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"When the body breaks down, so does the life."
(Frank, *Will* 8)

1. Introduction

- 1 In *Recovering Bodies* (1997), Thomas Couser writes that "bodily dysfunction is perhaps the most common threat to the appealing belief that one controls one's destiny" (9). A specialist in disability studies, he considers that the major human vulnerability lies in the body and the susceptibility to illness and death that is intrinsic to being alive. In a later book, *Vulnerable Subjects* (2004), he defines vulnerable people as "persons who are liable to exposure by someone with whom they are involved in an intimate or trust-based relationship but are unable to represent themselves in writing or to offer meaningful consent to their representation by someone else" (xii). In other words, as suggested by the subtitle of the book, *Ethics and Life Writing*, Couser is concerned with ethical vulnerability, which involves not just humans alone but humans as they relate to others. In her famous 2004 essay "Violence, Mourning, Politics," Judith Butler mentions what she calls "a primary human vulnerability" (28) and explains that "the skin and the flesh expose us to the gaze of others, but also to touch, and to violence, and bodies put us at risk of becoming the agency and instrument of all these as well" (26). Butler, therefore, concentrates on the "vulnerability to the other" (29) and analyzes vulnerability in sociological and political terms, both when she is concerned with women and precarious populations in the United States and abroad. In a recent essay, "Rethinking Vulnerability and Resistance" (2014), she even writes that

if we accept that part of what a body is (and this is for the moment an ontological claim) is its dependency on other bodies and networks of support, then we are suggesting that it is not altogether right to conceive of individual bodies as completely distinct from one another. [...] We cannot understand bodily vulnerability outside this conception of relations. (5)

- 2 Whether we follow Couser or Butler, being vulnerable appears to be both innately human—which does not mean that other living beings cannot experience it—and predominantly *negative*, as it suggests physical and psychological risks, if not weakness, whether coming from inside or outside. However, Butler's approach to vulnerability is not completely negative as she associates vulnerability with political resistance:

Vulnerability can emerge within resistance movements and direct democracy precisely as a deliberate mobilization of bodily exposure. I suggested earlier that we had to deal with two senses of resistance here: resistance to vulnerability that belongs to certain projects of thought and certain formations of politics organized by sovereign mastery, and a resistance to unjust and violent regimes that mobilizes vulnerability as part of its own exercise of power. ("Rethinking Vulnerability" 18)

- 3 Erinn Gilson, another American philosopher, goes a step further in her analysis of vulnerability. She considers that "a change in the conception of vulnerability, from a *de facto* negative state to an ambivalent one, is necessary" ("Vulnerability" 310). For Gilson, "vulnerability is not just a condition that limits us but one that can *enable* us" (*Ibid.*). In other words, she shifts the paradigm, contending that vulnerability can be empowerment and not just weakness. Thus she defines vulnerability as "a basic kind of openness to being affected and affecting in both positive and negative ways, which can take diverse forms in different social situations (for example, bodily, psychological, economic, emotional, and legal vulnerabilities)" (*Ibid.*). Gilson contends that vulnerability is neither "transient" nor does it "concern only some individuals and not others," but it is "a primary and fundamental common condition" (*Ibid.*). She even coins the phrase "epistemic vulnerability" that refers to "a positive type of vulnerability" entailing "the ability to put oneself in and learn from situations in which one is the unknowing, foreign, and perhaps uncomfortable party" (*Ethics* 93-94). Eve Ensler's recent memoir, *In The Body of the World*, published in 2013, will be used as a case in point in this article to exemplify the different approaches to vulnerability mentioned in the introduction and to question the gap between trauma and disability studies, trauma and illness being closely interconnected in Ensler's life and text.
- 4 Ensler focuses on the "vulnerability to the other" (Butler) and the vulnerability to illness and death (Couser), closely associating them to expose "devastating injury and its lasting effects" (Berger 563). On the one hand, her book is an illness narrative, in which she describes her painful experience of cervical cancer. On the other hand, it is a trauma narrative, since Ensler refers to traumatic experiences she went through very early in life at the hands of her parents. This ambivalence immediately points to a possible paradox—illness allows (self)representation while trauma resists representation. (In *The Limits of Autobiography*, Leigh Gilmore explains that "language is asserted as that which can realize trauma even as it is theorized as that which fails in the face of trauma" [7].) However, this paradox is solved during the course of the memoir. While Ensler's early traumas provoked a denial of her vulnerability, cancer somehow led her to accept, if not welcome it—not as weakness but as potential, thereby restoring both her body and her voice to her. When Ensler has overcome her cancer, "the unconscious language of repetition through which trauma initially speaks [...] is replaced by a conscious language that can be repeated in structured settings" (Gilmore

