

WRITING THE UNSPEAKABLE: METAPHOR IN CANCER NARRATIVES

by

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## ABSTRACT

Narratives of life with illness, disability or trauma occupy a rapidly growing field in literary studies, and increasingly so over the last thirty years. Among the illnesses, cancer is the one most often addressed. It is obviously an experience that is enormously difficult to put into language: how should the suffering, the uncertainty, and the fear of dying be stated? Many patients, some of whom were writers before the fact, struggle to find a language that can represent their experience adequately. To them, cancer is not only a biomedical story, but their lived experience. For some, pain and changes in the body that accompany cancer may escape communication through words altogether. Along with other life-threatening diseases, cancer can make one face the very limits of linguistic expression. Therefore, cancer discourse abounds with imaginative tropes such as metaphors. In fact, as Anatole Broyard has noted in "Intoxicated by my Illness" (1992), his autobiographical narrative about life with cancer, "the sick man sees everything as metaphor" (7). Broyard's text, replete with metaphors, is itself a metaphor of his experience. Given the pervasiveness of metaphor in cancer discourse, it is important to examine how these tropes are used in the struggle for meaning. Which metaphors can give expression to, or help people deal with such crises? Cancer is evidently an extreme experience that puts every theory of language developed over the last thirty years to the test.

Despite these challenges, cancer narratives have undergone a remarkable explosion, covering the full narrative spectrum from self-help books to highly aestheticized works of art. The language and organization of the writing depend on a variety of factors, including, in addition to writerly skill: the individual's type of illness, its stage, its prognosis, progression and treatment, and the resources at the person's disposal, including support from family and the community. The texts as metaphor and the metaphors in the texts can reveal a writer's general orientation towards the body and self, illness, life and death. As such factors and orientations differ, often radically, from person to person, each cancer narrative tells a unique story. Moreover, the language of each narrative reveals an astonishing variety of attributed or assumed meanings that appear particularly crucial in cancer. Metaphors that may seem constructive and therapeutic to one patient, or writer (or

to his/her readers) can be entirely destructive and further traumatizing for others. The language that patients use reveals an ambiguity in meaning whose range is so perplexing that writers--indeed, most people--are only now beginning to come to terms with it. Those who do not have cancer and live in relative certainty may, in fact, enjoy the excess of meaning that metaphor can present. However, when faced with overwhelming existential uncertainty, and longing for more stable ground, the ambiguity of language can become problematic. Despite all these difficulties, many people with cancer struggle to make meaning of their experience and tell or write their story. This ambivalence, between the impossibility of adequately narrativizing radical illness experiences and a fundamental need to try, is the central structuring principle of my study, and constitutes the core problem I will be investigating.

The purpose of this thesis is to establish the crucial importance of metaphor in cancer discourse and to analyze its resources, ambiguities and ambivalences in narratives of life with cancer, written in English and German. Primarily a comparative literary analysis, it involves a "synthetic" methodological approach. I examine not only the literary, but also the psychological and therapeutic properties of metaphors, drawing upon my literary training, my skills as a social scientist, and my practice as a nurse. This "therapeutic psychopoetics," as it were, is based on an empirical, cross-cultural study of metaphors in cancer discourse. Metaphors shape our ability to frame our experience. Because our meanings vary so radically, we need to analyze the range of metaphoricity in cancer discourse and map the resources of language for conceptualizing cancer.

Elaine Scarry (1985) has described the move from unspeakable pain to speech as the birth of language. In cancer, metaphor can help to make this birth of language possible. Appropriating the unknown, conveying the unspeakable through the known, metaphor provides the building blocks of language and narratives. A fuller awareness of this resource and its ambiguities can help us find patterns of narrative forms and language used to give voice to the experience of life with cancer and improve our sense of the complexity of problems involved in cancer therapy.

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who changed my life,  
teaching me the love of literature.*

## CHAPTER I

### On The Thesis

In the spring of 1972, I was visiting my parents' home in Germany when my father told me about some lumps ("Knoten") that had been found in his left breast. In fact, he himself had first known that something was wrong when he felt a strange pain while under anesthesia for unrelated minor surgery. Dr. Schreiber, his surgeon, had agreed: "There is something that has to come out!" Now the lumps had been removed. Father showed me the scar, and from what he told me, the lumps seemed little more than a temporary nuisance. What my father did not say, and never said, was that the lumps were cancer, that the cancer was aggressive, and that he would in all likelihood have only a few more years to live. My father and mother had heard the doctor's words but did not want to believe them. They hoped for a full recovery. But late in the year my father felt a new lump under the scar. For five more years he would have more surgery, chemotherapy, radiation, increasing medical complications - and more lumps.

The mood at home became more and more depressing. My father collapsed physically and emotionally each day as soon as he came home from work. His work as director of a physics research facility gave him some reprieve from the one question that obsessed him: "Why me?" He had been working so hard for himself and his family, why did he have to contract cancer? But my father did not know how to talk to us, and we did not know how to talk to him. He wanted to protect us, who were too young and overwhelmed by his suffering. He would only share his thoughts with the theologian Dr. Müller-Schwefe during his visits. The two men would step into my father's study and close the door. On emerging a few hours later, father seemed to have found some peace, at least for a while. We only learned about the content of the talks from Müller-Schwefe's eulogy for my father. As Müller-Schwefe noted, my father, being a physicist, had studied his cancer with scientific objectivity. But the object was, at the same time, the observer, the subject. Thus, the more knowledge my father gained, the more he suffered. He did not struggle with the fact of decay, but with the knowledge of decay as inevitable; not with pain, but with the question "why?" According to Müller-Schwefe, my father was not one to rebel against his fate, but

he struggled hard to accept his suffering. He found solace in the stoical skepticism of the German novelist Fontane: "You ought not to give up - but you know nothing."<sup>1</sup> Fontane's note captures the ambivalence in the struggle for meaning.

I responded to my father's experience with my own philosophical and spiritual questions, traveling to India to learn how other cultures and religions make meaning of life in the face of death. My experience influenced my work as a pediatric nurse in a children's cancer ward. My work included sitting up during nightshifts with the older adolescents and young adults or parents who wanted to talk about the meaning of life, sometimes into the early hours of the morning. Over the years, I held many patients in my arms during their last hours, providing them with comfort.

I also learned from my father a deep respect for both arts and sciences and their many links. In his library, physics and other natural science books stood next to many works of world literature and philosophy, including books on the philosophy and ethics of science, for example, by Pierre Teilhard de Chardin (1966), Albert Einstein and Max Born (1971), Werner Heisenberg (1971), and Carl Friedrich v. Weizsäcker (1971). The awareness of the links between arts and sciences has been essential in my rearing, education, work and research, and this very thesis. My examination of metaphor in cancer narratives stakes out a field of research where arts and sciences overlap.

When I immigrated to Canada and went back to school, I was captivated by books, many of them autobiographical, that poignantly describe the experience of a person approaching death and (re)evaluating life. These books range from Sophocles' Oedipus in Colonus, Socrates' Phaedo, and Boethius' Consolation of Philosophy, to Camus' L'etranger, de Beauvoir's A Very Easy Death, Audre Lorde's Cancer Journals, and many autobiographical cancer narratives. The present study brings together the different strands of my life, and represents my own search for an

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<sup>1</sup> From Dr. Müller-Schwefe's eulogy: "Auf jeden Fall beobachtete der Naturwissenschaftler sich selbst. Das war die Methode, die er gelernt hatte und die er liebte. . . . So war seine Krankheit für ihn ein Objekt, das er beobachtete. Und zugleich war er, der Beobachtende, als Objekt gleichzeitig das Subjekt. So wurde er ein Leidender. Da erhielt das Forschen seinen tieferen Sinn; denn das bessere und grössere Wissen um sein Leiden hat ja sein Leiden nur vermehrt. . . . Er wusste viel, aber er fragte immer mehr: was ist denn der Sinn des Leidens, wenn es das Einmalige ergreift. Diese Frage musste er austragen in seinem Leben. Es war nicht der Zerfall, sondern das Wissen um den Zerfall, es waren nicht die Schmerzen, sondern die Frage nach dem Warum, die darin bohrte. Offene Auflehnung, das war Martin Teuchers Sache nicht, aber Annahme dieses Leidens, die wollte erkämpft werden" (excerpts).

answer to the question: how can we speak or write about cancer? What metaphors can give voice, touch or form to such an experience?

My questions reveal my regret that my father and I were not able to acknowledge his experience. I wish that he could have been able to talk, in whatever language he might have found, whether in words, by holding a hand, or in silence. I wish that I could have been able to listen, in the same way. If I had known how to listen, he might have been able to talk. If he had talked, I might have learned how to listen, even when my father could not talk. Perhaps we might have found metaphors that acknowledge the unspeakable instead of letting fear and denial be its only expression.

