

Unexpected Alliances: Friendship and Agency in US Breast Cancer Theater

MARTA FERNÁNDEZ-MORALES

Universidad de Oviedo

fernandezmmarta@uniovi.es

As theorists from different fields have proved, the hegemonic discourse has excluded women from the grammar of friendship, pitching them as rivals as a requisite for the survival of patriarchy. However, real life and cultural products provide evidence that women *are* capable of friendship, even in isolating contexts like life-threatening disease. With an interdisciplinary approach that bridges female illness and feminist friendship via drama, this paper analyzes three plays in which bonding in the context of breast cancer is placed center stage. Friendship is presented as a form of agency that allows for the construction of a network within which the cancer patient finds tools to resist the androcentric medical discourse and to recover her capacity to decide and act. This process echoes the philosophy of the Women's Health and Breast Cancer movements in a productive feedback loop between social movements and their related cultural repertoires.

Keywords: theater; breast cancer; friendship; agency; empowerment; medical discourse

. . .

Alianzas inesperadas: amistad y agencia en el teatro estadounidense sobre el cáncer de mama

Como teóricos/as de diferentes campos han demostrado, el discurso hegemónico ha excluido a las mujeres de la gramática de la amistad, colocándolas como rivales como prerrequisito para la supervivencia del patriarcado. Sin embargo, la vida real y los productos culturales dan prueba de que las mujeres *sí* están capacitadas para la amistad, incluso en contextos que tienden a aislar, como es el de enfermedades potencialmente letales. Con un enfoque interdisciplinar que enlaza la enfermedad femenina y la amistad feminista a través del teatro, este artículo analiza tres obras en las que los lazos en el contexto del cáncer de mama se sitúan en primer plano. La amistad se presenta como una forma de agencia que permite la

construcción de una red en la que la paciente de cáncer encuentra herramientas para resistirse al discurso médico androcéntrico y recuperar la capacidad para decidir y actuar. Este proceso se hace eco de la filosofía del Movimiento por la Salud de las Mujeres y Contra el Cáncer de Mama, en un productivo proceso de retroalimentación entre los movimientos sociales y sus repertorios culturales.

Palabras clave: teatro; cáncer de mama; amistad; agencia; empoderamiento; discurso médico

I. INTRODUCTION: FRIENDSHIP WITH/OUT WOMEN

In her essay on women and complicity, Carmen Alborch stated that mainstream narratives have contributed to the perpetuation of a discourse that systematically reminds women of what is expected from them, to the point that many assume the conventional roles as personal decisions, not being able to perceive the conditioning mechanisms behind the discourse (2002, 59). These roles include the incapability of building networks with other women. Our asymmetrical gender system, concluded Alborch, pitches female citizens against one another for the sake of patriarchy (2002, 23). This form of organization “has traditionally promoted a very negative perspective of any type of solidarity between women” (Narbona 2012, 61).

The strategy of hindering a female pact that would match the structure of brotherhood into which men are typically socialized has its roots in hegemonic Western philosophy, where friendship has been conceived of as a male prerogative, as Nietzsche exemplified in *Thus Spoke Zarathustra* (1883): “women are not yet capable of friendship: women are still cats and birds. Or, at best, cows” (in Jones-Ryan 2011, loc. 296).¹ Derrida elaborated on this in his revision of the brotherhood-centered and androcentric politics—his terms—that incorporate the figure of the (male) friend ([1994] 1998, 12), stating that in Western culture the grammar of friendship excludes women (74). The idea of a female friend cannot be a docile manifestation of brotherhood; that is why it must be domesticated as part of our political education (13). Analyzing canonical philosophy after Derrida, Maureen Jones-Ryan explained that for Plato or Socrates women were also “outside the realm of true friendship” and that this way of thinking lingers on today (2011, loc. 2469).

By imagining the possibility of relationships based on companionship, feminism challenges traditional definitions of friendship. Structures like the consciousness-raising groups of the Second Wave promoted bonding, and some branches which are still active, like the Women’s Health Movement (WHM) and the Breast Cancer Movement (BCM), consider peer support a key principle. Several feminist texts have delved into the positive forces and difficulties of friendship, such as Robin Morgan’s *Sisterhood* trilogy (1970, 1984, 2003). In the introduction to the latest volume, she concluded that the pattern of “tend and befriend” is appropriate for a gender-conscious study of female-to-female relations (Morgan 2003, xxv). Other important titles in this respect are *Communities of Women: An Idea in Fiction* (1978) and *Women without Men: Female Bonding and The American Novel of the 1980s* (1993), where Nina Auerbach and Donald J. Greiner, respectively, analyze the creation of intra- and extra-diegetic communities of women in novels; bell hooks’ *Sisters of the Yam* (1993), where she describes the group of peers as a “healing place” (152); *Feminist Nightmares: Women at Odds. Feminism and the Problem of Sisterhood* (1994), edited by Susan Ostrov Weisser and Jennifer Fleischner, which discusses women with and against other women; Maureen Jones-Ryan’s *Thicker than Blood. Friendships among Womyn*

¹ The Kindle version does not provide page numbers, but “locations.”

(2011), quoted above, which focuses on the relevance of “gender-like friendships” to the development of healthy women (2011, loc. 312); *Sisterhoods: Across the Literature/Media Divide*, edited by Deborah Cartmell, I.Q. Hunter, Heidi Kaye and Imelda Whelehan (1998) and *Girlfriends and Postfeminist Sisterhood*, written by Alison Winch (2013). Both these latter works problematize sisterhood, pointing at the rarity of images of female friendship in literature, cinema and television (Cartmell and Whelehan 1998, 2) and identify how women are co-opted by patriarchy and exert mutually oppressive gazes (Winch 2013, 27), falling into a competitive pattern that Nora Rodríguez Vega had discussed in *¿Qué tiene ella que no tenga yo?* (2004).