6). Ensler's narrative illustrates negative vulnerability—be it traumatic or pathological—yet also promotes another approach, namely vulnerability as “a condition of potential” (Gilson, “Vulnerability” 311). Ensler's book stages the author both as patient and as narrator, testifying to her evolution from primary vulnerability to assumed invulnerability and then to “epistemic vulnerability,” as Gilson calls it, through physiological vulnerability. My intention, therefore, will be to address Ensler's memoir as an exploration of these different forms of vulnerability, and I shall do so by following the various episodes in her life, referring successively to traumatic invulnerability, physiological vulnerability, and epistemic vulnerability.

2. Traumatic invulnerability

- 5 While narratives of trauma tend to be written “from the wound,” as English novelist Annette Winterson puts it (223), illness narratives are written “*through* [...] wounded bod[ies],” to quote sociologist Arthur Frank (*Wounded* 2). In her memoir, *In the Body of the World*, Ensler does both—she writes from an early traumatic wound and through her wounded body, as she is confronted with cancer. “Wound” is indeed the etymological meaning of trauma and in the first section of her book Ensler refers to the trauma she suffered very early in her life, when she was sexually molested by her father. However, this painful experience is not mentioned at first and seems to be evoked only incidentally—thus confirming the inexpressibility of trauma—“I despised my own body, which was not [my mother's] body. My body that I had been forced to evacuate when my father invaded and then violated me” (3).
- 6 What Ensler introduces first and insists on in the opening pages of her book is, however, another traumatic experience i.e. maternal estrangement: “the absence of a body against my body created a gap, a hole, a hunger. This hunger determined my life” (1). Ensler, therefore, refers to both painful experiences chronologically, but does not really connect them. To begin with, she even suggests that her mother's attitude alone was responsible for her alienation: “The absence of a body against my body made attachment abstract. Made my own body dislocated and unable to rest or settle” (2). In fact, the two episodes are closely related, as American psychiatrist and specialist of child abuse Brandt Steele explains: “Children may be especially vulnerable to [sexual] abuse if they have felt lonely and deprived of adequate care at home” (22). By contrast, sexual molestation may not be as harmful to a child living in a normal, healthy family, i.e. when it feels safe and loved at home. Another psychiatrist, Canadian Julien Bigras, even calls maternal deprivation “negative incest” and defines it as “a narcissistic vulnerability that is the empty legacy of the unavailability of the mother to her child in the earliest months and years [...]. Her lack of profound care, of attentiveness, of desire for the child produces in the child an emptiness, a narcissistic wound, which is linked to death” (191).
- 7 Bigras's words echo Ensler's evocation of her low self-esteem and suffering. Both therapists refer to the notion of vulnerability—and both use it in the same negative sense of weakness and susceptibility to harm as a consequence of a traumatic episode. In this particular sense, vulnerability produces more vulnerability—Ensler's first trauma brought about the second and set off a sort of deadly chain reaction.
- 8 At one point in her essay “Violence, Mourning, Politics,” Butler asks: “Negotiating a sudden and unprecedented vulnerability”—such as Ensler experienced at the hands of

