm under general anesthesia.
The surgeon plucks out lymph
nodes—stacked—ballooned.

She has a new life to show for
the scabby line of scar and so do I.
She absorbs each facial expression,
each yawn, squirm. People travel
miles to coo, to hold, to adore.
My proof of new life is beneath shirts.
Alone, I study its details, wait for one
of us to blink.

Everything my skin can feel

Skin emerged from skin.
 Breath, a cry bubbled and burst.
 Baby me learned to suck, to grasp.
 Skin to skin, I felt the heartbeat
 I'd always heard.
 I moved on the waves
 of the warm world's chest.

My limbs outgrew my skin,
 leaving stretch marks along thighs, hips.
 My skin took a beating:
 scrapes from cement—an exposed knee.
 Gravel nuzzled in my palms,
 scratches from thorn bushes.
 Trips on jugged sidewalk,
 tumbles rolling down grassy hills,
 crashes—my bike no longer under me—blood.

Brand new sweatshirt—peach fuzz.
 Warm sun rays, fall's perfect breeze.
 Exposed to the elements, I get
 burned from the sun, from the grill,
 from steam—turning red, swelling,
 peeling. My skin gets paper cuts,
 pinched, poked, needled. Cold to the bone,
 legs walking icicles, purple fingertips
 when I forget mittens. Numb cheeks.

My skin feels textured whispers:
 velvet, puppy dog fur, fabric smooth like water,
 The soft pelt on a rose petal,
 smooth baby skin, thick creamy lotion,
 feathery flour—palms knead dough into scones.
 Kisses on my cheeks, forehead, lips.
 His scruffy face and strong arms
 White sand filling toes spaces.
 Fleece blankets. Plush boots.
 Freshly sanded wood. Silk paper.

At 22, melanoma.
 My skin backfired.
 Fifty eight stitches to sew pivoted skin.
 The surgery scar only lays right when
 the leg's straight. The shifted patch of skin

feels like foreign land when I sit and bend.
Enclosed in my own skin—prison.

A jagged scar remains.
Skin stretched to let me
stand again, taller than before.
Cancer stopped at skin level.
This precious organ— a shield.
The scar suggests what could have been.
The etched P spells possibility, potential, poetry—
everything my skin can feel, a melody.

The first two poems describe the way that society, especially advertisements, writes on our bodies. They emphasize the way the physical is prioritized in the media over a person's voice. I especially like starting this collection here because while my scars are visible and people can read them, I argue that my voice, my poetry should speak louder than my body. In a way, I echo Raz in this poem because I argue against the notion that my body speaks louder, that I shouldn't write about this. The found poem "Strengthen Skin Against the Day's Assaults" came from four magazines I flipped through in the summer of 2016 where I noted every advertisement that sold something pertaining to skin. This compilation of advertising slogans emphasizes the perfection they sell and the standards they set for everyday women. These messages show the dominant expectation placed on women's skin and sets the stage for why I need to speak up about my scars, why I need to revise my scars so that I do not feel hideous, abnormal, and permanently flawed.

The next two poems "The Sound a Scar Makes" and "When Someone Saw the Jagged Scar Behind my Knee" speak to the way that the visibility of scars gives them a certain power over the wearer. They draw attention to themselves which makes the encounters I have had with cancer visible, but can also be difficult to maneuver when people ask me about my scars. I wrote "The Sound a Scar Makes" after reading the article "Scarred Narratives and Speaking Wounds: War Poetry and the Body." It inspired me to think about the way that the visibility or invisibility of scars influences the wearer in complicated ways. And people with more visible scars than mine probably feel this sense even more than I do. We try to cover them up, but when we cannot, they scream. The poem "When Someone Saw the Jagged Scar Behind my Knee" shows the troubling

responses people had to my scar which made me self-conscious. I could not say “cancer” at first when people asked, but through time I have come to feel more confident in my own skin and life experiences. Also, I didn’t fabricate anything to create this poem, and I love how it ranges from small children’s responses to familiar and unfamiliar adults. The range of responses are difficult to deal with, and this grouping of them gives readers a good sense of how I felt in my changed skin especially for those first couple of months.

The next seven poems address my scars in a variety of ways. “Vitamin E” deals with the physicality of living in scarred skin. The reality of the pain of them and a common remedy: Vitamin E. Part of this poem shows what that scar on my leg looks like; each section of the scar holds meaning for me. This poem explains why the skin makes me cringe. I still vividly remember feeling absolutely out of control and delusional after two days of surgery in a row. So, this poem explains why I feel so queasy about touching the scar. It feels like everything flashes back when I touch it. This poem provides a tactile sensation of how the scar feels from the outside and shifts to how it feels on the inside.

A few different sources inspired me to write “My Open Abdomen.” I read three to four books by Lucille Clifton, so I wanted to write something really distilled, really short like she does. I had this in the back of my mind when I read “Mastectomy” by Ostriker. In this poem, the speaker graphically describes surgery, obviously processing this experience. She uses words like “succulent,” “juicy,” “sliced me like green honeydew,” “knifed, chopped, and divided it,” “watermelon’s ruby flesh,” “scooped,” and “spooned.” I get easily queasy, so I struggle to read through this poem because the process of surgery and severed flesh disgusts me. But this poem challenged me to think about the surgery

itself and to reimagine it as something not horrifying and disgusting. So, I wrote “My Open Abdomen” to show the complexity of my relationship with this scar and this surgery. The scar is so beautiful to me because I did not have cancer, but it is also thorny because the experience was pretty miserable. So, this short poem expresses a lot and helps me see the dual nature of my relationship with that surgery/scar, while ending on a hopeful note of blossoming.

I wrote “New Life” because one of my friends had a baby the exact day I had surgery. She did not have a C-section like the friend in the poem, so I changed some details to make the parallel of those surgeries work better. Writing this poem helped me reflect on the way I felt like I had recovered from a C-section (because I had all the same kinds of symptoms, even itchy skin and a throbbing shoulder from the air pumped into the body). My surgery just did not produce a baby, and I struggled with the differences between these surgeries. Someone who had a C-section would have a baby to show for it. I just had a scar. I also wrote the first line likening my scar tissue to a baby because when my scar tissue was fragile at first I would hold my stomach, and I felt like a pregnant person protecting an unborn child and not a woman just guarding her fragile abdomen. The parallel of me also having new life, just my own life renewed empowered me.

In “First Dermatology Visit” I wanted to bring readers right into the cold environment that is the dermatologist’s office. I wanted them to experience a mole removal and the way it feels to have skin removed. A poem in *The Cancer Poetry Project* inspired the way I weave the analogy in at the end with my converse. In this original poem, a woman compared finding a lump in her breast to the otters that swim in the pond in her backyard. This shift of metaphor intrigued me, and I used a similar tactic in this

poem. I also love referring to moles as precious, as glitter – something that makes us more beautiful. This combats the notion that moles are ugly and shows a certain love for all of our skin even what may be otherwise considered imperfections.

“Healer” complicates my relationship with my scar further. I have already mentioned the physical pain in “Vitamin E,” but this poem addresses the more psychological pain. My body makes me queasy. Here I am being honest about how it felt to me and how this affected my relationship with my husband. None of the writers I cited earlier say something along these lines about their own scars. Ostriker mourns in “What Was Lost” and writes “Today, I am half a boy” in “Wintering,” but I never get the sense that she is disturbed by the changed body. Raz also speaks to psychological difficulties in losing a breast but not in the same tactile way as making her queasy. So, this shows a rounder vision of how the scar feels, and it illuminates a difference between a scar on the chest and a scar on a more exposed part of the body, more likely to have coffee tables and puppy claws scratch up against it.

“Everything My Skin Can Feel” celebrates textures, both painful and soft encounters with what we feel in our everyday lives. This poem works especially well because I had skin cancer, so I wanted to focus on the skin and be thankful for what I can feel, even the painful things because the fact that I can feel them proves that I am alive. I fell in love with my scarred body when I wrote the line “The etched P spells possibility, potential, poetry / Everything my skin can feel: a melody.” Here, I write the scar as a symbol for a new beginning. The fact that I can feel all these textures, even the painful ones proves that I still live. This allows me to not see my scar as something disfiguring

but as something powerful. And when the scar annoys me or turns purple in the cold and I feel self-conscious, I remember this line of poetry.

Overall, these poems write my individual situation. They both celebrate and struggle with my changed body. They show a speaker processing an experience with cancer and a new body. They wrestle with the physical experience and the psychological/emotional experience originating from this physical change. They ultimately combat dominant notions of scars as ugly, show this speaker embracing her skin, and give readers the chance to understand a glimpse of how she processed these medical experiences. In this way, I build on the conversation about the scars of cancer. I also continued what the other poets were doing with celebrating their new bodies and declaring their continued wholeness. Reading the poems in this chapter and writing my own empowered me in my own skin.

CHAPTER THREE: FACING DEATH

My lunch break was almost over. Three classes of juniors were coming to discuss *To Kill a Mockingbird*. I shoved a few more carrots in my mouth when my phone rang, the dermatology office. I had received these phone calls before; I knew a nurse would simply say that they tested my mole and found it benign, have a great day. So, I answered. My dermatologist asked me if it was a good time, but I figured I have three minutes to hear my mole is benign. “Is everything okay?” I asked hesitantly, not used to hearing her voice in these calls. “Well, it’s a melanoma. We found cancer cells in your mole. Why don’t you just call me and we can discuss treatment options when your school day ends?” I stuttered something like “Oh, okay. I will call you around 3:30.” I remember feeling a bit clammy. I couldn’t sort my thoughts from each other. I went to the bathroom, looked at myself in the mirror; tears started building, and I told myself to pull it together. I could cry when I finished teaching the three classes. I pictured myself running from the building and driving down open highways, only corn and cows to see my tears. I pictured myself balding. I pictured chemotherapy, hospital beds, IVs. A young death. The Band Perry’s song “If I Die Young,” rung in my ears. Admittedly, I was being pretty dramatic considering the treatment options did not include any of these fears I jumped to, but she left me with so little information, I could not help but let my mind wander to some pretty dark places. These hours between phone calls were some of the longest in my life. This marked my first encounter with my own mortality, and it wouldn’t be my last in the next few years.

