

# The Patient as Reader

## *The uses of intertexts in two Swedish pathographies*

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*Illness narratives can be said to reclaim the voice of the patient, and while they draw much of their strength from a position of experience and loss, they are also highly mediated and constructed narratives. This article studies, how these textual self-representations are formed in relation to intertexts, and how the authors explicitly use other literary texts and enter into a dialogue with them.*

*Two pathographies are studied, Anders Paulrud's Fjärilen i min hjärna ("The Butterfly in my Brain", 2008) and Agneta Klingspor's Stängt pga hälsosjäl ("Closed due to health reasons", 2010, and their specific strategies in incorporating other literary texts: Paulrud through assemblage and community, and Klingspor through resistance and critique, especially of narratives the author feels she is supposed to appreciate. In the end, both authors seem to share a view about literature as potentially helpful and meaningful in conveying experiences and even point to a healing potential in narratives and literature.*

## Introduction

*“There are other words for this, but they don’t belong to me.”* These words, written by Swedish author Anders Paulrud as he was dying of lung cancer, are his own; the “other words” he refers to are the terminology of the medical world (Paulrud, 2008, p. 13).<sup>1</sup> In his illness narrative *Fjärilen i min hjärna* (“The Butterfly in my Brain”, 2008), he seeks to write the story that belongs to him, not to the medical record, positioning himself against the official story and claiming the value of his own perspective. The distance to the medical world, is here established as absolute, but this is not a gesture in anger or resentment; Paulrud is grateful to his doctors and appreciates what they do for him. It is a fundamental delineation of narratives, allowing him to for the rest of the book concentrate on his own story about living with illness and facing death.

The genre of illness narratives – often called pathographies, i. e. autobiographical or biographical narrations about personal experiences of illness, treatment, and sometimes death – are in many ways a reclaiming of voice (Hawkins, 1999, p. 1). Hawkins, who coined the term pathography in its modern form, points out that pathography:

*“returns the voice of the patient to the world of medicine, a world where that voice is too rarely heard, and it does so in such a way as to assert the phenomenological, the subjective, and the experiential side of illness”* (Hawkins, 1999, p. 12).

In many ways, a medical perspective on life and the body has come to receive a dominant position in our culture and colour the everyday understanding of it (Svenaesus 2013). Pathographies negotiate this, by both incorporating and resisting the medically-dominated narratives that permeate the understanding of illness and health. Jurecic suggests, that modern illness narratives have developed both as acts of resistance to the medical establishment and as a necessary complement to modern medicine:

*“If one of the consequences of modernity is that we no longer depend upon traditional explanations for suffering, loss, and mortality, and if doctors’ offices and hospitals cannot function as spaces where personal meaning can be developed, then the existential questions about human fragility and significance have to be asked and answered elsewhere”* (Jurecic, 2012, p. 10).

The illness narratives have this dual relation to the medical narrative, while at the same time being part of a much longer tradition of writing the self, dealing with life events, disruptions, and the formulation of identity.

While the illness narratives' reclaiming of voice draws much of its strength from a position of experience and loss, they are of course also highly mediated and constructed narratives. In this article, I am interested in how these textual self-representations are formed in relation to intertexts, and how the authors use other literary texts in their narrative. This means, I am primarily discussing explicit intertextual relations, where the authors overtly make use of other texts in the construction of their narrative and enter into dialogue with them. In the end, their use of other works also becomes a suggestion for how their own narratives may be read, and it is possible to see their uses of intertexts as a kind of modelling of a reader-text relationship.

Both my examples are Swedish illness narratives written by already established authors who, in the face of illness, decide to write books where illness forms the centre. Paulrud's already mentioned book is the last he wrote before his death, and here he depicts two illnesses: a brain tumour he is cured from, and lung cancer that will eventually take his life. Agneta Klingspor's *Stängt pga hälsosjäl* ("Closed due to health reasons", 2010)<sup>2</sup> is an account of her life after having been diagnosed with breast cancer; this is an illness she is cured from and she has continued to publish after it. The writers have, in other words, different positions in relation to the fatality of their illness. For both Paulrud and Klingspor, the pathographies are part of a long line of literary works, and their earlier works often contain autobiographical components. This is especially true of Klingspor, whose debut was part of the emergence of the so-called female confessional literature of the 1970s; she has also later continued to use an autobiographical stance in most of her books (Jönsson, 2006).<sup>3</sup> Her oeuvre includes novels, autobiographical accounts, poetry and short stories and bodily, sensuous experiences are often central in them. Paulrud had before his last book written six novels, in many ways circling around themes and details from his own life.<sup>4</sup>

