

Congo Cancer: Eve Ensler's Reconstruction of the Self through Auto/pathography

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Abstract: American playwright and activist Eve Ensler has explained how, due to her father's abuse, she felt exiled from her own body from a young age (Greene 2001; Ensler 2006). Her theatrical praxis, including the internationally acclaimed *Vagina Monologues* (1998), provides a means for her to re-inhabit her organism and re-examine her victimization.

In 2010, while campaigning against gender violence in the Congo, Ensler was diagnosed with uterine cancer. She recorded her traumatic experience in *In the Body of the World* (2013), which opens with a reminder about her early "exile" and closes with an encouragement to rise against abuse. Throughout its 53 chapters, Ensler reflects that cancer threw her "through the window of my disassociation into the center of my body's crisis", re-connecting her with her physical self and with the world.

Situated within feminist epistemology and with a methodology based on close reading, this paper analyzes Ensler's memoir as a gendered journey of reconstruction of the self. It argues that, through an exercise of re-remembering that is reflected in the structure and in her explicit focus on female bodily experience, Ensler creates a relational narrative of uterine cancer that includes not only her own story, but also those of other women who have undergone victimization.

Keywords: cancer memoir, body, self, relationality, Eve Ensler

Introduction

American playwright and performer Eve Ensler (b. 1953) has explained in several interviews how, due to her father's brutal and systematic abuse, she felt exiled from her own body from a very young age (Greene 2001: 156; Popova 2014: n.p.). Conceived as a form of feminist activism, her writing provides a means for her to reconstruct her self, re-inhabit her organism and re-examine her victimization in the context of the global phenomenon of violence against women.

In 2010, while campaigning against gender violence in the Congo, Ensler was diagnosed and treated for uterine cancer, and she recorded the traumatic process in *In the Body of the World* (2013). Throughout its 53 chapters, all but one significantly dubbed "Scans", Ensler reflects that illness threw her "through the window of my disassociation into the center of my body's crisis" (2013: 7),¹ re-connecting her with her physical self and with the world.

Situated within feminist epistemology and with a methodology based on close reading of the primary text in dialogue with others written by Ensler, my paper analyzes her 2013 memoir as a gendered journey of reconstruction of the self. I argue that, through an exercise of re-membling that is reflected in the structure and in her thematization of the female bodily experience, the author creates a relational narrative of uterine cancer that includes her own story alongside the experience of other victimized and traumatized women, most particularly the ones submitted to sexual violence in the Congo.

¹ Subsequent citations of the primary text will only include the page number, to avoid unnecessary repetition.

This relational quality is precisely the main reason for my choice of the term *auto/pathography* as a label for my corpus. I adopt the definition of *autopathographies* as “personal narratives about illness or disability that contest cultural discourses stigmatizing the writer as abnormal, aberrant, or in some sense pathological” (Smith and Watson 2010: 260). Thanks to the slash, an *autopathography* about one person’s disease becomes *auto/pathography*, i.e., a pathography elaborated by a narrating self that can include not only her, but also other individuals’ or groups’ experience with sickness. As we will see in the following lines, Ensler’s identification with the women of the Congo cuts across her memoir, starting at the moment when she is told that “[c]ells of endometrial (uterine) cancer had created a tumor between the vagina and the bowel and had ‘fistulated’ the rectum” (41). This forced her to undergo a medical intervention suffered by many Congolese victims of sexual assault: “Essentially, the cancer had done exactly what rape had done to so many thousands of women in the Congo. I ended up having the same surgery as many of them” (41). The connection Congo-cancer is consistent throughout the book, and the author’s need for female bonding is profound. Upon diagnosis, Ensler reflects: “The cancer is in my liver [...] Cancer in the liver means death. *I need to see the women*. I need to be with them in the Congo” (12; emphasis added). After one of the numerous medical procedures that she must bear during her struggle against the tumor, she is allowed to travel there: “Three weeks after the takedown surgery and the removal of the bag, I return to the Congo”, she recalls. “I am basically incontinent. *I need the women*” (195; emphasis added).