A few years, surgeries, and scars later, many of my poems address the subject of mortality. They reveal my struggle with facing death in my twenties, and they show

varying levels of coping with these difficulties and various stages in brushes with cancer I have had. My scars do not let me forget these fears. Mary Kennan Herbert writes: “Skin cancer is a very visible attack on one’s persona . . . It is an attack on one’s sense of self . . . and a reminder of mortality every time one faces a mirror” (85). My large scar from my melanoma and the other from its later potential act as constant reminders of mortality, and writing about this link helps me understand myself and heal.

My poems in this chapter emphasize the horror of an individual’s death. I will explore the factors that have increased this fixation on the isolation of death in modern day society. My poems depict my relationship with death as something I fear, run away from. I write about life and death as opposing forces. Through analyzing my poems, I noticed that I emphasize the isolating feeling of facing one’s mortality, and I expose a fear of death as final even though I am a religious person. I wanted to explore these topics to understand why they were such dominant themes in my own writing and to enhance my understanding of myself and the way modern American culture views death. In this chapter, I argue that the increased isolation of death increases fear of it, and analyzing and writing poetry can assist us in coping with death and living more considered lives. However, writing has its limitations.

Modern views of death

More understanding of the human body and diseases and more access to health care adds to the value doctors and society places on each person. This increased knowledge and ability to heal people leads patients to an increased sense of safety. So, when healing is not possible, people may experience an increased sense of horror. People

view illness as a lack of control over the body. But, medical science has its limitations; it cannot conquer death. This framework affected how I reacted to the possibility of such a difficult prognosis in my mid-twenties. I have this overwhelming belief in researchers and doctors to fix my body when it needs fixing, and this belief left me feeling quite empty when the surgeon said that a few short years ago people with stage four melanoma lived just six months.

People ascribe self-identity to the body which heightens fear of disease and death. In his book *The Body and Social Theory*, Chris Shilling notes the absence of discussion of the dead body in sociology. Scholars focus mostly on the alive body. In a section called “Body Projects,” he discusses the growing trend of the body equaling the self with all the changes people can make to their bodies. These body changes “illustrate the opportunities and limitations that accompany the tightening relationship between the body and self-identity. Such corporeal investments provide people with a means of self-expression and a way of potentially feeling good and increasing control over their bodies” (9). This increased control over the body and this growing sense of the body as equal to the self influences how modern people view death. It contributes to how they brush off these existential questions until they cannot avoid them anymore. Shilling argues that modern people struggle with their own mortality more than people did in the past. “The modern obsession with the body is an attempt to belie the ultimate limits of the body . . . This pragmatic focus enables many people to defer temporarily worrying existential questions about the *ultimate* limitation of the body (death)” (11). Until people experience a near-death situation, they can avoid considering their own death.

People die in isolation, and dead bodies are isolated from the living. People often die in hospital rooms surrounded by a few family members and friends. In her book *The Violet Hour: Great Writers at the End*, Katie Roiphe calls speaking about death “one of our few powerful taboos” (11). People often avoid discussing this reality. She quotes Sherwin Nuland: “Modern dying takes place in the modern hospital, where it can be hidden, cleansed of its organic blight, and finally packaged for modern burial. We can now deny the power not only of death but of nature itself” (qtd. in Roiphe 11). When someone dies, the body is not left in the home until the service. The funeral home embalms, makeups, displays it without a touch of decomposition or cause of death. These practices separate us from the reality of death, and make it presentable. Modern people likely only see dead bodies in visitation/funeral services. If they want to avoid dead bodies, they can avoid these events or distance themselves from the casket. This separation from death and clinical treatment of the dead body allows people to not cope seriously with death. Also, modern medicine and understanding of the human body and its functions allows people to live longer lives, which “enables death to be pushed back into the darker corners of our minds” (Shilling 197). We expect to live long lives and perhaps rightly so since the average life expectancy in the US is near 80 for both women and men (Copeland par. 4). Therefore, Americans can push off thinking of their death for decades unless faced with some medical problem or near death situation that may cut life short. All of this sheds light on my writing about the horrors of facing mortality in my early twenties.

People not only die in isolation, but they are also buried in isolation. In his piece “Of Other Spaces,” Michael Foucault discusses the cemetery as a heterotopia, a space

isolated from society. He notes the increased individualization of burying practices as each person, only after the beginning of the nineteenth century, was buried separately from one another in “her or his own little box for her or his own little personal decay” (233). This individualization of burial coincided with the isolation of the cemetery itself. Before this time, people were buried in the center of the town by the church or inside the church. “It was quite natural that, in a time of real belief in the resurrection of the bodies and the immortality of the soul, overriding importance was not accorded to the body’s remains” (233). So, as people’s beliefs shifted away from eternal life, they valued caring for the deceased body more and burying it separately as it more largely represented the end of that person.

In the mainstream and largely in academia, people view death as final. Modern people have moved away from traditional religious practices until the late 20th century where a resurgence of Christianity and Islam occurred (Shilling 11). While many religions influence people’s views of mortality today, a growing belief in the finality of death exists. Shilling argues that scholars should take these religious views into account instead of so easily dismissing them. In order to understand how people process death, sociologists and academics must study the influence of religion and a belief in life after death. Shilling also emphasizes the way that dead people are not separated fully from existence. They remain in people’s thoughts and even influence decisions. Shilling therefore argues for a more fluid view of the living and the dead (203-8).

A deity enters the contemporary poetry in this chapter more than in the other two. When some people see no future but death, they turn to religion, or they include their long time religious beliefs in their poetry. I find it notable that I do not include a deity or

afterlife in my own poetry. I am a religious person, but I did not write religion into my work. This could be for a variety of reasons: maybe my faith was flustered through this experience; maybe I didn't think incorporating religion was appropriate; maybe I thought it would come off as insincere; maybe I feel this influx of belief in the finality of death in academia and want to echo these beliefs; and maybe I left it out because I wrote this poetry when I knew I did not have cancer, so I could distance myself a bit from those real fears. Nevertheless, I noticed this absence while reading about religion and modern people's coping with death, and it invited me to examine religion in others' poetry as well.

One notable poet who incorporates a deity into her writing about cancer and mortality is Lucille Clifton. She includes religious imagery, often alluding to biblical stories and characters. In the book, *The Terrible Stories*, Clifton alludes to Moses and angels and includes a whole section of poems devoted to King David written either about him or from his perspective. In the poems specifically about cancer she does not include much about a higher power instead when she got the news of cancer in a breast "there was nothing to say / my sisters swooped in a circle dance / audre was with them and i / had already written this poem" (20-23). She relies on her sisterhood to sustain her. In an untitled poem on page 47, the speaker asks her dead husband

why

cancer and terrible loneliness

and the wars against our people

and the room glitters as if washed

in tears and out of the mist a hand

becomes flesh and i watch
 as its pointing fingers spell
 it does not help to know (6-12)

In this poem, she asks this timeless question: why, and the dead answers. This depicts an interaction between the living and the dead, an eternal view of the dead paired with a later poem “heaven” which describes her brother watching her from above. These poems show a continuing relationship between the living and the dead. With Clifton as an exception, many writers I studied for this chapter do not include a higher power in their work and instead rely on self-strength. However, more writers include religion than I first expected which encourages me to write my faith into my poetry.

Writers Engage Mortality

Whether writers choose to incorporate religion into their work or not, many write about mortality in one way or another. In order to face her own fear of mortality, one she had faced at the age of twelve with serious lung troubles, Katie Roiphe wrote *The Violet Hour: Great Writers at the End*. She allotted a chapter to each of these fiercely articulate people: Susan Sontag, Sigmund Freud, John Updike, Dylan Thomas, and Maurice Sendak. Roiphe assumed that if anyone could speak clearly about death, they could. She conducted various interviews of medical staff and family members to create a picture of the circumstances in which these writers died and how they had thought about death previously and at the end. In an article on Time.com Roiphe wrote:

Our cultural habit of pushing death out of sight, of not talking too much about it or dwelling on it, of cordoning it off in hospitals, offers us the

very real possibility of going through most of our days without thinking about it. It is shut off, denied. There is a taboo surrounding the body in its last hours. It is something we are supposed to look away from; even our language looks away, euphemizes, prettifies. “He passed,” we say like he was walking the other way down a hallway. “He passed away.” (par. 6)

Roiphe defends the necessity of facing death, even the death of others so that we each realize this reality and do not avoid it as we would likely want to. Because she realizes modern people view death as private and isolated, she wanted to enter the sacred space of these writers’ deaths and share that with readers. Telling these stories enables her and readers to recognize death as a reality and to consider it before we must face our own deaths.

Susan Sontag writes about her experience with mortality to keep that living-on-the-edge feeling alive. In Roiphe’s chapter about Susan Sontag, she cites an interview from *The New York Times* where Sontag speaks about her experience with mortality after recovering from breast cancer:

It has added a fierce intensity to my life, and that’s been pleasurable. . . . It’s fantastic knowing you’re going to die; it really makes having priorities and trying to follow them very real to you. That has somewhat receded now; more than two years have gone by, and I don’t feel the same sort of urgency. . . . I think it’s good to be in contact with life and death. . . . You get terrific energy from facing them in an active and conscious way. For me, writing is my way of paying as much attention as possible. (qtd. in Roiphe 31-32)

Sontag describes the importance of considering death and the way it spurs on people to make stronger goals and live more productive, guided lives. She describes the way this urgency recedes with time and that this kind of considered life benefits the person living through it. Sontag also notes the benefit of writing to her. She must slow down to record events and ways of processing the external and internal world. I echo this sentiment. I write about my experience with death so it won't fade so easily, so I won't so quickly fall back into old habits. I want to live knowing I may receive worse news later, and I want to have lived my life well and without regrets. I see writing about mortality as a way to remember my brush with mortality and to enhance my life, my goals, and my daily decisions.

Poets value writing about death. In their book *The Poet's Companion: A Guide to the Pleasures of Writing Poetry*, Kim Addonizio and Dorianne Laux present various subjects that poets should consider writing about. One of their chapters titled "Death and Grief" encourages writers to wrestle with the subject of mortality. They argue "Ours isn't a culture that accepts death or encourages much thinking about it. It's important that we as poets work to avoid such denial. On whatever level you are presently concerned with death. . . you should feel free to write about it" (39-40). They admit that poets should not also avoid thinking about and processing death, and they describe why I had to write about mortality after my experience: "Nothing can erase grief or speed up the process of healing, but writing can keep you aware as you go through it, and offer some solace" (39). Writing about my experience not only gave me some say in a situation in which I felt very helpless, it also enabled me to sort out what I was feeling. John Updike called writing "transforming pain into honey" (qtd. in Roiphe 123-4). It helped me understand

what I was going through on a deeper level. It also allowed me to process what had happened instead of denying it or just trying to move on as fast as possible. Facing death made writing seem all the more important and valuable but also all the more pointless. Facing mortality has a way of making people consider how they spend their little time on Earth, and by people writing poetry about their experiences, they can encourage others who have not faced death as closely to live more considered lives.