her parents—"what are the options?" (42). And the first answer Butler gives is as follows: "there is the possibility of appearing impermeable, of repudiating vulnerability itself" (42). This is neither the only option nor the one she recommends,¹ but it is the option Ensler chose. Her experience of incest provoked a seeming repudiation of vulnerability, resulting in risky, if not self-destructive, behavior: "I drank myself mad, numbed myself with drugs at sixteen, snuck out with grown men to the Fillmore East² for the late show, lived naked on communes, and stole things" (51). For British pediatrician and first child psychoanalyst Donald Winnicott, stealing is an unconscious means for the deprived child to look for its mother³ and may be interpreted as an attempt at self-healing. Ensler developed an addiction to drug, alcohol and sex (126-132) and was soon caught in what Butler calls "the circle of violence" (42), i.e. a vicious circle in which violence brings about more violence. Psychiatrist Judith Herman, a specialist in post-traumatic stress, explains that "many self-destructive behaviors can be understood as symbolic or literal re-enactments of the initial abuse. They serve the function of regulating intolerable feeling states, in the absence of more adaptive self-soothing strategies" (147). This type of risky attitude is what Gilson, following Butler, calls "ignorance of [one's] vulnerability" and "pursuit of invulnerability" ("Vulnerability" 309).

- 9 Gilson writes that "if to be vulnerable is to be weak and subject to harm, then to be invulnerable is the only way to be strong and competent" (*Ethics* 79). When she talks about invulnerability, Gilson insists on the notions of choice and knowledge: "Ignorance of vulnerability is a willful ignorance" (*Ethics* 79). She also emphasizes the social dimension, associating women's invulnerability in particular with social empowerment. Thus, after the first mention of her sexual abuse, Ensler writes: "And so I lived as a breathless, rapacious machine programmed for striving and accomplishment [...] I called it working hard, being busy, on top of it making things happen. But in fact, I could not stop. Stopping would mean experiencing separation, loss, tumbling into a suicidal dislocation" (3). Ensler's description rather suggests a desperate process of entrapment with invulnerability as a defense mechanism adopted not so much by deliberate choice as by unconscious necessity: "I mistook pain and hardship for a form of protection" (50).

3. From traumatic invulnerability to physiological vulnerability

- 10 Always pursuing invulnerability or rather "a fantasy of mastery," as Butler calls it (29), Ensler becomes a feminist activist and travels extensively in dangerous war zones around the globe, always exposing herself to violence, always confronting, if not seeking, other women's rape stories. Thus she explains: "As I had no reference point for my body, I began to ask other women about their bodies, in particular their vaginas. [...] As a result of me talking so much about vaginas, women started telling me stories about their bodies" (3). While Ensler's own sexual abuse is first mentioned incidentally, as said earlier, it turns out to be a recurrent motif both in her life and in the memoir (3, 18-19, 39, 44, 49, etc.) and this repetition is characteristic of traumatic events. In her book *Unclaimed Experience* (1996), trauma specialist Cathy Caruth writes that "the survivor is forced, continually, to confront [the trauma] over and over again" (63). She explains that "the shock of the mind's relation to the threat of death is [...] not the

direct experience of the threat, but precisely the *missing* of this experience, the fact that, not being experienced *in time*, it has not yet been fully known" (62). By exposing herself to other women's rapes and rape stories, Ensler experiences "the endless *inherent necessity* of repetition" that Caruth mentions in her book (63)—this is a means for Ensler to try and come to terms with her own traumatic experience. French psychoanalyst Jean-Bertrand Pontalis clarifies this point: "What is repeated—and I mean not what is dwelt on but rather what persists—is what has not taken place, not found a place, and so, precisely because it did not occur, never became an episode in the mind" (27 my translation). Pontalis insists on place, Caruth on time, but both point to an experience that is too painful and life threatening to be fully grasped by the victim. Ensler's repetitive pattern, therefore, reveals her traumatic vulnerability—in the etymological sense of the word, *vulnus*, *vulneris* means "wound"—concealed beneath a mask of invulnerability.