Eve Ensler, the Woman and/in the Body

In line with her serious commitment as feminist activist and artist, Ensler's mission takes the form of embodied work *for* and *with* other women. Her creative universe is predominantly gynocentric, and her conversations with women and girls are at the basis of her methodology. Some of her early plays are rare exceptions to this, but even those serve to foreshadow the most recurrent topics in her corpus. Such is the case of *Floating Rhoda and the Glue Man* (1994), which takes a more conventional, dialogue-based dramatic form than other pieces by her, and where the protagonist learns to detach herself from the violence of her male partner through a split personality: in the battering episodes, both Rhoda and Rhoda's Stand-In appear on stage, reflecting a psychological strategy that is not unusual for real-life victims of abuse.

Since the early stages of the creative process of *The Vagina Monologues* Ensler has been talking to women about their bodies and their contact with patriarchal violence. The resonant 1998 piece, which spun the V-Day movement,² tackled naming and taboos, look or smell, aging women's sexuality, menstruation, self-discovery and pleasure, or rape as a genocidal weapon. And as the introduction stated, it was just the beginning of "a huge journey in front of us" (1998: xxiv).

Released in 2001 and also articulated in the form of a series of monologues for female voices, *The Good Body* approaches elements of U.S. culture like glossy magazines, modeling, dieting, or body art and their effects on women alongside perspectives on other areas of the world made present by Masai, Indian, or Afghan protagonists. Like the rest of Ensler's

² I have elaborated on the development and impact of V-Day in "When Theater Becomes a Crusade against Violence: The Case of V-Day", in *Violence and Gender in the Globalized World: The Intimate and the Extimate*, edited by Sanja Bahun-Radunovic and V. G. Julie Rajan (Ashgate 2008; 2nd ed. 2015).

theater, it interpellates audiences directly: “Tell the image makers and magazine sellers and the plastic surgeons that you are not afraid. [...] Then be bold and LOVE YOUR BODY. STOP FIXING IT. It was never broken” (2001: xv).

In turn, *I Am an Emotional Creature* places teenagers and their views center stage. It combines official statistics, data and what Ensler dubs “Girl Facts” (e.g. “One in five U.S. high school girls say they do not know three adults to turn to if they have a problem” –2010: 17) with the subjective approach of individual or collective stories. It presents 21st-century girls and their perceptions of beauty; relationships with adults; pregnancy and abortion; morals and tradition; popularity and peer pressure; battering, female genital mutilation, sex trafficking, and slave labor; self-love and self-hatred; or pleasure, happiness, and self-respect. Thematically transgressive, it has a transnational urge that incorporates the suburban American youth; girls from New York City or Cairo; and French, Iranian, Bulgarian, Chinese, Palestinian, Israeli, Kenyan, and Congolese teenagers that speak out against gender violence in its different manifestations. Full of bittersweet humor and blunt declarations, all in all the piece is “a call to question rather than to please” (Ensler 2010: xxv).

Always provocative and often controversial, Ensler’s theater is known around the world –especially *The Vagina Monologues*. She considers the conversations between women in which it originates “sacred social contracts”, conceiving her role not as detached interviewer, but as someone who has to be present, in dialogue (2006: 12). For this artist, theater constitutes an environment that fosters the collective, building a ‘we’ out of a set of individual ‘Is’: “it allows us, a community of strangers, to go someplace together and face the issues and realities we simply cannot face alone” (2006: 75).

To date, Eve Ensler has published two non-dramatic autobiographical texts: *Insecure at Last. A Political Memoir* (2006) and the cancer story *In the Body of the World*, subtitled *A Memoir* in the first edition (2013) and, significantly, *A Memoir of Cancer and Connection* in the subsequent ones. Both maintain the relational quality that we appreciate in her drama as exemplified above. Despite their not having been conceived for the stage (although news about the latter's premiere in American theaters were published recently),³ they still keep the predominance of the body as narrated and narrating entity. A clear illustration of this is the moment when Ensler remembers in *Insecure at Last* her first trip to Afghanistan and how, on the verge of being flogged by a Taliban, she realized: "It was in this moment that I came to understand misogyny in my body and being" (2006: 35). A body that at one point she expected to swell conspicuously, since she felt physically "[f]ull of stories [...] Full of the body, the female body" (2006: 42).