It is too late to ask my father to speak. But it is not too late for me to learn how to listen, how to "read" narratives of cancer, and how to speak and write about it. This has been an ongoing process, one that has changed since my father died and even while writing this thesis. Unquestioned personal and cultural assumptions about cancer, its language, metaphors, and narrativization have been in the way of my ability to listen, read, and write, but the many cancer patients whom I have met, some of them my friends, have been teaching me a great deal. When I first began my research four years ago, I started out with four basic assumptions. First, I believed that battle metaphors, abundant in cancer discourse, should be used with greater caution. Particularly to those who are dying from cancer, these metaphors could suggest some lack of strength and determination, or prevent the possibility of viewing the end of life as anything other than a defeat. I felt, at the time, that other metaphors, for example, the metaphor of a journey, would be more helpful, providing an opportunity to review illness as a part of life and accommodating the open-endedness of both. Second, I felt that popular self-health theories that call upon patients to cure themselves through introspection from unresolved psychological losses or stress, and thus from cancer, are unfounded and even cruel: they falsely suggest the control of an illness whose origins may well have many factors remote from psychology. Third, I believed that the narrativization of cancer could be used as a general method of healing (though not as a cure) and that writing could have an important function in this therapeutic activity. I had considerable support in the academic literary community for my belief. Many books by professional writers promote the therapeutic nature of telling and writing about a trauma (see, for example, Sacks,

1985; Metzger 1992; Shay, 1994; Schiwy 1983, 1996). Some writers of autobiographical cancer narratives themselves suggest that writing seemed therapeutic (for example, Broyard 1993; Brouwer 1994; Simpson 1997, French 1998). Researchers in the social sciences have gone so far as to proclaim narrativization itself as therapeutic ("Narrative Therapy," see White and Epston, 1989; Zimmerman 1992; Parry & Doan, 1994), while others made it a normative claim that "illness is a call for stories" (Frank 1995, Schmidt 1998). Finally, regarding the literary merits of cancer narratives, it seemed to me that most patients prefer autobiographical cancer narratives that fall into the self-health category and what is called "popular literature," whereas literary scholars appreciate narrative complexity and the creative use of language in "high" literature. I assumed that patients and literary scholars ordinarily come to different conclusions about the literary merits of such narratives. Given all of these assumptions, I hoped to evaluate language and writing in cancer discourse, discouraging certain uses while promoting others. In this way, I meant to link language, literature, and therapy in specific ways. However, my talks with many cancer patients and my reading of their narratives over the course of my research have taught me to revise my assumptions.

In response to my earlier assumptions, I note now, first, that many cancer patients develop a radical sensitivity towards language. Different patients and writers find different, sometimes contradictory metaphors helpful. For example, the metaphor of cancer as a "battle" may suggest a sense of therapeutic determination to some, and "journey" a disturbing uncertainty to others, and vice versa. As patients and writers interpret these metaphors within their particular life narratives, they generate an abundance of meanings that are often in contradiction to other patients' uses of the same metaphors. Second, while I had supported psychological theories of the genesis of cancer earlier in my life, my work with many cancer patients over the years has convinced me that no psychological theory can explain why some individuals have cancer and others not, or why some recover and others die. Indeed, many cancer patients find psychological theories of the origins and course of cancer deeply disturbing. Nevertheless, there are as many other cancer patients who find solace in these theories, perhaps because they offer a sense of control where cancer and hospital routines seem to have taken it away. Third, I found in my research that not all cancer patients can or want to speak about their experience, that in fact only a few write, and even fewer can bear to

read their fellow patients' narratives. I have confirmed this observation over the years by attending cancer support groups and visiting cancer wards. It turned out that those patients who publish their accounts had, to a great extent, professions where writing is essential, for example, journalism or education. Finally, I have met and cared for literary scholars with cancer who do not want to read other cancer patients' narratives for the very reasons they usually appreciate narrative in their scholarly work on this topic: in the context of their own illness they find narrative complexity, psychological intimacy, and details of language frightening, whether the accounts constitute "popular" literature or "masterworks." In my experience, there are no clear delineations between patients' and literary scholars' preferences. The evaluation of literary merit may depend, at least to some extent, on whether readers have or do not have cancer. These observations raise the question of who the audiences for these narratives are. I will return to this question, and the other issues that I have raised, over the course of my thesis.

As a nurse, my work at the oncology ward often involved interpreting between patients, their relatives and doctors. Particularly on a children's and young adults' cancer ward, the relationships between patients and nurse often proved to be deeply personal. I tried to explain to patients and their parents what their doctors had just said and what their biomedical terminology meant, and to doctors how patients felt about their illness and treatment, resolving many misunderstandings and helping to make medical care more personal. I comforted, supported, and sometimes gently confronted my patients, who often held to views about life and illness which were different from my own. Similarly, in my thesis, I hope to avoid imposing myself on patients' narratives, or to appropriate their concerns to one particular school of criticism. I have not first chosen particular theories of narrative, autobiography, selfhood, or the body, and then picked and excluded narratives to support these theories. In contrast, I have chosen narratives to represent a wide variety of approaches, in terms of narrative forms, experiences of cancer, and theoretical differences. I make use of theoretical models only to increase awareness towards the many ways in which people make meaning of a life-threatening illness such as cancer. Consequently, the different theoretical approaches touched upon often conflict with each other, and I do not aim to resolve these differences. My aim, rather, is to develop an increased sensitivity for the variety and

ambiguity of meanings embedded in these narratives, in order to survey the ways we already do communicate about cancer.

When I began my research, I was prepared to find significant differences in the numbers and ways that women and men use metaphors and write about life with cancer. As I show in Chapters III and IV, however, I found no significant gendered differences in the usage of metaphors. For example, women seem to use as many battle metaphors as men, whether they have cancer or not. The narrative contexts of these metaphors differ, of course, substantially, but independent of the sex of their writers. Regarding the narratives that I was able to unearth, I was not surprised to find that women wrote two thirds of the texts. However, the narratives produced, in whatever proportion, did not differ significantly between men and women--a result mirroring what other researchers in the field have found regarding narratives of trauma (Engelhardt 368-392; Heuser 82-98).

My approach to this thesis was pointedly interdisciplinary. Methodologically, I applied a three-fold approach, drawing upon my training as a literary scholar, my knowledge of social science research, and my work experience as a nurse. First, my training as a literary scholar in comparative literature informed my study of English and German life writing in general and the study of autobiographical illness narratives in particular. The corpus of my literary analysis consists of a collection of English and German cancer narratives, including twenty-nine narratives solicited from cancer patients as part of my study, as well as 169 published narratives. My main literary objective is the analysis of these texts as metaphors of experience. Second, drawing upon my background in social science research, I empirically<sup>2</sup> analyzed the imagery and conceptual properties of the metaphors observed in these narratives. This study involved almost four hundred participants with and without cancer, making use of questionnaires and analytical tools commonly applied in the natural and social sciences. Third, my tentative conclusions about the possible therapeutics of these metaphors are based on my experience as a pediatric nurse in oncology, and

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<sup>2</sup> In this thesis, the term "empirical" reflects a common usage in the social sciences that refers to the collection of data. This usage is not to be confused with philosophical theories of empiricism and does not privilege beliefs that knowledge is based on experience, whether through sensations or reflections in the mind produced by objects (Locke), the dependence of their existence on perception (Berkeley), or their connections, assumed by habits of mind (Hume; see Schmidt 1969).

my research in cancer wards and support groups in Vancouver, Canada, and Hamburg, Germany. In this thesis, I will apply these critical approaches separately or in various combinations, depending on the particular cancer narrative under consideration. Thus, I attempt to combine the insights from three very different fields to the understanding of the broader problematic of language in narratives of life with cancer.

The individual fields of study employed in this thesis use very different styles in the presentation of their research. For example, writers in the literary field work to externalize every thought and ambiguity on the page, frequently making themselves visible in their work. By contrast, consumers of scientific research typically want to know little about the researcher and much more about how the research was carried out and the conclusions reached. Using commonly agreed upon methods, and often working in collaboration, they foreground their procedures and depersonalize their prose by using the passive voice. They aim to present their information and conclusions unambiguously and in as little space as possible without writerly embellishments. Literary scholars, by contrast, commonly eschew the use of the passive voice, preferring prose writing that controls its sentences actively. The central domain of literary analysis involves categorizations of form, construction of narrative action, attention to the resources and use of language, the situatedness of a text in literary tradition, and the evaluation of literary quality. Analysis, in literature, usually means breaking down a text into its smallest parts in an effort to uncover implicit as well as explicit meanings. Consequently, literary scholars often find science prose dry and impersonal. In my thesis, I use a mainly literary style for my examination of cancer narratives and a style more common to the social sciences for my empirical work. In addition, I supplement the discussions of cancer narratives with graphics that help to illustrate the psychological imagery of metaphors in these texts and work to uncover hidden implicit structures and meanings in the use of these metaphors.