- 11 After her recovery, when she is writing her memoir, she tries to make sense of her cancer, suggesting that an accumulation of rape stories caused the disease: "I heard stories that got into my body" (4), she writes, and later in the book she develops this point: "It was in Bosnia that the women's stories began to enter me [...] Stories entering me like emotional shrapnel lodging in my cells and gut. Stories that would eventually own and direct me. Stories that would never let go. And of course these stories would lead to other women, other countries, other stories, all of which would eventually lead to the ultimate story that was the Congo" (153-154). But the truth is unlikely to be so simple. As her traumatic childhood rape was repressed—hence her repetitive pattern and "choice" of invulnerability—it returned after a long period of latency when Ensler went to the Congo and "witnessed the end of the body, the end of humanity, the end of the world. Femicide, the systematic rape, torture, and destruction of women and girls, was being employed as a military/corporate tactic to secure minerals" (5). The strong words, repetition and ternary rhythm betray the impact of this experience. In the "Introduction" to *Trauma. Explorations in Memory* (1995), Caruth writes that "the traumatic event is not experienced as it occurs, it is fully evident only in connection with another place, and in another time" (8). The violence Ensler discovered in the Congo may therefore be considered to be a sort of *après-coup*, as French psychoanalyst Jacques André calls it:⁴ "afterwardsness [*Nachträglichkeit*] brought about by a scene of everyday life, far from merely rewriting a given scenario, is in fact the gateway into neurosis" (28 my translation)—although Ensler did not become neurotic but physically ill instead. She was diagnosed with cervical cancer—the huge tumor in her uterus, significantly—and, aptly linking up the two events, she calls her cancer "Congo stigmata" (41) and explains that "the cancer had done exactly what rape had done to so many women in the Congo. [She] ended up having the same surgery as many of them" (41). Yet she also refers to it as "rape cancer" (39), thus hinting at a link between the disease, the rapes in the Congo and her own early sexual abuse. At one point she asks: "Are there rape cancer cells that get formed at the moment of violation and then get released into the bloodstream at another moment later in life?" (39)—which actually amounts to a physiological description of the traumatic process. While the first traumatic wound provokes the formation of abnormal cells—unknown to the victim—the second results in their propagation in the blood and the delayed appearance of the disease. Only then does the victim become a patient and the trauma apparent. Ensler's cancer, therefore, represents the muffled voice of her body that started speaking symptomatically—either after her repressed childhood trauma was reactivated by her

Congo experience or simply because, as Bigras writes, in adults who were victims of incest, as opposed to adolescent patients, "symptoms manifest [...] themselves not in behavior disturbances but in physical malfunctions related mostly to the genital area" (183).