After visiting many other countries, and aware of the global *continuum* of gender violence, Ensler found the Congo to be the ultimate nightmare: "by the time I got to the Congo, I had witnessed the epidemic of violence toward women that scoured the planet", she recalls in her cancer memoir, "but the Congo was where I witnessed the end of the body, the end of humanity, the end of the world" (5). With the building of the City of Joy –a safe community for women survivors of violence in Bukavu– as priority at the time of her diagnosis, the Congo and cancer became one in Ensler's life and writing.⁴ Her thematization of the manifestations of her uterine tumor runs parallel to her discussion

³ See Clement 2017.

⁴ Information about the City of Joy and its activities can be found at: <http://drc.vday.org/about-city-of-joy/>.

of sexual violence in the Congo. Throughout *In the Body of the World* Ensler articulates these within a connective framework: “All the stories began to bleed together. The raping of the Earth. The pillaging of minerals. The destruction of vaginas. They were not separate from each other or from me” (4).

Congo (and) Cancer

Susan Sontag’s now classic arguments about the metaphorical uses of language about and around cancer (1977) still apply, and Eve Ensler’s auto/pathography does not escape a tendency that has been mainstream for decades, war jargon included. For instance, when she reflects about the advantages and disadvantages of chemotherapy and the need for the patient to be ready to pay the price of its secondary effects, she writes: “Your job is to welcome the chemo as an empathetic warrior, who is coming to rescue your innocence by killing off the perpetrator who got inside you” (113).

On occasion, Ensler as narrator also resorts to cancer as a spatial metaphor in *In the Body of the World*, activating the labels “Cancer Town”, “Tumor Town”, or “Cancer Airways Terminal” for places she visits during treatment: “How to describe Rochester, Minnesota? It is essentially cancer town. There is one massive hospital complex called the Mayo Clinic, the thirty thousand people who work there, and everything else in town exist either to support or supply it” (21). Expanding on this kind of image, she also writes about “ports” and being “de-ported” when she explains the insertion or removal of the medical utensil for chemotherapy (178).

Nevertheless, Ensler’s metaphorization does not serve the sanitary purpose that we observe in many postfeminist cancer narratives of the 21st century –especially breast cancer– which

have been taken over by pinkwashing and neoliberal ideologies that assume free choice, self-surveillance, and compulsory risk management by patients (Dubriwny 2013). The metaphors that she inserts enrich certain aspects, but they do not conceal the embodied signs of disease. One that, like ovarian cancer, is accompanied by a stigma deriving from a principle of modesty and decency which “continues to inhibit patients from recording their experiences” (Gubar 2012: 54). Thus, side by side with the type of tropes that Sontag vehemently criticized four decades ago, we find Ensler’s unadorned portrayal of her plight, heeding the principle established in *The Vagina Monologues*: “What you don’t say becomes a secret, and secrets often create shame and fear and myths” (Ensler 1998: xx).

Touching upon extremely sensitive physical processes associated with uterine cancer and its treatment, the auto/pathography at hand includes chapters entitled “Shit” and “Farting for Cindy”, and it challenges taboos and conventional femininity. “I am a pool of pus” (78), Ensler confesses at one stage. An infrequently named part of the body temporarily becomes her narrative focus: “Everything was about my bowels, my ability to control and direct my bowels”. She chronicles her physical perceptions and their psychological consequences in a very graphic way: “Shit claustrophobia –everything stuck inside you and there is no way it will get out and eventually you just explode” (187). In so doing, she establishes the materiality of the body as inseparable from the partially metaphorical discourse of the narrating self. As Smith and Watson explain,

[a]t the same time that we say that experience is discursive, we recognize that there are human experiences outside discursive frames [...]. Every day, all day long, the material universe affects us, literally as well as

discursively. Bodies bleed. They manifest illness. They get hurt. They feel hunger, thirst, and desire. These are among the material events in our lives. (2010: 32)

This materiality is a vital component of Ensler's cancer memoir, where the reality of the body forces the author back from her "exile". Dissociation and detachment are substituted by a radical consciousness of the physical and by an intense reconnection with the mortal self. "My body was no longer an abstraction", reflects Ensler in a stream of consciousness of sorts:

There were men cutting into it and tubes coming out of it and bags and catheters draining it and needles bruising it and making it bleed. It was blood and poop and pee and puss [*sic.*]. I was burning and nauseous and feverish and weak. I was of the body, in the body. I was body. Body. Body. Body. Cancer, a disease of pathologically dividing cells, burned away the walls of my separateness and landed me in my body, just as the Congo landed me in the body of the world. (7)