Poets do not shy away from these kinds of existential questions. In *The Cancer Journals*, Audre Lorde discusses the importance of living a considered life:

The necessity for that consideration grows and deepens as one faces directly one's own mortality and death. Self scrutiny and an evaluation of our lives, while painful, can be rewarding and strengthening journeys toward a deeper self. For as we open ourselves more and more to the genuine conditions of our lives, women become less and less willing to tolerate those conditions unaltered, or to passively accept external and destructive controls over our lives and our identities. (59)

Lorde argues for breaking silences about experiences with mortality. Through reading about someone else's experience and fear, we can all analyze our lives and realize the truth in facing our own imminent death (even if it seems, however falsely, far off). Lorde argues that those who do this will work to improve their lives and the lives of others. She explains the difficulty and liberation of realizing she would die at some point even if not from her breast cancer. In a journal entry written December 29, 1978 she wrote "What is there possibly left for us to be afraid of, after we have dealt face to face with death and not embraced it? Once I accept the existence of dying, as a life process, who can ever

have power over me again?” (24) She finds strength in this encounter with mortality. Through the process of recovering from her mastectomy, she writes “even survival is only part of the task. The other part is teaching” (40). Lorde did not view this experience as private or personal. She saw herself as a teacher, one who can relay her experiences to others so they too can learn from her hardship. I agree with this mentality.

As much as humans realize their mortality on some philosophical level, they do not necessarily live this way, as if they may die any day. In his 1915 paper “Thoughts for the Times on War and Death,” Sigmund Freud wrote “We were of course prepared to maintain that death was the necessary outcome of life, that everyone owes nature a debt—in short that death was natural, undeniable and unavoidable. In reality, however, we were accustomed to behave as if it were otherwise. . . at bottom no one believes in his own death” (qtd in Roiphe 89). Reading about the reality of others’ deaths and experiences with dying, we can better acknowledge and actually live as if we are going to die in a realer sense. This is where those who have faced their own mortality can especially speak into the lives of the living because they know how it feels to know their days may actually be numbered. Therefore, I think cancer survivors writing about mortality is especially important for us to read to deeply consider our own lives.

Contemporary Poetry

Many of the poets I discuss in this chapter write about the isolation of death and fear it as I do. I also analyze how others speak of death in the context of my own poetry. Many poets have written about death to some extent. In this way, they speak against cultural norms of not speaking about death. Through reading anthologies of poems

written about medical experiences including *Poetry in Medicine: An Anthology of Poems About Doctors, Patients, Illness, and Healing* edited by Michael Salcman; *Articulations: The Body and Illness in Poetry*, edited by Jon Mukand; and *The Cancer Poetry Project*, edited by Karin B. Miller, I found poems dealing directly with mortality whether related to a cancer experience or other scary medical experiences.

In the last stanza of her poem “Sound and Shadow,” Rosellen Brown wrestles with how powerless she is to her sick body. She wants to use language to enforce her own agenda, but knows that will not work:

“Well, are you *real*?”

This shadow’s more like a thought
 than a reality. Even the thought can’t hold steady as fear can,
 as pain. As amputation. Un-solid, un-
 dangerous. Un-serious. It will have to get my attention,
 I tell it, if it wants to
 kill me. No. Bravado, to be
 honest. It can kill me if it wants to
 any way at all (20-28).

Brown articulates the unknown stage, the waiting for test results, answers, the fear. This poem emphasizes the way cancer can kill whether she sees it in imaging or not, whether we give it permission or not. She tries to converse with cancer, with disease, but it lurks waiting to potentially consume her. The speaker here realizes cancer’s power and feels powerless and afraid.

In her poem “Here and There,” Helene Davis discusses the power of words in mystical lands and fairytales and their lack of power here. “There, you can say the right word or the right group of / words, and you will kill the wicked witch and get her house / and her car and all her riches” (7-9). She juxtaposes this ability to use words to get something magical and wonderful to happen with “Here, they cart away parts of your body piece / by piece. . . Here, no one forgives you, and you / cannot forgive yourself” (13, 18-19). This poem reveals the stark disconnect between fictional stories and the harsh realities of life filled with cancer, chemo, and mortality. She feels powerless and alone.

In “The Leg,” Karl Shapiro discusses his mortality with God by addressing him as “Father.” He pleads with God in the face of death, to spare his life. “if Thou take me angrily in hand / And hurl me to the shark, I shall not die! (29-35). Shapiro places God as the author of life and death and asks God for greater understanding. In this poem, he argues that the body points to something larger than just ourselves and our self-identity. It points to a creator and one who sustains it. He also pleads with God to not let him die. He begs God for mercy.

In her poem “To My Body,” Anya Silver speaks of the body as separate from the mind, separate from self. She praises her body for its ability to overcome difficult obstacles and then pleads with the body to stay. The speaker writes: “Even now, oh, body, I will not / believe the evidence, the stitched / flesh and puckered flap. // Our time together is short. / Do not leave me” (12-16). This disconnect between the body and mind forms this dichotomy between the body and self, a false dichotomy, but one that, in my experience feels real. In “after minor surgery” Linda Pastan echoes this idea of the body

and mind as separate: “the body / like a constant lover / flirts for the first time / with faithlessness” (2-5). Here, the body which has always remained with her thinks of leaving her, thinks of dying.

“At the Gynecologist’s” by Linda Pastan so beautifully captures a moment at the gynecologist’s and links it to her mortality. She begins with “The body so carefully / contrived for pain, / wakens from the dream of health / again and again” (1-4). The idea that health is a dream and sickness or pain is reality strikes me as poignant especially since I often think in opposite terms. She ends with such beautiful lines: “See me here, my naked legs / caught in these metal stirrups, / galloping toward death / with flowers of ether in my hair” (8-11). These lines admit the reality that we are all headed toward death (which is all the more important when Freud argues we don’t really believe this). She relates the metal stirrups to stirrups on a horse with which we gallop toward death; we do not walk or fall; we gallop.

In Edward Hirsch’s “I Need Help,” he writes about the desire insomniacs may feel to escape their bodies when they cannot sleep. He writes “I know / That the legs in my legs are trembling / And the skeleton wants out of my body” (7-9). This is the first hint at a desire to escape as possibly even the final escape, death. He uses images associated with death to seal this theme in the end: “I need help from the six pallbearers of sleep / . . . To hoist the body into an empty coffin. / I need their help to fly out of myself” (45, 47-48). In this poem, he not only pictures death as a freedom from the physical form, but asks for help from various entities for this freedom.

I also want to analyze some of the same collections from the first chapter, searching now for what these poets wrote about mortality in the larger conversation of

their books. While Raz does emphasize the physical and emotional difficulties of her breast cancer experience, she does not connect her cancer directly with her mortality too much. At times, the speaker looks to natural forces experiencing life and death cycles as a way of understanding death. In “Sarah’s Response,” the speaker receives a box from her daughter upon hearing her diagnosis. The box contains “entire six foot stalk of brusselsprout” (15) and the speaker understands the message “In the world that gave us life, or takes it from me, / beauty so precise” (18-19). In the beauty of plants, she sees the life cycle and considers her own life cycle. She then shifts to the safety of her daughter “my harmonious daughter far away/ whose play is radiance. Let her live” (24-25). In facing her own mortality, the speaker looks to the mortality of her daughter and hopes she lives a long life without worrying about breast cancer herself. Raz also, in one poem, emphasizes the isolation I discussed earlier that comes with modern day dying: “I work to find / that safe place / safe from silence / from cancer, from isolation” (4-7). It seems that these fears go hand and hand; cancer and mortality and loneliness interweave and are inseparable. From this despair and difficulty in healing, Raz seeks meaning in life in the poem “Getting Well:” “So I touch the binding, unsure / of what you mean to say. Work / can keep us alive to the world? / Writing down some truth will help?” (13-16). When faced with mortality and her experience with breast cancer she questions the value in writing while also valuing writing as a way to continue life and as made obvious through the publication of this book. Raz incorporates a fear of death into these cancer poems, but she does not as explicitly fear death as the ones I include in this chapter. She does not focus much on her own death and what that may entail. Instead, in the poem “Dying,” she writes “Someone is dying; someone wants to die” (1). She depersonalizes this moment

and throughout does not write much at all about her own death. She does not personify death or seem to battle it. She understands death as part of life as something that pushes us to view “each breath a gift, the soar in air / of hawks on the highway searching for road kill: / some sure sign I’m present. This world is dangerous” (28-30). The two coexist. While the speaker appreciates life, hawks prey on victims, animals die. She approaches the mortality she faces with cancer much differently than I do. Her poems show an acceptance of this life cycle.

In *The Cancer Journals*, Audre Lorde writes about how she views her relationship with death. She writes “Castaneda talks of living with death as your guide, that sharp awareness engendered by the full possibility of any given chance and moment. For me, that means being— not ready for death— but able to get ready instantly, and always to balance the ‘I wants’ with the ‘I haves’” (48). Lorde’s perspective illuminates another way of processing death than fear. A little later, Lorde writes about the emphasis of prosthetic breasts and how she feels about this: “The real truth is that certain other people feel better with that lump stuck in my bra, because they do not have to deal with me nor themselves in terms of mortality nor in terms of difference” (65). Lorde wants to process her own body without input from everyone else fearing his/her own death. She does not want to just assuage their fears without accepting her own fears and changed body. This avoidance of others’ deaths and our own death also rings true with people reading about death. Society generally avoids and sterilizes death. Books titled *The Cancer Journals* or *The Cancer Poetry Project* force people to face their own losses and imminent deaths.

While these writers and I have found some solace in writing about mortality, poetry does, I realize, have its limitations. It cannot erase experiences with cancer or

mental and physical scars. It cannot prevent cancer. It cannot replace imaging, knowledge, medicine, and research. But it adds a human dimension too often left out of the doctor's office and surgeon's operating theatre. It continues the work many before me started who brought cancer into the public realm and who spoke their own experiences instead of letting others speak them. Poetry shows the various ways people process death and complicates statistics through individual stories written by people with unique perspectives.