Overall, then, my work struggles to examine the interplay of the literary, conceptual and therapeutic properties of metaphor in cancer discourse. It addresses mainly literary scholars, psychologists, and caregivers. However, it can be of interest to anyone who reads cancer narratives or knows somebody with cancer, who may have cancer or is otherwise interested in the ways we make meaning of life-threatening crises and how we use language in doing so. In fact,

cancer patients from the Vancouver support groups with which I worked have asked to read my thesis. Next, I will define the fields of metaphor and narrative as they pertain to my thesis, followed by a review of contemporary critical work on cancer narratives and a summary of my methodology.

### On Metaphor

Metaphor is pervasive in language (Olney 1972, Lakoff & Johnson 1980, Goatly 1998). Equally pervasive is the uncertainty about what metaphor is, outside of literary circles. Significant theoretical differences exist even in literary scholarship (Preminger 760). Nevertheless, as I will show, metaphor is an important response to situations of crisis. In the following, I will provide a short overview of different theories of metaphor (against which I define my own use), develop the importance of metaphor in situations of crisis, outline the definition I will be using in this thesis, and explore pertinent properties of metaphor in the cultural discourse of cancer.

Theories of metaphor have changed with developments in language philosophy, from the classical, Aristotelian "reference" view where language functions, metaphorically speaking, as a mirror of the world or its experience, to a "constitutive" view according to which language shapes our experience of the world. Given the view of language as a mirror of the world (a conceptual metaphor in itself), the traditional Aristotelian definition of metaphor is necessarily constrained. Metaphor merely substitutes for another word and can be correctly identified if one knows the characteristics of each word. For example, "Achilles is a lion" would be understood if speaker and listener both know that "lion" means "courage," substituting for "Achilles is courageous."<sup>3</sup> The Poetics defines the use of metaphor as ornamental with regard to poetry. In Rhetoric, particularly Book III, Aristotle explored the usefulness and technique of this figure in political discourse (1406b5-1413b1). The substitutive view continues to be used, for example, by Paul Edwards (1965), Colin Turbayne (1962), and Suzanne Langer (1957). Edwards, for example, argues that

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<sup>3</sup> There are indications, however, that perhaps more than lexical knowledge was involved and that Aristotle saw the meaning of metaphor more broadly. For example, he refers to the substitution as a "strange" use of words that "cannot be learnt from others," requiring an "intuitive perception" (Poetics 1459a6-8).

literal aspects of language can be accessed after stripping it of emotive contents: "we can specify the content of the assertion in non-metaphorical language, because we can supply the literal equivalent" (cited in Gill, 5). Langer affirms the importance of emotive contents that, in art, present our inner lives, while language represents our outer lives (8). Turbayne, on the other hand, believes that we can never know literal reality and cannot but use metaphor. However, we should beware of taking metaphors literally and turning them into myths. Rather, we should consider alternative metaphors lest we become enslaved to myth (15). In the substitution model, metaphors do not add anything to the discourse that could not also be said in literal terms. This model is perhaps most useful for the understanding of metaphors that have become lexicalized, that is, so much used that we no longer recognize their figurative character and take them to be literal,<sup>4</sup> but it does not explain the innovative force of metaphor.

In contrast to the substitution view, Ivor A. Richards (1936) formulated an "Interaction Theory" where both terms that constitute a metaphor contribute to its new meaning. Max Black formalized this theory by introducing the terms "focus" and "frame," respectively, for figurative term and sentence context (28-29). According to Black, both "focus" and "frame" tell us about the meaning of a metaphor. For example, to understand the metaphor "man is a wolf," we must have first invested the species of wolves with particular attributes, for example, being treacherous, before the metaphor "man is a wolf" takes on particular meanings. These meanings may differ between linguistic and social contexts (40-41). In Black's theory, metaphor contributes to an extension of meaning. However, his theory still does not account for the creative richness of meaning in metaphor.

The shifts in language philosophy from a reference view to a constitutive view opened up the exploration of the creative diversity of "live" metaphor usage. This move helps us to understand the struggle of cancer patients to find metaphors for an experience that has defamiliarized their world and cannot be grasped through non-figurative language. According to Paul Ricœur, we detect a "live" metaphor in the tension of meaning between a word and the

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<sup>4</sup> For example, the verb "to write" derives from the Old English form "writan", originally meaning the scoring, tearing, or engraving of runes into a surface. This use is still present in the German verb "ritzen." However, with the invention of the pen, "writan" became a metaphor. Today, this metaphorical function is "dead," the meaning of metaphor perceived to be literal (Goatly 30, Gernot Wieland [personal communication]).

otherwise homogeneous semantic context of the sentence: it is alive if it extends meanings beyond those that are already lexicalized. In this sense, metaphor is not "substitutive" but "predicative" (1991:81). For Ricœur, the understanding of a "live" metaphor depends on its narrative context, in the recognition of a semantic difference that cannot be explained by recourse to traditional categories of word usage. Such metaphors elicit "seeing something as something else," inviting a move from the act of linguistic analysis to phenomenological experience, where hidden similarities are uncovered that may lead to a reconfiguration of word categories (188, 207). It is this play between difference and similarity, between cognitive act and experience that evokes new meaning in metaphor (189, 205). It is a play that involves not only writers but their audience. For Ricœur, language is metaphoric at the most fundamental level: "It is by means of metaphor that our deepest insights into reality can and must be expressed" (Gill 35). I will return to this helpful insight shortly, after my discussion of a "comparison view" of metaphor that resolves some of the issues that Ricœur does not specify, namely diachronic changes and synchronic variances of metaphoricity.

In his book The Language of Metaphors (1997), the literary scholar Andrew Goatly notes that metaphor is best viewed as an elliptical version of a simile or comparison that accounts for all states of metaphor from dead to active ("alive") types (118-19). Goatly calls his dynamic and highly flexible model a modified "Comparison View" of metaphor. Like Ricœur, Goatly notes that the difference between literal language and metaphor consists in a play of difference and similarity between the unconventional meaning of one expression and the conventional meaning of its context (2). Goatly identifies the conventional referent as "Vehicle," the unconventional referent as "Topic," and their similarities and/or analogies as "Grounds" (9). While Ricœur is concerned with differences of meaning between the referents of metaphor, Goatly focuses on their similarities, in order to understand the figurative meaning of metaphor. A literal, non-metaphorical relation between two referents presupposes that all critical characteristics expressed by the referents appear to match. When no similar critical characteristics are recognizable, there is no metaphor and the expression makes no sense. Metaphor fills the wide space between these two possibilities. Goatly defines metaphor as follows:

Metaphor occurs when a unit of discourse is used to refer unconventionally to an object, process, or concept, or colligates in an unconventional way. And when this unconventional act of reference or colligation is understood on the basis of similarity, matching or analogy involving the conventional referent or colligates of the unit and the actual unconventional referent or colligates (8).<sup>5</sup>

According to this definition, the difference between a literal expression and a metaphor is a matter of degree. The degree of metaphoricity begins in the mind of the writer or speaker, who strives to find an appropriate verbal utterance to represent an experience and convey its supposed meaning (18-19). Depending on the gap between intended meaning and verbal utterance, the expression will be more literal when the gap is smaller or more metaphorical when it is larger. This gap depends on critical characteristics that a person perceives when comparing the meanings of a metaphor's referents. Critical characteristics are assigned not by definition but by "ostensive reference," that is, by means of examples and in competition with neighboring concepts (28).<sup>6</sup> The comparison of critical characteristics occurs more or less automatically with literal concepts and involves more or highly creative thought regarding metaphors (34). Aside from these synchronic issues in a language system, the degree of metaphoricity may also depend on a number of other factors, for example, diachronic change in the historical use of language or changes in a speaker's life (15, 23).<sup>7</sup>

Goatly agrees with Ricoeur that metaphors are continually generated to mediate experience in language. Over time, they become inactive or dead, the latter being perceived by their users as homonyms and filling the dictionaries ("mortuaries") of language (38). Active metaphors are more alive when the more critical characteristics interact between their referents (34). Goatly's dynamic model locates metaphor at the interface between the stability and unity of a language system and the mutability and diversity of its operational use in context (23). In addition, the comparison view narrows the distance between simile (a is like b) and metaphor (a is b), privileging similarities in

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<sup>5</sup> Goatly explains the verb "colligation" as a syntactic relationship between the two words that is more than their co-occurrence, or "collocation" (8).

