

**DEFYING SURVIVORSHIP: MARÍA HERNÁNDEZ MARTÍ AND JAVI DE CASTRO'S
*QUE NO, QUE NO ME MUERO: Y SI ME MUERO NO ES EL FIN DEL MUNDO***

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Critics agree that the resurgence of the comic and the graphic narrative boom in Spain began with Paco Roca's *Arrugas (Wrinkles)* in 2007, winner of Spain's National Comics Prize in 2008. Roca's *Arrugas*, which centers on Alzheimer's disease, forms part of the growing literary corpus of graphic medicine, which uses the comic or the longer narrative form of the graphic novel to depict a patient's story of their illness through a combination of written text and visual illustrations. Coincidentally, 2007 also marks the year that Ian Williams created the Graphic Medicine research group, dedicated to the study and dissemination of "comics and graphic novels with medical content" and with a particular interest in graphic pathographies (Czerwiec et. al, 4). When the experience with illness becomes the narrative centerpiece it transforms the work into an illness narrative, a pathography, in which a patient (or someone close to the patient) generally speaks for them(selves). According to Anne Hunsaker Hawkins, pathography takes the "form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death" (1). For Hunsaker Hawkins, "pathographies are like survival stories" because they serve to restore some sense of order or meaning for the patient "to arrive at an objective relationship both to experience and to the experiencing self", which is ignored in medical patient histories (2). Similar to how Arthur Frank defines illness narratives as counternarratives that reflect the patient's perspective, graphic medical narratives provide a space for patients (and/or their family members) not only to tell their illness story, but also to reclaim their bodies from the medical space as well as from medical-scientific writing (see Diedrich 2). Frank uses the term "wounded storyteller" to describe the narrative voice that characterizes postmodern illness writing (7), a voice that testifies "through a wounded body" (2, emphasis in original). Arguably, graphic medicine not only privileges the patient's voice, but also emphasizes the sick body by combining the patient's words or descriptive text with a visual depiction of the sick body, in this way representing both the emotional and physical characteristics of illness and undergoing treatment. As defined in the *Graphic Medicine Manifesto*, "Graphic medicine combines the principles of narrative medicine with an exploration of the visual systems of comic art, interrogating the representation of physical and emotional signs and symptoms within the medium" (1). Graphic medicine, therefore, converts clinical histories, now personalized and subjective, into a visual and literary genre that proposes new ways of understanding how patients interpret and manage their illnesses and their bodies throughout this process.

In Spain, it's undeniable that graphic medicine is experiencing an upswing in the editorial market with narratives that are concentrating on breast cancer, autism, bulimia, epilepsy, and bipolar disorder among others (see González Cabeza). For this reason, Mónica Lalanda founded the Medicina gráfica research group in Spain (the Spanish equivalent of Graphic Medicine) to create a database for these works that explains why these narratives are considered graphic medicine while also identifying how they can be used not only by patients, but also by medical professionals to better communicate with their patients.¹ While scholars are taking note of this editorial phenomenon, the analysis of women-centered graphic medicine has been scarcely broached. One area, however, where there has been an increasing amount of scholarly attention is

on breast cancer graphic narratives. Thomas Couser has previously emphasized that “[b]reast cancer is one of a few diseases sufficiently common and of sufficiently wide public interest that it has generated a distinctive autopathographical subgenre, the breast cancer narrative—an autobiographical literature of growing significance” (42). In the breast cancer pathographic genre, there is an attempt to demystify cancer while at the same to politicize the causes of the disease (Couser 57). More significantly, a politicization of the patient also occurs in the breast cancer subgenre because, according to Lisa Diedrich, breast cancer became an “illness event” in the 1980s, similar to AIDS (25). These “illness events” are directly related to a politicization of the illness, and for Diedrich this “politicization of patienthood brings into being various techniques for doing illness in new ways, and that along with these new forms of doing illness come new forms of writing illness” (26). It is precisely a repoliticization of patienthood that has led to the recent boom in graphic medicine, and more specifically, to this boom in breast cancer graphic narratives.

Since its beginning with ground-breaking works like Tucky Fussell’s *Mammoir: A Pictorial Odyssey of the Adventures of a Fourth Grade Teacher With Breast Cancer* (2005), Marisa Acocella Marchetto’s *Cancer Vixen: A True Story* (2006), and Miriam Engelberg’s *Cancer Made Me a Shallower Person: A Memoir in Comics* (2006), breast cancer graphic narratives, whether real or fictionalized, accentuate the trauma of navigating the corporeal changes brought about by breast cancer treatments and the affective experience of negotiating a body that no longer feels like your own. Due to its popularity, the breast cancer graphic narrative has become its own subgenre in graphic medicine.² These works give visibility to aspects of the breast cancer experience that mainstream breast cancer culture purposefully overlooks or silences because they do not fit in with the warrior-survivor narrative, which reminds us of Barbara Ehrenreich’s theory of the “relentless brightsiding” of breast cancer in “Welcome to Cancerland” (49).³ In “Welcome to Cancerland”, Ehrenreich not only denounces the pink capitalism that has emerged as part of breast cancer’s corporatization, its feminized marketization of the disease, but also condemns how “[t]he effect of this relentless brightsiding is to transform breast cancer into a rite of passage—not an injustice or tragedy to rail against, but a normal marker in the life cycle, like menopause or graying hair. Everything in mainstream breast-cancer culture serves, no doubt inadvertently, to tame and normalize the disease” (49). Ehrenreich claims, however, that this constant brightsiding is a cover and that obedience is the real message behind mainstream breast cancer culture (52). Mainstream breast cancer culture, therefore, normalizes cancer by “prettying it up, even presenting it, perversely, as a positive and enviable experience” (53), and breast cancer patients are expected to obediently maintain this façade.

