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explores ‘Paths to Healing’. This notes the benefits of social support for behaviour change, alongside cognitive behavioural therapy and mindfulness. There is a relatively short section on medications, which – given their ubiquity and cost, and interest to social scientists – might have warranted a longer and more critical appraisal. That said, Carr concludes that ‘most of the stressors discussed in this book have their roots in major social inequalities based on one’s social class, race, gender, age or even body size’ (p. 108) and argues that public and social policy can support these stressors, or address them to improve population wellbeing. That seems to be a message worth repeating.

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It was with great pleasure and anticipation that I read Mary K. DeShazer’s book *Mammographies*. For those who are familiar with her publications on breast cancer and medical narratives, this book constitutes a culmination of a body of work unrivalled in its depth and texture. An explanation of the book’s title helps to unpack the text for those less familiar with this term (p. 10):

The term mammographies signifies both the technology of imaging by which most Western women learn that they have contracted breast cancer and the documentary imperative that drives their written and visual mappings of the breast cancer experience.

Key to this explanation and the development of the book is the concept of the post-millennial shift in breast cancer narratives. The book investigates the change in narratives (and subsequent tensions) around breast cancer before and after 2000. These narratives are constructed through DeShazer’s analysis of the written and photographic diaries, blogs and newspaper serialisations of breast cancer memoirists. The book as whole can be described as being literary critical, feminist and interdisciplinary.

In terms of the representation of breast cancer, one of the primary tensions that the author deals with is between the buoyant pink and the elegiac anti-pink iconography, and between the visceral and sanitised representations of breast cancer. Similarly, throughout the book, remembering those who have died from the condition is preferred to the discourse on cancer survivors as heroes. The use of warlike metaphors for beating cancer is also confronted. The book is both highly absorbing and very readable. I covered 30 pages with hardly a pause in reading, a clear sign that the author is very experienced and competent.

The publication is also a good introduction to the literary category and medical narrative known as autothanatography. An autothanatography gives a written account of a person’s journey with a terminal illness and constitutes the terminal counterpart to writing about one’s own life in an autobiography.

The second chapter entitled ‘Breast cancer narratives as feminist theory’ contrasts two diagnostic trends in breast cancer: the familial (genetic) and the environmental (carcinogenic). The narrative of inevitability, of being part of a lineage of breast cancer suffers, is intertwined with the issue that many substances in our environment (such as our food, cosmetics and the air we breathe) contain carcinogens and cancer caused by such means is preventable. The later theme constitutes an intersection between breast cancer and green and anti-capitalist theories, something which Audre Lorde (one of the autothanatographers in the book) terms Cancer Inc. Many sections of the book analyse the queering of breast cancer narratives, citing authors who challenge the dominant heterosexism of the social representation of breast cancer as well as the manner in which treatment schemes are designed almost solely for heterosexual women. All this, DeShazer argues, is part of the post-millennial shift away from traditionally feminine depictions of breast cancer.

Chapter six, ‘Cancer narratives and the ethics of commemoration’ helps to shift the analysis from
the literary to a visual perspective and introduces the concept of photo-diaries of breast cancer patients such as those by Charlee Brodsky, as depicted on the book cover. This is connected in part with Susan Sontag’s (1979) ideas of photos as memento mori, and Sontag’s work features prominently in this book. Chapter six also touches on the carnivalesque nature of mammographies, the posthumous issues of consent and the ethics of breast cancer. Indeed, Roland Barthes’ concepts of punctum and stadium are also invoked at various points in the text as a means of theorising the medical narrative. Furthermore, the photographic diaries of breast cancer patients help the reader to engage with the dichotomy between public grief and private illness by showing images of breast cancer patients that would only be witnessed in a closed family circle, highlighting the pre-millennial tendency to avoid graphic representations of post-mastectomy bodies. The penultimate chapter ‘Bodies, witness, mourning: reading breast cancer autothanatography’ addresses the ethics of the posthumous publication of diaries and photographs. The chapter casts light upon the tensions between family members, for example. DeShazer suggests that one must address questions such as who has rights to the material (diaries and images) left by the deceased and whether there is a moral obligation to publish the departed person’s work in the same narrative (feminist, queer, for instance) that it was written. This chapter is a poignant reminder that memory outlasts the physical form of a person, as do the perceived obligations that come with remaining true to a loved ones’ legacy.

For those interested in medical narratives, medical semiotics, photographic diaries, the ethics of posthumous publication and feminist and anti-capitalist literature, I highly recommend this thought-provoking publication. For those who are not, I recommend it still as it functions as a wonderful introduction into autothanatography and all the other topics touched on above.

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At present many are struggling to make sense of increasing rates of mental distress within different populations. Since the 1950s biological explanations of mental distress have risen to the fore within many psychiatric, medical and nursing training programmes. This rise has been accompanied by paradoxical effects among professionals and the general public – with apparently decreasing professional empathy in response to biological understandings, and increasing desire for public distance from those with psychotic experiences (Angermeyer et al. 2013; Lebowitz and Ahn 2014).

Against this background, explorations of the social experience of mental distress serve to allow greater understanding of the experience of disorder in contemporary settings. This book, based on the proceedings from a conference of the same name hosted in Denmark, 2010, seeks to advance understanding of the concept of experiences of psychic distress as a manifestation, not solely of individual experience but as a more collective pathology of ‘civilisation’. The contents consist of a series of papers presented by various authors and edited by Keohane and Petersen into three overarching themes.

The claim for a pathology of civilisation is clearly not uncontroversial and the opening section of the book sets out the thinking of conference contributors in relation to defining understanding and nomenclature. The second section presents a series of case studies considering the experience of varying forms of mental distress and the impact of societal change in recent decades on these phenomena. The book’s closing section steps its analysis up to a higher order, considering the impact of social movements, for example the impact of biomedical interpretations of distress, on society.

The authors’ arguments describing the impact of societal change on the experience of individuals, and the pressures placed on them leading to a discharge of distress, are strong and this is represented in the depth of the case studies presented describing varying experiences of psychic distress. The question is raised though as to why the pathologies presented were chosen over others for consideration – is there much to be said and