<sup>6</sup> Thus Goatly differentiates metaphor from metonymy, an image that does not allude to unconventional similarities but associates the referents of the expression in terms of containers and contents ("He drank six bottles" is metonymic for "He drank six bottles of beer," 16).

<sup>7</sup> For example, a child who has learned that "mummy" seems to mean "all female humans," and "doggy" to refer to all quadrupeds, would perceive "doggy is a mummy" as a metaphor, whereas adults perceive a literal meaning (27).

the interaction between the referents while maintaining their differences and the tension in their comparison. This definition was of personal help when I formulated the research question in my questionnaires. To avoid non-figurative, literal answers ("cancer is . . . a low blood count"), I asked participants to describe what "cancer is like . . ." Goatly's model explains the variety in metaphoric salience and why different persons may interpret these metaphors in different ways, at different times and in places. However, still more needs to be said about certain conceptual patterns in language that also apply to the use of metaphors in cancer narratives, as well as about the experiential, embodied character of metaphor, which contributes to metaphoric variety,

Since their seminal work Metaphors We Live By (1980), the linguists George Lakoff and Mark Johnson have argued that metaphor is pervasive in everyday human life. On their account, experience and the human conceptual system, the ways in which we think and act, are fundamentally metaphorical in nature (3). They define metaphor as understanding and experiencing one kind of thing in terms of another (5). For example, many cultures use the conceptual metaphor "argument is war."<sup>8</sup> It makes use of portions of the conceptual network of battle (for example, "attack a position," "indefensible"), and the language follows suit (7). Lakoff and Johnson argue that such usage is systematic: "[b]ecause the metaphorical system is systematic, the language we use to talk about that aspect of the concept is systematic" (7). The researchers do not rule out different cultural conceptions that might imagine argument as, for example, a dance (5). Cultural differences notwithstanding, a metaphorical system is itself said to be universal.

In this structured account of the use of metaphor, Lakoff differentiates between "source" and "target" domains and the "projection" of structure, or "mapping," that occurs between the two domains (1990:276). The source domain represents the experiential background, the target domain the term to be described. For example, the experience of a structural correlation in our lives, such as the observation that water in a container rises when we add more water to it, leads to schemata such as "more is up" and "less is down" (276). This experiential structural correlation becomes "mapped" onto a target domain. Johnson uses the example of interest rates as an (abstract) target

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<sup>8</sup> Deborah Tannen, in her recent book The Argument Culture (1998), shows just how pervasive this metaphor is in everyday language: we "leap into the fray" (13), "face off" in "pitched battles" (16) or, perhaps, engage in the "battle of the sexes" (31).

domain where the mapping of the schema "more is up" onto the abstract concept of interest rates produces the metaphor "interest rates are on the rise" (1987:122). Thus, commonalities between the source and target domains produce new metaphors. Lakoff concludes that the relationship between the domains is logical: schemata such as "more is up" structure our bodily experience preconceptually and have a basic logic. This structured experience "motivates" metaphors that "map that logic onto abstract domains." As a result, abstract reason is grounded in everyday physical functioning (1990:278). The use of the term "experience" tells us that Lakoff and Johnson do not view metaphor as a matter of disembodied, rational choice, as defended by the classical substitution view. Rather, metaphors are understood to be grounded in an experientialist, embodied experience. According to Johnson, humans perceive themselves in terms of certain image-schemata, for example in terms of the 'container' schema (1987:29):

Our encounter with containment and boundedness is one of the most pervasive features of our bodily experience. We are intimately aware of our bodies as three-dimensional containers into which we put certain things (food, water, air) and out of which other things emerge (food and water wastes, air, blood, etc.) where the skin functions as the boundary between 'in' and 'out' (29). From the beginning, we experience constant physical containment in our surroundings (those things that envelop us) (21).

Therefore, as Lakoff points out, "the container schema is inherently meaningful to people by virtue of their bodily experience" (1988:141). Johnson cites many other examples of "kinaesthetic" schemata, such as 'path' (1987:113),<sup>9</sup> 'link' (117), 'cycles' (119), 'scales', 'center-periphery' (124), etc.

While appreciating Lakoff and Johnson's exploration of cognitive patterns in metaphorical thinking, the philosopher and psychologist Eugene Gendlin (Levin 1997) attacks the structural rigor of their model. He criticizes it for its structured account of "old" source and "new" target domains and the constrained "mapping" from source onto target domain. Gendlin, by contrast, draws on Ludwig Wittgenstein when he posits (instead of a structured source-domain) a "use-family" that changes with linguistic conventions of language and "actual situations." A use-family

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<sup>9</sup> The "path" schema, too, builds on our bodily experience of starting from a place and moving through contiguous locations until we arrive at a goal (114). The structure of this physical experience can be "mapped" onto abstract purposes, such as the process of obtaining a university degree. The schema of the path grounds the corresponding conceptual metaphor "purposes are physical goals", with examples such as "Tom has gone a long way toward changing his personality" (115).

does not rely upon any underlying structure, operating instead by certain "family resemblances." Words, we are told, may acquire a different meaning in each new situation (Levin 170).<sup>10</sup> For example, while traffic roadblocks may be temporary, a relationship may or may not continue after it has "hit a roadblock," even if the obstacle has been removed. Word-use, according to Gendlin, does not necessarily structure the meaning of the actual situation. Rather, a good knowledge of the actual situation is required in order to understand the inferences of a metaphor in perspective (174).

In addition, Gendlin borrows from the interactionist metaphor model a bi-directional, unstructured and pragmatic "crossing" between use-family and actual situation, comparable to the "interaction" suggested by Goatly. With Lakoff and Johnson, the semantic creativity of metaphor is constrained by the transference of structure in the process of "mapping," generating no more than a "lowest common denominator" of meaning. By contrast, Gendlin's "crossing"--and Goatly's "interaction"--exceeds structure and can bring forth many semantic possibilities of similarities and differences (168-75). Gendlin adds to Lakoff and Johnson's empirical observations about the rich conceptual texture of metaphor a new level of attention to changing, individual contexts. What must still be explored further is the existential importance of metaphor that can be seen in cancer discourse. To this end, I return to and explore further Ricœur's claim that "it is by means of metaphor that our deepest insights into reality can and must be expressed" (Gill 35).

Philosopher Hans Blumenberg and literary scholar James Olney explain why and how this is said to be so. Both explore metaphor from an existential perspective, an insight that will add to our understanding of metaphor in times of crisis. According to Blumenberg (1979), metaphor is the first and fundamental human response to the unbearable, overpowering and terrifying absolutism of the world: in its face, humans are powerless, having no control over this reality (9) other than by distancing themselves from the experience of the world (11). To this end, they use metaphor (9), substituting the known for the unknown, and creating metaphoric narratives in place of the unspeakable (11). Such metaphors of the world, involving, for example, archaic forces,

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<sup>10</sup> For example, sometimes "more" is not "up" but "down," as we do "in-depth" analysis, "dig deep into ourselves," and develop "deep roots," becoming "deep" instead of "air-heads."

gods, or life as a journey, are said to make existence bearable for humans. These explanatory responses can not be verified as we have no distance from our existence and the world; we are always already immersed in both. Therefore, Blumenberg calls these metaphors "absolute" (1960:10). In his works, he traces the history of central absolute metaphors for life in the world such as myths (1985), the nautical journey (1997), or the cave (1989). We use these ontological metaphors, he claims, to stake out fragile spaces of consciousness against the world. As Blumenberg notes,

[w]hat has become identifiable by means of a name is raised out of its unfamiliarity by means of metaphor and is made accessible, in terms of its significance, by telling stories. Panic and paralysis, as the two extremes of anxiety behavior, are dissolved by the appearance of calculable magnitudes to deal with and regulated ways of dealing with them (1985: 6).

Such metaphors and the narratives unfolding them allow us "to be at home in the world" (113). They provide for endless variations and transformations, an insurance against running out of stories lest we dissolve again into the chaos of the world (127). In Blumenberg's view, metaphor makes consciousness and knowledge possible. With Blumenberg, then, metaphor arises from fear and a loss of control, seeking to re-assert control by substituting a known for an unknown, thus appropriating the unknown to the known by imposing order onto the chaos of experience. In short, the continuity that metaphor constructs arises from the impulse to distance the fear experienced in chaos.