When asked why she wrote her breast cancer graphic narrative in an interview in 2016, María Hernández Martí, author of the breast cancer graphic narrative *Que no, que no me muero: y si me muero no es el fin del mundo* (2016) together with illustrator Javi de Castro, answered, “No fue que quisiera relatar mi experiencia personal ni hacer terapia escribiendo”. *Que no, que no me muero* was not born out of the need to heal through writing or to inspire other breast cancer patients by dolling up her experience, but more pragmatically, was Hernández Martí’s way to inform her friends and family on how she was doing. What started out as a private blog became something more, as Hernández Martí explains, because “se me fue de las manos. Empecé a encontrar historias que contar en los hospitales, a darles vueltas, y pasé de dar el parte en tres líneas a escribir cuentitos”. Although Hernández Martí did not need nor was looking to tell her story, *Que no, que no me muero* was born out of documenting those wounds in the private blog entries turned short stories and then fictionalized through the character of Lupe. While the breast cancer graphic

narrative gives a fictional rendition of the author's breast cancer experience, she clarifies that "Lupe es Lupe y yo soy yo. Escribo ficción, inspirada en cosas que me han pasado, en otras que he visto pasar, etc". Forming part of the breast cancer graphic subgenre in the Spanish-speaking world, *Que no, que no me muero* is one of two breast cancer graphic narratives, the other being Isabel Franc and Susana Martín's *Alicia en un mundo real* (2010), also published in Spain. Similar to *Alicia en un mundo real*, which is based on Franc's breast cancer experience but repackaged as Alicia's graphic illness narrative, through Lupe, Hernández Martí, like Franc has done with her protagonist, "distances herself from her own experience with breast cancer and is able to universalise and politicise it—making it about a community of women and men who have confronted this disease" (Aramburu 3). As breast cancer claims the space that was once yours, converting you into what Susan Sontag refers to as a dual citizen "in the kingdom of the well and in the kingdom of the sick" (3), *Que no, que no me muero*, like *Alicia en un mundo real*, not only brings visibility to this state of dual citizenship, but also represents the process of reclaiming the space of the body from illness.

Following pioneering breast cancer graphic narratives like *Cancer Vixen* (2006) and *Cancer Made Me a Shallower Person* (2006) as well as its Spanish fictional counterpart in *Alicia en un mundo real*, I propose that *Que no, que no me muero*'s Lupe breaks with certain myths and stereotypes that mainstream breast cancer culture has mapped onto the breast cancer patient, specifically targeting the tyranny of positivity and happiness that Ehrenreich references. In this article, I demonstrate how *Que no, que no me muero* with its somber colors and tone intentionally breaks with the forced brightsiding that has become the expected response to the disease and instead visualizes the extent of Lupe's trauma, both physical and mental. According to Hillary Chute, women's graphic narratives are often invested in representing trauma, the unspeakable and the invisible, because "the cross discursive form of comics is apt for expressing that difficult register" (2). Graphic narratives, however, "work to erase the inscription of women in that space [of trauma]", precisely by pushing the limits of the unrepresentable and making readers bear witness to trauma. I argue that *Que no, que no me muero* depicts the traumatic process of needing to revise and create a new "map", to use Frank's term, for yourself because illness has disrupted how you navigate, perceive, and relate to the world around you (3). Through the character of Lupe, *Que no, que no me muero* illustrates the new mapping that must take place as the character both manages the different phases of her breast cancer and the trauma associated with having to create a new story of the self and for yourself, one that includes the possibility of dying. By referencing death in its title, signaling it as a reality that is part of the disease, this breast cancer graphic narrative problematizes and confronts the warrior-survivor myth that is prevalent in the breast cancer establishment.⁴ Already, the title announces that is not an uplifting or cheerful fictionalized breast cancer graphic memoir, but one that will be defiant and disobedient of breast cancer culture.

After documenting the process and treatments following Lupe's lumpectomy, *Que no, que no me muero* queers survivorship by actively rejecting not only the breast cancer establishment's tyranny of cheerfulness, but also its category of "survivor". In "The Queer Art of Survival", Lana Lin explains the difference between survivor and survivorship "in cancer world":

it is all too clear that, in cancer world, there is a distinction between survival and survivorship. . . . Survivorship, it would seem, is not something to which one defaults as a result of surviving treatment. Rather, survivorship is a particular stance vis-à-vis one's ongoing status as a survivor, for survivors do not merely survive, but take on, handle, negotiate, and manage their survivorship.

