

EVE KOSOFSKY SEDGWICK'S BREAST CANCER: NARRATING THE ILL SELF IN RELATION, LOSS, AND GRIEF

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TAKING MEDICAL DIAGNOSIS AS A CENTRAL MOMENT

At the age of 42, the literary scholar, poet, and artist Eve Kosofsky Sedgwick was diagnosed with breast cancer which instigated a recurrence of her depression and, consequently, her return to psychotherapy. Her 1999 memoir *A Dialogue on Love*¹ emerged from the background of Sedgwick's breast cancer experience in the course of which she underwent chemotherapy, double mastectomy, and metastasis. In the form of prose and poetry, *A Dialogue* contains Sedgwick's intimate reflections on her life story, an intellectual account of her experience of breast cancer as well as the ongoing dialogue with her therapist Shannon.

As another genre form of life writing, Sedgwick's essay "White Glasses," originally presented at a conference in 1991, is an AIDS obituary which she wrote for the gay academic Michael Lynch, one of her close friends who was dying of the disease but unexpectedly recovered. In the essay, she intricately juxtaposes Michael's and her experience of breast cancer and AIDS, respectively, as the writing of the obituary coincides with Sedgwick's sudden breast cancer diagnosis.

A Dialogue and "White Glasses" take medical diagnosis – Sedgwick's and her friend Michael's – as their central moment in a time that was marked by HIV/AIDS activism and political shifts in the women's health movement in the United States. In both

works, Sedgwick's conceptualization of breast cancer and AIDS – the ways in which both illnesses are politicized and the experiences of these illnesses intersect – is embedded in her confrontation of the greater themes of loss and grief. Thus, in close reading *A Dialogue* and "White Glasses" as parallel texts, I argue that Sedgwick experiences her breast cancer 'in relation to' and develops an articulation of loss and grief that enables her to reformulate her identity as a queer heterosexually married woman living with breast cancer.²

In theorizing 'loss' and 'grief' as affects, I will work with a definition that renders affect as an evasive yet organizing force that is charged with "intensities and resonances" (Seighworth and Gregg 1). As such forces, affects circulate in societies and, thus, constitute social-political spheres between the individual and public (Ahmed 119). Moreover, in analyzing Sedgwick's narration of her self, I will draw on the theoretical concept of the 'experiencing subject' that understands itself "through multiple domains of discourse" (Smith and Watson 32) – that is, through language, images, narratives, and metaphors – that organize societal life (32).

In this paper, I will begin by mapping out dominant medical and public discourses about AIDS and breast cancer in the United States of the 1980s and 90s and situate Sedgwick's critical thinking reflected in her literary works within this socio-political moment. I will subsequently analyze the ways in which Sedgwick puts her breast cancer experience in relation to her friend Michael's AIDS diagnosis and, more broadly, the social

¹ Further in-text mentions of *A Dialogue on Love* will subsequently be abbreviated as *A Dialogue*.

² In the scope of this paper, I use the terms 'identity' and 'self' synonymously.

context of the AIDS epidemic. Finally, I will turn to articulations of loss and grief presented in *A Dialogue* and “White Glasses” to examine the ways in which Sedgwick engages with these affects against the background of her illness and, in doing so, produces formulations of her ill self.

SITUATING SEDGWICK’S LITERARY ENGAGEMENT WITHIN AIDS’ AND BREAST CANCER’S SOCIO-POLITICAL SIGNIFICATIONS

A Dialogue and “White Glasses” were published at a time that marked the rise of “liberatory identity politics and AIDS activism” (“White Glasses” 201). In response to the deeply stigmatizing and homophobic discourses that informed HIV/AIDS healthcare politics and societal imaginations of the disease, an activist agenda emerged in the US in the late 1980s (Chan 5-6).³ Modeled on the activist practices of the US women’s health movement of the 1970s,⁴ gay men were the first to publicly respond to discriminatory practices and cultural conceptions of AIDS (Hobson 158). In turn, a new wave of breast cancer activism arose that was primarily impelled by lesbians and built on the political paradigms of HIV/AIDS activism (Sedgwick, “Breast Cancer” 155).