The pain caused by sickness is connected to the one wrought by her father when she was young. She falls back into her childhood via the embodied experience of treatment and surgeries for cancer. Biomedical violence merges with incest in highly disturbing descriptions featuring male perpetrators:

He just keeps shoving the garden hose deeper into my infected center. Deeper and deeper. He might as well put his hand over my mouth. He might as well tell me not to scream, not to tell. He might as well remind me that I am not even really there. It goes on forever, me screaming,

him shoving the needle attached to the long thick tube. Then he is done. Abruptly he makes some final adjustments, takes off his radiology gown, and, without even looking at me, walks out. I lie there on the table, stunned, achy, bruised, and raw. I know these bruises. I know this stunned moment after. (82)

Within her relational network, Ensler also binds her suffering to the Congolese women's. When the disease is most aggressive and humiliating, her body takes her to them, in a psychological journey back and forth between her individual experience of cancer and the African victims' experience of violence. All united by trauma and storytelling:

I was puking to death. My body ejecting itself. Retch, expel, get out. Get this out, out. [...] It was as if the whole journey of the last seven months had led me here. To a feeling, a memory, an image. As if through the journey of my body, through the excavating of organs and cancer, through the loss of weight from infection, through the evisceration of cells, and now through days of retching, the interior brush had been cleared and there was nothing covering or hiding the horror. I was at ground zero, back at the moment when I wanted no more of this world, back at the moment of witnessing what had shattered my psyche. Angelique in an exam room in Bukavu, telling me her story and then suddenly overcome with it, crawling on the floor, on the ground, pushing imaginary soldiers away, sealing her mouth, turning her head, screaming out as she sees again the pregnant womb of her best friend sliced

open by a soldier and a half-formed baby tumbling out.
(191-2)⁵

Through the recording of bodily experiences that today's triumphalist neoliberal discourse around cancer prefers to ignore in order to avoid an abjection that may upset consumers, Ensler comes to occupy a shared *locus* of identity with the Congolese women. Ravished and reconstructed, in their incontinence they appear as a powerful union of *leaky bodies*. This is an image that Mary DeShazer has pinpointed as one of the "five key ways in which women's ill bodies have been textually represented" (2005: 13), which include medicalized, leaky, amputated, prosthetic, and (not) dying bodies. In this expert's words, leaky bodies "exhibit an often disturbing instability, as blood or fluids from the breast or uterus spill or ooze; women who leak are represented in exemplary literary texts as either abject or transgressive" (DeShazer 2005: 13). Taking over the public sphere with bodies that become signs of private issues made political, Ensler and her Congolese peers identify with one another and perform collective ceremonies of mutual recognition, healing, and catharsis:

I go to visit Esther, Mama of the wounded at Panzi Hospital. We do our ritual together with hundreds of other women survivors. We breathe, scream, kick, punch, release, and then there is mad drumming and we dance. [...] As I dance, I have no control over my bowels, and for the first time I don't care. Before when I was with the women and *they* were leaking from their fistulas, I could

⁵ The description of the Congo brutality continues for over one more page, and it includes no shortage of extreme details like the tossing of the baby into a boiling pot and the threat to the mother: "Eat the baby or die" (192).

only imagine what it felt like. Now we are one wild mass of drumming, kicking, raging, leaking women. (198)

Re-membering uterine cancer

From a formal point of view, the journey through the violence of cancer and the Congo in *In the Body of the World* is organized in a series of snapshots that Eve Ensler, as I advanced in my introduction, meaningfully labels “scans”. The very self-conscious narrator explains the simile in an exercise of metaliterary praxis:

This book is like a CAT scan –a roving examination– capturing images, experiences, ideas, and memories, all of which began in my body. Scanning is somehow the only way I could tell this story. Being cut open, catheterized, chemofied, drugged, pricked, punctured, probed, and ported made a traditional narrative impossible. Once you are diagnosed with cancer, time changes. It both speeds up insanely and stops altogether. It all happened fast. Seven months. Impressions. Light beams. Scans. (9)