Revising Western cultural productions, Jones-Ryan asserts that while “[f]riendships between men have been romanticized, glamorized and recorded,” relationships between women have been “patronized, misunderstood, demeaned, diminished, or ignored” (2011, loc. 326). The conception of female friendships that exist beyond the frame of competition highlighted by the mainstream has proved radical, and it has been incorporated into certain theatrical products. Examples of this in the Anglo-American context are Susan Glaspell’s *Trifles* (1916), where solidarity saves Minnie Wright from the death penalty, Caryl Churchill’s *Top Girls* (1982), an antecedent to Lisa Loomer’s *The Waiting Room* (1998)—see below—*Real Women Have Curves*, a 1996 play by Josefina López adapted to film in 2002 and *Ruined* (2009) by Lynn Nottage, where mutual help is a survival tool in the Congo.²

Taking an interdisciplinary approach that bridges the experiences of illness and friendship via drama, I develop a content analysis of three texts created by women in the US from the 1980s to the 2000s in which bonding in the context of disease takes center stage.³ Through an examination of breast cancer as an alienating circumstance with gendered consequences, I argue that, in the corpus, friendship is a form of feminist agency, allowing for the construction of a caring network where the patient finds instruments to resist patriarchal medical discourse and to recover her capacity to decide and act. Finally, I aim to prove that this process echoes the philosophy of the Women’s Health and Breast Cancer movements, in a productive feedback loop between social movements and their related cultural repertoires. I align myself with Tasha Dubriwny when she declares that the current discourse about women’s health is strongly gendered. She discusses memoirs of prophylactic mastectomies and post-partum depression alongside advertisements for medication against the human papillomavirus, and draws a picture of dominant health narratives as neoliberal and postfeminist. However, she adds, “they are not the *only* narratives available [...] Work by feminist activists on the edge of mainstream discourse is important, as it always holds the potential to disrupt the dominant postfeminist hegemony” (2013, 154; emphasis in the original).

² Narbona (2012) tackles theater and sisterhood, and she also raises the question of agency.

³ In other texts mentioned here, friendship is secondary (e.g., *My Left Breast*). That the plays include explicit interactions between women friends that condition the development of the story is a key criterion for my selection of cases.

Being, as they are, on the edge of the mainstream given they are theatrical proposals developed by politically committed women, the titles chosen here are part of a continuum of breast cancer theater that has been expanding since 1985, when Lee Hunkins' *The Best of Strangers* (1995)—see below—opened at the American Folk Theatre. The 1990s were particularly productive, autoperformance being one of the preferred techniques to stage sickness. One-woman shows like Linda Park-Fuller's *A Clean Breast of It* (1993) and Susan Miller's *My Left Breast* (1994) coexisted with multi-character plays like Lisa Loomer's *The Waiting Room* (1998)—world premiere 1994 at the Mark Taper Forum—and the visibility and influence of the Breast Cancer Movement (BCM) during that decade echoed in their content.⁴ As if trying to answer Lizbeth Goodman's question at the end of the 90s, “[W]hy an AIDS theatre movement but not a breast cancer theatre movement?” (1996, 206), the new millennium welcomed enactments of breast cancer like Rebecca Ritchie's comedy *Buying a Brassiere* (2000), Amy Fox's *Summer Cyclone* (2001), where two generations of women fight cancer, Wendy Wassertein's *Third* (2004), in which the protagonist's best friend undergoes chemotherapy and Sarah Ruhl's *The Clean House* (2006), first staged in 2004 by the Yale Repertory Theatre—see below.

For a discussion of breast cancer and friendship, both of which cut across the personal into the political, the medium of theater seems ideal. Firstly, because it is a form of communication that has been present in human societies from an early stage, as part of a chain of actions generally termed *performance*, “ranging from ritual, play, sports, popular entertainments, the performing arts [...] and everyday life performances, to the enactment of social, professional, gender, race and class roles, and on to healing [...] the media and the internet” (Schechner 2006, 2). Theater is a familiar constituent of our civilization and effective as a platform from which to explore issues. Secondly, it is an inherently political art, engaging with the people and with the power structures in which they live. In Augusto Boal's words, “all theater is necessarily political, because all the activities of man are political and theater is one of them” (1985, ix). Finally, theater invites us to explore tensions between the individual and the collective in ways not necessarily available to other cultural manifestations. As concisely put by playwright Eve Ensler, theater “allows—encourages—us as a community of strangers to face *together* realities that may be too difficult to confront alone” (2003, 433; emphasis in the original).

With this in mind, my paper contributes in two ways to the scholarship on friendship, breast cancer and theater. Firstly, through a political application of the concept of friendship, one which has not undergone “much theoretical examination [...] in the history of thought, feminist or otherwise” (Lugones 1995, 141). Case studies will be presented as a counter-discourse against the androcentric definition of friendship and the prevailing conceptualization of postfeminist girlfriendship as individualistic and complicit with patriarchal networks of symbolic violence (Winch 2013). Secondly,

⁴ I analyzed autoperformance as a genre that allied with the 1990s BCM in my chapter in *Performing Gender Violence* (Fernández-Morales 2012).

by bringing the dynamics of female bonding to the surface in a series of plays that, on the part of feminist theater scholars, have either been neglected—most clearly *The Best of Strangers*—or discussed mainly with regard to the body politics of breast cancer (Deshazer 2003; 2005; 2013). My study is based on Lee Hunkins' *The Best of Strangers* (1995), Lisa Loomer's *The Waiting Room* (1998) and Sarah Ruhl's *The Clean House* (2006). I follow up on timid hints about the importance of this topic, such as Pamela Renner's suggestion that in Lisa Loomer's text the protagonists begin to reclaim their own lives as they develop a friendship (1999, 34), arguing that the characters recover control over their existence precisely *because* they develop those bonds.

2. POLITICIZING ILLNESS AND FRIENDSHIP ON STAGE

Illness is a potentially isolating context, particularly in the case of life-threatening diseases with strong cultural meanings, like breast cancer. In such circumstances, feminist friendship provides a platform for agency and helps patients acquire tools of resistance against disciplining practices associated with the androcentric medical discourse. Through actions like linguistic rebellion, humor, information-seeking and confrontation, the characters in *The Best of Strangers* (Hunkins 1995), *The Waiting Room* (Loomer 1998) and *The Clean House* (Ruhl 2006) keep hold of the reins of their lives, reconstruct their identities following diagnosis and build meanings for their sickness. In so doing, they place center stage the awareness systematized by feminist thinkers—such as Jones-Ryan (2011), quoted above, on friendship and health—and peer support theorists: “[s]ocial support has long been recognised as an important contributor to health and well-being. It is multidimensional and has been defined as the provision of information, practical assistance and emotional empathy and comfort” (Campbell, Phaneuf and Deane 2004, 3).