In her classic *Illness as Metaphor*, Susan Sontag has worked out AIDS’ “dual metaphoric genealogy” (102) that comprises the idea of the body’s military invasion and pollution by the disease (102). The public’s understanding of AIDS in the 1980s and 90s was largely informed by the disease’s association with indulgent and delinquent behavior (111) that, ultimately, inflected a larger ideation of “sex regarded as deviant” (111). Representations and, crucially,

fantasies about AIDS were projected onto the male homosexual body (Treichler 42). As such, processes underlying the social construction of AIDS figured in the analogy of the disease as “a story, or multiple stories” (42): AIDS – that quickly developed into the disease of media and discourse – primarily “became visible in images and language” (Kagan 8) which spurred the public mind’s pathologization of homosexual sex and male homosexuality in particular (8).⁵

In line with one of the main concerns of the women’s health movement in the US, breast cancer activism sought to challenge “the male bias” (Klawiter 6) that drastically determined developments in the healthcare industry and the treatment practices for those affected by breast cancer in medical institutions (6). In the 1990s, the environmental breast cancer movement emerged in response to corporate campaigns amidst mainstream breast cancer awareness and decidedly addressed the environmental causes of breast cancer (Ley 2-3, 7). Similarly to HIV/AIDS activism, the re-organized political alliance around breast cancer culture in the 1990s sought to combat US-American “medical imperialism” (Klawiter 25) and “industrial capitalism” (20) which regulated treatment and care options for both diseases.

In the context of the 1980s and 90s, AIDS and breast cancer, thus, emerged as strongly “metaphorized illnesses” (Sontag 124) which, consequently, shaped the policy-making around each illness on a discursive, medical, and institutional level: AIDS, on the one hand, was analogously understood “as a battle for the body of the gay male” (Treichler 60) and identified with fault, guilt, and perversity (Sontag 111). Breast

³ On a general note, I would like to stress that, even decades onwards, many of the stigmatizing discourses about AIDS outlined in this paper live on to this day and are, thus, still inflicted on those affected by the disease.

⁴ Emerging in the late 1960s, the women’s health movement (WHM) formed in the context of US second wave feminism and was initially concerned on women’s reproductive rights—in particular, the legalization of abortion—and later expanded its focus to other issues relating to women’s health care (Norsigian 844). Most notably, the WHM was organized around the Boston Women’s Health Book Collective (later known as the Our Bodies, Ourselves Collective) (844).

⁵ The first official case of AIDS was reported in 1981 in the *Morbidity and Mortality Weekly Report* by the Centers for Disease Control and Prevention (Youde 301).

cancer, on the other hand, was closely tied to “prevailing gender ideolog[ies]” (Ehrenreich 46) and hegemonic discourses about the body with breast cancer that mythologized and fetishized the (female) breast (DeShazer 20, 51).

IN RELATION: SEDGWICK'S BREAST CANCER EXPERIENCE AMIDST THE AIDS CRISIS

In “White Glasses,” Sedgwick recursively turns to the ways her ill friend Michael inhabits his AIDS infection. In relating to Michael’s diagnosis, she views the experience of AIDS not just as a matter of embodiment but, “by the imperative of visibility, defiance, solidarity and self-assertion” (“White Glasses” 202), as an act of performing illness (202). As Sedgwick contends, she learned from Michael’s AIDS experience, the ways in which he, as a gay male, takes on the role of the sick AIDS patient:

So much about how to be sick-sick to occupy most truthfully and powerfully, and at the same time constantly to question and deconstruct, the sick role, the identity of the “person living with life-threatening disease”—had long been embodied in him, and performed by him, in ways that many of us, sick and well, have had reason to appreciate keenly. These are skills that could not have evolved outside of the context of liberatory identity politics and AIDS activism, but their flavor is also all Michael’s own. (201)

Here, Sedgwick’s description reflects Michael’s *coming-out* of his AIDS diagnosis – his identification with the illness and, at the same time, deflection of it as the core of his sexual identity as a gay man – and his move to “entrust as many people as one possibly can” (202) with the experience of AIDS. In this gesture performed by Michael,

Sedgwick sees the urgency of resisting the state, institutional, and discursive powers that forcefully circumscribe the subject position of any individual living with AIDS (202). However, recounting Michael’s illness experience from a second-hand perspective also allows Sedgwick to present a deeply personal account of the (Michael’s) “complicated, arbitrary diagnostic process around AIDS” (194). Evoking memories of Michael’s dwindling strength and attention but also the sudden recurrence of his appetite and energy (195-96), Sedgwick continues Michael’s endeavor to *entrust as many people* in narrating an account of an actually lived experience of AIDS in the obituary.