4. From physiological to epistemic vulnerability

- 12 Ensler's cervical cancer resulted in a huge operation, massive infection and painful chemotherapy, and each episode is described, dramatized in the memoir to convey the intensity of her experience: "I am a pool of pus oil on a couch. I have two bags now: One drains the abscess, the other, poop" (78). She mentions the ileostomy bag repeatedly, stressing its horrible smell and regular explosions (79), and her emphasis on all sorts of graphic, at times even scatological, details and humiliating episodes—among them being bald and incontinent—suggests that these degrading bodily experiences represent as many steps in a harsh learning process. As one of her first doctors says: "Now you will learn to have pity for yourself. You will learn to be a patient" (66)—and "patient" is used in the double sense of passive and suffering. Illness compels Ensler to let go of her fantasized invulnerability and confront her physiological vulnerability. Thus she writes: "My stoma was born and the birth announcement was The End of My Invincibility" (53), capitalizing the words to insist on their importance and her present awareness. A couple of lines further down she adds: "I see now how this exposure, this shit-filled nipple of my vulnerability was the pathway to mercy" (53). The phrase "I see now" shows that throughout the memoir Ensler plays both the role of the patient and the role of the "wounded storyteller" (Frank), making sense of her experience retrospectively. This is why in the opening pages she calls her cancer "an alchemist, an agent of change" (8), hence the title of this article.
- 13 This oxymoronic phrase suggests that cancer turns into an opportunity, or as Frank calls it "a dangerous opportunity" (*Will* 1), for Ensler to evolve from refusal of her physiological vulnerability—based on false beliefs such as: "Sick was surrendering, caving in. Sick was wasting time" (65)—to increasing acceptance. Frank explains that "to seize the opportunities offered by illness, we must live illness actively: we must think about it and talk about it, and [...] write about it. Through thinking, talking and writing we can begin, as individuals and as a society, to *accept* illness fully" (*Will* 3, my emphasis). The first step in this process is paradoxically Ensler's post-surgery infection, as she realizes that "in fighting off the infection, [...] bodies end [...] up fighting off the cancer as well, that in fact abscess infections could be curative" (72). The chemo is another step forward since it allows her to become active, though still a patient, through the port: "Chemo makes me feel I am doing something active to fight my cancer, makes me feel I am participating in killing off the bad cells. The port is the way I do this. Without the port I am vulnerable again" (179). But, the major episode is no doubt turning into a narrator and telling her own story. Throughout the narrative not only is Ensler increasingly coming to terms with her physiological vulnerability, but at the end she seems to have actually turned it into what Gilson calls "epistemic vulnerability."
- 14 Ensler did not choose to have cancer, yet she accepted to learn from her cancer and from her body. And this is another important aspect of epistemic vulnerability: "it calls attention to the affective and bodily dimensions of knowledge," Gilson writes, thus

emphasizing "a more holistic picture of what it means to have knowledge and allow that knowledge to impact action" (*Ethics* 95). Especially, epistemic vulnerability involves an alteration "not just [of] one's ideas and beliefs, but [of] one's self and sense of one's self" (*Ethics* 95). This alteration of Ensler's self and sense of self is not just perceptible throughout the memoir but it is clearly stated in the last section: "Having cancer was the moment when I went as far as I could go without being gone, and it was there, dangling on that edge, that I was forced to let go of everything that didn't matter, to release the past and be burned down to essential matter. It was there I found my second wind" (213). The anaphoric "it was there" suggests that being at death's door helped Ensler not just fight cancer but also overcome her past traumas, recover her body, and recreate her own self. At the end of the book, she has "reclaim[ed] her own history and feels renewed hope and energy for engagement with life" (Howard 148). And completing the memoir plays a key role in this healing process since, Caruth writes, "the treatment of trauma requires the incorporation of trauma into a meaningful (and thus sensible) story" (*Unclaimed Experience* 117). The cancer narrative is no doubt that "meaningful story," as it allows for the emergence and incorporation of the trauma. Thereby, it does not just restore meaning to Ensler's experiences of trauma and cancer, but it helps her recover her own self. "The self-story is not told for the sake of description, though description may be its ostensible content," Frank writes, "The self is being formed in what is told" (*Wounded* 55). Frank, therefore, insists on illness narrative as performative, even restorative writing, and Ensler corroborates his statement.