Analyzing death and dying, Chris Shilling reactivates a term coined by John Berger in 1967 that proves useful here. Berger wrote about “marginal situations” as moments that push us to the edges of our existence, forcing us to acknowledge that life is unstable and that the meanings that we attribute to our world are based on human activity alone (Shilling 2003, 155). The protagonists of the selected pieces find themselves with their lives on the line and have to deal with such paradoxical circumstances as Wanda's in *The Waiting Room*: after years of molding her body for the dominant taste, she must have her implants removed, her breasts amputated and prostheses inserted to make her look “normal” (Loomer 1998, 55). Without delving too deeply into the issue, the play suggests that the implants may actually be behind the cancerous process, subtly denouncing damaging cosmetic practices when Wanda ironizes about her problems: “the usual. The foam broke down. The casing hardened” (17). This is a turning point in her self-perception and, with the support of a female network, she initiates a process of re-appropriating agency that culminates in her gaining full control over her treatment.

Like Wanda, the rest of the sick women in the corpus move towards an agency (re) gained in the company of peers. Echoing the lessons of the Women's Health Movement (WHM), they create their own support groups outside the medical establishment, benefitting from the advantages of this dynamic while questioning the *status quo*. As explained by Jane Ussher, Laura Kirsten, Phyllis Butow and Mirjana Sandoval, peer support groups for people with cancer provide a sense of community, acceptance and information about the illness and its treatment (2006, 2565). Hunkins', Loomer's and Ruhl's micro-communities promote all this, building a network based on a shared gender identity. In their plays, agency is multifaceted and includes the following aspects discussed by Lois McNay in *Gender and Agency*: firstly, the capacity to actively manage the often "discontinuous, overlapping or conflicting relations of power" (2000, 16). Secondly, as a realization of McNay's "creative dimension to action," agency can be read as the ability to act in an unexpected fashion or to institute new forms of behavior (22). Finally, agency extends into the capacity to engender change within the socio-cultural order (46). All these manifestations are geared toward one objective: dismantling the roles associated with the patient by breaking down the expectations of the hegemonic medical discourse and providing alternatives that reinstate the women to the position of subjects. The authors activate the feminist praxis of self-narrative as a form of resistance against a masculinist view of the world (82), allowing the characters to co-elaborate their version(s) of cancer. At the same time, they situate themselves as part of a culture of action developed within the BCM.

In *The Biopolitics of Breast Cancer*, Maren Klawiter discusses the transition between the *regime of medicalization* of the first three quarters of the twentieth century, in which breast cancer discourse was dominated by (mostly male) surgeons and by a common resort to radical mastectomy, and a *regime of biomedicalization*, born in the 1970s, that brought "changes in the practices of cancer education, early detection, diagnosis, disclosure, treatment and rehabilitation" (2008, xxvii). Within the former, patients were expected to comply with the *sick role*, associated with seclusion, absolution from work and familial burdens, exemption from responsibility and an obligation to get better and return to their lives.⁵ This role hindered the establishment of bonds because the emphasis was placed on individual recovery and on looking as normal as possible. In the times of biomedicalization a new role has appeared: "the temporary sick role for symptomatic women was replaced by a permanent 'risk role' for all women" (Klawiter 2008, 38). This role, problematic as it is, has made it possible for collective identities and a network of cancer-based solidarity to thrive. The BCM is rooted in this form of biosociality which responds to discriminating practices through lobbying, action and a range of cultural manifestations, including theater.

⁵ My description of the sick role draws on two sources based on Talcott Parsons' original coinage in *The Social System* ([1951] 1991), Arthur W. Frank's "Reclaiming an Orphan Genre: The First-Person Narrative of Illness" (1994) and Bryan S. Turner's *Medical Power and Social Knowledge* (1995).

These responses are part of what sociologists call *cultures of action* (COAs): forms of mobilization that “enact, embody, emote and articulate [...] particular visions of what is and what ought to be” (Klawiter 2008, 44). In her study, Klawiter discusses three COAs: (1) early detection and screening activism, (2) patient empowerment and feminist treatment activism and (3) cancer prevention and environmental risk activism. *The Best of Strangers*, *The Waiting Room* and *The Clean House* are in line with the second COA, problematizing the position of the patient within a regime that still echoes the era of medicalization—mastectomy remaining a frequent option—but incorporates biomedical elements like screening and some treatment choice. Hunkins, Loomer and Ruhl participate in the public conversation about the disease, putting their personal and political preoccupations on stage. It is pertinent to point out that Hunkins was an employee of the Department of Health, Education and Welfare until 1982 and continues at this time to volunteer for the Healing Arts Initiative in New York. Loomer saw the ravages of breast cancer on her mother’s body and took action: “I began the play [...] with the idea of writing about women and health. It seemed that every woman I knew, knew someone with breast cancer.”⁶ In Ruhl’s case, staging illness also touched on the personal: her father died of bone cancer and both her grandmothers succumbed to breast tumors.⁷

The three case studies, as textual productions within the COA explained above, share the premise of contesting the dominant medical discourse and empowering the sick characters in the caring company of women. Some protagonists spend most of their time in medical settings: Sybil in *The Best of Strangers*, who after a mastectomy shares a room with Tisho, due for a hysterectomy, and Wanda in *The Waiting Room*, who goes to her doctor’s office and meets Forgiveness from Heaven and Victoria, the former suffering from trouble in her “lotus feet” (bound for male pleasure), the latter threatened with an oophorotomy (ovary removal surgery) because of inappropriate behavior. Extracted from their private environments, Sybil and Wanda are initially situated within the classical sick role, taking on characteristics of the more technological risk role when their diagnoses turn out to be complicated and they are submitted to a battery of tests. Within their limited field of action, however, both exert creative agency through linguistic rebellion, humor and resistance. In *The Clean House* Ana spends little time in hospital: four scenes out of twenty-eight. She escapes both the sick and the risk roles through confrontation and builds her own fate in a domestic setting.

In these plays audiences face a set of unexpected alliances cutting across time, class and race.⁸ Bonds are based on a gender-focused *we* used as a pillar for friendships

⁶ Quoted from the 1994 playbill of *The Waiting Room* by the Trinity Repertory Company.

⁷ Ruhl expanded on her motivations in an interview for *American Theatre* in 2004.