It took me a while to write these poems. Before surgery I was trying to write poetry every day for 20 minutes, but after I took weeks off. I didn't want to dwell in self-pity. I didn't want to have to think about my fears when my body ached. It took me time to write these poems about my fears of mortality. It took me time to heal enough that I could stand to write about it, but writing these helped me understand my experience and myself better.

Facing Death: Poems and Analysis

Cancer Center

Flowers painted by broad brush strokes,
 reds and purples framed, evenly spaced
 down wide hallways. All the places we'd rather be.

Hot air balloons static. Finches silent, yellow.
 In the waiting room, I sign my wristband.
 The receptionist unpeels it from paper,
 sticks the scanner to me.

Glass displays of bald
 mannequin heads wearing wigs
 sit silently around corners.

In the bathroom,
 a sign—just above the sink
*I in 8 women will get breast cancer
 at some point in her life.*

We hear strident beeping,
 someone's buzzer, like at Olive
 Garden, alerts us all.

I finger mine, feel its smooth
 Sticker 19. Hope it will buzz soon.
 Hope it never does.

A woman—bald head wrapped in a scarf.
 Her face, puffy. She taps her fingers on the wheelchair arm.
 Her husband reads the newspaper.

His eyes search the waiting room
 for hope, a hot air balloon, anything.
 She looks to him and scans
 the room for something to hold on to.

I picture myself running into the paintings we passed
 pushing aside endless flowers,
 just laying in an open field,
 fleeing the wait for answers,
 the oncologist's "suspicious nodes."
 Especially what ifs.
 Especially death.

And Slip

slowly time moves
i cannot feel it touch
my skin, my stomach
i bend over it as if a bridge
covering rushing waters
in their cars, coffee shops,
offices they swim among
droplets below

jealous
of the flow cancer in
my lymph nodes

leaves flutter in wind, clouds float
and I hang on to monkey bars—
the ground miles and miles
and miles below, my legs
dangle, fingers sweat and slip

Inside the Maybe

iridescent soap swirl
you're inside a bubble
that calmly grew around you
flickers translucent

you're inside a bubble
you only see your reflection
flickers translucent
no escaping you walk inside

you only see your reflection
they only see theirs
no escaping you walk inside
you can't hear a sound

they only see their reflection
when they try speaking to you
you can't hear a sound
before the silent burst

they try speaking to you
through filmy opalescence
before the silent burst
the pop you tested negative

through filmy opalescence
it calmly grew around you
the pop you tested negative
iridescent soap swirl

Good News

You don't have cancer he smiles
while I wake up from surgery
eyelids drooping. Single file

medicine drips liquid streams.
A bandage spans my lower abdomen;
I'm too afraid to peek at a centipede

of stitches. I expect to celebrate. Instead,
I record pain meds on a schedule: ibuprophen,
Oxycodone, Tylenol, stool softener. I thread

days together with sleep, food, exercise. When
I shower, water trickles over new, pink skin,
erodes my ability to avoid the scar again.

Laughing strains the abs. I have to hold it in
or turn off the movie, tell the person to stop
cracking jokes. I fear sutures untying,

the abdominal wall tearing. Each cough
or sneeze rattles the belly. I long for the joy
of picking up a blanket, a dropped

book on the floor, painting toenails, tying
my own shoes, living without pain,
sleeping on my stomach—how soon

I forget the strength it took to lean
on a brown covered table with wheels,
and walk around the nurse's desk cleaning

the floor with textured socks and tears
into the rest of my years.

As If

The surgeon's words—weeks earlier
 echo: *If this is melanoma, it's stage four.*
Some patients react quite well to medication,
but patients with melanoma like this die from it.

I sat up on the exam table.
 The surgeon. His resident and nurse.
 My parents. Alone in the desert.
 My tears the only sign of life for miles.

My own mortality. My body abandoning me.
 To die in this wasteland. Driving on the edge
 of the Grand Canyon, my tire slips.
 Weeks later, I return to my rhythm

grading papers at the library
 eating fruit snacks, a bag of chips,
 watching presidential debates
 to pass the time. I throw out

flowers friends gifted after surgery—
 moldy stems and browned daisies.
 I wonder how I can just go on as if
 I was never afraid to die. As if the scar

on my belly means annoying recovery
 and not holy shit they could have found
 cancer. As if others don't hear they do
 have cancer. As if it's all arbitrary and I

can watch comedies my life away and be
 happy. As if I had no regrets. As if my
 body's indestructible now. As if I have
 dragon scales for skin.

I sidestepped the valley

of the shadow of death.

The surgeon etched a straight line
between the unknown and known.

He mapped my path to life,
drew the river line. On the cliff,
my eyes refocused.

How far down is that?

I walked a narrow path—
the right

a steep climb,

the left

a steep fall.

Dizzy steps across the ledge.

The gift of slipping rocks,
canyon echoes then solid ground;

too easy to forget how fragile
until my jeans button too tight,
my shirt slips up and proof, pink
and smooth against white skin—
Alive! Alive! Alive, I am!

I Envy his Fury Skin

effortless pad through life,
love for the sun, its heat, rays
my shih tzu sprawls out, snores
in the gradient length of yellow light,
flips so his belly warms, his paws
reach for heat until the morning
fades and his bath arrives through other windows.

He doesn't have to slather sunscreen
on skin scarred from melanoma,
seek shade instead, or eye the sun
skeptically like a moth
that might unravel him
at the seams.

Just Letters

While I believe a poem contains immeasurable
power, it cannot heal the body. It cannot cure cancer.
I can write in form, select precise
nouns, rhymes, sounds, but cancer wouldn't listen.
Cancer speaks its own language with
the body, and a poem cannot intercede,
cannot make me the only patient the oncologist
has seen miraculously cured in 20 years.
A poem cannot win against the king of terrors,
the hidden assassin, the emperor of all maladies.
4000 years ago, an Egyptian physician wrote
"no treatment" for breast cancer. The words ring
through history. The crawling crabs, the cancer cells
creep, stretch, grab. Care only for themselves.
If prayer hasn't cured them, how could a poem?
How could the construction of letters and sounds?

Wouldn't You?

If you think you might be dying and then
you aren't, wouldn't you sing birds into
windows to help you fold sheets,
and tie bows into flowy, satin dresses?
Wouldn't you sweep the floor with joy, lug
laundry up three flights of stairs to a machine
that half works with a smile on your face?
Wouldn't you scrub dishes to the beat
of your favorite song? Pay your bills
while dancing? Your heart beating, skin feeling.
Wouldn't you run outside til you're out of breath?
Stay up late and watch the stars just to feel tiny?

Instead, I crawled into myself
like a turtle scared for its soft body.

Just the other day I felt light again— laughing
til I couldn't breathe, tickling my husband while
he tickled back. I trusted my body. Tumbled
back handsprings on a four-inch beam.
Landed. Arms in the air, smiling.

I Have

I have sat naked
under hospital paper clothes
hours. Waiting for the knife.

Slept through the night
before, knowing pain will
follow, an IV drip will flow,

and I will need help standing, going pee.
I have smiled on the operating table
immunotherapy possibly ahead.

“We’re like a pit crew,” the nurse joked,
stuck electrodes, inserted fluids.
I have roared before the plunge into sleep.

I have boasted courage when my parents,
husband offered to take my place. I have
endured the pain, neglected more meds,

swung back up on the saddle, latched my
seatbelt over a wounded abdomen,
and snarled at death—not yet.

“Cancer Center” sets the stage for the rest of the poems, introducing readers to the setting and situation and showing an intense fear of death. I want to run from it. I want to forget about these appointments, about my own mortality. I set the stage for this environment with the paintings in hallways, sign in the bathroom, the strident beeping, the mannequin heads and other couples experiencing this pain. Through this poem, I express fear and loneliness and powerlessness. This poem captures how it felt for me to sit in the oncology waiting room, the fear.

The next two poems are written exclusively in lowercase letters. This adds a rawness to them and illuminates the way that I felt between these tense doctor appointments. “And Slip” is the reduction of three much longer poems I wrote at Mayo while I was waiting on my biopsy to know if they found melanoma in my lymph nodes. I boiled these poems down to these metaphors. The idea of hanging from monkey bars and being afraid because the ground is so far below is relatable and perfectly describes how I felt in my fear of such a premature death. Also, I wanted to emphasize the way that time stands still during these uncertainties. It’s like we jump out of the rushing stream and into stagnant waters. Lucille Clifton’s poetry also inspired the way this one includes limited punctuation and lowercase letters. This style cuts to the heart of how I felt.

“Inside the Maybe” uses the metaphor of being inside a bubble to explain the isolation I felt while going through this. It also addresses the way people see their own pain in the one who is sick and the sick person in this poem struggles to see beyond herself. This poem emphasizes the secluded nature of going through something like this. I felt so lonely. I used the pantoum form because the repetition fit the subject matter. I could only think about the doctor’s appointments and my future in these unsure days; it

was impossible to think of anything else, and this cyclical form harnessed that feeling. I did not include the rhyme scheme this form calls for because I didn't want it to sound like it all fit together. I wanted a disjointed feeling. Short thoughts repeat and repeat.

The next poem "Good News" explains the difficulty of the early recovery days and holds onto the hope of a new tomorrow, of life without cancer. I found a poem called "Mammogram" by Jo McDougall which works quite like this poem. It starts in the same way "'They're benign,' the radiologist says" and ends with more of a jubilation: "I pull on my radiant clothes. / I step out into the Hanging Gardens, the Taj Mahal, / the Niagara Falls of the parking lot" (9-11). This speaker feels so much more alive and sees grand beauty in the parking lot—the splendor of good medical news. She feels it right away in this moment. The speaker in my poem takes much longer to feel this sense of satisfaction with life. A surgery adds to the difficulty of recovery, but I find McDougall's take so lovely. I wish I would have read that poem the day I received my good news. My poem describes the opposite reaction. I would have expected jubilation, but I was too wrapped up in the physical changes and pain to truly appreciate that moment. I wish I would have seen the world that way right away. I wrote this poem as a terza rima because Dr. Stewart advised me to try using forms when I get too wordy. This form reigned in my wordy earlier draft and also the rhyme scheme, repetition of echoing sounds adds to the repetition in content: so many difficulties in recovering from surgery.