Survivorship is a category of experience that has been instrumentalized and politicized. (342)

Lin builds on Ehrenreich's condemnation of the instrumentalization and politicization of survivorship in "Welcome to Cancerland", where survivorship signifies triumphing over breast cancer as a positive-thinking warrior. It is for this reason that Lin questions whether there is "a way to 'queer' survivorship" because as the author explains, "'Survivors' can fail to beat their cancer, fail to maintain optimism, fail to find spiritual transformation in their reconfigured relation to mortality. But given that the language of oncology is constructed around failure—it is the patient who fails the treatment, and not the other way around . . ." (345). Lin's explanation of how queering survivorship can "dismantle the logics of success and failure with which we live and die" reminds us of Halberstam's *The Queer Art of Failure*, where the author explains that "[w]e can also recognize failure as a way of refusing to acquiesce to dominant logics of power and discipline and as a form of critique" (345, 88). This idea of queering survivorship can be mapped onto *Que no, que no me muero*'s use of a cynical antiheroine as its protagonist and narrator. My reading of Hernández Martí and de Castro's work suggests that what Lin terms the "logics of survivorship" are problematized and renegotiated in this fictional breast cancer graphic narrative (345). I claim that an alternate story of survivorship is precisely what is proposed in *Que no, que no me muero*. In the eyes of a culture that relates success to positivity and cheerfulness, Lupe fails at surviving cancer because she continues to be pessimistic and dour and because breast cancer has not led to any sort of profound spiritual transformation for the protagonist.

What is more, I argue that this alternate survivorship forces the reader to witness the vulnerability of the breast cancer patient not only because of Lupe's individual experience or trajectory with the disease, but also because of how breast cancer changes how others approach her and her body. Whereas some breast cancer graphic narratives, like *Alicia en un mundo real*, underscore the personal negotiation with the sick body as a foreign and rebellious entity, *Que no, que no me muero* accentuates how this negotiation is impacted by how those around her respond to or attempt to manage her body—whether those people are her family and friends, strangers she meets at the park, or other patients at doctors' offices. One of the major focal points of this breast cancer graphic narrative is its portrayal of how Lupe manages how her body processes breast cancer and its treatments, both in the private sphere and in the public space. What this means is that Lupe's journey through breast cancer signifies confronting a pathologizing gaze that seeks to diagnose and classify her as either healthy or ill, a pathologizing gaze that undermines her autonomy by objectifying her as a patient. In *The Birth of the Clinic*, Michel Foucault describes the medical gaze as one that can reveal knowledge by deciphering the body's signs: "experience reads at a glance the visible lesions of the organism and the coherence of pathological forms; the illness is articulated exactly on the body, and its logical distribution is carried out at once in terms of anatomical masses. The 'glance' has simply to exercise its right of origin over truth" (2). The clinical eye, therefore, holds power over the patient's body, over the body of the ill that cannot gaze back, whose continued exposure is necessary for the pathological gaze to be executed. Lupe documents the workings of this pathologizing gaze, detailing how others, both within and outside of the medical setting, try to influence or coach her on how she should perceive and experience not only her body as it undergoes transformations due to the breast cancer treatments, but also her survivorship.

Structuring the book using the letters of the alphabet to guide the reader through how Lupe manages the physical and emotional trauma of breast cancer and its treatments, Hernández Martí

and de Castro detail the different stages of the disease, the treatments, and the process of recovery, following in this cursory way the breast cancer master plot described by Couser (43).⁵ According to Couser, breast cancer pathographies follow the order of the disease—from the discovery of the lump to diagnosis, the presentation of treatment options, surgery whether it be lumpectomy or mastectomy, treatment by way of radiation, chemotherapy or hormone therapy, the side-effects of the treatment, recovery and some form of resolution or recovery—in their structuring of the illness narrative (42). Similar to how Franc and Martín’s breast cancer narrative breaks with this master plot to emphasize the importance of female solidarity and humor and to give visibility to the sick body as one in process (see Aramburu), *Que no, que no me muero* also subverts the master plot structure because as Lupe explains at the end of the book, “Supongo que ahora tendría que hacerles una lista de todo lo que he aprendido que si soy mejor persona, más madura, más agradecida, pero no. Para qué les voy a engañar. Ni siquiera aprendí a liar porros. No, lo único meritorio que he hecho en todo este tiempo es no morirme” (underline in original).⁵ Instead of ending on an inspirational note of remission, something that *Alicia en un mundo real* has done, the emphasis at the end of Hernández Martí and de Castro’s graphic narrative is that Lupe’s journey has centered on not dying rather than on survival or survivorship. In this illness narrative, the protagonist’s perspective about life does not change because sickness has not led to what Hunsaker Hawkins refers to as “a kind of death of the ‘old self’ and rebirth to a new and very different self” (33). *Que no, que no me muero* underscores precisely the opposite—Lupe has not learned anything new because breast cancer has not been a learning or rebirthing experience for her. In this way, Lupe forces her readers and viewers to reexamine breast cancer with a new framework in mind, acknowledging that “[s]urvivors’ can fail . . . to maintain optimism, fail to find spiritual transformation in their reconfigured relation to mortality” as Lin has suggested (345). Lupe has not become a better, more mature, or even a grateful person, for as the protagonist clarifies, she would be lying to us if she said this. *Que no, que no me muero* subverts the breast cancer master plot by renegotiating established frameworks for comprehending survivors’ relation to their survivorship.