- 15 Her memoir shows her as patient, experiencing physical and mental vulnerabilities she had always denied, and as storyteller making sense of her bodily experiences and thus reaching what, following Gilson, I feel tempted to call epistemic vulnerability. The book resorts to most of the ingredients of illness and trauma narratives—first person narrator, gruesome realism, a strong metaphoric disposition and a clear preference for fragmentation. Not only does it consist of fifty-six independent sections, sometimes only a paragraph long, but it moves constantly back and forth between America and the Congo, between the past and the present, hence myriad flashbacks refer to different moments in Ensler's past—from her childhood traumas to her adult life in various countries at war and the different stages of her cancer. This fragmentation is expanded through the use of mostly short, condensed paragraphs aiming at conveying the intensity of a moment and occasional lists of words reducing the syntax to a bare minimum—for instance after her operation, Ensler draws a list of the organs she has lost and a list of "what's new" (46-48).⁵ Her narrative, therefore, seems "intent on building its content into its form, puncturing it and riddling it with holes, privileging a poetics of the fragment very much dependent on parataxis, making it an example of frail form," as Jean-Michel Ganteau, a French specialist in trauma studies writes (90). In other words, Ensler is not merely content with thematizing the symptoms of her traumas and cancer, but she imitates them. Thereby, the reader is made to feel her disorientation through the disorientation at work in the narrative.
- 16 However, in the first section of the book, Ensler introduces this narrative figuratively as "a CAT scan—a roving examination—capturing images, experiences, ideas, and memories, all of which began in [her] body" (9). Immediately afterward she clarifies the image: "scanning is somehow the only way I could tell this story. Being cut open, catherized, chemofied, drugged, pricked, punctured, probed, and ported made a traditional narrative impossible [...] Seven months. Impressions. Scenes. Light beams.

Scans" (9, my emphasis). As a narrator, therefore, Ensler takes on an active role—hence the verb “capturing” and the gerunds she uses—even, significantly, a doctor’s role, scrutinizing if not reclaiming her own life. The word “scan” brackets the passage, encapsulating the dramatic evocation of her experience as a patient—a list of short, alliterative past participles, by contrast, together with fragmentation, alliterations, parataxis and syntactic variations—to such an extent that the narrative is close to disappearing, reduced to mere words, as Ensler was reduced to a body on her hospital bed (7). And the word “scan” is significant—it does not suggest regained control, as might be expected, but rather investigation paving the way for knowledge. The passage is programmatic and provides both a prescription for reading the memoir and an image of the ambivalence of the narrative, both a “frail form” (Ganteau 91) characteristic of trauma narrative and a tentative mapping—illness stories being “a way of re-drawing maps and finding new destinations” (Frank, *Wounded* 53). In the opening pages of her book, therefore, Ensler somehow anticipates and solves the paradox between illness and trauma narrative.

- 17 Disregarding the fragmented form, Ensler’s memoir follows her experience of cancer chronologically⁶ from the announcement in the first section, on “March 17, 2010” (7), to the period when she has been “cancer-free for eighteen months” (210) in the last. While every section has its own specific title, all are equally capped by the word “Scan,” a reminder of the narrator’s presence, conferring congruity and continuity on the fragmented narrative. The memoir is also scattered with intertextual references, as many allusions to experiences of self-discovery similar to Ensler’s—for instance, American poet Mary Oliver’s poem “The Journey”⁷ is significant since the journey to a distant country is a traditional metaphorical paradigm in illness narratives (Hunsaker Hawkins 27). As for the extract from *The Writings of Nichiren Daishonin*⁸ (Ensler 33-34) and the Buddhist Zen epigraph to the last section (210), they suggest the spiritual dimension Ensler has now reached. In this last section especially, she no longer speaks about herself in the first person singular but she speaks to others, using the first person plural and the imperative mode: “We are the people of the second wind. We, who have been undermined, reduced and minimized, we know who we are. Let us be taken. Let us turn our pain to power, our victimhood to fire, our self-hatred to action, our self-obsession to service, to fire, to wind” (216). In other words, Ensler’s “testimony no longer speaks for [...] herself but for a larger community of those who suffer. [It is] moral work” (Frank, “Moral Non-Fiction” 177). And this may be the ultimate proof of her evolution—she now truly relates to all those who, like her, no longer belong to “the kingdom of the well” (Sontag 3) but to what Frank calls a secret society, the invisible “remission society” (*Wounded* 9).