This autobiographical interest, is continued in the illness narratives, although in these, there is not much sign of the playfulness of for example autofiction or postmodern games. Even as these pathographies are crafted with literary intentions and conventions, they align with Couser's point of how illness narratives are often directed towards realism and closure (Couser, 1997; jfr Jurecic, 2012). Both narratives establish an autobiographical contract with the reader, to talk with Lejeune (1989), but at the same time, they distance themselves from a too simple

reading of their experiences. Paulrud explicitly calls his book a novel, while the paratexts and the details in the narrative unanimously point towards himself; the narrator is named Anders and has written the same journalistic texts as Paulrud himself has.<sup>5</sup> In an interview, he states he used the label 'novel' to have room also for fictitious parts (Thunberg 2008). Klingspor's essayistic writing is autobiographical, which the paratexts point out, and she also includes photos of herself and her immediate surroundings. At the same time, she creates a distance by writing about herself as "she" and not "I" throughout the book.

There are, thus, distancing gestures in both cases, but the narratives have a high degree of presence and details pointing towards the authors' singular experiences. Jurecic highlights that what illness narratives demand from the reader is a willingness to listen and connect. No matter how literary and even partly semi-fictional the accounts are, they are written from a perspective that asks for connection and for a realisation of a mutual fragility between reader and writer (Jurecic, 2012). Rimmon-Kenan has earlier asked, if illness narratives, because of this, may have something to teach literary criticism (Rimmon-Kenan, 2006), and Jurecic poses the same question: is there something that has disappeared out of view in literary criticism that illness narratives bring to the fore? Building on Sedgwick and Felski, Jurecic suggests, the need for a 'reparative reading', to open up a space for a reading that is theoretically grounded, while at the same time paying attention to things a 'suspicious reading' does not: listening to and acknowledging the realness of the story narrated by a person who tries to communicate, and admitting narrative's possibilities to create a connection between human beings (Jurecic 2012; jfr Sedgwick 2003, Felski 2008). Literature and narratives have as one of their most powerful capabilities the ability to speak to both emotion and cognition, and this is at play in the reading focused on the ill, fragile self.

For both Klingspor and Paulrud, being struck by a severe illness makes them turn away from other exterior things. At first, it is the social world, the community, that even makes the illness truly exist for Klingspor; she has felt a lump in her breast for a while, but not until she tells her friend does it feel real: "*the lump became real through Ylva's reaction, it was created at the moment she said it aloud and exactly as threatening as it perhaps is*" (Klingspor 2010, p. 13–14). But soon, illness primarily comes to mean quitting engagements with the world, and about the world. As she is called into the doctor's office, Klingspor finishes a phone call about a political protest she will no longer be a part of:

*"Her name is called and she presses the button on the phone, in a second the large world becomes small as a louse and can be crushed between thumb and index finger, on TV a chef beats egg for dessert, her name is called again, the small world calls and she grabs her bag and walks there.*

*Now, it is the body. Her body. The only one."* (Klingspor, 2010, p. 8)

This image of the world becoming small and then disappearing in her mobile phone is striking, showing us the kind of pause she is facing: where she must put her normal life into brackets, shutting out the outside world, to concentrate on the small, threatened world of her body.

The passage from Paulrud that opened this article, about there being "other words" that do not belong to him, is continued with the line "*From the medical record:*". After the colon, Paulrud leaves a blank line implying that this other story is not part of his narrative. When he resumes, he speaks of his body and feelings not with the expert language of medicine but with ordinary words; he writes about the pain, the cough, the breathlessness, and a difficulty to swallow that he names "*a curious hesitation when I'm about to swallow.*" (Paulrud, 2008, p. 13–14). Even as he is admitted to the hospital, he does not detail too much of the environment; clearly focusing on his own choices in life rather than what life forces him to. The first lines of the book also emphasise the turning away or inward: "*And now I turn downwards, to the birds in the underworld – / Like that, perhaps. If it didn't sound so dramatic. And beautiful.*" (Paulrud, 2008, p. 11). Already from the start, then, we see the gesture of turning away, combined with a kind of fascinated reluctance towards the too dramatic, too beautiful, which is something the author struggles with throughout his book.

