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Breast cancer, biosociality, and wilderness therapy: the practice of remaking
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I became interested in mountaineering culture when I noticed that there seemed to be an infatuation with emaciated, damaged bodies, and that psychic rejuvenation came through physical destruction. This led me to think about a phenomenon I'm calling women's recovery climbing. Why do women survivors of cancer or sexual violence, with "damaged," "unhealthy" bodies seek out this punishing, life-threatening sport? And why is this happening mostly with women, as groups, when men continue to climb as individuals? In *Illness as Metaphor*, Susan Sontag made her well-known claim that

illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is the one most purified of, most resistant to, metaphoric thinking. Yet it is hardly possible to take up one's residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped (Sontag 3-4).

Though Sontag seeks "liberation" from metaphors of cancer that demonize cancer patients, in the phenomenon I'm calling recovery climbs, women

explicitly take up metaphors of mountains and cancer. In *Climb Against the Odds*, a commemorative book published in 2003 by the Breast Cancer Fund in San Francisco, these metaphors abound: women with breast cancer are called survivors, “making them sound like what they are—heroes who have come through an ordeal, like concentration camp or earthquake survivors” (TBCF 23). The series of climbs sponsored by TBCF for survivors were meant

to be a resurrection and a revelation. These were intended to be comeback climbs, where women with breast cancer could shout victory from the world’s highest peaks. But the climbs would bear startling similarities to the battle against breast cancer itself...both hopeful and devastating—uphill battles in every way (TBCF 21).

Though these metaphors have always struck me simultaneously as both startling and predictable, I want to argue, against Sontag, that they result in some gender configurations that encourage rethinking what healthy, human, female bodies are. There are many ways this happens in recovery climbs, but the main nodes of identity construction I’ll describe are how recovery climbs make communities structured around shared illness, or what Paul Rabinow calls biosociality, and their conscious use of metaphor that ties together human and nonhuman bodies.

Recovery climbs are actually three different but interconnected material and discursive sites. The first is the Breast Cancer Fund’s Climb

for a Cure. Since 1998, the BCF has organized climbs for breast cancer survivors and their supporters in places like Denali, Mt. Aconcagua in the Peruvian Andes, and this coming summer, on Mt. Rainier. Climbers apply to be a part of these expeditions, and commit to raising a minimum of \$5000 for breast cancer research and support. The second site that I'm putting under the recovery climb heading is wilderness therapy. Groups such as TWWI, in Boulder, Colorado, run wilderness and climbing courses for survivors of both breast cancer and sexual violence. The third site is women's alpine climbing, done under the mantle of sport rather than recovery, but that nonetheless echoes the language of trauma, psychic fragmentation, and recovery in mountain landscapes. Though self-consciously fund-raising climbs, like Climb for a Cure, and trauma recovery courses differ from women's climbing expeditions, all three sites share a discourse that relies on risk, femininity, health, and authentic selfhood.

First, I want to describe the physical and metaphorical terrain in which these sites operate. Broadly speaking, in Euro-American traditions, mountains have long been invested with symbolic, spiritual, and aesthetic values. In contemporary American discourse, mountains and walking uphill often function as metaphors: we speak of peak experiences and being on top of the world, and associate altitude and height with power and virtue.

Beyond conventions of speech, mountains always figure as something other than just themselves, whether it is a physical manifestation of man's inner struggle, the embodiment of human limitations, or a spiritual actor that instructs, disciplines, and rewards diligent seekers. The mountains of Climb for the Cure are big and difficult, where one has to worry about frostbite, pulmonary edema, and hypothermia, not to mention potentially deadly falls, crevasses, and so forth. It is crucial to these experiences that one is risking one's body. A common thread in survivor narratives in both breast cancer and WT literature is that in trauma, whether sexual violence or serious illness, one feels that one's body has been betrayed, and thus one's self has been compromised. Mountains are an ideal place to recover because they're physically challenging and spectacular, and in many mountaineering stories, individual mastery of fear in a challenging setting restores one's sense of self. But mountains are also metaphoric. In addition to being physical and emotional proving grounds, mountains help promote TBCF's visibility. In a commemorative photo book, TBCF claims, "because women shouting from a mountaintop are heard, climbing expeditions became a hallmark of TBCF" (13).

In addition to this inherited metaphoric tradition, the history, professionalization, and discourse of wilderness therapy are relevant to

women's "sport" climbing because of the ways that wilderness therapy is feminized and women's climbing is traumatized. Although licensed, professional organizations design wilderness therapy activities to recuperate and heal women from trauma and addiction, the narratives of feminization, health, and risk permeate both "sport" climbing and wilderness therapy experiences. In practice, wilderness therapy has and continues to be applied most frequently to adult women and adolescents of both genders. This is perhaps not surprising, considering that historically, clinical therapy has been most interested in female clients, whom psychiatrists have been more attuned to reading as deviant. Yet professionally, too, women disproportionately populate the ranks of WT organizations and courses. Furthermore, trauma and recovery narratives are embedded in women, non-WT climbers' stories so frequently as to almost be ubiquitous. It is as if to be a woman climber is to necessarily and already have to unburden oneself of an emotional difficulty or trauma, even if it's just an overbearing boyfriend and poor self-esteem, which climbing has been instrumental in healing.