The literary critic James Olney goes even further. In Metaphors of the Self (1972), he argues that not only our ontological narratives but our whole lifework is metaphor: we come into being because we set out to order the ever-changing world, both externally and inside of ourselves, "and thereby fit [the unknown] into an organized, patterned body of experiential knowledge (31)." In other words, our lifework consists of the struggle to impose continuity on change. Not surprisingly, Olney begins his discussion with the Greek philosopher Heraclitus, whose lifework was metaphor: he sought to organize the changes in the world and the self by declaring change as orderly, subject to a metaphysical logos. While Olney does not assume a logos in change, he affirms the fundamental necessity of the metaphor: without this "vital impulse," we would be submerged in the chaos of an indifferent universe and our lives would bear no meaning (3). Yet, our understanding of the universe and the self must remain elusive: we cannot observe the world or

the self from a distance as we are always already immersed in both. The experience of great pain and grief reminds us of the thin line between being little more than a bewildered animal and our humanity (25). Olney's definition extends the use of metaphor from the literary to the existential, including not only verbal language but any symbolic structures that constitute a culture.

Both Blumenberg's and Olney's definitions raise the importance of metaphor as a response to crisis. As metaphor is seen to mediate between the known and the unknown, it functions primarily to stabilize our selves in uncertainty and change and to distance us from fearful chaos. Therefore, it is not surprising that the discourse of cancer abounds with metaphors. Cancer presents one of the most terrifying epitomies of the unknown: it is disorderly, unpredictable and resists our attempts to impose order on its progression. Another important aspect follows: those who are in the midst of crisis and faced with disorder and the unknown have, Olney argues, a heightened sensitivity for metaphor and its meanings, compared to those who imagine themselves safely in the order of the known. The latter may use, Sander Gilman has noted, the structures of art and "fantasize about their potential loss of control, perhaps even revel in the fear that it generates within them, but they always believe that this fear exists separate from them" (2). However, those who have cancer do not have this choice, and neither fantasize nor revel: their fear reminds them quite viscerally of their loss of control; at times, all they are is terror. For those who are healthy, cancer metaphors may provide a momentary window out into the disorder and fear of life with cancer; for those who have cancer, these metaphors are the only windows that open from enveloping chaos into a space of apparent order. But what a fragile window it is for cancer patients who may appropriate their unspeakable experience, for example, in terms of the relatively more familiar, though terrifying experience of war!

Cancer metaphors, or so I mean to show, function as a vivid, embodied gesture, mediating between the lived, chaotic experience of cancer and familiar everyday life. With the term "gesture," I stress the phenomenological experience elicited by such metaphors, as noted by Ricoeur. More importantly, along with Ricoeur, I think of "gesture" as a "pointing toward," that eludes definition, revealing the limits of verbal language and communication, and ordered experience. While metaphor tries to hold out a sense of continuity, it is inextricably rooted in the contingency and fragmentation of the world. As defined by Blumenberg and Olney, metaphor substitutes a known

for the unknown, order for chaos, or continuity for change, carrying with it the tension between its constituents along: while order is metaphorically imposed, it never exists without the underlying disorder. The more vivid the metaphorical order, the more it exposes the frightening experience of the disorder on which it depends. For example, to literary critics who do not have cancer, the metaphor of cancer treatment as a "red-hot nail" may sound trivial. But from a cancer patients' perspective, no metaphor is trivial: the image of a red-hot nail captures graphically a variety of senses such as color, intolerable heat, and a piercing penetration of the body, condensed into the smallest of spaces, but capable of the greatest pain and even death. This being the stabilizing meaning of the metaphor, the "known," it is difficult to fathom what the experience of cancer treatment, the "unknown," must be like for this person.

The order suggested by metaphor, which arises out of existential chaos, is always unstable; it gestures both ways, towards the consuming chaos of experience, and the hope for order in the human order of symbolic systems. Because of its ambiguity, metaphor cannot succeed in its promise of continuity and closure. It exists for the moment, and another moment, and perhaps one after that. It longs for, but cannot control continuity, for the order it suggests is always eroded by the disorder that is its motive. Metaphor can be a far-reaching gesture as we try to shape our lives, particularly when they are in disorder. It is necessary, generative, and attractive: it casts the unfamiliar in the light of the familiar, adduces meaning to the unknown, thereby investing language with new meanings, and generating new uses of language. However, the uses of metaphor can also be problematic when the underlying disorder and unknown are forgotten and the order of metaphor isolated, reified, and its meanings prescriptively imposed by those who are healthy on those whose lived experience, for example in life with cancer, is fragmented and changing. The awareness of the tension in existential metaphors has a crucial practical application: caregivers should use them carefully and not, for example, persuade a cancer patient to use one over another, thereby cheapening patients' lived experience.

Having compared substitutive and constitutive metaphoric models, we have explored a classical view of reductive semantics and linguistic excess and one of existential necessity and creative semantics. Whereas Blumenberg's and Olney's models of metaphor substitute one term for another, they are not based on the reference view of language. Their metaphors do not mediate

between two equally known referents, but between one that is known and another that is unknown. Following the "interaction theories" of Richards (1936) and Black (1962), Goatly's "comparison view" specifies the interaction between a metaphor's referents, without reifying their meanings but allowing for change. Ricoeur, Goatly, Blumenberg and Olney agree that metaphor can involve not only verbal language but experience and its symbolic orders in the widest sense.

Before I continue, a few words are necessary regarding the contested relationship between experience and language. Friends who have cancer or disabilities insist, arguing from their lived experience, that experience comes first and language second. They resist the concept of experience as always "languaged" because they have felt, first-hand, the ordering impulses of healthy people who meant to categorize, in terms of words, concepts, or narratives, what my friends have felt. I used to believe that experience and language are separate. However, I have reconsidered my earlier belief by re-examining my definition of language and casting it very wide. I include any kind of internal witnessing and external communication that references one experience against another, whether physically, emotionally, experientially, or verbally. Even the shared acknowledgement among patients that there are no adequate words to express their experience, abbreviated as "I know how you feel," involves an awareness of the experience that is communicated and understood by these patients. Thus, I support the position that experience and language are inextricably interwoven. Only when there is no self or selves to witness, I believe, is there neither experience nor its witnessing and communication.

As a response to crisis, metaphors can negotiate an act of distancing from the chaos of experience towards some kind of symbolic order. With a life-threatening illness such as cancer, body and self are the sites of chaos, situated in the community of lives and its historical, cultural contingencies. Thus, cancer patients' metaphors can express a variety of positions towards, or against, as the case may be, the body, the self, illness and health, and death. These positions vary radically, involving the entire spectrum of critical theory, ranging from essentialist concepts of bodies and selves to changing narrative constructions and the questioning of assumed boundaries of and between body and self, or health and illness. While many patients and writers acknowledge that they have undergone a harrowing experience that has changed them, they nevertheless acknowledge some sort of continuity throughout this change, often asserting a stronger sense of

self than they had before the illness--and yet they are aware of their uncertain odds for survival. Their beliefs in essentialist selves, transformed by illness, challenge critics' skepticism about the self in much of contemporary theory (Hawkins 17). In the following, I will sketch the range of theoretical positions towards body and self, illness and death, that I have found to inform patients' metaphors, to unearth further layers of meaning in these metaphors. I will discuss particular metaphors later in Chapter IV.

### **On the Body, Self, and Death**

Cancer is often detected as a physical change in the body, whether through changes in the body's surface, the displacement of other tissues, interruptions of physiological patterns, and/or traces of blood in the body's excretions. This illness subverts traditional notions of the body as a bounded territory and unified organism, as it spreads out and breaks up the body, dissolves its boundaries, and seeps into the environment, its discharges assaulting the senses of the patient and others. Cancer treatment, though capable of destroying cancer, can cause further, dramatic changes in the body. The location of the tumor may reveal certain cultural constructions of the body, particularly if the sites involve reproductive organs, secondary sexual organs, or organs that discharge bodily wastes. Because of the highly eroticized status of the female breast in many cultures, the loss of this organ to cancer treatment can be perceived as diminishing sexual attractiveness (Yalom 1997). Prostate cancer, even more prevalent than breast cancer, evokes much less public concern, probably because of its invisibility. Its treatment often leads to incontinence and an actual loss of sexual function, a fact that most men find very difficult to talk about. Cancers of the bladder, intestines, colon, and rectum can block the discharge of bodily wastes and make artificial reconstructions necessary that require continuous care. The changes in the body and the focus of medical treatment on the body lead many cancer patients to view their illness as a malfunction of the body that is separate from the self, perhaps having "invaded" the body from outside. Common language contributes to this conception when we say: "I have/had cancer," suggesting an act of (dis)possession by a continuous subject "I" over an expendable object

"cancer" (see Fleischmann 1999). The phenomenologist Elizabeth Behnke calls this split the "I/it" structure of bodily experience (325).