In both cases, the focus turns towards the small things, the narrators' immediate surroundings – and to their relationship to other literary texts, as these can help them understand and mediate their experiences. In this, the authors take different stances. Klingspor's relation to other texts, is mainly in the form of resistance, even as that resistance, in the end, is broken while Paulrud's strategy is primarily assemblage; using literary texts to create a community of letters where he can be one of the participants.

## Paulrud: A community of letters

When Anders Paulrud writes his illness narrative, it is from the perspective of already having given up the hope of a cure. His is a memoir of looking back on life and meeting death. From this perspective, as we have seen, Paulrud turns away from the world at large. In the text, he focuses on only very few people – some of the people that clearly were significant for him in life, like his daughter, are not mentioned in the book except in the dedication. The biggest community he finds is instead with other authors, a literary community of writers that have gone before him and have striking similarities with his situation (cf. Grahams, 1997). The authors in his community seem to be chosen both for their works and for their other affinities with him; good examples here are Lawrence Sterne and Italo Svevo, who wrote books with very similar titles, *A Sentimental Journey* (1768) and *A short sentimental journey* (1949) respectively.<sup>6</sup> Anders brings these books with him as he, marked by illness, travels to Paris. The illness he sees as a second journey, another kind of journey (Paulrud, 2008, p. 65). The metaphor of illness as a journey – highlighted by both Hawkins (1999) and Frank (1995) in their influential analyses of illness narratives – is thus present in both his writing and in the literary company he keeps.<sup>7</sup>

Anders feels an affinity with Svevo's and Sterne's writing as well as with their travelling; he reflects on whether he too is a sentimental traveller, just to conclude that he is probably more of an "ashamed traveller", hiding like a hurt cat (Paulrud, 2008, p. 37). The affinity is equally related to the authors' life and death, and the fact their works were published closely to their own death just as he knows his own will be.<sup>8</sup> In Italo Svevo's case, Paulrud also retells the story of the author's death, when Svevo was refused a last cigarette as he was dying. That is a horrible prospect for a smoker like Paulrud, who has lung cancer from smoking but still cannot quit. He keeps on lighting his cigarettes outside the hospital: "*I quit smoking when I quit. Keep up the breathing*" (Paulrud, 2008, p. 128). The smoke he emits is turned into "*a proof that I can still breathe*" (Paulrud, 2008, p. 67).

I want to highlight briefly two especially interesting examples of how Paulrud relates to other literary texts. The first is the way he 'steals' an idea from Joan Didion's *The Year of Magical Thinking* (2005), where she writes about the grief of losing her husband. Paulrud identifies with that grief even as he is mourning himself, not a relative. In his attempts to process his own imminent death, he reads Didion and he is particularly intrigued by the fact that she could not throw away her husband's shoes after his death, as she could not shake the feeling he might

need them. This beautiful depiction of how grief can crystallize in small details and in the interaction with things; and this feeling that shoes are more personal than many other clothes and possessions, perhaps especially to a traveller and walker like himself, captivates Anders. He decides to recreate it: *"Exactly like that. I stole the idea from her"*. He polishes his favourite shoes and writes *"To keep"* on their soles (Paulrud, 2008, p. 114). As he uses the idea for himself, the meaning is partly changed, as Paulrud's version includes an imperative to his life partner on how to act. In his relation to the other narrative, he takes an idea and turns it into something tangible an action.

This attempt to take symbols and metaphors and turn them into concrete, tangible things is something that permeates the book. Another example of this aim, is Paulrud's overarching image in the book, the butterfly. This is a metaphor that draws on a cultural history of symbolising the soul, rebirth, transformation, and renewal, but for Paulrud it is a metaphor that is materially present. It comes to mean so much to him because he spots it in the x-ray photo of his brain, where a formation in the middle has the shape of a butterfly; this image is also the cover photo of the book. This carnally present metaphor gives him a way to think about his own life and death, and when he survives the brain tumour, he thinks of it as the butterfly allowing him to fly out into life and the wide world again (Paulrud, 2008, p. 60). As his second illness turns out to be incurable, he imagines the butterfly no longer being able to breathe with its wings, as it is pinned down and dead (Paulrud, 2008, p. 128). One could argue, that the final part of the butterfly symbolism is the book itself, becoming the butterfly that has its origin in his brain and then can fly out into the world, even as its creator has died.