"As If" emphasizes the isolation I felt in hearing this difficult news. It brings the reader right into the doctor's office with me. It shows the reader how I felt in that moment and how I felt looking back at that moment. It actually feels quite surreal now, but I wanted to hold on to the feeling of this moment so that I would never forget that

fear, so that I would be better equipped for future doctor's appointments, so I would live as intentionally as possible. This kind of poem resonates with Lorde's call to live considered lives with death in mind. The mention of friends' flowers and my parents proves I obviously was not alone, but death does feel like a very personal affair. I think of the individual casket. I think of being buried outside city limits. And this poem shows that duality of having loved ones around and being cared for yet feeling so very alone.

"I sidestepped the Valley" again emphasizes the appreciation for life. I use the metaphor of walking along a cliff unsure of my footing to eventually reach the other side with confidence and jubilation. The speaker here writes about this experience as a gift. The possibility of death shows us the beauty of standing on solid ground, provides the kind of thankfulness Lorde describes. It also echoes Raz in "Service:" "My breast hurts, shoulder hurts— hurt body— / as I lift my arm in ecstasy. Alive!" (8-9). Raz writes about the physical difficulty of her mastectomy and then shifts suddenly to an appreciation for life. My poem mostly focuses on how thankful I am to not have had cancer, but still walks readers through that in-between scare.

"I Envy His Fury Skin" starts in a relatable way. It starts with the daily activities of my dog and then shifts to show readers the fear of the sun that haunts how I live. I wrote a longer piece describing the sun and my relationship with it, but I figured I could sum it up in these shorter lines. These images work together to show that while I may have gotten through this bout with cancer, another one may easily be around the corner. This poem tries to capture that general fear.

With the poem, "Just Letters," I grabbed phrases from the PBS documentary series *The Emperor of all Maladies*. I wanted to write a poem like this because as much

as I have been writing about the power of writing about cancer experiences, the obvious truth through the history of cancer is that cancer is extremely powerful, and while scientists and researchers have leapt forward in finding cures and treatments to extend life, many people have died from cancer and will die from cancer, and they could not have written or spoken anything that would have changed that. I also bring in this religious element with prayer not healing people, and while I hope that prayer has healed people, it seems to me that we must rely on science to find cures for cancer. In her book *The Violet Hour*, Katie Roiphe describes Dylan Thomas's death. She notes his obsession with death and the way he would use language to joke about his own death. She reaches this conclusion about his words discussing death: "it is a clairvoyance mingled with the power of humor, the willful, playful, temporary, in the end completely illusory control that language gives over life" (170). I think even this fake control of language can be intoxicating, can be all we have left. So, in this poem, I wanted to write a counterargument to my many arguments that writing heals me, that writing holds power in powerless situations, and while I think those things are true, writing cannot substitute for medication and science.

I wrote the majority of the poems in this thesis between March and June 2016, but "Wouldn't You?" I wrote in early August, and it felt like a big moment for me because I had hoped to walk out into the Hanging Gardens as the speaker in "Mammogram" does, but I didn't at all. I know I mulled this poem over in my head various ways and one day rereading through these other poems about mortality, I wrote it. I love all of the images that had dominated my thought processes, the images of myself truly enjoying life as characters do in movies. And I love the awakening back into myself, the breaking off of

my shell, the perfect landing on the balance beam. This poem showed me myself and empowered me to feel safe in my body again.

I wrote “I have” after a writing prompt in *The Poet’s Companion*. The writers suggested that I write a poem bragging about something I am proud of. They provided a poem about a woman empowered from having given birth as an example. I wanted to take a break from writing poems for my thesis, but I started with the first line and have kept the bulk of my first draft. I love the strength I find in this poem when the speaker in others appears much more vulnerable. And when I wrote the last line, I felt incredibly empowered. This helped me start my journey toward discarding the weight of that fear. Lorde also addresses this feeling of finding meaning in empowering ourselves through difficulties: “I think I find it in work, being its own answer. Not to turn away from the fear, but to use it as fuel to help me along the way I wish to go. If I can remember to make the jump from impotence to action, then working uses the fear as it drains off, and I find myself furiously empowered” (55). Some of these poems worked that same way for me. There’s a power in writing myself on the page that I find intoxicating.

Through writing these poems about mortality, I learned a lot about myself. I learned how I was feeling. I wrote myself, and I maintained this close fear of death throughout. They also provided a lens through which to see the culture around me. The research these led me to helped me understand why I felt so alone, isolated and afraid. They enabled me to engage boldly with the experience of others dealing with their own mortality, which provided comfort. Katie Roiphe ends her book with this very idea: “I thought of how [James Salter] said, ‘We make our own comfort.’ Those were the words I was looking for but couldn’t get to: We make our own comfort” (287).

CHAPTER FOUR: THE DOCTOR-PATIENT POWER STRUCTURE

Waking up from the surgery to remove extra skin from my leg and a lymph node from my groin, I remember saying out loud to the nurse checking my vitals, offering me ice chips “I’m done!” I felt a twinge of pain in my leg and saw it was ace wrapped to high heaven, but I was so happy, ecstatic even. Unfortunately, I wasn’t done. The surgeon had promised he could close my skin, but he could not. He had also failed to get a lymph node to test for cancer. He apologized to my family for these mistakes and arranged for me to have surgery again the next day. Those forty-eight hours where I lived with a huge open wound, got poked and prodded a second day, laid on the operating table again, and woke up with so much more pain and anxiety than I did the first day still haunt me in some ways. I know I don’t remember them as well as my family members do, but this awful situation started my precarious, untrusting relationship with medical professionals. Also, having cancer of some sort mandates a line of specialist appointments, so I have had many interactions with doctors since then. From all of this, I struggle to trust doctors’ intentions and capabilities, and I find myself noticing the inherent power structure between doctor and patient often by picking apart their words and out interactions.

The poems in this chapter focus on the relationship between doctor and patient, emphasizing the inherent power doctors, especially surgeons, hold over the body and dissecting the troubling words medical professionals have said to me or used in my reports. The doctor-patient relationship has changed through time. My poems illustrate ways doctors have viewed me: a disease, an unreliable source, a body to harvest organs from. The poems also describe how I see my relationship with doctors: I feel powerless when getting poked, during tests, when having surgery. Therefore, I will examine the

transition from doctors treating patients as holistic beings to reducing them to their diseases and then the theoretical pendulum swinging back to an attempt to implement a patient-centered structure. These changes will assist me in understanding why I wrote the poems I did. While it is changing, the doctor-centered power structure is alive and well in actual doctors' offices, and by analyzing the words they used and how I interpret them, I can undermine this power structure and write the final word.

History of Power

N.D. Jewson's article "The Disappearance of the Sick-Man From Medical Cosmology, 1770-1870" helps me to frame the analysis of my poems by illustrating three large shifts in the doctor-patient relationship: "Bedside Medicine," "Hospital Medicine," and "Laboratory Medicine." He calls each of these structures a cosmology which he defines as "conceptual structures which constitute the frame of reference. . . which guide the interests, perceptions, and cognitive processes of medical investigators" (225-26). "Bedside Medicine" existed before industrialization and maintained a holistic view of the patient; doctors considered patients' lifestyle and values while assisting them with their sickness. Because doctors at this time had limited ways of seeing and testing the internal functions of disease, they treated patients by listening to them describe their illness. Doctors acted like salesmen, working to establish an honorable reputation and skills to attract patients through face to face interaction and positive referrals. Jewson argues that at this point the sick man was seen as a whole being who held more power in the relationship than his doctor. However, as doctors gained more knowledge of the

human body and therefore power, doctors' perspective of the sick man shifted from whole person to case to cell complex (228).

The next medical cosmology "Hospital Medicine" occurred during the first few decades of the 1800s. Instead of viewing the sick person as a whole person, s/he became a group of organs working together, each with its own purpose (229). Doctors paid less attention to what the patient said and more to pathology reports, "observable organic structures," and autopsy after death (229-30). Jewson argues that doctors built less mutually beneficial relationships with their patients and were instead awarded merit based solely on their position of power. "The new occupational role of the clinician was matched by the emergence of a new role for the sick-man, that of patient. As such he was designated a passive and uncritical role in the consultative relationship, his main function being to endure and to wait" (235). The sick person was no longer conceived of as a person understanding his/her own body. Doctors focused more attention on learning the inner workings of the body than the patient as an individual.

"Laboratory Medicine" originated "within a German university system in the middle decades of the 19th century" with the discovery of cell theory (230). Researchers realized that they needed to understand the body at a more fundamental level to decipher normal and abnormal functions. Instead of doctors guessing about disease based on the patient's words, doctors began focusing primarily on the person as a compilation of cells. This new view illustrates fundamental changes in the way doctors viewed patients and the way that relationship was structured; the patient now had no physical contact with those researching the body and its processes. More knowledge of the human body gifted doctors with more power and stripped patients of their power. While these shifts have

arguably saved many lives and the crusade for a better understanding is valuable, Jewson argues that patients, in the laboratory medicine cosmology era, were diminished to a cell complex.

Tracing the history of the relationship between medical professionals and sick people shows many profound shifts that, I would argue, still greatly affect interactions in the doctor's office today. People still want a level of power in the decisions about their medical care because, after all, they live in their sick body. While the power structure became more impenetrable by patients as the pathology reports and statistics spoke louder than they did, patients eventually spoke out against this cold, impersonal kind of doctoring. So, the theoretical tide is moving back toward a more patient-centered approach. Through understanding that the structure used to rely more heavily on patient power, researchers can locate the valuable aspects in that approach and reintegrate them into the present structure.

Contemporary Paradigm of Power

In Foucault's book *Discipline and Punish*, he outlines various societal institutions that exercise some dominance over people. He concludes that these apparatuses like the schools, military, police force, hospitals all act as panopticons, expecting people to ultimately discipline themselves. Foucault argues that "Power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations" (550). He believes that power is inevitable in the doctor-patient relationship.

While doctors maintain power in this relationship, patients have asserted their own power in the last couple of decades. For a vast variety of reasons, patients have gained more control of their own bodies in the doctor's office. "Patient autonomy" has been emphasized more in ethical practice where patients decide based on facts provided by their doctors ("Doctor-Patient Relationships" 1). Most patients – 80% of adult users have searched health information online ("Doctor-Patient Relationships" 2). Patients now have access to information about any disease they may be diagnosed with and can research it to great lengths. Patients also doctor shop more than in the past because of increased transportation ability and diseases which are complicated and may last a whole lifetime. People have time to consider their options. People can research doctors and specialists, get themselves on a waiting list, and see the doctor of choice. In addition to these changes, "the nature of illness has changed. As bioethicist Robert Veatch has noted, acute illness with its fever, weakness, and delirium isn't conducive to joint decision making. The dominant illnesses of our time are heart disease, depression, diabetes, and many types of cancer. They often affect people for years, if not a lifetime" ("Doctor-Patient Relationships" 2). Because of all of these factors, patients have been able to take back some control in doctors' decisions.