⁸ Deborah Geis used the term “unexpected alliances” in her paper “Love after Death: Sarah Ruhl’s Drama and the Postmodern Romance,” delivered at the Fourth International Conference on American Drama and Theater (2012). An expanded version appeared in *The Methuen Drama Guide to Contemporary American Playwrights* (Geis 2014).

that question the politics of breast cancer in relation to information disclosure, treatment, bodily effects or the role of caretakers. As forms of oppositional discourse, the relationships established by the women are, as Derrida theorized, knowledgeable acts exercised by choice and with a committed consciousness ([1994] 1998, 25). The various relationship axes in the works—Sybil-Tisho, Forgiveness-Victoria-Wanda and Ana-Matilde-Lane-Virginia, discussed below—are not happenstance results of the women’s circumstances: they are gradual processes, built through personal will, and although there are points of conflict, these have empowering results, particularly for the cancer patients, who recover their decision-making capacity and self-esteem. The texts invite a reading in relation to the politics of the WHM and BCM, where mutual support between women is key in the framework of what Patricia Kaufert dubbed “networks of resistance” (1998, 294).

The political implications of the plays are further highlighted by their dramaturgical strategies. With different degrees of complexity, the three playwrights contribute to feminist Brechtian theater, most importantly through their application of the alienation effect: “The cornerstone of Brecht’s theory, [...] the technique of defamiliarizing a word, an idea, a gesture so as to enable the spectator to see or hear it afresh” (Diamond 1997, 45). Hunkins does it through the fragmentation of *The Best of Strangers*, to be staged as a series of vignettes: six scenes making up a one-act play; in Brecht’s terms, “each scene for itself” (Willett 1992, 37), displaying not only the final result of a plot but also the course of a narrative. Loomer exploits anachronism as a source of humor and for distancing purposes. In the vein of Caryl Churchill, she situates in one chronotope an eighteenth-, a nineteenth- and a twentieth-century woman, all with issues in common. And Ruhl’s magic realism, most evident in her uses of the setting—actors breaking the fourth wall, snow in an apparently realistic living room, as I have explained elsewhere (Fernández-Morales 2013-2014)—which multiplies the potential of the A-effect so that audiences “may come to question both the realist and magical elements” (Al-Shamma 2011, 60).

2.1. 1980s: The Language Wars

The Best of Strangers shows the relationship between Sybil, a “[w]hite female in her early fifties” and Tisho, a “[b]lack female in her early forties” (Hunkins 1995, 17). Both are hospitalized with typically female problems and conditioned by, firstly, the sick role—away from everyday activities, supposed to return to normal, expected to let doctors decide—and then the risk role—screened and x-rayed.

In the context of the conservative backlash promoted by the Reagan administration, African-American playwright Lee Hunkins evokes the increasing diversity of the WHM and BCM. In 1982 the National Women’s Health Network created the National Black Women’s Health project; the first National Conference on Black Women’s Health happened in 1983; Luz Álvarez, Alicia Bejarano, Paulita Ortiz and

Elizabeth Gastelumendi founded the National Latina Health Organization in 1986; and the Native American Women's Health Education Resource Center opened in 1988. That said, the expansion of the WHM and BCM was not immune to the wave of conservatism of the time: "doctors' preconceived notions about gender led them to ridicule what these women were proposing [...] [T]he persistence of radical mastectomy had less to do with medical indications than with male physicians asserting power" (Lerner 2001, 165). Hunkins' work reflects this through Sybil, who is subjected to a single mastectomy and threatened with a second: after one month under the care of a nurturing female nurse—Amy—and the surveillance of an off-stage male surgeon assisted by a detached female doctor—Dr. Cavendish—who serves as a spokesperson for the dominant discourse, she is ready to talk back.

The first battle that Sybil wages is against medical jargon, activating the creative dimension of agency theorized by McNay (2000). In her conversations with Tisho, she voids breast cancer of fear through re-naming:

SYBIL: Look at the medical terms they use... radical mastectomy... sounds like something a mad scientist is working on.

TISHO: [W]hat would you call it?

SYBIL: A rainbow special! (Hunkins 1995, 27)⁹

Displaying their growing complicity, Tisho makes a toast "to rainbow specials" and joins the network of resistance by applying her own term to hysterectomy: "hot fudge sundae" (31). When Sybil's biopsy reveals that there is no second tumor and she can keep her breast, she appropriates sports lingo to share the diagnosis: "The score is one out... one still on base" (48).

The hospital setting is a context of social death that excludes subjectivity and bases decisions on a continuous evaluation of supposedly objective biological factors (Comelles 2000, 318). In the semiotic process developed in Hunkins' play, the 1980s ideas about medical power and patient passivity within that context are communicated through a series of theatrical props that work as signs: a chart, a wheelchair, a bedpan, etc. In this scenario, attended by a doctor who states that she cannot afford "the luxury of sympathizing" (44), the protagonists become close. Their first step is the consequence of shared everyday gestures, like helping each other in and out of bed. Later, they contest cancer through humor and through the gradual dissolution of boundaries. In scene three, Sybil concedes to Tisho, who is doubtful about disclosing her diagnosis: "You don't have to tell me if it's too personal" (31). By scene four, Sybil is ready to allow Tisho to stay in the room while she talks to her doctor (44). When Dr. Cavendish throws information at Sybil, Tisho stands up for her through confrontation against a structure that, in this

⁹ Deshazer observes a similar strategy of word/phrase coinage in humorous online narratives like *CancerBitchblogspot.com* (2013, 110).

case, perversely pitches woman-patient against woman-doctor, in a conflicting twist of the traditional medical encounter.¹⁰ In the same vein as Linda Park-Fuller's piece *A Clean Breast of It* (2003), which incorporates anger as part of the cancer experience, Tisho stops being an accepting patient and becomes an outspoken (im)patient:

Don't you feel anything for that woman? [...] Sybil's a human being. She needs to know you people are there for her! [...] Being an eternal optimist, I can only hope that one day you end up in a hospital bed, and a cold-blooded bitch who's gone through six years of medical school and a four-year residency, pulls out your IV [intra venous] and says, 'Dr Cavendish I think you're dying, and who gives a shit?' (45)

The ultimate I-to-we leap comes after a watershed that is crucial in breast cancer narratives due to the symbolic weight of the breast, as Zillah Eisenstein argues: "The breast is never an isolated starting point because it is always already culturally and psychically filled with meanings" (2001, x). In scene four, Tisho accompanies Sybil to confront her new image in the mirror. The stage directions describe her silent support while Sybil observes her chest and moans, and the final kinetic instruction states that Tisho holds Sybil's hand tightly, their bodies united (47). The gradual physical approach becomes a sign of their friendship, which is finally verbalized by Sybil as she leaves the hospital: "ARTHUR: I thought you became such good friends. // SYBIL: We certainly did" (51).