And yet, *Que no, que no me muero*’s ending is circular in that it references the prologue, which has already established the skeptical tone that prevails in this work. The prologue opens with a flashback to Lupe’s childhood when she is wishing, like she does every weekday, that the school bus would not show up and take her to school. Here, de Castro alternates between three muted colors—blue, orange, and green—which are the same colors employed in the final chapter. Lalanda suggests that the use of pastel colors in the illustrations not only draws readers attention to the vignettes, but rather they become their own language of sorts. As the panels depict the young Lupe imagining all the scenarios as to why the school bus might not show up, the sequence continues by detailing the one time the school bus did break down. The panels that follow illustrate how another bus showed up to take her to school, getting her there on time and making sure her wish did not come true. The childhood anecdote gives us insight into Lupe’s personality, which is certainly not optimistic, cheerful, or perky. Quite the opposite as the protagonist informs us that “[a]sí perdí la poca fe que traía de fábrica. Y ahora, cuando alguien me dice con una sonrisa maníaca que si el pensamiento positivo, que si las visualizaciones, que si uno desea algo con suficiente fuerza se acaba convirtiendo en realidad, me acuerdo de esa guagua inmundada y digo con odio y educación: Ya, sí, claro”. Already, this sequence demonstrates that there is no brightsiding in this fictional breast cancer graphic narrative. Just the opposite, Lupe’s story begins with an anecdote that emphasizes a loss of faith in the powers of positive thinking, visualizations, or projecting your desires or wishes.

The protagonist’s skepticism is a constant in this narrative as we see further exemplified in the chapter titled “Ballena”, when she gives a description of how her doctor has informed her that he needs to use a harpoon, a metallic wire, to mark her tumor for its successful extraction during her upcoming surgery. A nervous Lupe asks the doctor what the harpoon is like to which “[e]l médico, con ese optimismo de la gente a la que nunca le clavan nada, me dijo que muy pequeño y muy finito, poca cosa, mujer”. Already in its opening chapters, the superficial positivity and optimism of the individuals Lupe interacts with during her breast cancer process is contrasted with her skepticism and distrust. The narrative again emphasizes her cynical nature by having her reaction to the doctor’s observations about the harpoon being both small and very thin remind readers of her response to those that encourage her positive thinking at the end of the prologue: “Ya, sí, claro”. Her skepticism of medical professionals and the procedures used to return the patient to health is further underscored when she explains how the harpoon was placed: “Me lo colocaron en el sitio exacto (espero) guiándose a través de ecografías, mamografía y apretones”. Even in this description, she expresses her distrust by adding “espero”, and the accompanying image further substantiates her incredulity.



Figure 1: Hernández Martí and de Castro, *Que no, que no me muero*, Modernito Books.

Instead of illustrating the harpoon’s exact placement, de Castro includes a version of a treasure map with an X marking Lupe’s tumor instead of a treasure, perhaps signifying that there is no real certainty that X marks the exact spot, that X indicates the successful extraction of the tumor. In keeping with the protagonist’s cynical attitude, the tumor is a twisted form of treasure that lies beneath the surface of her skin waiting to be located and the bounty thereof to wreak its effects on her body. What is more, the harpoon reminds Lupe of Herman Melville’s *Moby Dick* (1851), which again emphasizes how death is ever present in this narrative. In his final encounter with Moby Dick, Captain Ahab, who has been searching for the whale to enact his revenge, is finally able to stab and injure Moby Dick with a harpoon, who, in turn, attacks and destroys the ship, sending all the crewmen to their death. As he is about to strike Moby Dick again, Ahab gets caught in the harpoon line, and the whale drags him away to his death at sea. Thus, the harpoon is used against Ahab, and his quest for revenge fails. According to traditional interpretations of the novel, Ahab’s existential quest is doomed to fail as part of the pessimism and gloom that prevails in the novel, since it emphasizes the dark forces of nature over which man has no control. Like Ahab who is powerless when faced with natural forces that endanger his survival, Lupe experiences the loss of control and agency over her body because of cancer (Lupe’s white whale). Using the reference to the harpoon and the symbolism behind it in *Moby Dick*, Lupe reminds her readers of her skepticism that the harpoon will mark the death of her cancer and not her own death as it did for Ahab.

Similar to the breast cancer graphic narratives published before it, *Que no, que no me muero* also portrays the patient’s negotiation with a disobedient body. In *The Cancer Journals*, Audre Lorde describes her reactions to her body’s betrayal: “I had grown angry at my right breast because I felt as if it had in some unexpected way betrayed me, as if it had become already separate from me and had turned against me by creating this tumor which might be malignant. My beloved breast had suddenly departed from the rules we had agreed upon to function by all these years” (33). Reminiscent of *The Cancer Journals*, *Que no, que no me muero* depicts a body that continues rebelling during and because of the treatments for the disease, further alienating the body from the self. For example, in “Estrógenos” Lupe is at a store buying hand-held fans because at thirty-eight years old, she now suffers from the effects of early menopause. She explains that “la quimio me estropeó los ovarios y me dejó sin estrógenos, con lo que tengo el termostato mal”, which causes intense hot flashes. She recognizes that she her body’s betrayal will continue after chemotherapy because “[e]l oncólogo me va a recetar medicación para mantenerme así cinco años más, porque estar sin estrógenos reduce el riesgo de recaída. Pero también me jode la vida bastante. Aparte de los sofocos, me produce insomnio, y ansiedad, y depresión”. The medication to help prevent her cancer’s recurrence also promotes the active disobedience of her body, a body that constantly turns against her by first causing the hot flashes and insomnia and then her anxiety and depression.⁶