While Sedgwick initially wrote the obituary for Michael under the premise of her “survival and exemption” (“White Glasses” 196) – and, thereby, the fallacy that she was healthy and Michael fatally ill – Michael’s AIDS experience helps Sedgwick to enter “into this new, cancer life” (*A Dialogue on Love* 5).⁶ For Sedgwick, her breast cancer diagnosis not only presents itself as a disruption in her life experience but also a profoundly ontological grapple with her own gender identification develops from her diagnosis. At the time of Michael’s illness and her own diagnostic moment, Sedgwick views herself as a woman living in a heterosexual marriage who primarily identified with the (for her familiar) scene of feminism (“White Glasses” 194). However, as Sedgwick declares, her breast cancer diagnosis both symptomatically and symbolically confines her to an essentialist notion of womanhood: “All this as if the most obvious thing in the world were the defining centrality of her breasts to any woman’s sense of her gender identity and integrity” (203). Refusing to identify as a woman on the essence of her breasts and breast cancer diagnosis (203), Sedgwick sees herself in Michael and his AIDS experience which is metonymically expressed in her buying the same fashionable white glasses he wore when she first met him (193). The glasses represent male homosexuality; they

⁶ Quotations from *A Dialogue on Love* will subsequently be abbreviated as *ADoL*.

“mean (meant) nothing but Michael” (195) and make Sedgwick feel like him (195). For Sedgwick, wearing the white glasses produces “uncanny effects that have been so formative of my – shall I call it my identification? dare I, after this half decade, call it with all a fat woman’s defiance, my identity? – as a gay man” (197). In Sedgwick’s writing, living with illness is depicted as “a specifically queer form of performativity” (Diedrich 62) as it emerges in “*meaning, being, and doing*” (Sedgwick, *Tendencies* 2) and is, thus, an immanently relational experience.⁷ Her lived experience of breast cancer alongside with that of Michael’s AIDS infection impels her to both resist the legibility of her self as essentially female and, in consequence, intervene in the sphere of male gay identification.

In Sedgwick’s construction of illness experience, the discursive and medical meanings of breast cancer and AIDS are persistently juxtaposed: Whereas breast cancer is gendered as a distinctly female disease (Sedgwick, “Breast Cancer” 154) and identified by the parameter of cell proliferation, AIDS is defined by its reputation as the illness of gay males (Kagan 8) and known for the destruction of cells (Sontag 105). It is the medical distinction of the two illnesses “whose metaphors [yet] overlap” (129) from which the dichotomies that pervade “White Glasses” develop: Michael’s illness and unexpected recovery, Sedgwick’s assumed health and her following cancer diagnosis, her rejection of an essential identity as a woman for that of a gay man. Ultimately, in *A Dialogue*, Sedgwick formulates a confessional realisation: “Also if the world is divided... into people who are inside the experience of the AIDS epidemic and people who are outside it, then I seem to be way inside” (9). Here, too, her insideness is compensated by Michael’s leap out of AIDS stigma by conferring his diagnosis to other people. Therefore, the semantic intersection of AIDS and breast cancer – the relationality of the two diseases evolving from their distinct

mutuality yet opposition – “allows her [Sedgwick] to create identification across difference” (Pearl 64).

In the article “Melanie Klein and the Difference Affect Makes,” Sedgwick contours AIDS’ and breast cancer’s respective underlying affective charges more explicitly. Her own breast cancer diagnosis never evoked the same intense affects of “anger, disbelief, or even dread” (298) in her as AIDS did: According to Sedgwick, AIDS figures as the new, not yet treatable disease which early symptoms are unspecific but debilitating (298). However, the deep dread – the “dominant tonality” (297) of the AIDS crisis – evoked in those contracted with it is immediate, almost acute, and viscerally felt. Breast cancer, in turn, presents an old, even in the very beginning of its etiology, less stigmatized disease that is “vicarious as opposed to direct experiences of pain and debility” (298). At least in its early stages, breast cancer symptomatically emerges as an imagination – most often occurring at first as an indeterminate lump that is felt in the breast (but also as in: breast cancer’s early symptoms are not as acute or painful while, paradoxically, proliferating cancerous cells destroy the body from the inside). Living with cancer involves – as Sedgwick reveals in her memoir – the continuous, sometimes delusive “physical anxiety...about the possibility of cancer recurrence” (90). Crucially, for patients, breast cancer paradoxically reifies in loss that, most blatantly, becomes visible in preventive measures and/or treatment options of chemotherapy and mastectomy.