The way doctors and patients interact is changing today. Because doctors know that patients involved in the decisions about their health will live healthier lives, they are working to change the existing power dynamic. In his article "New Roles for Patient-Centered Care," Michael Millenson points out that within the last two decades: patient centered practice was an "aim" and ideal in the 2001 Institute of Medicine report, but by 2013 the report "recommended 'strategies and policies at multiple levels to advance

patients, in partnership with providers, as leaders and drivers of care delivery improvement through the protected use of clinical data, informed, shared decisions and value improvement” (979). He argues that these beliefs are changing from conceptual to practical. This large scale change in doctoring takes time. Many physicians still exert their power in actual patient encounters. In the article “Physician as partner or salesman? Shared decision-making in real-time encounters,” Orit Karnieli-Miller and Zvi Eisikovits investigated whether this patient-centered model affected actual doctor appointments by focusing on “17 encounters with children and adolescents ages 9.6-16.6 years regarding an IBD diagnosis, in three hospitals in a large municipal area in Northern Israel” (2). They concluded that doctors, while saying they believe in shared decision making, often use their power by limiting the information they provide to patients or by scaring the patient into agreeing with the treatment option they suggest: “Our analysis suggests that shared decision-making may be a philosophical tenet or a value advocated by the pediatric gastroenterologists studied, but it is not necessarily implemented in their actual communication with patients” (6). The theoretical shift from doctor-centered to patient-centered care has been happening for about two decades now, and it takes time for doctors to implement these best-practice strategies in their daily meetings with patients.

While many patients assert their own knowledge, research, and power, not all patients want the power in this relationship. In the article “Patient Power in Doctor-Patient Communication: What Do We Know?” Analee E. Beisecker analyzes the ways that patient behavior contributes to the power structure inherent in the doctor-patient relationship. Beisecker accounts for various patient factors like expectations, background knowledge, social status including education, gender, communication strategies, and

more. Doctors realize that providing patients with more information about their disease enables them to actively engage in treatment options. And when patients have input in these interactions, they generally are more likely to follow the treatment plan which improves overall health (Karnieli-Miller and Eisikovits 7). The article complicates an understanding of patients. Some want extensive knowledge about their disease and to exercise input as the patient through asking questions and influencing decisions. Other patients want the doctor to decide for them (Beisecker 118). The diversity of patients also complicates how doctors communicate with them. What may work for one patient may make another patient angry. Each relationship is complicated.

Importance of Language

Doctors' implicit power can be found in what they say. In the article "Doctors' orders and the language of representation" Em M Pijl-Zieber discusses the power inevitable in words: "The discourse of health care carries implicit power connotations. Language is a medium of social power and can be an instrument of domination; communication structure, particularly restricted communication, can manifest social power as domination and colonization" (143). By analyzing the words doctors commonly say among themselves and the words they say to patients, researchers can explore how this power functions in real interactions.

The language doctors use influences the perceived and actual power structure between patient and doctor. In the 2016 article "Patient-Doctor Relationship in Dermatology: From Compliance to Concordance," Klaus-Michael Taube argues that doctors should avoid using words like "compliance, which in translation means consent,

agreement, but also submission.” (217). This word choice emphasizes the power the doctor exerts over the patient. Taube proposes using the term “concordance” which values a highly interactive experience between patient and doctor where they work together to compose a plan for the patient. In this relationship, the doctor provides patients with all possible options and the patient, with the doctor’s assistance, decides. A. Ildiko Martonffy echoes this idea in “The Power of Words:” “Much has been written about the importance of treating our patients as equal partners in their health care. As language is a way to communicate our thoughts to one another, perhaps it will be easier to see ourselves as ‘partners’ with our patients rather than their healthcare ‘providers’ if we level the playing field with language that paints us in a more equal light” (285). He explains the need for healthcare professionals to carefully choose language that pushes them to view their relationships with patients as mutually beneficial, instead of a top down power structure.

Patients can use language to their advantage to take back their power. Audre Lorde finds immense power in language. In *The Cancer Journals*, Lorde emphasizes the reason she writes: to break silences: “The fact that. . . I speak now these words is an attempt to break that silence and bridge some of those differences between us, for it is not difference which immobilizes us, but silence. And there are so many silences to be broken” (22). I find this especially important in writing about the interaction between doctor and patient because this isolated space rarely makes its way into public knowledge. And if we who have brushed up against cancer stay silent about our experiences with doctors, others will feel all the more alone in the doctor’s office. When we speak up about how words felt from our side of the equation, we enable doctors to

have a richer understanding of the patient experience and to potentially make changes. While recovering from her mastectomy, Lorde experienced the crass nature of her medical care team: she came to the office without a prosthesis, and the nurse asked her to wear one around the office to improve morale. This enraged Lorde because she knew she had the right to define her own body and she saw not wearing the prosthesis as a way of accepting her changed landscape. “I refuse to hide my body simply because it might make a woman-phobic world more comfortable” (62). By addressing the way she reacted to this nurse’s suggestion, Lorde shifts the conversation to the way medical professionals’ words affect patients. Through writing about it, her response echoes louder than their words did.

Addressing the specific words of medical professionals allows writers to analyze and interpret the words themselves. It provides them the time to roll them around in their mind. Lorde writes that she was so shocked by this statement that she didn’t say anything at the time, and I felt the same way about the doctors’ words I include in my poems. In her book *Living on the Margins: Women Writers on Breast Cancer*, Hilda Raz writes “[None] of the writers in this book provide a simple discourse of breast cancer, not a single politics or aesthetic. Only language itself can remake the margins, revise the text, express the ratio of risk to reward, posit cultural change” (xiii). Raz emphasizes the inherent diversity in individual experience and the necessity to use language to reimagine our place as patients, as those faced with cancer.

The language of poetry has the power to bring people together, to create intimacies in relationships because of the honesty possible in expression on the page. In an article titled “Poetry Kept my Patient Alive,” Ruth H. Livingston writes about her

experience as the psychologist of a patient obsessed with poetry. “Steve’s poems were full of his pathos, a sorrow that spilled into my office. Poetry — his own and others’ — could make him weep and, in these moments, we plunged into his internal world in depths that eluded my ‘healthier’ patients. In time, I came to know him intimately and to treasure him” (par. 15). This encounter shows the intimacy poetry can provide between people, the silences it can breach, even in therapy sessions. People may write in a poem something they would never say or something they would never realize if they hadn’t written it down. Poetry is ultimately, for me a discovery process, and all of the poems I wrote in this chapter and the others have stirred me emotionally and shown me something about my thought process I wouldn’t have otherwise realized.

Contemporary Poetry

Contemporary poets write about doctors and their relationships with doctors in a variety of ways. Some of these poets write about medical professionals in the same way I do; some poems contain perspectives slightly different or completely opposite of mine. I highlight ways that my poetry interacts with theirs, and then I will present my own work with analysis.

In “The Land of the Body (#2),” Chana Bloch relays a visit to the doctor where the doctor evaluates an image of her body on a screen. She calls him a fortune teller “I’m waiting for him to read / my fortune: / values on a scale, relative shades of gray” (8). This view of the doctor as someone who holds patients’ futures in his reading resonates with me, and probably anyone who has gone to the doctor with some unexplained problem. She then explains what he says and leaves readers hanging, likely how she felt:

His voice segmented, exact, he
 talks to the picture,
 takes a crayon, draws
 a burst of rays
 around the star he's discovered

but hasn't named. (18-23)

In this poem, the doctor is both fortune teller and astrologist. He seeks the irregularity, and looking at the same image, he sees what the patient cannot. He holds the knowledge to read the scan, tell her future to her. The poem is written and contains line spaces that show the bated breath with which she waits to hear her future explained. This adds to the ability of the reader to understand how this must have felt.

In "Peau d'Orange," Marcia Lynch writes about the doctor as miracle worker, healer. She starts with the doctor's words and then responds to them, hoping that he can heal her.

"Surgery, radiation, or
 death," you say and leave
 the decision to me,

 while I insist you are the gods
 I believed in as a child.
 I prayed you to pull magic
 out of your black leather bags (3-9).

She relates doctors to gods, magicians. She hopes that they can heal her. She doesn't want the decision left up to her. She ends the poem by begging: "Please / let me grow old," (23-24) like it's up to him. She hopes it's that simple. This poem shows a patient handed power by the doctor; she can choose how to proceed. However, she feels afraid and intimidated by the choices. She wants the doctors to heal her, let her age. This poem sums up a downside to switching to a patient-centered model of care, and some patients do not want to make the decision for themselves. It also shows how helpless people feel when sick. They want the doctors to powerfully, miraculously heal them.

The next two poems are dedicated to doctors, humanizing them. In "Doctors" by Anne Sexton, she describes doctors as they are: "They are not Gods / though they would like to be; / they are only human / trying to fix up a human" (9-12). She admits that doctors are just human beings. Sexton continues "They would kiss it if it would heal. / It would not heal" (19-20). She demonstrates that doctors have good intentions; they want people to get better in the least painful way. She ends by criticizing doctors who let their profession get to their head "If they are too proud, / and some are, / then they leave home on horseback / but God returns them on foot" (27-30). She knows doctors cannot be the end-all. She argues that they can only do so much with the knowledge they have and the tools at their disposal. If they become prideful, God will teach them humility.

James Tate continues this desire to humanize doctors in "On the Subject of Doctors." His poem starts: "I like to see doctors cough" (134). He likes to know they are human, fallible. He then criticizes the way doctors collect money from patients: "What kind of human being / would grab all your money / just when you're down? / I'm not saying they enjoy this" (2-5). He continues, "Hell no, / they'd rather be playing golf / and

swapping jokes about our feet” (8-10). Tate highlights the difficulty patients have with doctors because whether doctors like it or not, they do drain many people of their financial security if they need long treatments and if they are really sick. This provides a helpful perspective of doctors though: they don’t want to do this; it’s just part of their job. He ends his poem at “taking my plastic medicine seriously / with the doctors, who are dying” (22-23). Here, he again humanizes doctors and proves that they are not indestructible. They want to help people, and they know they are ultimately mortal too. I do not humanize doctors in my poetry. I focus on the differences between us and my powerless state.