2.2. 1990s: Friends beyond Time

In 1982, British dramatist Caryl Churchill surprised audiences with *Top Girls* ([1982] 1991) which unites women from different origins to celebrate the promotion of the protagonist, a contemporary "superwoman." The *rendez-vous* includes ninth-century Pope Joan, thirteenth-century Lady Niño, Griselda in Chaucer's "Clerk's Tale," the protagonist of a Brueghel painting and Victorian traveller Isabella Bird. The anachronism, the juxtaposition of real and fictional characters, their cultural clashes and their alienating effect have made their dinner one of the most celebrated moments in feminist theater.

After Churchill's Brechtian model in *Top Girls*, in *The Waiting Room* (1998) Lisa Loomer introduces an eighteenth-century Chinese woman with bound feet, a nineteenth-century corseted English lady and a "modern gal" from Jersey with breast cancer who share the same doctor. Their interactions put the focus on the medical establishment and the possibilities that patients have of (re/de)constructing narratives. The play denounces control over female bodies, but also satirizes women's complicity in a multi-billion dollar industry (Deshazer 2003, 13). The protagonists evolve through a

¹⁰See McNay (2000) about agency in conflicting power contexts.

framework of symbolic violence—where “complicity” is key, as Bourdieu explained in *Masculine Domination* ([1998] 2001)—and convert their role of accomplices into one of resisting agents. They renegotiate their position within the doctor-patient dynamic by turning the waiting room, traditionally a non-place in the style of airports or hospital lobbies (Lagrée [2002] 2005, 73), into a *locus* of friendship.

Loomer’s two-act play was first produced in 1994, early into the Clinton administration. It was a period of great visibility for the WHM and BCM and a productive era for theory, with feminist scholars expanding the canon of scientific thought and questioning knowledge and its forms of construction. As Nancy Tuana wrote, “the women’s health movement was an epistemological resistance movement” (2006, 1).¹¹ Within this framework and featuring disorders conditioned by beauty canons that differ between cultures, but always impinge on female bodies, Loomer presents three women progressing from victimhood to agency; a journey that is a common result of the peer support group structure (Adamsen 2002; Ussher, Kirsten, Butow and Sandoval 2006). They start off somewhat disabled: Forgiveness’ toes are falling off, Victoria can hardly breathe in her corset and Wanda may have to have her breasts amputated. Through their increasingly intimate relationship and a process of mutual education reminiscent of the WHM and the BCM, they move from acceptance of, to resistance against traditional roles. Like Sybil and Tisho, they count on the complicity of a nurse who emerges as the spokeswoman for gender fairness in research (Deshazer 2005, 20). Managing diverse power relationships in the line of McNay’s agents, the women challenge the medical institutions to look for alternative treatments (Renner 1999, 35).

Behaving unexpectedly, as the creative woman she is, Wanda jokes about her condition. When the threatening quality of her implants is revealed, she snaps: “I can keep a couch six years, I can’t keep a pair of tits six months” (Loomer 1998, 17). After her doctor orders immediate tests to determine malignancy, she responds: “I was going to get a haircut on my lunch hour, but I guess a biopsy would be good too” (28). Humor also serves as a bonding element, being useful to manage the fear wrought by health issues with profound consequences in the context of the heteronormative system. The Chinese woman disregards her condition ironically: “Little problem with little toe. [...] Fell off this morning” (11). The Victorian lady responds when asked whether her corset hurts: “Only when I breathe” (12). Eventually, Wanda takes charge of her treatment, in a climax that echoes the Second Wave of feminism and the related WHM and BCM:

this cancer... it’s in *my* body [...] this cancer is... mine. For better or for worse, till death do us apart, it’s about the one thing I got left that’s all—mine. And if I want to take it to Tijuana or Guadafuckinglajara [...] If I want to die. If I want to call up my doctor and say, “No thank you very much,” or “Please, God help me”—for once in my lousy screwed up life, it’s MY BODY! MY BODY! MINE! (Loomer 1998, 70; emphasis in the original)

¹¹ See Fernández-Morales (2012) for more on 1990s feminist scholarship about female health and illness.

Like Hunkins' characters', their process is accompanied by a kinetic shift from distance to contact: nurse Brenda hugs Wanda, Victoria kisses Forgiveness, Wanda and Victoria hold hands. Their bodies are thus staged counter-discursively, not as abject containers of sickness or shameful carriers of disease, but as caring dispensers of affection and tools for mutual empowerment.¹² Reinforced by the support of her peers, Wanda appropriates the discourse to subvert the traditional narrative in the closing scene. Becoming an authoritative narrator,¹³ she tells Forgiveness a deconstructed fairy tale in which women smash all the mirrors in the kingdom and invite their girlfriends to look into each other's eyes for renewed perceptions of beauty and health. Although it is hard, "eventually the women [start] to buy it," the doctors/magicians controlling their bodies run out of business and everybody lives happily ever after (75).

2.3. 2000s: The (Other) End

The canonical concept of the happy ending is also subverted in Sarah Ruhl's *The Clean House* (2006), described by Isherwood as "a play concerned primarily with the complex intimacies among women" (2006, n.p.). In it, (im)patient Ana evades the sick and risk roles after an unsuccessful mastectomy and decides to be euthanized by Matilde, a maid who hates cleaning and is devoted to finding the perfect joke. When it becomes obvious that her disease is incurable, Ana tells Matilde: "I would like you to kill me with a joke" (Ruhl 2006, 101). By doing this, Matilde rewrites her mother's involuntary femicide (her father told her a joke and she laughed to death) "as an act of mercy rather than an accident" (Al-Shamma 2011, 39). Ana's setup of her own scenario for demise—laughing and standing, not suffering and lying down like most patients—constitutes her ultimate act of control, and her end is described as a "transformation," not a defeat (8). Ruhl dismisses the custom of placing the dying in "such specialized hiding places as intensive care units, oncology research facilities, and emergency rooms" (Nuland 1993, xvi): she situates her protagonists in a private space where, after a complex journey of trust-building, Ana and Matilde, accompanied by Lane (Matilde's employer) and her sister Virginia, perform a series of rituals that complete the sick woman's progression towards agency. *The Clean House*, in the line of the two previous texts, "draws together a nurturing community of women around the ailing Ana" (Al-Shamma 2009, 11). Furthermore, by staging Ana's death, it also challenges the mainstream narratives of success that dominate breast cancer representation, which Emily Waples labeled "the master plot of survival" (2014, 159).