5. Conclusion

- 18 Ensler’s memoir, therefore, is no ordinary self-story. It is an embodied, composite narrative of illness and traumas, and as such an exploration of vulnerability, in the etymological sense of the word, of one wound leading to another—maternal estrangement, sexual abuse, (self-)destructive behavior and cancer—until she is at death’s door. However, meaning emerges when Ensler manages to turn cancer, a most harrowing physical experience, into a lesson about life and a means of self-reconstruction. Thereby, she stops the tragic chain reaction of negative vulnerability

and another type of vulnerability can emerge, not as susceptibility to harm but as potential, both for rebirth and writing. And the memoir, a series of CAT scans, does convey this evolution as it combines the "frail form" of traumatic literature with what I call "tentative mapping," since both direction and meaning gradually emerge. The repeated, dynamic gerund "rising" that concludes the memoir (217) confirms that, at the end, Ensler is no longer a blind runner but the clear-sighted survivor of a holistic experience.

- 19 Ensler's *In the Body of the World* also exemplifies both the complexity of the concept of vulnerability and its "plastic potential" (Gilson, "Vulnerability" 311), thereby confirming—not matter how bold it may appear at first sight—the powerful paradigm-shift suggested by Gilson. In addition, as Ensler shows the interconnection between her early traumas and her cancer, she suggests that her experiences—like any individual's—interacted with each other, thereby "making the intersection of theoretical lenses necessary to address such interplay," as literary critic Margaret Torrell writes (2). While there has been a hesitancy on the part of scholars working in the fields of trauma and disability studies to consider their intersection, some (Berger, Torrell) have recommended a beneficial union. Ensler's memoir—like Kenny Fries's *Body Remember*, among others—requires an analytical approach that combines the two fields, if only because traumatic events can cause physical disability, as disability specialist James Berger writes (573), and they may have contributed to the development of Ensler's cervical cancer. Studying her memoir, therefore, led me to follow the opposite theoretical directions of disability and trauma studies to suggest a new paradigm of intersectionality. Life writing proves to be a particularly potent venue for integrating the alternate constructions of trauma survivorship and disability because every author represents themselves in their own terms and their identities build and interact beyond theoretical constructions.

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NOTES

1. For Butler, the other options are "wishing for death and becoming dead," which she obviously rejects as well, and "demanding a world in which vulnerability is protected without therefore

being eradicated and with insisting on the line that must be walked between the two." Butler, therefore, is "positing a new basis for humanism" (42).

2. Fillmore East was a rock venue in Greenwich Village, New York, from 1968 to 1971.

3. "A child who steals is not looking for *whatever he might be stealing*; he is seeking his mother, from whom he has the right to take" (Winnicott 151-152, my translation).

4. In his book, *Les Désordres du temps*, Jacques André focuses on the distortion of time caused by traumatic experience. In a footnote, he writes that several Anglo-American authors use the French word *après-coup* (28), hence my choice of this word. However, Jacques Laplanche, among others, translated the German *Nachträglichkeit* as "afterwardsness," which I have used in my translation for the sake of clarity.

5. There are several no less significant others: a list of questions as to the reasons for her cancer (54-57), a list of the different cancer stages (87) and an apparently incoherent list of words and phrases making up a section entitled "Chemo Day Five" (134-136), suggesting the effect of pot-smoking as pain-killer.

6. While chronology is a characteristic of illness narratives, time disturbances are found more often in trauma narratives. The combination of the two in Ensler's memoir powerfully testifies to its ambivalence.

7. The poem significantly begins with "One day you knew" (Ensler 28-29).

8. Nichiren Daishonin was a Japanese monk who developed Buddhism in Japan in the thirteenth century.

ABSTRACTS

This article analyzes Eve Ensler's experiences of vulnerability as they are related in her 2013 memoir, *In the Body of the World*. While the book illustrates "traditional" or etymological vulnerability, resulting from trauma and cancer, it also exemplifies what American philosopher Erinn Gilson calls "epistemic vulnerability," i.e. vulnerability not as weakness but as potential. As both illness and trauma narrative, Ensler's memoir also offers an opportunity to question the dichotomy between disability and trauma studies.

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