Lupe continues with these reflections in “Florescente”, where after receiving a massage, she realizes that “se me quedaron las cejas en la camilla. Estampaditas, simétricas, color topo sobre blanco”. While she initially reacts with humor, she then realizes that will have to go out in public without eyebrows. Asking the masseur whether he has anything with which she can draw some fake eyebrows, he answers that the only thing he does have is a yellow marker to which Lupe responds, “mierda”. The active rebelliousness of her body post-treatments is central to the graphic narrative as various chapters stage her body’s transformations. Following this episode where she must negotiate her lack of eyebrows, in the sequence, “Manzanilla”, she illustrates how her breast is now a dark pink after radiation: “Llevo cuatro y ya tengo la teta de color rosa. . . . No un rosa suave, pacífico, como de carne de bebé o de cochinito; no, rosa-rosa, rosa como el hocico de la Pantera Rosa”. Lupe loses control over her body, which she can no longer effectively administer as her dark pink breast continues to change colors as she notes in “Ultranada”, in a sequence that represents her interaction with the radiologist.



Figure 2: Hernández Martí and de Castro, *Que no, que no me muero*, Modernito Books.

Alternating between different shades of pink in the panel's background, the sequence begins with the radiologist, who stands out in her blue scrubs, asking, "A ver, ¿cómo tienes eso?". Lupe clarifies that the "eso" refers to her breast, which problematizes how the radiologist does not even use the word breast when speaking to her patient. From the beginning, the radiologist disregards Lupe's relationship with her breast, not giving it importance, and thus, defamiliarizing her breast as an "eso" that does not belong to her. The next vignette, illustrated as if it were an X-ray, shows the radiologist crouching to examine Lupe's breast as she points out further distressing changes such as the red dots or the areas of her breast that are now brown. The radiologist confirms that these are normal reactions to radiation therapy, and adds, in a nonchalant way, in the next vignette that her breast will soon turn black, later comparing it to being burned by boiling hot oil or even an iron, and that she should not worry. Even though the radiologist informs her that new breast skin will appear in the next panel, Lupe's reaction is to wish for the growth of a new breast at the end of this sequence. This desire confirms the detachment or the alienation she feels from her current breast, one that keeps betraying her as it continues to undergo unexpected transformations. In fact, the radiologist encourages Lupe's disassociation from her body because she is also disassociated from the body as she focuses on diagnosing and treating disease using medical imaging. As the radiologist's desensitized reaction draws attention to the normal changes of a breast undergoing radiation, it deemphasizes Lupe's individual and subjective experience, and underscores that she has no control over the transformations that her body will undergo. Thus, first the radiologist and later Lupe reframe the post-cancerous breast as a stranger to the self.

In the sequence "Quimioterapia", Lupe interprets the effects of her chemotherapy regime as further evidence of her body's betrayal and disobedience, since she remarks, "Me pica todo. Me salen manchas rojas por la cara y por el cuello . . . Cuando me froto los ojos, se me vienen abajo las pocas cejas y pestañas que me quedan. Hace media hora tenía nueve pestañas: ahora, seis. Parezco una muñeca de los chinos. Total, da igual. En dos meses, las tendré nuevas". Similar to the previous episode with the radiologist, this sequence also underscores how her body's continual transformations contribute to the alienation she feels from her body. Lupe no longer recognizes this body in process, a body that changes from thirty minutes ago when she had at least nine eyelashes versus the six that she has now after rubbing her eyes. What this signifies is that Lupe cannot rely on the current state of her body because it is in between the before and after of chemotherapy, and her doctors do not really seem to care about how this affects her. The protagonist, therefore, is constantly reading her body for signs of it being the body she knew prior to her illness. What she encounters, however, is the opposite—a body that is both a stranger to her and whose signs of illness or recovery she must continually decipher and manage.

In addition to the rebelliousness of her body, Lupe must also confront a pathologizing gaze from those around her, whether they are strangers or her own family and friends, because they seek to diagnose her, or at least determine whether she is healthy or sick. Foucault suggests in *The Birth of the Clinic* that the medical gaze reads the patient's body to interpret the signs of disease by contrasting it with its knowledge of the signs of health. Put differently, the clinical eye looks to make the body speak—to make its illness visible and distinguishable from a healthy body. According to Diedrich, "Health care, in other words, is a form of discipline in which the cared-for body is a hyper-managed, ever analyzable, and, thus, 'docile' and 'intelligible' body" (12). And yet, in *Que no, que no me muero*, Lupe finds herself confronting a pathologizing gaze that