This way of interpreting symbols concretely is also connected to the last author of Paulrud's community I want to highlight here, Lars Gyllensten. Paulrud quotes a passage from him about death, or rather about the time shortly before death. Gyllensten states that a person on the brink of extinction gives away *"eager signs of life"*:

*"Those signs do not resemble normal speech, as they are sent out when the time is already out, and there is no time left for anyone to answer. They demand neither listener nor like-minded people, but the person who dies is in his own company and talks and sings to himself to convince himself he is still alive, and that this is more important than the fact he is about to die."* (Paulrud, 2008, pp. 71–72; Gyllensten 1963, p. 69)



The speech, carried out by a dying person, is thus a sort of incantation about life, and Paulrud's insistence to write is posed as this kind of chant. This incantation is also, by the materialisation in the form of a printed book, something that will stay. Every time a reader opens the book and reads his words, he is again alive. This is the immortality that literature offers, and that Paulrud searches for as he brings to life the literary fellowship he wishes to join.

Paulrud, thus, is writing retrospectively and on the brink of death, and uses his literary references to build a community and a writer's identity as he contemplates life and loss. Klingspor, who writes in a different mode; throughout her illness, allowing us to follow both the uncertainty of diagnosis and the hope of a cure, instead shies away from literature, resisting what she finds to be too much to handle in her ill state.

## Klingspor: Resisting narratives

Agneta Klingspor has, since her debut in 1977, had as a literary project the aim of writing about the body, especially the erotic body. In *Stängt pga hälsosjäl*, she turns to the ill, fragile body and cancer's threat to her life. In this narration, which consists of a textual, chronological story as well as a photographic one. With snapshots of her everyday life, surroundings, and artefacts all taken with her mobile camera, she captures her experience of breast cancer. Notably, even as she creates this narrative, one of its main points is to question and resist the power of narratives, and to some extent theoretical thoughts. As Lenemark points out in an article, Klingspor's story includes most of the recurring components in breast cancer narratives, but her emphasis is different, focusing on the long wait for a diagnosis and the existential questions raised by illness and prospective death. In contrast to the 'normal' account of breast cancer, it is also possible to interpret the ending as more open and unsure than a truly happy end (Lenemark 2018; jfr Couser 1997).

As Klingspor is diagnosed with possible cancer – "it's leaning towards cancer" is the doctor's first turn of phrase – one of her usual ways of dealing with life, reading, is put on hold. In this state of illness where her existence is threatened, she finds she cannot read Susan Sontag. "No, Sontag is too intellectual for her now. She only wants to know about radiation, chemotherapy, side effects, item by item, the whole process" (Klingspor 2010, p. 28). Writing her life is still something she can do, and while being an illness narrative, *Stängt pga hälsosjäl* is also in many ways a continuation of long-term work to write her own life in different ways (cf. Jönsson, 2006).



Even if she cannot read Sontag, Klingspor still uses Sontag's famous metaphor of illness as the night-side of life, a citizenship in a parallel kingdom of the sick in a productive way. She is positioning herself as a 'cancerian' with a passport that needs to be stamped: "*she is an enforced citizen, a cancerian, and she has no choice*" (Klingspor 2010, 31). The cancerians, she writes, are mostly invisible, alien but still impossible to discern from others, until they start losing their hair or have a large surgery. Her narrative emphasises distance; when she walks in the city or visits the theatre she feels like a stranger, an outcast compared to the well, as she moves in their world with a lump in her breast.

Klingspor also further elaborates Sontag's imagery of states, as she proclaims her life with illness as an 'undantagstillstånd', i.e. a state of emergency or a state of exception. She even finds herself issuing censorship against death. Death, she writes, is for the well. "*Only the well can speculate, philosophize, mediate over death. The truly ill want to repress death, erase death*" (Klingspor 2010, pp. 32–33). At the baseline of threatening death, speculation is no longer for her. She puts away books that deal too much with death, as well as the sheep skull she usually has placed on her bookshelf. What she primarily turns away from is the mediated death, the death used for shock effect or as part of other people's narratives:

*"No obituaries, no murders on tv, no violence. The evenings are spent zapping between the channels because men are fighting everywhere on every channel with the fist, the gun, the knife, the rock, the bomb. Where men are, there is blood."*  
(Klingspor 2010, p. 33)

This critique is not only directed towards other people's stories, but to a high degree also towards herself. A few years before her illness, Klingspor published *Går det åt helvete är jag ändå född* ("If things are going to hell, at least I was born", 2006), a thorough investigation of death, other people's death, often on a large scale, and death in narratives, especially on tv. She even went to a cemetery to study cremation and see the remains of the dead. Now, things have changed. "*You can look death into the eye when you're well,*" she states to her younger, healthy self (Klingspor 2010, p. 34).