Behnke recommends the reappropriation of "my body" as "me" by entering and aligning oneself with the particular bodily experience, transforming the experience into a gesture in which "I" am participating, as an ongoing dynamic temporal phenomenon (326). In the process of "matching," the bodily experience can shift spontaneously (327).<sup>11</sup> However, reappropriating the body is the last thing many cancer patients want to do. Perceiving the body as a traitor, they rather want to distance the unreliable body, invoking a traditional mind/body dualism. Some patients recognize the problems with this perception but are unable to resolve it. For example, Joyce Wadler notes that the cancer cells for which she is being radiated are in fact a part of herself, "*my cells*" (143). The rhetoric of war over the body, but staged within it, pitches self against the body. Wadler refuses this conceptual split, at least for the time being, reciting the Shema, a Jewish death ritual, for the dying part of herself. In many cancer narratives, the cancerous body and its changing, seeping boundaries are described extremely graphically, as if from a biographer's distance, expressing disgust and rejection felt at the time (see my discussion of Zorn and Bedard). For some writers, however, the experience of life with cancer can engender a sense of love for a body that had been neglected for decades (see my discussion of a woman's unpublished narrative). Because the body figures prominently in cancer and plays an important role in cancer metaphors, definitions of the body warrant some discussion.

In the history of ideas, assertions by Plato, for example in the Phaedo, have contributed to the belief that the material body contaminates the virtues of the immaterial soul and must be purified and overcome. The Phaedrus, however, discusses the body as a stepping stone worthy of celebration, at least before embarking on the path to purity, a notion that may have inspired Augustine, one of the few Christian theologians who did not fully adopt the rhetoric of impurity and shame. Descartes recast Platonic and Christian attitudes in his dualism of body and mind, maintaining their hierarchy and the mind as the source of thoughts and emotions. Nietzsche

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<sup>11</sup> According to Behnke, we "match" all the time, for example, when we enter a room full of people, "adjusting ourselves to each other in a "mutual tuning-in relationship," that is thoroughly somatic (330).

launched the first radical critique of the body's denial, celebrating the importance of both body and mind in the Dionysian and Apollonian forces that are at work in art. Freud provided a psychoanalytic basis for the importance of both body and mind in sexual development. Many cultures have become obsessed with the body, entrenching its status as object, whether of surface sexual allusions or as an "anti"body resisting the processes of aging and decay.

Generally, the term "body," in English, expresses a category, referring to the material, bounded corporeality that we seem to "have," or possess. The equivalent German term for "body" is "Körper," although the German language also has the word "Leib" [laip]. In contrast to the category "Körper," "Leib" expresses the phenomenological experience of and within the body and has been discussed as such by Heidegger, phenomenologists like Maurice Merleau-Ponty (1966), and in recent disability research, for example by James Overboe (1999). According to Heidegger, the body is a property that we seem to have as well as a state of being that we are. In Zollikoner Seminare (1987), a transcript of seminars he held with psychiatrists in Switzerland, Heidegger establishes a qualitative distinction between the material body ("Körper") and the phenomenological body ("Leib"). He seems to adopt a biological definition of the material body as a "thing," the skin being its changing boundary, for example, as one gains or loses weight (112-13). The phenomenological body ("Leib"), on the other hand, is the personal body that is "mine," in reference to the self (113). For example, the phenomenological body is involved in hearing and seeing. However, it is not the body and not the eyes as a part of the body but "I" who is seeing, through "my" eyes.<sup>12</sup> This phenomenological experience does not lend easily itself to scientific measurement. However, the phenomenological body can tolerate its treatment as a material body, as if it were a mechanism, although an observer of the body as mechanism would fail to understand any of its phenomenological experiences.<sup>13</sup> Merleau-Ponty (1962) emphasizes the importance of embodiment for our perception of the world. Lakoff and Johnson (1999) restate the emphasis on embodiment in the conception of fundamental metaphors, though not in

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<sup>12</sup> "Der Leib ist beim Hören und Sehen beteiligt. Sieht denn der Leib? Nein, *ich* sehe. Aber zu diesem Sehen gehören doch meine Augen, also mein Leib. Doch nicht das Auge sieht, sondern *mein* Auge - ich durch *meine* Augen sehe." (114).

phenomenological but neurophysiological terms. The point that I stress here is that a patient's experience of the body is different from common biomedical projections that isolate illness as if it were independent of the patient's lived experience.

Current literary discussions of illness narratives note the importance of the body in these texts (Hawkins 17, Frank 27ff., Couser 12). Egan makes a point of emphasizing the "presence" of the body in illness that "resists current cultural notions that the self is constituted entirely in language and in text" (5). The self may indeed also be constituted in the body, but the latter is not free from (body) language and text either, that is, from cultural constructions. The status of the body, as category and/or lived experience, its relation to the self, or as "embodied self" that bridges body-mind dualism (Lakoff and Johnson 1999), continues to be tenuous. However, Heidegger's discussion of the phenomenological "Leib" that can tolerate being treated as a "Körper" has interesting consequences for the conceptualization of cancer. Few would argue that life with cancer affects not only the physical body but also a patient's psychology. In turn, self-health therapists have followed the opposite course, namely that a person's psychology can affect and even cause cancer. This argument has encouraged those who feel that self-health programs invest them with a sense of control over their illness, and enraged others who fail to uncover alleged psychological shortcomings in themselves and resist the sense that they were somehow responsible for having contracted cancer. Heidegger's "Leib/Körper" distinction offers a means to uncouple the equation between body and psychology in regard to the etiology of cancer. As he notes, the "Leib" can tolerate medical treatment of cancer as a biomedical disease of the material body ("Körper"), while processing the illness and its treatment as a phenomenological experience that goes far beyond the material body, affecting body, self, and social relations. While the interrelation between "Leib" and the "I" makes it possible to understand the lived experience of cancer more fully, it does not claim that a (mal)function of the "Leib" experience causes cancer. Cancer can still be understood and treated as, for example, a genetic disease of the body, without invoking psychological theories of a diseased unconscious and patients' concomitant feelings of guilt and failure.

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<sup>13</sup> "Freilich lässt es sich das Leibliche des Da-seins gefallen, dass man es schon zu Lebzeiten als einen materiellen, leblosen Gegenstand, als eine Art von komplizierter Maschine, sieht. Einem solchen Betrachter ist dann allerdings das Wesentliche des Leiblichen schon für immer dem Blick entschwunden" (293).

Heidegger's model of the body as "Leib" relates not only the body as "mine," but also the experience of the self, "I," through the "Leib." The lived experience in the "Leib" includes its interactions with the world, acting on the world and being acted upon. Hence, the boundaries of the "Leib" are not confined to the physical borders of the "Körper." Similarly, the notion of self, intermingled in the lived experience of the "Leib," lacks defined boundaries and unity. Borges has described this dispersed "Leib"/self in his poem "I":

The skull within, the secret, shuttered heart,  
 the byways of the blood I never see,  
 the underworld of dreaming, that Proteus,  
 the nape, the viscera, the skeleton.  
 I am all those things. . . .

(Borges 347).

In Borges' poem, knowledge of body or self, or their composite, appears to remain elusive. "I" knows neither the interiority of skull, blood vessels, or skeleton, nor the changing world of its dreams and unconscious. There are many parts of its existence that "I" can not know as "mine," and yet, "all those things" contribute in mysterious ways to what is "I." The agency that this "I" asserts, "I am," is in tension, it asserts what it does not know, in the same way in which Socrates could say: "I know that I do not know." And while this "I" may stabilize this tension in the relations with another "I," insinuating itself into the reader's "I," and destabilize it, too, the tension persists, revealing the basis of human agency as fragile.

However, one would not come to such a conclusion after reading many cancer narratives. There, human agency generally seems anything but fragile, whether in the guise of a reconstituted whole body-self, or as a self alienated from the body. As Ann Hunsaker-Hawkins has noted regarding narratives that describe illness and death, "the reader is repeatedly confronted with the pragmatic reality and experiential unity of the autobiographical self. Pathography challenges the skepticism of critics and theorists about the self, making this skepticism seem artificial, mandarin, and contrived" (17). Indeed, many patients write that their experience with cancer has made them stronger, more aware of their needs, more articulate, has revealed a deeper truth of who they are, and produced a "true" or "core" self glazed in the fire of crisis. Other writers, however, continue to struggle for some stable sense of identity. Elizabeth Simpson negotiates change and sameness when she concludes: "I am the same and yet forever changed" (1996:34). Lucy Greal, whose

facial features continue to change even years later due to cancer and its treatment, acknowledges the instability of identity, as her mirror image continues to present an imposter (220). Perhaps Blumenberg's and Olney's metaphor of change as continuity goes some way toward explaining why many cancer patients emerge from times of crisis and disorder with essentialist conceptions of the ordered self, such as "true" or "core" selves, while those who live in relative order are more at liberty to consider the fragmentation and discontinuity of the self. The change-as-continuity metaphor can hold in dynamic tension both views, of a unified and fragmented self, without having to resolve the ontological status of the self one way or the other. I will return to this question in more detail in the next section on autobiography.