With her innovative proposal, which I have discussed elsewhere as representative of postmillennial Brechtian feminism (Fernández-Morales 2013-2014), Ruhl brings the vindications of the WHM and BCM into this century, when the cause of equity in health is still "an incomplete revolution" (Ehrenreich and English 2005, 362). Alive

¹² About the presence of sick bodies on stage and their reception see Fischer-Lichte (2008).

¹³ Mead, Hilton and Curtis (2001) elaborated on the usefulness of storytelling for processes of self-reconstruction in the context of peer support groups.

despite institutionalization, the BCM continues to conceive actions, including textual production: “the culture of feminist treatment activism continued its development during the twenty-first century by creating new images and representations of women with breast cancer” (Klawiter 2008, 249). Such is the case of Ana, whose position counters the tendency of constructing narratives of breast cancer around young women, disregarding evidence that “the vast majority (approximately seventy-seven percent) of women diagnosed with breast cancer are over the age of fifty” (Klawiter 2008, 2).

Furthering the diversity of Hunkins’ and Lommer’s plays, Ana is a 67-year-old Argentinean immigrant who builds a relationship with Brazilian Matilde, a domestic worker in her twenties, American Lane—a doctor in her fifties, married to Ana’s surgeon/lover Charles and Matilde’s employer—and Virginia, a housewife looking for a mission in life and Lane’s elder sister. Ruhl dramatizes the current intersectional feminist ideologies, offering a model of political friendship under the feminist ethos of women bonding across differences, as described by Maria Lugones and Pat Alaka Rosezelle (1995, 141).¹⁴ Due to personal plight, class and age, these women’s ties are, like those in *The Best of Strangers* and *The Waiting Room*, unexpected alliances. They start in conflict: Matilde with Lane because she does not clean; Virginia and Lane because of family issues; Ana and Lane because the former has fallen in love with the latter’s husband. However, they move toward friendship after Charles goes on a journey to try and find a tree bark that he thinks would save Ana’s life.

If in traditional patriarchal discourse men tend to act as mediators to determine women’s value, Ruhl’s proposal eliminates the male from the equation and leaves women center stage, offering them the possibility of working on a direct bond instead of the indirect way of interacting promoted by androcentrism (Alborch 2002, 35). Without Charles, the protagonists connect and end up performing meaningful ceremonies of affection. Before Ana passes away, they share eating ice cream from the same container, which in Ruhl’s dramaturgical universe can be read as a Brechtian *gestus*: “a gesture, a word, an action, a tableau, by which [...] the social attitudes encoded in the playtext become visible” (Diamond 1997, 52).¹⁵ When Ana is ready to go, similar to Hunkins’ and Lommer’s plays, there is physical contact in the form of an embrace with Lane. Once she dies, Lane washes Ana’s body and Virginia says a prayer. By the end, they have all gained something: Ana has finished her life as she wanted, Matilde has closed her mourning by aiding Ana, Lane has processed her husband’s betrayal by getting to know Ana and Virginia has found a task in looking after Ana and her sister, who finally lifts her emotional shield.

Ana’s empowerment is the most visible: upon diagnosis, she echoes the WHM/BCM’s idea that knowledge is power, demanding from Charles: “Tell me everything”

¹⁴About intersectionality in twenty-first-century feminisms, see Crenshaw (2003).

¹⁵A similar *gestus* features in the plays *The Good Body* (2001), where a group of Afghan women risk their lives to treat the author/protagonist Eve Ensler to ice cream; or *Sistabs* (2005), a text about uterine cancer by Maxine Bailey and Sharon Mareeka where food nurtures bonding.

(Ruhl 2006, 54). After her mastectomy, she confesses: “I have avoided doctors my whole life” (52). Nevertheless, she falls in love with Charles-the-man, but does not accept his command as Charles-the-doctor. She responds differently according to his shifting roles, managing “the often discontinuous, overlapping or conflicting relations of power” (McNay 2000, 16). She also dismisses medication and insists “No hospitals!” (Ruhl 2006, 79). She rebels against the roles that the system offers, which are, in the case of the terminally ill, radically limited: “While the patient is nearly naked, immobilized, frequently in pain [...] and basically unable to control his own condition, the doctor is clothed, mobile, healthy, educated in the meanings of illness, and at least superficially in control of the situation” (Gilbert 2006, 189). In her response against a discourse that she does not assume, like Sybil in *The Best of Strangers*, Ana rejects the language of cancer which “becomes blood count, biopsy, chemotherapy, radiation, bone marrow, blah blahlahblahlah” (Ruhl 2006, 96). Aware of her double-tongued identity, she sentences: “As long as I live I want to retain my own language. Mientras tengo vida, quiero procurar mantener mi propio [*sic*] idioma” (96).

Progressively walking into the shoes of a creative subject with the help of her network of resistance, Ana achieves agency, understood here “as the ability to act in an unexpected fashion or to institute new and unanticipated models of behaviour” (McNay 2000, 22). When the time comes, she places her life in the hands of a female housekeeper rather than a male doctor and resorts to humor as a strategy for release.¹⁶ While, as David Wendell explains, physicians generally set the stage for dying in the (bio)medical context (1996, 29), lay women do it here with the acquiescence of Lane, a doctor undergoing a profound change. Whereas “[t]echnology is the primary weapon that physicians use to fight death” in the generalized “save-life-at-all-costs orientation” (Wendell 1996, 30), *The Clean House* de-technologizes the phenomenon and incorporates laughter into a peaceful acceptance of the end of life.

3. GENERATING NEW CULTURES OF BREAST CANCER AND FRIENDSHIP

With different staging styles, all drawing on Brecht and with a common ideology of resistance against androcentric medical praxis, *The Best of Strangers*, *The Waiting Room* and *The Clean House* contribute to the COA of patient empowerment and feminist treatment conceived by the BCM. Moreover, they are representative of alternative narratives about friendship that align with feminism and respond to misogynist philosophy. Articulating woman-to-woman bonding within the alienating situation of life-threatening disease, they present audiences with various versions of what Gloria Steinem has called *psychic families*, affinity groups that “are a recognition that the biological family isn’t the only important unit in society” (1993, 178).

¹⁶Patients have acknowledged humor and the role of jokes as part of the relief strategies within cancer peer support groups (Ussher, Kirsten, Butow and Sandoval 2006, 2569).