constantly reminds her of the potential deadliness of her disease. One of her first encounters after being diagnosed and undergoing a lumpectomy occurs when she walks her dog in the early morning, and exchanges pleasantries with her neighbor in a scene titled “Entierros”. What begins like a pleasant interaction turns into a reminder that breast cancer kills when he explains that he thought of Lupe because “[f]ui al entierro de una señora que se murió de eso mismo que tienes tú” to which Lupe responds, “Pero yo de momento no me voy a morir”. Realizing his error, her neighbor then offers encouragement, emphasizing that she should stay both positive and hopeful. Colored in black, the scene reminds Lupe of breast cancer’s threat, her death, and condemns our social reactions toward breast cancer patients—on the one hand, offering encouragement while on the other, reminding patients of the threat of death. The breast cancer graphic narrative exposes that we are socially and emotionally ill-equipped when confronted with disease, especially cancer. Our pathologizing gaze is not sensitive to the trauma of breast cancer, and does not acknowledge, as Iris Young points out, that “for many, if not most, women, breasts are an important aspect of identity. While their feelings about their breasts often have been multiple and ambivalent, nevertheless they are a central element in their bodily self-image” (93-94).

Like the episode with her neighbor in “Entierros”, the protagonist experiences a comparable reaction from a woman in the radiation waiting room. Even though Lupe has headphones on and is reading a book, the woman, a stranger who could either be a patient or a patient’s mother, strikes up a conversation, asking, “¿Y lo tuyo fue de pecho también? Hay mucho de eso. ¿Y te lo quitaron todo o un trozo sólo? ¿Un trozo? Pues mejor te lo hubieron quitado todo, ¿no?”. As her son chastises her for bothering Lupe, the woman continues, suggesting that perhaps she should have undergone a mastectomy or the cancer will recur, and turning back to her son, she reminds him that his cousin Gloria, who appeared to have been cured, eventually died. Although Lupe never answers the woman, the stranger offers a final piece of unwanted advice, “Yo de ti iba al médico y le decía que me quitara el resto. Total, para lo que te va a servir...”. Like in the previous “Entierros” sequence, this work investigates social reactions to breast cancer and problematizes how breast cancer patients are constantly negotiating not only their own feelings about the disease, but also those of the public who remind Lupe that breast cancer could be a potential death sentence, in this case because she did not undergo a mastectomy. More significantly, the pathologizing gaze does not allow Lupe to be a visible subject that is not a breast cancer patient. In fact, these episodes represent how she is reduced to a body part, more specifically to the cancerous breast. The pathologizing gaze continues to (re)frame Lupe as a patient by emphasizing the in-between state of her body, between health and illness as she is constantly reminded of the possibility of a breast cancer recurrence.

In the episode, “Idiota”, her encounter with an old friend emphasizes how she must negotiate others’ emotions toward her breast cancer. During this sequence illustrated in different shades of green except for Lupe’s headscarf which is orange and thus calls attention to her chemotherapy treatment, Lupe informs her friend of her diagnosis:



Figure 3: Hernández Martí and de Castro, *Que no, que no me muero*, Modernito Books.

Different from the previous sequences, there is more of an exchange or dialogue between Lupe and her friend because while she emphasizes that her prognosis is good her friend responds hysterically, underscoring how the news affects him personally: “Es horrible! ¡Eres muy joven todavía! ... ¡Ay! ¡No puedo con esto! ¡Es demasiado! ¡Todo son malas noticias!”. As the sequence problematizes her friend’s response by zooming in on the heightening of his facial reactions, Lupe, in turn, appears calm and composed as her facial expression does not change throughout the panel, but also assertive in not allowing the pathologizing gaze to define her. She refuses to be categorized as a sick and near-death patient, and instead, reaffirms that her cancer was discovered early, that her prognosis is positive, and that she is not about to die. The sequence is critical of the friend’s pathologizing gaze that not only objectifies Lupe as a breast cancer patient, but that also selfishly disregards her affective experience, both of her diagnosis and of undergoing breast cancer treatments. In the end, however, Lupe reclaims her affective agency by humorously asserting, “Sí, mira, tú qué cosa, sí, lo estoy pasando mal” to which the friend responds, “Soy idiota”. At the end of this sequence, her friend, who has not considered Lupe’s feelings about her illness, realizes, and then admits that he has acted like an idiot, a reference to the title of this episode, which underscores how socially and emotionally ill-equipped we are when confronted with breast cancer.

Whereas the graphic narrative problematizes how most people react to her breast cancer, her partner, described as “el señor muy alto y muy serio” is a source of constant support as the narrative underscores how he helps Lupe think about her disease. From suggesting that she get a tattoo to discussing Lupe’s Viking funeral, her partner not only provides some comic relief, countering the label he is given as serious, but he is also the one character that the narrative does not criticize because he does not pathologize Lupe. Instead of merely viewing her through the lens of breast cancer, his gaze does not objectify her or contribute to her vulnerability as a patient. Unlike the previous exchanges discussed, “el señor muy alto y muy serio” does not reduce her to her cancerous breast. Instead, he views her as a subject, and reminds Lupe of her agency

throughout her breast cancer experience.