The distinction between material "Körper" and phenomenological "Leib" parallels and perhaps underpins current distinctions between disease as a biomedical process, observed by doctors, and illness as the patient's phenomenological experience of disease (see also Kleinman 3-4, Epstein 7-22). Research into the material body and disease has brought many advantages and extended life-expectancy. However, the biomedical model of disease provides no room for the patient's perception of illness, as the "I" who is feeling ill. The phenomenologist Victor Kestenbaum urges that "[i]llness ought to be understood not merely technically, as an occasion for technological-scientific and clinical intervention," but in terms of the human meanings of "illness as it is lived," so as to uncover its human features (viii-ix). This understanding requires the scrutiny of language: "we must take heed of the languages and rationalities we use to approach and enter [illness]." In addition, literal language may be limited in describing the experience: "[m]etaphor may be necessary and so, too, other imaginative devices" (ix). According to Van den Berg's "psychology of the sick bed," the experience of illness includes changes in the experience of time and space, the body (from instrument to problem), a constriction of the "horizon" of experience, the feeling of being a "stranger," the "remoteness" of the well and the "closeness" of the physician to the ill (cited in Kestenbaum 23; see also Toombs 1993).

In life with stroke or cancer, the continual occurrence of unexpected new symptoms can dissolve patterns of experience in which any sense of continuity of body and self are established over time. Such episodes can fragment consciousness and dissolve the possibility of making sense of experience and finding language in which to conceive and render experience. During such

periods, caregivers and relatives become the witnesses and warrants of the patient's existence. Later, their voices can help to fill the gaps, when patients struggle to reestablish a sense of continuity (see Klein 63ff., Middlebrook 57ff.). Because the lived experience of cancer can be so overwhelming, many patients require a long period before they can safely speak, let alone write about their experience. For these reasons, they resist the phenomenology of their illness and are quite relieved to be treated in the biomedical terms of disease. Such approaches affect patients' metaphors and the ways they write about their experience. However, confrontation with mortality may be what shapes patients' experience of cancer most, whether in awareness or denial. Death presents the ultimate crisis and end to all order.

From the moment of birth, life moves towards death. Yet, while death defines life, death remains forever unknown. At the moment of death, and knowing death, the dying self is dissolved. We can know death only from a distance, observing the loss of another person to death. As the philosopher Graham Parkes notes, there are two main attitudes towards death: many religions and cultures see death as an external event that ends life, while other thinkers, such as Montaigne, Simmel and Heidegger, view death as an integral, ever-present part of life (83). At the extreme of those who uphold the former position is perhaps the popular self-health therapist Louise Hay, who argues that we should not die before our nineties, and then only because we are run over by a car (71). Such views are part and parcel of a culture that thinks of scientific progress as a means to "cheat" and delay death in the hope for some greater acceptance of death in old age or, alternatively, to die quickly without suffering, preferably asleep. However, as narratives that I have gathered from cancer patients show, death can be as difficult to accept in old age as at any other time. And while the threat of mortality looms large over cancer narratives, death is often not named but repressed. Liz Tilberis' title of her cancer memoir bluntly states: No Time to Die (1998). The physician Sherwin Nuland notes that "we seek ways to deny the power of death and the icy hold in which it grips human thought . . ." (1993:xv). Instead, Nuland sets out to describe death and dying "in its biological and clinical reality" (xvii), graphically presenting the detailed breakdown of the organism and its individual functions for a variety of diseases.

While dying is indeed often a struggle, sometimes gruesome and rarely peaceful, whether at home or in the hospital, other scholars have advanced different attitudes toward death and dying.

Sociologist Norbert Elias explores the denial of death in contemporary culture, but feels that the way a person dies depends on "how far the dying person feels that life has been fulfilled and meaningful--or unfulfilled and meaningless" (1985:62). According to Elias, an important part of meaning--or the lack thereof--is closely related to the interrelations that we have formed with our fellow human beings, a notion that has been lost in contemporary culture where individual autonomy and private meaning are seen as the highest values (56). Heidegger similarly explores the interrelations between individual and community regarding the denial of death. According to Heidegger, the denial of death affects interrelations between people, as they prefer to follow and adopt the impersonal expectations and norms of contemporary culture (in Heidegger's terminology, "they") and live average "inauthentic" lives, repressing the voice of conscience that reminds them of their mortality (Young 112). Listening to this voice when facing death generates anxiety, first, in the recognition that cultural norms are not helpful in this situation (113).

According to Heidegger, the experience of dying is utterly individual, it can be shared with no one and remains an isolated existential phenomenon: "No one can take the other's dying away from him" (1996:223). Phenomenologically speaking, "insofar as it 'is,' death is always essentially my own" (223). This awareness may generate further anxiety, namely that what we are and do is inessential in the indifferent face of death, not in some distant future but at every moment of our lives: "As soon as a human being is born, he is old enough to die right away" (228). This insight may convince us not to delay taking responsibility for our lives now, to accept our mortality "resolutely," and to approach cultural norms critically, because this life is all we have (Young 115-119). Cancer narratives show a wide variety of such diverse attitudes toward death, as they do towards the body, the self, and illness, and these distinctive positions inform cancer narratives' central metaphors. These metaphors do not exist in isolation but reveal a wide range of cultural constructions.

The cultural critic and writer Susan Sontag was one of the first to launch a cultural critique of cancer and its metaphors, in *Illness as Metaphor* (1977). Speaking from her (unacknowledged) own experience, Sontag noted that most people with cancer are demoralized when they learn their diagnosis, because cancer is perceived as an evil, invincible predator and "as a disease of insufficient passion, afflicting those who are sexually repressed, inhibited, unspontaneous,

incapable of expressing anger" (6, 21). Cancer, Sontag noted, is frequently spoken of in metaphors of battle and space: it is a "killer disease" which "invades" and "spreads," challenging cancer "victims" to a "fight" or "crusade" (14, 57). The threat is particularly frightening because the fight is internal and no change of surroundings will help (14). Sontag went on to make some important observations that continue to reverberate in contemporary critical work. She linked our problems in responding to cancer with the difficulties "in advanced industrial societies to come to terms with death" (8). In addition, the tendency to see cancer as a disease related to character "puts the onus on the patient" (46). Such "psychologizing seems to provide control over the experiences and events . . . over which people have in fact little or no control" (54). Sontag closed with the hope, announced already in her introduction, that progress in medical research will demythologize cancer and liberate it from its metaphors so that cancer can be seen as the physical illness it is.

Her hope has not been realized yet. According to a recent British poll, myths about cancer continue to abound: "Half of British men and 30 per cent of women wrongly believe they can catch cancer" (Globe&Mail, Oct. 12<sup>th</sup>, 1999). As my study of cancer narratives shows, many accounts do indeed accept the concept of cancer as a disease related to character, while others are fervently critical of such psychologizing concepts. In addition, my study shows an abundance of metaphors for cancer, including some that refigure aspects of the experience as "healing." Whether cancer can be freed from metaphor is doubtful. Scholars have criticized Sontag's desire to view cancer as a physical "reality" free from cultural connotations (Anz 14; Hawkins 23). Perhaps Sontag's desire reflected the depth of the devastating and stigmatizing effects of cancer metaphors in her own experience. In a later version of Illness as Metaphor, incorporated into one book with AIDS and its Metaphors (1989), Sontag reflected: "Of course, one cannot think without metaphors. But that does not mean there aren't some metaphors we might well abstain from or try to retire" (93). Some writers and cancer patients would readily agree with Sontag. A recent title spells out this sentiment: Speak the Language of Healing: Living with Breast Cancer without Going to War (Kuner, Osborn, Quigley and Stroup, 1999). However, there are many more writers who self-consciously incorporate war metaphors as a therapeutic discourse into their narratives. Moreover, some patients actually believe that cancer is war, literally. Here, the boundary between literal language use and metaphoric sense is apparently blurred and this fact needs to be acknowledged and integrated into

any definition of metaphor. In what follows, I will explore the variety of meanings in cancer discourse and the difficulties in suggesting which metaphors "we might well abstain from or try to retire."