The protagonists overcome differences to construct ties that transform them. Their friendships, à la Derrida, are conscious, knowledgeable acts that invite a political reading because, as Lugones and Alaka Rosezelle have suggested, “[f]riendship across positions of inequality has to be worked for. [...] This entails a profound transformation of one’s self” (1995, 143). In this sense, their relationships promote the third manifestation of agency contemplated by McNay: “the capacity of individuals to engender change within the socio-cultural order” (2000, 46).

This paper is based on the premise that, in line with what Tasha Dubriwny states (2013), the creation of alternative discourses about breast cancer is a possibility and a necessity if we are to achieve equity. In fact, the BCM

was, from the beginning, bound up in the construction and diffusion of new visual images, collective identities, emotional vocabularies, and forms of embodiment. [...] These new meanings were encoded in new policies and legislation, enacted through new kinds of lay-expert collaborations, and inscribed on the bodies of breast cancer survivors and women living with cancer. They were also encoded in films, photographs, drawings, paintings, performances, poetry, and other forms of writing and artistic expression. (Klawiter 2008, loc. 3660)

The articulation of models of friendship grown out of feminist practices of resistance and peer support is a must if younger generations are to be raised in equality. Texts that circulate new modes of behavior in breast cancer contexts are part of an expanding collage of health-centered narratives that have “the potential to change how we live our lives” (Dubriwny 2013, 181). As constituents in a corpus of consciousness-raising literature aimed at engendering change (Knopf-Newman 2004, 91), Hunkins’, Loomer’s and Ruhl’s works invite us to contemplate the personal as political. In interaction with other cultural products, they have the potential to encourage audiences to internalize—and maybe put into practice—the idea that there are other ways of being sick and strategies to build friendships between women beyond the traditional forms that may immediately come to mind.

WORKS CITED

- ADAMSEN, Lis. 2002. “From Victim to Agent: The Clinical and Social Significance of Self-help Group Participation for People with Life-threatening Diseases.” *Scandinavian Journal of Caring Sciences* 16 (3): 224-231.
- AL-SHAMMA, James. 2009. *Ruhl in an Hour*. Hanover: Smith and Kraus.
- . 2011. *Sarah Ruhl. A Critical Study of her Plays*. Jefferson, MO: McFarland.
- ALBORCH, Carmen. 2002. *Malas*. Madrid: Santillana.
- AUERBACH, Nina. 1978. *Communities of Women: An Idea in Fiction*. Cambridge, MA: Harvard UP.

- BOAL, Augusto. 1985. *Theatre of the Oppressed*. New York: Theatre Communications Group.
- BOURDIEU, Pierre. (1998) 2001. *Masculine Domination*. Translated by Richard Nice. Stanford: Stanford UP.
- CAMPBELL, Sharon, Marie Rose Phaneuf and Karen Deane. 2004. "Cancer Peer Support Programs—Do They Work?" *Patient Education and Counseling* 55: 3-15.
- CARTMELL, Deborah and Imelda Whelehan. 1998. "Introduction." In Deborah Cartmell, I.Q. Hunter, Heidi Kaye and Imelda Whelehan, eds., 1998, 1-15. London: Pluto.
- CARTMELL, Deborah, I.Q. Hunter, Heidi Kaye and Imelda Whelehan, eds. 1998. *Sisterhoods: Across the Literature/Media Divide*. London: Pluto.
- CHURCHILL, Caryl. (1982) 1991. *Top Girls*. London: Methuen.
- COMELLES, Josep Maria. 2000. "Tecnología, cultura y sociabilidad. Los límites culturales del hospital contemporáneo." In *Medicina y cultura. Estudios entre la antropología y la medicina*, edited by Enrique Perdiguero and Josep Maria Comelles, 305-351. Barcelona: Bellaterra.
- CRENSHAW, Kimberlé. 2003. "Traffic at the Crossroads: Multiple Oppressions." In *Sisterhood is Forever: The Women's Anthology for a New Millennium*, edited by Robin Morgan, 43-57. New York: Washington Square Press.
- DERRIDA, Jacques. (1994) 1998. *Políticas de la amistad*. Translated by Patricio Peñalver and Francisco Vidarte. Madrid: Trotta.
- DESHAZER, Mary. 2003. "Fractured Borders: Women's Cancer and Feminist Theatre." *NWA Journal* 15 (2): 1-26.
- . 2005. *Fractured Borders. Reading Women's Cancer Literature*. Ann Arbor: U of Michigan P.
- . 2013. *Mammographies. The Cultural Discourses of Breast Cancer Narratives*. Ann Arbor: U of Michigan P.
- DIAMOND, Elin. 1997. *Unmaking Mimesis*. London and New York: Routledge.
- DUBRIWNY, Tasha. 2013. *The Vulnerable Empowered Woman. Feminism, Postfeminism and Women's Health*. New Brunswick: Rutgers UP.
- EHRENREICH, Barbara and Deirdre English. 2005. *For Their Own Good. Two Centuries of Experts' Advice to Women*. New York: Anchor.
- EISENSTEIN, Zillah. 2001. *Manmade Breast Cancers*. Ithaca: Cornell UP.
- ENSLER, Eve. 2003. "Theater: A Sacred Home for Women." In *Sisterhood Is Forever. The Women's Anthology for a New Millennium*, edited by Robin Morgan, 430-436. New York: Washington Square.
- FERNÁNDEZ-MORALES, Marta. 2012. "The New Breast Cancer (Im)patient: Female Revolt against Biomedical Violence in US Drama." In *Performing Gender Violence. Plays by Contemporary American Women Dramatists*, edited by Barbara Ozieblo and Noelia Hernando-Real, 97-112. Houndmills, Basingstoke: Palgrave MacMillan.
- . 2013-2014. "'Is Anybody Paying Attention?': Breast Cancer on Stage in the Twenty-First Century." *Tulsa Studies in Women's Literature* 32 (2) / 33 (1): 129-146.