These humorous exchanges with her partner further emphasize humor’s subversive power in this breast cancer graphic narrative. Although we witness her hardships as she undergoes the breast cancer treatments, we also experience Lupe’s humorous defiance in how she negotiates others’ reactions toward her body, a body that has been marked by chemotherapy and radiation. The sequence titled “Reacciones” underscores how people respond to Lupe’s decision to no longer wear a scarf to conceal her bald head.



Figure 4: Hernández Martí and de Castro, *Que no, que no me muero*, Modernito Books.

As the image exposes, the pathologizing gaze has two functions—on the one hand, it seeks to identify ill bodies, marking the diseased as patients, and on the other, this gaze also disciplines patients, compelling them to hide or disguise any deformities or side-effects that result from the treatments. As Lupe walks her dog past both types of pathologizing spectators, she shows off her baldness, singing and even defiantly swinging her hips from side to side. Once again, Lupe is defiant of social expectations by giving visibility to her lack of hair and thus, to a woman undergoing chemotherapy. Not caring how people react to her body, her baldness symbolizes her subversion of social conventions that expect female cancer patients, breast cancer or otherwise, to conceal the effects of the treatments, especially if these defy typical notions of feminine beauty. Young suggests that “the culture’s message is clear and unambiguous: She [the breast cancer patient] must adjust by learning to hide her deformity. Above all, she must return to daily life looking and behaving as though nothing has happened” (94). Although Young is referring to women that have undergone a mastectomy, her claim that “[s]he must protect others from viewing her deformity and herself from the gaze of repulsion” could also be applied to breast cancer patients more generally, who must undergo chemotherapy and/or radiation and lose their hair (95). While not the same sort of “deformity”, since it is not the absence of a breast, Lupe’s body is one that has been marked by cancer treatments, and so, she is signaled as a patient due to her lack of hair.

Similar to *Alicia de un mundo real*, *Que no, que no me muero* problematizes how breast

cancer patients are expected to cheerfully battle their disease like superheroes and hide their cancer, especially the aftereffects of the breast cancer treatments. Sontag argues that “[a]s death is now an offensively meaningless event, so that disease widely considered a synonym for death is experienced as something to hide” (8). And yet, instead of hiding her cancer or the effects of her chemotherapy regime like mainstream breast cancer culture’s warrior, Lupe sarcastically signals that what makes her a superhero is being able to survive her day-to-day activities: “El mero hecho de que cada mañana me levante, me vista, me embadurne de protector solar factor 100000 y salga a la calle a pasear a la perra se considera muestra de gran valor, fortaleza de ánimo y naturaleza luchadora”. Furthermore, Lupe explains, “Si además voy a la oficina del paro, hago la compra y preparo el almuerzo, paso a la categoría de súper-heroína galáctica”. The narrative provides an alternate definition of what it means to “survive” breast cancer, thus complicating the breast cancer establishment’s classification and depiction of a breast cancer “survivor”. By undoing the warrior myth, Hernández Martí and de Castro allow for other versions of breast cancer “survivorship” by giving visibility to a protagonist who is not obedient of breast cancer culture and fails to abide by its norms, including hiding the aftereffects of her breast cancer treatments.

Toward the end of the graphic narrative, we encounter a protagonist, who has overcome the breast cancer treatments as her hair and eyebrows have now grown back and is now at the beauty salon to dye her greying hair. In a flashback scene, however, she remembers her visit to the beauty salon six months ago, where she asked her hairdresser to shave her head since she was losing her hair due to chemotherapy. It is then that she discovers a red mole on her scalp, perhaps a result of her treatment and one that she cannot conceal. This red mole, which she refers to as a *garrapata* because it has embedded itself in her scalp, is a physical scar and reminder of the trauma her body has undergone. Just like a tick that embeds itself in its host’s body, nourishing itself from its blood, cancer and the resulting trauma of having to redefine herself as a cancer patient, has not only embedded itself in Lupe, but continues to feed off her when she recognizes the lasting physical and mental effects that the treatments have had on her. Lupe’s red mole not only marks her as a patient, but it also represents how cancer continues to make her body unrecognizable to her, a recurring trauma for the protagonist. In the present sequence she asks her hairdresser to dye her hair back to its natural color, but it results in a reddish, brick-like color. While others in the salon comment, “Vaya cambio, estás guapísima, irreconcilable”, Lupe, on the other hand, wonders, “Por qué pensará la gente que eso es un cumplido”. Even at this point in her breast cancer experience, Lupe struggles with the scars and unpredictability of her body’s response to the trauma of breast cancer, and she emphasizes how her survivorship entails familiarizing herself with this new body, this body in process, which is still a stranger to her.