“The Doctor Rebuilds a Hand” humanizes doctors through the perspective of a doctor; he writes about the difficulty of being the one who heals. He describes the hand interlaced with wood, bark from the forest. And he compares his own hand to the one he heals in order to heal it correctly. He ends the poem with these lines: “If I could abandon the vanity / of healing, I would enter the forest of wounds myself, / and be delivered, unafraid, from whatever I touched” (15-17). Here, he describes this blind faith in doctors. People put themselves in harm’s way, hoping that doctors can just fix them, but doctors do not enter these dangerous terrains because they know it’s not that simple. If this doctor seriously injured himself, he couldn’t present his seriously injured hand to a surgeon unafraid. He would know potential consequences and know it may not be healed. This speaker also shows readers the difficulty of holding others’ healing in his hands. This poem works to humanize him and focuses readers on the fact that doctors are just people too. As a patient, I value this perspective. I find the anthologies with doctor and patient

poems valuable because it helps us meet each other at our hopes and fears, and ultimately, at our humanity.

Philip Levine captures the helpless feeling of being a patient in “The Doctor of Starlight.” He explains a visit to the doctor and how it feels to lay back on the exam table:

together they helped me
lie face up on his table, where blind
and helpless I thought of all
the men and women who had surrendered
and how little good it had done them (17-21).

He illustrates the vulnerability that comes with seeking medical help. Lying on his back, helpless, the doctor picks out the star from his skin. This visit benefitted him, and yet he illustrates this surrender, vulnerability in the doctor’s office.

Marc Straus bases his poem “Luck” on a conversation he had with his doctor. This is the same tactic I use in many of my poems in this chapter. I respond to a conversation. The doctor informs him that he has a lesion in his lung. “If I’m lucky, he says, it’ll be curable” (3-4). Straus objects to this view of luck: he cites a recent news story where two children were saved from a fire and “the reporter said / it’s lucky they’re alive. So I say, how come / it’s lucky they got second degree burns?” (4-7). He rejects this optimistic perspective and wishes for what he calls “real luck:” “Want to hear about real luck, I say. I have this itch / under my arm. I’ll scratch it twice in slow circles // and the lesion in my lung is gone” (9-11). By writing about this interaction, Straus has the final word. He unpacks his reaction to his doctor’s words and shows readers his view of what luck should really mean.

In the first four poems in this section, I react to words medical professionals have written about me and said to me. Writing about these conversations allows me to articulate my perspective, which took me some time to sort out and explain. The next three focus on how powerless I felt during surgery and the CT guided biopsy. In all of these, I emphasize the power structure, the general helplessness I felt during these uncertain times. And I transfer some of the fear of the future to a fear in the hospital setting and those in control of my body.

The Doctor- Patient Power Structure: Poems and Analysis

The Disease

Door open, the surgeon's
about to leave the room
when she says, in an effort
to be encouraging, "We're all
very interested in the disease."
It would please her to diagnose
me so they could study my lymph
nodes, my rebellious cells under
microscopes, discuss them at
conferences—my chart open
on her desk. Coffee mug in her
right hand, she sips peacefully—
the disease only in her head.

Harvest

My medical report
read: *A chain of mesenteric*

*lymph nodes was harvested
off of the vascular supply*

of the terminal ileum.
Demeter, goddess of the harvest,

and life cycles—the wheel of life
and death, ever crushing—

my lymph nodes are ripe for plucking.
The OED reads harvest: season's

yield of any natural product.
Mine unnatural. Mine white on the PET scan.

In February before the Earth greens,
globes of enlarged lymph nodes ripen.

Just a Poke

she promises.

I shake my wrists to prepare,
breathe in and out, squirm.

She says *You're like a man—
the women usually can handle
a poke*. I pull my wrist away, strangle
the chair arms. She says, *You better
not plan on having children*.

She wields a needle, wears scrubs.

*Maybe your husband should carry
the kids for you*. I don't laugh.

She squeezes my middle finger
for three drops of blood on cotton balls.

Pulls the inside outside like lymph nodes
a few months ago. But she's right.

I know nothing of pain.

I can tell she doesn't trust

my report of intense back

pain— throbbing near my spine.

Your urine looks normal.

I tell her I've never had pain like this.

I tell her I got sick it hurt so much.

She could prove it with a CAT scan—

but wants to avoid more radiation.

I tell her I've spent every minute

in a warm bath to ease the pain.

She prescribes low dose pain meds

and tells me *If you to promise not to abuse them.*

A week later, I read her report

of my ER visit: most likely muscular.

The next day a round kidney stone

stings and plinks into the toilet.

While I Slept

He explained the procedure I would undergo while I slept.
He would try laparoscopy through my bellybutton while I slept.

When I awoke, I felt the bandage span across my abs.
I knew he'd sliced the space between fingers—bloody inches— while I slept.

The night before surgery I scrubbed my stomach to sterilize with pink
soap, memorized my smooth, peach-fuzzed skin before I slept.

Women used to go in for a biopsy and awake without a breast,
dread, fear what may disappear, happen while they slept.

If he needed to, he would draw a line—he spaced the air between
his thumb and forefinger, inches apart—he'd make the decision while I slept.

Awake, I study the pink line, provide it with lotion,
vitamin E. I still feel its dense scar tissue bend while I sleep.

The Surgeon Sketches

A straight
smooth
line
my stomach—
his canvas
indelible
artwork
his color
options only
hold the pink
my new skin
will turn
he decides
how long, where

his
professional
opinion
enough
cause
to sketch
a longer
line,
leave me
to heal
in the aftermath
staring at this
irregularity
this foreign
artwork
boundary
between
before
and after.

Gold

Small scale mining
to extract gold from below
sand and rock and water.
Small environmental impact.
My body—maybe gold inside,
maybe coal, maybe death.
The radiologist pokes a thick needle,
seven samples to test cells.

Seven samples to test cells,
the radiologist pokes a thick needle.
Maybe coal, maybe death
maybe gold inside my body.
Small environmental impact.
Sand and rock and water
to extract gold from below.
Small scale mining.

In many of these poems I use direct quotes from medical professionals. Their words illuminate the power structure between us. Through writing about them, I can present the disconnect between us and speak to how these words affected me. These poems also illustrate the ways that the three medical cosmologies outlined by Jewson exist in the present. I didn't write any examples that would fit under the "Bedside Medicine" cosmology, not that I haven't received holistic care at times, but I typically bounce around between specialists; and they look at different parts of my body separately like in "Hospital Medicine." I would fit some of my poems under the "Hospital Medicine" cosmology: "Just a Poke" explains why the technician didn't know my past experience with surgery; she just was performing a breathing test, was only concerned about my lungs. This poem shows a division between what has happened to the patient and what the medical professional knows. "I can tell she doesn't trust" illustrates the division between what the doctor can see on a scan or in urine that proves invisible pain. Without more concrete evidence, she doesn't know what to think of all the pain I describe. And in the cosmology of "Laboratory Medicine" I would put "The Disease" which proves that doctors still look at patients as compilations of cells, as carriers of the disease. "Gold" can fit into both categories in a way. It shows the sophisticated ways of attaining cell samples. It holds all the understanding and prognosis in the cells themselves.

"The Disease" focuses on specific words a surgeon told me before I had surgery. They stuck in my head because she emphasizes "the disease" over me as a whole person. Once I read "The Disappearance of the Sick-Man" I realized that medical knowledge has moved in this direction: cells under microscopes, leading to a greater understanding of

diseases and possible cures. So, this poem shows that shift from patient-centered care to cells under microscopes. While I know that her interest in the disease probably does help people get better, the way she said this shows how much she thinks of patients as walking cell compositions. In their article “Who can Resist Foucault?” Bleakley and Bligh echo this idea “In the development of the medical gaze, perception shifts from complex person to identifiable disease” (373). Again, people are reduced to their disease in the eyes of doctors. This poem also notes the vast chasm between patient and physician. The doctor can go about his/her day while the patient fears for his/her life. I realized how differently doctors and patients approach those interactions: patients have the disease in their bodies, their lives at stake. And the doctor works to figure out the problem but does not have the same bodily investment. I get this. Doctor’s cannot drain themselves of compassion every day in their jobs, but this idea of the disease in the body versus the head shows that distance between the two sides in this relationship.

I read the word “harvest” in my medical report, and I couldn’t even read the rest of the piece of paper. All I saw was: harvested. My stomach was still healing when I received this in the mail, and I just thought of myself as a field, my lymph nodes the crops. Harvest. Harvest. I thought of the words “organ donor” on my driver’s license. I thought of cadavers. The way this stuck in my head showed me the disconnect between the impersonal verbs doctors use when explaining surgery and the way it feels to read these words as the patient. Doctors’ word choice affects patients, this time negatively. But I was able to write this poem based on that report which helped me rewrite this troubling word. After a while, I could step back and consider alternate harvest definitions and contexts. I also found it fascinating that I couldn’t find the definition of “harvest” the

doctor intended here in the OED. So, I am not sure why doctors use that term. But this poem shows me wrestling with this term, viewing the term in different ways, and ultimately folding it into how I understood my experience.

“Just a Poke,” to me, illuminates how much medical professionals think they can say to patients just because they are wearing scrubs or wielding a needle. This woman helped me do a breathing test: she simply instructed me on how to breathe and registered the information. She was a technician, and yet she felt the need to tell me what she thought of me and my future. I found this especially agitating because she had no idea what I had been through or how many needles had poked me within the last couple of months. So, this poem is about that disconnect between technician and patient. It’s about the words that come out of all of our mouths. It’s about what those words mean to the listeners.

In “I can tell she doesn’t trust,” I emphasize the trust issues that can arise in the doctor-patient relationship. This also bounces off the Illich’s discussion in “The Disappearance of the Sick-Man” where he argues that in the late 18th century doctors could only rely on their patients’ words, but with the invention of tests and imaging, doctors could rely on those instead and doctors’ trust in patient accounts faltered, especially when they couldn’t prove the pain levels (230). The ability to understand the body and analyze tests has dramatically improved medical care in many ways, but this distrust between doctor and patient undermines what the patient says. In “The Power of Words,” A. Idiko Martonffy writes “Implicit in the language we use is a sense of distrust in what our patients tell us. A patient’s subjective report of back pain suddenly means less when we have the (objective) report of a normal MRI in front of us” (285). This

sheds light on the distrust among the two parties. Doctors want the facts. They never want to hand out pain meds without cause. It shows me telling my pain/difficulty to deaf ears. The moment where she makes me promise not to abuse low dose pain meds when I really needed stronger meds shows the implicit distrust between doctor and patient.