- FISCHER-LICHTE, Erika. 2008. *The Transformative Power of Performance. A New Aesthetics*. London and New York: Routledge.
- FRANK, Arthur W. 1994. "Reclaiming an Orphan Genre: The First-Person Narrative of Illness." *Literature and Medicine* 13 (1): 1-21.
- GEIS, Deborah. 2014. "Sarah Ruhl." In *The Methuen Drama Guide to Contemporary American Playwrights*, edited by Martin Middeke, Peter Paul Schnierer, Christopher Innes and Matthew C. Roudané, 261-278. London: Bloomsbury.
- GILBERT, Sandra. 2006. *Death's Door. Modern Dying and the Ways We Grieve*. New York: W. W. Norton.
- GOODMAN, Lizbeth. 1996. "AIDS and Live Art." In *Analysing Performance: A Critical Reader*, edited by Patrick Campbell, 203-218. Manchester: Manchester UP.
- GREINER, Donald J. 1993. *Women without Men. Female Bonding and the American Novel of the 1980s*. Columbia, SC: U of South Carolina P.
- HOOKS, bell. 1993. *Sisters of the Yam. Black Women and Self-Recovery*. Boston: South End.
- HUNKINS, Lee. 1995. *The Best of Strangers*. In *Facing Forward. One-act Plays and Monologues by Contemporary American Women at the Crest of the 21st Century*, edited by Leah Frank, 15-51. New York: Broadway.
- ISHERWOOD, Charles. 2006. "Always Ready with a Joke, if Not a Feather Duster." *New York Times*, October 31. [Accessed online on April 6, 2017]
- JONES-RYAN, Maureen. 2011. *Thicker than Blood. Friendships among Womyn*. Chicago: Fractal Edge. [Kindle edition]
- KAUFERT, Patricia. 1998. "Women, Resistance and the Breast Cancer Movement." In *Pragmatic Women and Body Politics*, edited by Margaret Log and Patricia Kaufert, 287-309. Cambridge: Cambridge UP.
- KLAWITER, Maren. 2008. *The Biopolitics of Breast Cancer. Changing Cultures of Disease and Activism*. Minneapolis: U of Minnesota P.
- KNOPF-NEWMAN, Marcy. 2004. *Beyond Slash, Burn and Poison. Transforming Breast Cancer Stories into Action*. New Brunswick: Rutgers UP.
- LAGRÉE, Jacqueline. (2002) 2005. *El médico, el enfermo y el filósofo*. Translated by Pablo López Cantó. Madrid: La Esfera de los Libros.
- LERNER, Barron. 2001. *The Breast Cancer Wars. Hope, Fear and the Pursuit of a Cure in Twentieth-Century America*. Oxford: Oxford UP.
- LOOMER, Lisa. 1998. *The Waiting Room*. New York: Dramatists Play Service.
- LUGONES, María and Pat Alaka Rosezelle. 1995. "Sisterhood and Friendship as Feminist Models." In *Feminism and Community*, edited by Penny A. Weiss and Marilyn Friedman, 135-145. Philadelphia: Temple UP.
- M McNAY, Lois. 2000. *Gender and Agency. Reconfiguring the Subject in Feminist and Social Theory*. Cambridge: Polity.
- MEAD, Shery, David Hilton and Laurie Curtis. 2001. "Peer Support: A Theoretical Perspective." *Psychosocial Rehabilitation Journal* 25 (2): 134-141.

- MORGAN, Robin, ed. 1970. *Sisterhood is Powerful. An Anthology of Writings from the Women's Liberation Movement*. New York: Random House.
- , ed. 1984. *Sisterhood is Global. The International Women's Movement Anthology*. New York: Anchor Press / Doubleday.
- . 2003. "Introduction: New World Women." In Robin Morgan, ed. 2003: xv-lx.
- , ed. 2003. *Sisterhood is Forever. The Women's Anthology for a New Millennium*. New York: Washington Square Press.
- NARBONA, María Dolores. 2012. "The Role of Female Bonding on the Stage of Violence." In *Performing Gender Violence. Plays by Contemporary American Women Dramatists*, edited by Barbara Ozieblo and Noelia Hernando-Real, 61-78. Houndmills, Basingstoke: Palgrave MacMillan.
- NULAND, Sherwin. 1993. *How We Die. Reflections on Life's Final Chapter*. New York: Vintage.
- OSTROV WEISSER, Susan and Jennifer Fleischner, eds. 2011. *Feminist Nightmares. Women at Odds: Feminism and the Problem of Sisterhood*. New York and London: New York UP.
- PARSON, Talcott. (1951) 1991. *The Social System*. London: Routledge.
- RENNER, Pamela. 1999. "Science and Sensibility." *American Theatre* 16 (4): 34-37.
- RODRÍGUEZ VEGA, Nora. 2004. *¿Qué tiene ella que no tenga yo? Por qué competimos las mujeres*. Barcelona: Belacqva
- RUHL, Sarah. 2006. "The Clean House." In *The Clean House and Other Plays*, by Sara Ruhl, 3-116. New York: Theatre Communications Group.
- SCHECHNER, Richard. 2006. *Performance Studies. An Introduction*. 2nd ed. New York and London: Routledge.
- SHILLING, Chris. 2003. *The Body and Social Theory*. London: Sage.
- STEINEM, Gloria. 1993. *Revolution from Within. A Book on Self-Esteem*. New York: Little, Brown.
- TUANA, Nancy. 2006. "The Speculum of Ignorance. The Women's Health Movement and Epistemologies of Ignorance." *Hypatia* 21 (3): 1-19.
- TURNER, Bryan S. 1995. *Medical Power and Social Knowledge*. London: Sage.
- USSHER, Jane, Laura Kirsten, Phyllis Butow and Mirjana Sandoval. 2006. "What Do Cancer Support Groups Provide which Other Supportive Relationships Do Not? The Experience of Peer Support Groups for People with Cancer." *Social Science & Medicine* 62: 2565-2576.
- WAPLES, Emily. 2014. "Avatars, Illness and Authority: Embodied Experience in Breast Cancer Autopathographics." *Configurations* 22 (2): 153-181.
- WENDELL, David. 1996. *Confronting Death. Values, Institutions and Human Mortality*. Oxford: Oxford UP.
- WILLETT, John, ed. 1992. *Brecht on Theatre. The Development of an Aesthetic*. New York: Hill and Wang.
- WINCH, Alison. 2013. *Girlfriends and Postfeminist Sisterhood*. Houndmills, Basingstoke: Palgrave MacMillan.

Received 24 November 2015

Revised version accepted 4 August 2016

Marta Fernández-Morales, PhD, is a fully tenured Associate Professor at the University of Oviedo. Her interest focuses on gender issues in US culture. Author of four books and (co)editor of eight, her work has featured in journals like *TSWL* and *Women's Studies*. She belongs to the "Representation Ideology and Reception in Audiovisual Culture" research unit of the University of the Balearic Islands, where she used to teach and where part of the research for this paper was conducted.

Address: Dpto. de Filología Inglesa, Francesa y Alemana. Edificio Departamental. Campus de Humanidades "El Milán." 33011, Oviedo, Spain. Tel.: +34 985104562.