⁷ As Lisa Diedrich also notes in her article (62), Sedgwick’s definition of the term ‘queer’ builds on its etymological meaning as relational (*cross*) and strange (*Tendencies* xii). Thus, in its broadest sense, Sedgwick describes ‘queer’ as “[a] continuing moment, movement, motive–recurrent, eddying, *troublant*” (xii).

LOSS/GRIEF: FORMING THE SELF IN ILLNESS

Common breast cancer treatments – chemotherapy, radiation, immunotherapy, and (prophylactic) mastectomy – often entail embodied forms of loss, such as surgical breast removal and hair loss. Loss, thus, operates as one of the primary affective dimensions of the experience of breast cancer. Predominantly framed as a negative kind of affect (Breu and Hatmaker 8) that takes on many forms, loss mostly figures as “loss as part of the self” (Brinkema 66). As David L. Eng and David Kazanjian describe, however, also innate to loss is a productive affective force:

We might say that as soon as the question “What is lost?” is posed, it invariably slips into the question “What remains?” That is, loss is inseparable from what remains, for what is lost is known only by what remains of it, by how these remains are produced, read, and sustained. (2)

An identification of these affective workings of loss in the scope of the breast cancer experience presupposes an understanding that with breast cancer, loss is as much personal as it is embodied. The embodied losses breast cancer involves act as incisions on patients' pre-diagnosis subjectivity, their sexuality, and body image (DeShazer 125). For Sedgwick, the experience of embodied loss chiefly figures in baldness and breast removal as she had to undergo both chemotherapy and double mastectomy (*ADoL* 3, 92). The loss of her hair and the amputation of her breasts leave Sedgwick to wrestle with existential questions about her self – the corporeal losses in breast cancer, as she states, “are the ones that feel disproportionate” (63). Sedgwick's configuration of loss as disproportion becomes more pronounced in her description of the physically and emotionally harrowing experience of double mastectomy:

The best description I can give Shannon: I've lost my third dimension. I have the sensation that the front and back of my chest cavity are glued together with fear; there's no place for my hammering heart, no interiority. No rooms to go into, and no one to go into them. I'm so much at bay that my whole materiality has flattened. (92)

In the face of the bodily alterations Sedgwick sees herself confronted with, her articulation of her experience of loss signifies the ways in which her subjectivity hinges on body image (Schultz 74). In fact, her perception of her post-mastectomy body and, thus, sense of self is a direct demonstration of how “the injured body bespeaks its alienation” (74): Her postoperatively fractured body misholds her but, as she is acutely aware, she cannot and does not want to “fit the pieces of this self back together at all” (*ADoL* 7). This realization is similarly expressed by Sedgwick when, after chemotherapy, her hair slowly starts to grow back: She fears “to have long to thirst / anymore in the stony / desert of that self threatening to recompose itself in the same way in the same dazed and

laborious place” (9). Here, the contingency of loss unfolds: It invariably involves bereavement but its consequence can be both a felt absence as well as an affirmation of an undoing (Brinkema 45). Loss's creative force is reflected in one of Sedgwick's poems when she recounts from her teenage years: “for me, even when / I had the two breasts / I kept forgetting them. They / weren't there for me” (*ADoL* 78). Sedgwick's rehabilitation of the for-her-familiar sense of bodily alienation portends how loss operates in productive ways and is repealed. In particular, the confrontation with loss recursively leads her to “the fragmentation which she has in her own sexuality” (78). Although, at first, Sedgwick's breast cancer diagnosis relegates her in the positionality of a woman – “Shit, now I guess I really must be a woman” (“White Glasses” 202) –, it more lastingly reminds her of her own “incomplete identification” (Goldberg 74). The loss breast cancer that involves *creatively* impinges self-revelation and -formation; it evokes Sedgwick's “availability for...identifications” (“White Glasses” 203) with other genders and prompts a repositioning of her sexuality.

Instead of “the mortifying self-loss she had imagined” (*ADoL* 83) with the beginning of therapy, the anticipation of losing her pre-diagnosis self elicits a reformulation of her subjectivity. Sedgwick narrates her ill self—the I “with new fears and temporalities” (“White Glasses” 197) that is configured out of bodily alterations but also “new knowledge, expectations, angers, luxuries, and dependencies” (197) – under the condition of the self's continuous mutability. For Sedgwick, the process of constructing a narrative around her illness experience lays bare deeply ontological questions; however, her self-narration does not offer closure. Rather, her turn to writing is a *reaction* to subjectively experienced loss. To that end, Sedgwick's endeavor to narrate her self echoes the “counterintuitive apprehension of loss as creative” (Eng and Kazanjian 5). Thus, “keep[ing] a record” (*ADoL* 116) of a self

that, in the progression of illness, is continuously in transition, functions as a protection against losing versions of it.