Que no, que no me muero ends by emphasizing the continued estrangement from her body, even though this sequence titled “Zoom” takes place four years later. Lupe describes walking by storefronts and shaking her head to watch her hair flow as part of her reflection. While watching her flowing hair makes her laugh, “luego veo el resto de mi persona y se me quita la risa y no me creo que sea yo”. Lupe underlines that she does not recognize herself “[p]orque estoy muy gorda. Casi quince kilos gorda. Por el tratamiento hormonal. . . Todavía me quedan dos años de no caber en ningún lado, sudar y sofocarme”. Although her radiation and chemotherapy are over, she must endure the hormone therapy treatment that continues to transform her body as she has no control over the effects of the medication. And yet, she ^{keeps} forcing herself to take them every night because “[n]o quiero volver a enfermarme”. Still, she confirms that the physical changes are not the worst of it:

Lo peor no es tener las tetas más o menos asimétricas, ni el sobrepeso, ni los sudores, ni el miedo de que de un día de repente empiece todo otra vez, tampoco es la gente que te dice tonterías de autoayuda. Lo peor es la cabeza, ¿saben? (y nadie te avisa)

Casi todos los días me levanto cansada y triste, y casi todas las tardes me pongo ansiosa y, esté donde esté, quiero estar en otros sitios. Esto también se debe al tratamiento hormonal.

No puedo mirar como miraba antes, no veo las cosas que veía antes.

Todo parece más oscuro, más inútil, más amargo.

Here, Lupe accentuates that the mental and emotional trauma that result from the hormonal treatment are indeed far worse than the list of physical changes that have occurred. Worse still, she emphasizes that her perspective is no longer the same as before because like her body, her perspective also feels othered and alien to her. Therefore, Lupe must familiarize herself not only with a strange and rebellious body, but must also negotiate a worldview, a perspective dominated by darkness, ineffectiveness, and bitterness. The breast cancer graphic narrative positions Lupe as a dark and bitter survivor not to criticize her method of “survival”, but to demonstrate an othering of survivorship through a queering of the traditional breast cancer master plot described by Couser.

Part of the emerging market of the breast cancer graphic subgenre, *Que no, que no me muero* offers new subversive possibilities for understanding the stages of the disease through a politicization of breast cancer patients’ visibility and experience. Like its breast cancer graphic narrative predecessors, in Hernández Martí and de Castro’s work the breast remains a central character to emphasize the initial feelings of betrayal and later, the continued rebelliousness of a body that becomes a stranger to the self. *Que no, que no me muero*, however, not only focuses its attention on how Lupe must negotiate her breast cancer experience as in-between bodies, but also on how she must manage a pathologizing gaze that is constantly (re)categorizing her as a patient. Like Franc and Martín’s *Alicia en un mundo real*, this breast cancer graphic narrative queers the protagonists’ survivorship by staging the body in process, but this queering also occurs in response to how others attempt to inform and administer Lupe’s breast cancer experience.

Although an alternate survivorship signifies recognizing the self’s estrangement from the body, in *Que no, que no me muero* survivorship also entails accepting that remission is not necessarily a cause for celebration as Lupe no longer views the world in the same way. Lupe signals that even though “[l]os últimos cuatro años fueron un cursillo intensivo de vejez y vulnerabilidad”, cancer has not made her a more grateful or more mature person because she did not even learn how to roll a proper joint. Ending on a skeptical but humorous note that is reminiscent of the prologue, *Que no, que no me muero* also disrupts the myths that inform illness narratives, such as the battle, voyage, or rebirth myths, as Lupe suggests that breast cancer has not signified her rebirth or that her remission means that she has won the battle over her cancer. With Lupe as its breast cancer antihero, *Que no, que no me muero* challenges and debunks the breast cancer warrior promoted by the cancer establishment and rejects the “pinkwashing” and “brightsiding” of breast cancer by proposing an alternate view of surviving breast cancer. As Lupe defiantly reminds us throughout this graphic narrative, surviving breast cancer simply means that she has not died from the disease, but as the second half of the title rebelliously clarifies, “y si me muero no es el fin del mundo”.

NOTES

¹ As the Medicina gráfica group clarifies on their site, “Los componentes de este grupo somos todos profesionales directamente relacionados con la sanidad . . . y tenemos en común la pasión por el cómic, la novela gráfica y el uso de imágenes en el mundo sanitario, en todas sus posibles vertientes”. See Inés González Cabeza’s *Imágenes de la enfermedad en el cómic actual* for a study on the rise of graphic medical narratives in Spain.

² The breast cancer graphic subgenre continues to be increasingly popular in the Anglophone world. More recent works include: *The Story of My Tits* (2015) by Jennifer Hayden and *In-Between Days: A Memoir About Living with Cancer* (2016) by Teva Harrison as well as *Kimiko Does Cancer: A Graphic Memoir* (2022) by Kimiko Tobimatsu.

³ Ehrenreich develops these ideas in her book *Bright-sided* where she seeks to explain the ideology of positivity that predominates and is linked to late capitalism.

⁴ Here, I build on Lana Lin’s term, “cancer establishment” to refer to the breast cancer establishment specifically (342). Monica Lalanda, in her review of *Que no, que no me muero* for *Medicina gráfica*, references this breast cancer graphic narrative’s separation from the breast cancer establishment by underlining that “[e]l tono y el contenido lo separan de la tan frecuente filosofía del lazo rosa. Trata con desnudez sentimientos de miedo, de incertidumbre, de desconcierto tanto los propios como los de quienes le rodean”.

⁵ There are no page numbers in this graphic novel. Instead, it is divided by the letters of the alphabet. When mentioning a particular scene or sequence, I will mention the title of the sequence to indicate where this can be found in the text.

⁶ Although it is outside of the scope of this article, it is worth noting the developing field in Spanish comics studies regarding mental health.

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