As she slowly recovers, the author finds energy to return to texts again, even if she still finds most of them unhelpful. Predominantly, she brings them up to discard them, inhabiting her stance of resistance. She cannot find solace in stories that often seem to help breast cancer patients, like the story about the amazons with one breast surgically removed, the myths about the Greek goddess Hera, or

hagiographies. She continues to resist the narratives, especially the ones her surrounding seems to think she 'ought' to find helpful. Fanny Burney, who describes the pain of surgically removing a breast without anaesthesia in 1811 is one of the few stories she wants to think about, as well as women making political protests by baring their breasts (Klingspor, 2010, p. 65).<sup>9</sup> Again, Klingspor does not want the beautiful, the romanticised, or the typical. Her consolation is not in mythical positive figures but in real people's fight in a brutal world.

Finally, when she feels better, she reads Sontag again, even if she mostly disagrees with her. Klingspor's resistance to taking over other people's narratives remains. The disagreement is mainly in her interest in the concrete and tangible; she does not care so much about metaphors as she does about the actual illness experience and therapy. At the same time, she also defends the war metaphors, that are often criticised as limiting to patients, giving them a different spin – imagining herself gathering a liberation army, drawing on her own strengths.<sup>10</sup>

An interesting part of Klingspor's narrative, is the depiction of her alienation towards her own body. Despite its deeply personal stance, the narrative is written in third person, and moreover, she repeatedly refers to herself as "she and the breast". The breast thus takes on an identity of its own – they go to places together, watch things together. She is also seized by tenderness for the breast and addresses it; it seems to both be part of her and not, treated rather like a pet or a friend that she needs to look after. The distance she uses is thus twofold, talking about herself as "she", and then also "she and the breast", and it is part of the depiction of illness as something foreign to the self. Lenemark suggests, this is part of the attempt to narrate what is, fundamentally, unnarratable (Lenemark 2018).

This peculiar distancing comes to the foreground even more, in contrast to a passage, that does not have this separation of the self but where the breast is felt like a part of her. Over two pages, Klingspor writes the history of her breast, depicting it as a living, sensual, and sexually active body part, not a site for cancer (Klingspor 2010, pp. 54–55). This inserted story, written as she is "seized by tenderness towards her ill breast", highlights the special complication of the cancer claiming the breast, of all body parts, and this seems to be part of why the separating out of the breast is so important to her. She never reaches that former wholeness again during this narration, that ends shortly after her recovery.<sup>11</sup>

When, at the end of the book, Klingspor finally finds a narrative she is not resisting, but that she can rest in and be restored by, it is "she and the breast" who are reading, together. Her narrative of choice is Lars Norén's diaries (2008), where the Swedish playwright over almost 1700 pages, retells in detail events and thoughts

from his everyday life, noting everything from small purchases, to meetings and disagreements with other people. It is a book, that takes the writing down of everyday life to an extreme. Klingspor reads it in bed every evening, from before the sun sets and long into the night. She feels, she is dragged into the story as if it is a stream and imagines that she is sitting in Norén's armchair: "*She and the breast sit every day in his armchair and wonder what he looks at, if there is a window in front of the armchair and what is outside the window*" (Klingspor, 2010, p. 90).

The diary, and above all the imagined place of reading it, where she can be immersed in another person's life narrative becomes a healing place for the author. The sense of the other text's importance is overwhelming; at the same time, the act of co-creation on the reader's part is highlighted. This is not primarily a text at work, but very much a reader at work with a text. The extent to which her experience is situated in herself and her creative reading of the diary becomes clear when she returns to it later; looking for that armchair again and only finds it in three passages. This still does not take away its influence:

*"[B]ut it was his armchair that marked her, where he sat thinking or not thinking, just sat because he had to. She and the breast longed for it, that's where she was going to sit still and heal. This unhealed wound, Norén becomes her healing, this despair to not be able to make ends meet, that he must live alone, that he cannot and so forth in eternity, in his rotting body and her rotting and the breast"* (Klingspor, 2010, p. 90).