Implicating the state of “apprehending a mode of dispossession” (Butler 25), grief as affect both precedes and instigates the writing of *A Dialogue* and “White Glasses” for Sedgwick. However, grief manifests in different ways and takes on various forms in both of Sedgwick’s texts. In *A Dialogue*, grief expresses in the recurrence of Sedgwick’s depression following her breast cancer diagnosis (3). Indeed, in depression, grief finds its etymological origin: “it begins with a pressure on the body, a dragging the body down to earth like gravity, a vector of invisible force pulling down and down further still” (Brinkema 73). In turn, in “White Glasses,” grief is instigated by the idea of a loss that is yet to come: Sedgwick writes her homage in the anticipation of Michael’s death, which she labels as an “obituary presumption” (196). Grief, which is generally perceived as “a private passion” (Brinkema 72), becomes public in the act of Sedgwick’s honoring of her friend Michael. However, as Monica Pearl asserts, “White Glasses” transgresses genre conventions: The essay does not adhere to the obituary’s “unilateral” (62) quality through which a deceased one is remembered by a living person. Instead, the essay presents a paradox that thwarts the obituary’s generic function (62): Michael suddenly recovers, and Sedgwick is diagnosed with breast cancer. As Sedgwick outlines:

I thought it was a good way to deal prospectively and perhaps lucidly with a process of shock and mourning about Michael’s loss that had, indeed, already become turbidly disruptive in my life to a degree I found I couldn’t share more directly with Michael. ... Now, shock and mourning gaze in both directions through the obituary frame. (“White Glasses” 196–97)

While Sedgwick’s writing of Michael’s obituary initially stands as a commemorative

gesture of mourning, her obituary presumption impedes the productive processing of grief. By force of Sedgwick’s own diagnosis and, subsequently, the shared experience of illness, her grief transmutes. The grief, which is metonymically contained in the white glasses, symbolizes Sedgwick’s pain of the anticipated loss of her friend *and* the fear of “her own demise, for which the fetish might be expected to provide a talismanic protection” (Pearl 77). Sedgwick’s use of metonymy in the obituary illustrates how grief is preserved – and, partly, the pain of irreversible loss eliminated – through her fetishization of the white glasses. Similar to *A Dialogue*, grief’s distinct figuration in “White Glasses” testifies the ways in which the experience of illness emerges as relational through the shared personal afflictions implied in living with (and dying of) breast cancer and AIDS.

AFTER DIAGNOSIS: IN CONTINUAL TRANSFIGURATION

A Dialogue and “White Glasses” shape as self-narratives about illness – the texts center around Sedgwick’s subjective experience of illness and her ensuing inquiry about her identification as a woman diagnosed with breast cancer. As both works reflect, Sedgwick is immersed in discourses about breast cancer that are comprised of politicized narratives, imaginations, and tropes about the illness. Thus, Sedgwick’s critical thinking about breast cancer, AIDS, and, by extension, illness as such, attests her own implication within the ideologies and narratives that constitute these illnesses’ societal meanings. However, Sedgwick does not fully self-identify with her illness and its cultural significations. Through the immersive modes *relating* and *being in relation*, Sedgwick acts against the pervasive politics of the AIDS crisis and cross-identifies as a gay male. Yet, her illness does not make her queer; rather, in illness, Sedgwick demonstrates *how* queerness is performed – that is, relationally and in flux: Her identity is mutable, always contingent *upon* experience and the relation

For Sedgwick, the act of narrating her illness is not about recovering her pre-diagnosis identity. Inevitably, as she realizes, to be ill is to be bereaved. The loss emerging from Sedgwick's illness and the ensuing grief are central to her experience of breast cancer. In other words, Sedgwick recognizes that loss and grief do not represent an absolute subtraction of the self – instead, these affects engender mediation. Against the experience of loss and grief, she persistently reformulates her own understanding of self and opens up perspectives as becomes apparent in the prospect of Michael's death and her own embodied loss. As such, Sedgwick's engagement with the varied forms of loss and grief that surface in the course of her illness asserts a conception of her identity as queer, in continual transfiguration.

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