Making pain and trauma into a narrative is one of WT's primary tools for recovery: women clients are encouraged to journal their experiences, or in a group setting around a campfire after the day's activities, to share a

personal anecdote or story. But beyond the physical act of writing or telling personal stories that may or may not relate to one's reasons for seeking out a therapeutic course, recovery climbs consciously use metaphors to reconstruct a healthy narrative of oneself, achieved through physical interactions with wild places. Feminist critics of autobiography and life writing, such as Sidonie Smith, have pointed out how traditional autobiographies have celebrated the individual, male, linear life. Crucial to developing this cult of individual achievement have been narrative strategies such as crisis/recovery metaphors, which show how the threatened individual regains his wholeness and autonomy. Though there has not been a large body of wilderness therapy-personal narrative literature published to date, I suggest that because WT explicitly and consciously uses metaphors to structure participants' experiences, autobiographical and life writing narrative theory is important to understand WT experiences, whether or not these experiences are actually written about and published.

Yet though WT often relies on narrative strategies common to traditional autobiographies, it also radically departs from this genre, most notably in its engagement with non-human actors. Unlike traditional autobiographies, these kinds of "autopathographies," or life writing about illness, often make non-human others the focus of their personal story in

relational ways, rather than dramatizing the development and triumph of the individual human self. In Terry Tempest Williams' *Refuge*, for example, Williams goes to the migratory bird refuge at the Great Salt Lake to help make sense of her mother's diagnosis with terminal cancer. Birds, disease, water, and desert are as important to Williams' story as any one individual's life. Similarly, WT courses rely on "neutral others," as the program director for TWWI I interviewed called them, such as rocks, mountains, and water to facilitate healing in traumatized clients. The "neutral others" that populate landscapes become part of the WT recovery narrative, in addition to the individual, human trajectories of pain and healing.

These recovery climbs are full of contradictions: there's bodily fragmentation yet identity consolidation. Women with mastectomies, who have undergone serious bouts with chemo and radiation, willingly suffer new kinds of physical hardship. Yet they do so by participating in a sport that has historically worked through imperialism, by emptying mountain landscapes or exoticizing their inhabitants, leaving climbers' whiteness and class privilege unmarked and uncontested. The Breast Cancer Fund's pink campaign creates a hegemonic femininity for women survivors, and suggests that though breast cancer may be a de-feminizing illness, it makes, as Sarah Jain has argued, a moral imperative to survive, and to survive through the

properly feminine channels of pink consumption (Sarah Jain). And, as Sontag has pointed out, cancer is often depicted through the language of warfare, a fact that sits uncomfortably next to mountaineering's similar discursive history. But, in spite of these contradictions, or perhaps because of them, recovery climbs open possibilities for new kinds of gendered subjects in the midst of these tropes of warfare, femininity, and illness.

In WT discourse, women engage in situations of managed risk in order to feel like they have some control over their lives again. This is different from “feeling the fear and doing it anyway”: women learn to distinguish “bad” stress from “eustress,” a term coined to denote fear that can be overcome with productive results. This “eustress,” which can be called forth in encounters with neutral, even if dangerous, others such as rocks, rivers, and mountains, facilitates something less like individual wholeness, and instead something more like inter-subjectivity through actively relating to mountains and one's own trauma. In a conversation with the Executive Director of TWWI, Laura Tyson, Tyson told me about a book by psychologist Peter Levine, called *Waking the Tiger*. Levine argues that when a rabbit is about to be eaten by a predator, it freezes, and when the danger has passed, hopefully because the freezing tricks the predator into thinking it's dead and no longer tasty, the rabbit physically shakes, or

“discharges,” the extra adrenaline and energy that was built up during the frightening incident. Levine, a psychologist, provides some scientific and psychological data to bolster his point that through his trademarked approach, called Somatic Experiencing, people can learn to physically discharge this negative stress, perhaps caused by a rape, assault, or cancer diagnosis, rather than allowing this negative energy to build up, remain stored, and turn into PTSD. Laura Tyson’s suggestion, through Levine, is that people need to learn what animals do naturally, and this is, in a way, what TWWI aims to teach.

Therefore, Nature in this discourse is a place of risk and fear, but ultimately it is fear that can be neutralized (rather than dominated), accepted, dealt with, and physically discharged. Nature reflects to the woman in recovery a better version of herself, more evolutionarily on track with the body’s natural responses to trauma that we’ve lost track of along the way. The problematic elements of this are: civilization makes women sick/traumatized, and wilderness heals; thus, only women who are able to get to wilderness can learn to recalibrate themselves. But WT takes seriously the idea of the “neutral other” one can rely upon to help heal, and it seems that the Breast Cancer Fund climbs do the same thing. While there may be an implicit message that conquering the mountain is like conquering

cancer, coexisting and learning from mountains is coexisting, albeit uneasily, with cancer or trauma. It's not about mastery, but about reinventing yourself through relating physically and psychically with mountain landscapes. Perhaps Susan Sontag would argue against this metaphorizing of illness and mountains. But I argue these metaphors are not entirely stable, nor do they exist in an "X is Y" relationship. The referents are unstable and changeable.