Together, she and the body-part, that signifies her body's weakness and mortality, are readers that can lose themselves in the "norenian maelstrom" of the diary (Klingspor, 2010, p. 91). Bathing in this current, submerging herself in another person's life narrated in detail, Klingspor finds a connection that allows her to create a restorative community of her own.

## Conclusion

In the two illness narratives studied in this article, the authors make extensive use of literature in their writing about their own illness experiences and lives. They strive to write another story than the one provided in medical records and medical terminology, capturing their own individual experiences when facing the

biographical disruption of illness. This is an interruption Klingspor sees as a loss of the “ordinary death”, a curving of an expected straight line:

*“to get older and die, a straight line between birth and death, an escalation of time until the body said goodbye in a heart attack or just gave out. Suddenly the straight line curved in ‘it’s leaning towards cancer.’”* (Klingspor, 2010, p. 86; cf. Becker, 1997 about disruption and the idea of a predictable life course).

In their attempts to write their illness narratives in contrast to the medical narrative, Klingspor’s and Paulrud’s relation to literature and intertexts is prominent. I have shown different strategies in their use of other texts in assembling and resisting them. These two opposite strategies and their different uses of literature form an important part of their writing of the self and the disruption of their lives by illness. In the end, Paulrud and Klingspor seem to share a view about literature as potentially helpful and meaningful in conveying experiences, and even point to a healing potential in narratives and literature: Paulrud in finding a kind of meaning pattern in his community of writers, and Klingspor in her immersion in a story about a remarkable person’s unremarkable everyday life. This, I would argue, forms a basis to their view of their own writing and what relationship they are envisioning the readers may have to their illness narratives.

In both cases, the authors combine the use of literature with an acute interest in the concrete and tangible, bringing symbols and life-and-death experiences back to the everyday life surrounding them, privileging personal images of life and death over culturally or spiritually established templates. The contrast their narratives are creating is not only with the narratives of the medical world but also with our culture’s grand-scale narratives about life and death.

## Notes

1 All quotes from the Swedish texts are translated by me.

2 In the title, the word “reasons” (skäl) is misspelt to become one of its homonyms, to instead say “soul” (själ).

3 For more about Klingspor and the confessional literature of the 1970s, see Jönsson, 2006; Sarrimo, 2000.

4 In *Kärleken till Sofia Karlsson* (“The love for Sofia Karlsson”, Paulrud, 2005) he even used the real name of the woman he wrote a love story about.

5 To discern between narrator and author, I will refer to the former as ‘Anders’ throughout the article.

- 6 The book was written in 1928, just before Svevo's death, and was published posthumously and uncompleted.
- 7 Hawkins, 1999; Frank, 1995. To what extent Paulrud's story can be seen as a *quest narrative* in Franks's sense is an interesting question. It is possible to see his created community of letters as one of the trophies from his quest. For a more thorough discussion of Svevo, Sterne, and the journey metaphor in relation to Paulrud, see Bernhardsson, 2010.
- 8 Paulrud died two weeks before his book was published.
- 9 Klingspor comments, that bared breasts have been used in protests historically, but lately she finds that the breasts have been silent and far from rebellious. This was written before the emergence of Russian punk rock band *Pussy Riot* and their activism. It is also interesting to relate this to how many breast cancer survivors use photos of the naked body and its scars as a protest against body ideals and norms, combining the private and the political in another way. This is true for many individual pathographies as well as a project like *The SCAR project*; for the latter see Ehlers (2015).
- 10 For more about the war metaphor, see e.g. Sontag (1989), Hawkins (1999).
- 11 It is worth noting that in her later book with almost the same title as the 2006 book, *Går det åt helvete ska jag ändå dö* ("If things are going to hell, at least I will die" 2016), Klingspor only talks about the cancer in a few passages at the end of the book. In a similar vein as in *Stängt pga hälsosjäl*, she talks about a part of her body as foreign, but this is no longer the breast. Perhaps time has managed to make the breast once again become a natural part of her body. Instead, it is the tattoo in the form of a small, blue dot that is separated from herself. The dot was made at the oncology clinic to help set the radiation correctly. The dot is "everything's centre" and will be there forever. It "joins her everywhere. The dot is awake even if she is sleeping. [...] The dot is her third eye, it has to do with threat of death and hope of life. The dot is, in short, her" (Klingspor, 2016, p. 110).

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