I wrote “While I Slept” as a ghazal because when I first wrote about my surgery experience, I noticed a repetition of the idea that I was sleeping while he made the decision to make a three-inch incision in my stomach. This repetition showed me how powerless and vulnerable I felt. So, I wanted to experiment with a form that mandates a refrain like this to emphasize this inherent power structure in the surgeon/patient relationship and my fixation on this power structure. The surgeon told me that he might be able to perform the procedure through my belly button, but if they couldn’t reach the lymph nodes, he would have to cut a larger incision. In the meeting, I agreed. However, when I woke up, I realized how powerless I was in that situation. I couldn’t make a decision while I was under anesthesia, so he and the other awake people decided to cut a larger line. When it came time for him to decide what he had to do, I didn’t have any say. I love the refrain in this ghazal: this fixation on the fact that I am sleeping throughout while someone makes life changing decisions for me. The fourth stanza shows that we have definitely made progress. I had to acknowledge that I might need a larger incision before he could make that choice, but when doctors were performing radical mastectomies, they would sometimes have the biopsy and mastectomy in the same procedure. So, they would find cancer and then cut off the breast and sometimes even large sections of muscle underneath up even into the armpit, called a radical

mastectomy (Goodman). I wanted to include this larger perspective of people who felt way more powerless when the biopsy and surgery were conducted at once.

A poem I read relating the idea of a surgeon as artist inspired “The Surgeon Sketches.” I chose to stand the words up vertically just like my scar. I am compelled by this notion of surgeon as artist, where his art stays permanently on the body. When I would stare at my scar, getting used to how it looked, I would think of the surgeon marking more patients each day. I would think of how he had probably completely forgotten about me, on to the next case, but I could never forget him. I could never erase the marking he had made. This again emphasizes the power he has in this interaction “he decides / how long, where.” because I also woke up with two tiny incisions on my stomach, which again he warned me of, but I didn’t know how that would look until I woke up. He chose places my body would scar forever, and I was asleep on the operating table.

“Gold” shows a reliance on invasive, skilled tests doctors perform and the wait on results. I wanted to write a poem in this mirror style ever since I read one like it in Peter Perivera’s book *What’s Written on the Body*. It works well for this subject matter because the mirror of the poem acts like the needle—it dips into the body and then starting from that point pulls out of the body. This poem demonstrates the shift toward cell theory and that the answers to our health lie in our cells. It also uses an analogy of gold inside the body as health and coal/death also potentially lying in the body.

CHAPTER 5: CONCLUSION

After writing the bulk of this thesis, I attended the Examined Life Conference in Iowa City, Iowa. During this conference, many doctors and patients presented their creative work. They argued for the importance of explaining their perspective and for reading work written by others with vastly different perspectives. This includes doctors understanding the patient point of view and vice versa; this provides a path for understanding each other better. I found one moment particularly striking in a presentation. Kristin Seaborg, a physician, presented “When the Doctor is the Patient: Exploring the Role of Empathy, Compassion, and Literature in Healing.” During the discussion period, another doctor talked about why doctors might not go the extra mile with a patient, why they might not ask the deeper, personal questions like “how are you really doing?” She said 1) They might not have the time. 2) They might feel ill equipped to support patients when they are honestly struggling. 3) They might need to protect themselves from the heavy weight of everyone else’s emotions. I found this really insightful because I had focused on the negatives of my doctors and not on their humanity. But by listening and understanding this perspective, I can be a more compassionate person and patient.

At this conference I also presented with Dr. Stewart and Leah Alsaker. I planned to read eight of the poems from this thesis, but I only got through four when I reacted emotionally; I could feel my throat tightening. I thought these poems were old enough they wouldn’t strike an emotional cord. This proved to me how much these poems and this work means to me. It has empowered me and enabled me to turn my medical experiences into something beautiful. The listeners encouraged me after by saying that

they had been emotionally touched by the poetry the three of us had presented. These kinds of exchanges are vital for our humanity. They reach into our cores and make us feel all the more alive.

WORKS CITED

- Addonizio, Kim, and Dorianne Laux. *The Poet's Companion: A Guide to the Pleasures of Writing Poetry*. W.W. Norton & Company, 1997.
- Beisecker, Analee E. "Patient Power in Doctor- Patient Communication: What Do We Know?" *Health Communication*, vol. 2, no. 2, 1990, pp. 105-22.
- Bleakley, Alan and John Bligh. "Who Can Resist Foucault?" *Journal of Medicine and Philosophy*, vol. 34, 2009, pp. 368-83.
- Bloch, Chana. "The Land of the Body." Mukland, pp. 8.
- Brown, B.C., et al. "The Hidden Cost of Skin Scars: Quality of Life After Skin Scarring." *Journal of Plastic, Reconstructive & Aesthetic Surgery*, vol. 61, 2008, pp. 1049-1058.
- Brown, Rosellen. "Sound and Shadow." Mukland, pp. 7.
- Clifton, Lucille. *The Terrible Stories*. BOA Editions, Ltd., 1996.
- Copeland, Larry. "Life Expectancy in the USA hits a Record High." *USA TODAY*. 9 Oct. 2014, <http://www.usatoday.com/story/news/nation/2014/10/08/us-life-expectancy-hits-record-high/16874039/>.
- Davis, Helene. "Here and There." Mukland, pp. 61.
- Goodman, Barak, director. *Cancer: The Emperor of all Maladies*. PBS, 2015.
- Pijl-Zieber, Em M. "Doctor's Orders and the Language of Representation." *Nursing Philosophy*, vol. 14, no. 2, 2013, pp. 139-147.
- "Doctor-Patient Relationships: Power shifts to Patients" *Harvard Health Letter*, vol.31, no.1, 2005, pp. 1-2.

- Ehlers, Nadine. "The SCAR Project: Disability Aesthetics of Dis-ease." *Journal of Literary and Cultural Disability Studies*, vol. 9, no. 3, 2015, pp. 331-347
- Foucault, Michel. "Discipline and Punish." *Literary Theory: An Anthology*, edited by Julie Rivkin and Michael Ryan, Blackwell Publishing, 2013, pp. 549-566.
- Foucault, Michel. "Of Other Spaces." *The Visual Culture Reader*, edited by Nicholas Mirzoeff, Routledge Taylor & Francis Group, 2001, pp. 229-236.
- Fox, John. *The Healing Art of Poem Making*. Tarcher/Putnam, 1997.
- Hacker, Marilyn. *Winter Numbers*. W. W. Norton & Company, 1994.
- Hartman, Stephanie. "Reading the Scar in Breast Cancer Poetry." *Feminist Studies*, vol. 30, no. 1, 2004, pp. 155-177.
- Herbert, Mary Kennan. "Poetry and Commentary: Skin Man." *Journal of Medical Humanities*, vol. 22, no. 1, 2001, pp. 83-86.
- Hirsch, Edward. "I Need Help." *Mukland*, pp. 90-91.
- Jewson, N.D. "The Disappearance of the Sick-Man From Medical Cosmology, 1770-1880." *Sociology*, vol. 10, no. 2, 1976, pp. 225-44.
- Karnieli-Miller, Orit and Zvi Eisikovits. "Physician as partner or salesman? Shared decision- making in real-time encounters." *Social Science and Medicine*, vol. 69, 2009, pp. 1-8.
- Levine, Philip. "The Doctor of Starlight." *Mukland*, pp. 68-69.
- Livingston, Ruth H. "Poetry Kept my Patient Alive." *The New York Times*, 23 May 2015, pp. SR2.
- Lorde, Audre. *The Cancer Journals*. Aunt lute books, 1980.
- Lynch, Marcia. "Peau d'Orange." *Mukland*, pp. 130.

- Martonffy, A. Ildiko. "The Power of Words." *Wisconsin Medical Journal*, vol. 109, no. 5, 2010, pp. 285.
- McDougall, Jo. "Mammogram." Salcman, pp. 126.
- Millenson, Michael L. "New Roles and Rules for Patient-Centered Care." *Journal of General Internal Medicine* vol. 29, no.7, 2014, pp. 979-80.
- Miller, Karen. *The Cancer Poetry Project*. Tasora Books, 2001.
- Mukland, Jon, editor. *Articulations: The Body and Illness in Poetry*. University of Iowa Press, 1994.
- Ostriker, Alicia Suskin. *The Crack in Everything*. University of Pittsburgh Press, 1996.
- Pastan, Linda. "after minor surgery." *PM/AM New and Selected Poems*, by Linda Pastan, W.W. Norton and Company, 1982, pp. 103.
- Pastan, Linda. "At the Gynecologist's." Salcman, pp. 201.
- Raz, Hilda. *Divine Honors*. Wesleyan University Press, 1997.
- Raz, Hilda, editor. *Living on the Margins: Women Writers on Breast Cancer*. Persea Books, 1999.
- Roiphe, Katie. *The Violet Hour: Great Writers at the End*. The Dial Press, 2016.
- Roiphe, Katie. "What I Learned From Writers in Their Final Days." *Time.com*, 8 Mar. 2016, pp. 1.
- Salcman, Michael, editor. *Poetry in Medicine: An Anthology of Poems About Doctors, Patients, Illness, and Healing*. Persea Books, 2015.
- Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. Oxford University Press, 1985.
- Sexton, Anne. "Doctors." Mukland, pp. 133.

Silver, Anya. "To my Body." Salcman, pp. 164.

Shapiro, Karl. "The Leg." Mukland, pp. 80-81.

Shilling, Chris. *The Body and Social Theory*, 3rd ed., 2012.

Straus, Marc. "Luck." Salcman, pp. 150.

Sychterz, Jeffrey. "Scarred Narratives and Speaking Wounds: War Poetry and the Body."

Pacific Coast Philology, vol. 44, no. 2, 2009, pp. 137-147.

Tate, James. "On the Subject of Doctors." Mukland, pp. 134.

Taube, Klaus-Michael. "Patient-Doctor Relationship in Dermatology: From Compliance

to Concordance." *Acta Derm Venerol*, vol. 217, 2016, pp. 25-29.

Young, Gary. "The Doctor Rebuilds a Hand." Mukland, pp. 126.