The story is loosely chronological, following the evolution of the tumor, but also extremely fragmented, featuring numerous prolepses and analepses. It alternates past and present tenses, and the narrative flow is repeatedly broken. The most consistent unifying thread is undoubtedly the body. Each scan contributes one episode to the whole, and each assists Ensler in the task of re-membering through remembering: putting the pieces of the puzzle

together, reconstructing her self and herself through an exercise of narratization. This involves, as Linda Park-Fuller explained about her own cancer story, giving the lived experience a temporal frame and taking on the role of teller and protagonist (1995: 62).⁶

The progression of Ensler's cancer starts with the opening chapter "Divided", which presents her given circumstances: "I have been exiled from my body. I was ejected at a very young age and I got lost" (1). It ends with "Scan: Second Wind", when Ensler has been cancer-free for a year and a half:

I do not know how to end the war in the Democratic Republic of the Congo. [...] I do know that the minute I enter the City of Joy everything seems possible. [...] Having cancer was the moment when I went as far as I could go without being gone, and it was there, dangling on that edge, that I was forced to let go of everything that didn't matter [...]. It was where I found my second wind. The second wind arrives when we think we are finished, when we can't take another step, breathe another breath. And then we do. (213)

There are "scans" that re-examine the performance of some of the medical professionals who attended to her ("Dr Deb, or Congo Cancer", "Dr Handsome") or the patient role that she accepts only intermittently ("Patient", "Stages/5.2B"). Some put in order her memories of the phases of treatment that are known to the general

⁶ Park-Fuller draws on the 1994 work by John M. Allison "Narrative and Time: A Phenomenological Reconsideration" (*Text and Performance Quarterly* 14: 198-125). Allison defines *narratization* as "the lived narrative configuration of an extended temporal event that has not yet achieved closure, yet its end, sighted in advance, serves as the basis for selecting actions (including verbal actions) to achieve that end" (123).

public (“Infusion Suite” or “Chemo Day Five” about chemotherapy, “A Buzz Cut” about shaving her hair when it starts falling out). Some, as suggested above, go into taboo areas, such as “The Stoma” or “Congo Incontinent”. Also moving away from the mainstream neoliberal narratives that sell illusions of control or certainty, she includes sections about things that are unknown to patients and/or doctors, like “What We Don’t Know Going into Surgery”. This includes, for instance, whether cancer is in her liver or how many nodes are involved, whether she will need a bag and, if she does, whether it will be permanent (26).

Yet, what we find most frequently in this autobiographical piece are references to the people in Eve Ensler’s life: links that are destroyed, transformed, or (re)established in the illness situation. Apart from the moments when she jumps backwards or forward to the Congo, there are chapters that pay tribute to friends that help her: “The Chemo Isn’t for You” or “Sue”, about a therapist turned friend and re-turned therapist; “Crowd Chemo”, about the group that spends hours with her during the treatment, rubbing her feet and feeding her; and “Rada”, whom she met in the former Yugoslavia and needs now because of “what we’ve been through travelling to war zones together” (152). There are also “scans” about a biological sister with whom she reconnects now that their father’s shadow does not loom over them (“On the Couch Next to Me”, “Lu”, “It Was a Beach, I Think”). In the midst of misery and pain, she recalls the happiness that her adoptive son, niece, and granddaughter bring to her (“Mother”, “Arts and Crafts”). Finally, in a trauma-within-the-trauma story that runs parallel to her cancer treatment, she approaches her relationship to her estranged mother, who passes away while Ensler is still in recovery: “I Love Your Hair, or the Last Time I Saw My Mother”, “My Mother Dies”.

This rich and complex quilt of memories is representative of postmodern narrative as we have known it for decades, but it resists the pull of neoliberal individualism that dominates in commercial cancer stories. Autopathography here becomes auto/pathography, and cancer is, as Lochlann Jain has suggested, nothing if not “a set of relationships” (2013: 4). The narrated self, articulated as an individual ‘I’, is inserted within a series of ‘wes’, proving that the relationality that characterizes autobiographical writing in general (Smith and Watson 2010: 216) is particularly relevant and meaningful in this subgenre about illness. By virtue of this, Eve Ensler’s cancer narrative becomes an important part of an expanding corpus of personal and political writing that, for years now, has been helping her to reconstruct her self and to re-inhabit her body after a long trauma-induced detachment.

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