Other claims by Sontag have also been challenged. According to her (in 1977) cancer was "a rare and still scandalous subject for poetry; and it seem[ed] unimaginable to aestheticize the disease" (18). However, cancer is no longer a scandalous subject for poetry or prose, having engendered an increasing field of writing, including aestheticizations such as Maja Beutler's novel Fuss Fassen ("Finding a Foothold," 1980). Boldt, in her dissertation "Those Who Know Their Killers" (1988), concludes that the large number of cancer autobiographies since Sontag's book shows that cancer can indeed be aestheticized (189). Sontag also believed that cancer was a disease "which nobody has managed to glamorize" (34). However, at a well-publicized New York charity event in 1996, topless supermodels presented costumes on the runway of a fashion show to draw attention to breast cancer (New York Times Magazine, Dec. 22, 1996). Apparently, cultural constructions and metaphors of cancer are shifting. I have outlined in this section a number of conceptual, existential, and experiential properties that shape metaphors in cancer narratives. This survey is not meant to be exhaustive and the respective properties will be discussed only as they apply to the narratives I have selected in Chapter IV. The question as to whether cancer has been aestheticized, and to what extent, will be a persistent one in this investigation of the poetics of cancer narratives. Because the attitudes toward the body, self, and death differ widely, the latter will be linked to respective metaphors in the discussion of particular narratives in Chapter IV. In the following section, I will lay out my definitions of the genre.

### On Narrative

The previous sections introduced various aspects of metaphor in cancer narratives and a discussion of the relationship of 'self' to the body. I particularly explored Blumenberg's and Olney's definition of metaphor, where a known is substituted for an unknown, or continuity for change, as an existential human act of imposing order on the world and the self. In Metaphors of Self (1972), Olney went on to focus on the act of writing as metaphor: "whether it be history or

poetry, psychology or theology, political economy or natural science, whether it take the form of an autobiographical essay or controversial tract, of lyric poem or scientific treatise" (3). This act can constitute a person's work or, in other words, his or her autobiography: ". . . a man's lifework is his fullest autobiography . . ." (3). Before I pursue Olney's definition of autobiography further, I will consider the notion that the act of writing is metaphor, independent of the particular genre used. I am concerned here not only with the metaphors in cancer narratives but the narratives themselves as metaphors for life with cancer. Those I have selected range from various types of autobiographical writing to novels. Past literary scholarship had little difficulty in differentiating these "genres" by resorting to the argument of "truth": autobiographies were understood to be non-fictional, and novels fictional. However, during the twentieth century, much fictional writing has become autobiographical, while the claim to truth in autobiography has been challenged or even abandoned, thus questioning former generic definitions. In fact, the theory of genre itself has come under scrutiny. The Linné-style period of fixed, neat categorizations is long past in literary studies, as the eminent German narratologist Franz Stanzel notes, referring to early editions of his own work in the mid-1950s and a tradition of categorization that extends back to Goethe and Aristotle (1995:12). In its place, Adena Rosmarin provides a more adaptable definition of genre: "Once genre is defined as pragmatic rather than natural, as defined rather than found, and as used rather than described, then there are precisely as many genres as we need, genres whose conceptual shape is precisely determined by that need" (cited in Harris, 124).

Rosmarin's definition, by introducing historical change, counters the tendency to ontologize the term "genre." This tendency is also of concern to the "Personal Narratives Group," an interdisciplinary research group of women with a focus on women's autobiographical writings. The Group proposes the term "narrative form" instead of "genre," deeming the former less restrictive than the latter and more fluid and inclusive, particularly for the purposes of cross-disciplinary studies (99). However, the term "form" is not unproblematic either, particularly in the field of categorization: it can evoke a binary of form and content and the metaphysical properties of "form" in Aristotle's usage of the term. Because my examination of narratives is mainly literary, I will continue to use the term "genre," but in Rosmarin's pragmatic, historicizing definition.

For the purposes of the present study, I define narrative as an account of events. It may be simple, reciting events chronologically, as in journalism, or contain plot, arranging events in patterns (Holman & Harmon, 1996). However, narratives may also be disjointed, presenting what Arthur Frank has called "chaos narratives" (1995:97). Particularly in trauma and illness, narratives may remain in the midst of what is being told, resisting considerable normative cultural pressures to strike what Frank Kermode has described as "fictive concords" with a beginning and the sense of an ending (7). In my research, I deal with written narratives in which a narrative agent tells a story (see Bal 16).<sup>14</sup> I note that, in illness narratives, a story may be told by more than one agent (partners, caregivers, co-writers), and that the agent need not be unified; there are "poetic" autobiographies<sup>15</sup> where the telling agent is dispersed across different personal pronouns.<sup>16</sup> The analysis of narratives has become an interdisciplinary endeavor, with scholars collaborating across the disciplines. Their approaches to these texts vary considerably. In "Models of Narrative Analysis: A Typology," the social scientist Elliot Mishler outlines three general analytical tasks: the examination of references and relations between the temporal ordering of events and their narrative representation; textual coherence and structure and how these are achieved through narrative strategies; and the examination of psychological, cultural, and social contexts and functions of narratives (1995:87). Different philosophical assumptions come into play in these tasks. In the first task, regarding problems of temporal order in a narrative, scholars with a correspondence theory of language and reality come to different conclusions than those for whom language is constitutive of reality. The former try to reconstruct the past from the narrative, while the latter focus on the narrative rather than the past. In the second task, scholars investigate the resources of language used in creating a form that carries meaning, and modes of "figuration," for example, the use of tropes like metaphor. In the third task, questions may be asked regarding the purpose of narratives in the construction, for example, of selfhood, or cultural experiences such as rituals and myths, institutional practices (i.e., narrative construction of illness in the hospital), and the politics of

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<sup>14</sup> "Story" and "text" differ insofar as the same story may be represented in various texts, differing, for example, in their literariness or complexity (Bal 5).

<sup>15</sup> "Poetische Selbstdarstellung," a term used by Marcel Reich-Ranicki (503).

<sup>16</sup> See, for example, Wolfgang Koeppen, *Jugend* (1974, "Youth").

power, (i.e., in the construction of gender). The sociologist and social worker Catherine Kohler Riessman examines the role and function of the researcher in the interpretation of (mainly oral) narratives (attending, telling, transcribing, analyzing, reading; 8-15). Mischler's typology and Riessman's inclusion of the researcher's expectations and biases indicate the variety of tasks that can come into play in the study of narrative. Literary scholars in the area of narrative theory usually examine narratives for problems of order, time, perspective, and/or levels of narration (Cohn 1978, Lämmert 1993, Genette 1994, Morson 1994, Stanzel 1995, Arnold & Detering 1996, Bal, 1997). However, as Gérard Genette notes, narratives can also be investigated for thematic, ideological, stylistic and other aspects (195). My focus in analyzing cancer narratives is on stylistic, conceptual, and therapeutic uses of metaphor.

In the field of literature, narrative writing is often identified as either fiction or non-fiction, where fiction usually refers to novels and short stories that are drawn from the imagination rather than history and fact (Harmon 212). Autobiography is generally accounted for as non-fiction. However, there are crossings between fiction and non-fiction. For example, in In Cold Blood (1966), Truman Capote combined the narration of a historical event with constructed inner monologues, creating what the writer calls a "nonfiction novel" (Harmon 349). Roy Pascal refers to D. H. Lawrence's Sons and Lovers as an "autobiographical novel": Lawrence reproduced past events but simplified the life of his family and invented, for example, interior monologues for his mother that he could not possibly have known (1960:169, 1959). Mark Harris, on the other hand, argues that there is no such thing as nonfiction fiction (Harmon 350), while Oliver Sill views autobiographical writing as just one component, inextricably interwoven, in the field of narration (137). This generic debate is about more than this or that label; it involves the status of truth, self, and time, and the narrator's perspective (see Pascal 1959:134). Because the cancer narratives that I have selected range from nonfiction to fiction, it is necessary to provide a short survey of the main positions in this debate and define my own approach, touching on traditional definitions of autobiographical writing as the historiography of a life, or "bios" (as in "autobiography"), the protracted death of the authorial self, and the critique of generic distinctions between fiction and nonfiction.

In the introduction to this section I already noted Olney's liberal definition of autobiography in Metaphors of Self (1972). In his most recent work, Memory and Narrative: The Weave of Life-Writing (1998), Olney privileges the terms "periautography" and "life-writing," precisely for their indefiniteness and lack of generic rigor (xv). Divested of "bio," the term "periautography" ("writing about self") speaks to a shift in autobiography research from what Julia Watson calls a "bios-bias," the presentation of lives and selves as unique and autonomous, as if in isolation from other lives (1993:59), to a great variety of contemporary views, including the writing of "relational selves" (79; see also Eakin 1999), and an aesthetics of autobiographical writing (Sill 1991). The traditional presentation of "bios" in autobiography can be likened to Odysseus's telling of his "bios" in Homer's Odyssey. For the narrator of "bios," there is no difference between the remembering and the remembered self: the self is what it always was and will ever be, whether it is a one-dimensional, externalized self in action, fulfilling a transcendent fate (Homer, Odyssey) or divine plan (Augustine, Confessions), or is "becoming," reaching its full potential and achieving full knowledge of itself in the act of telling (for example, Rousseau, Confessions; Goethe, Dichtung und Wahrheit). In all cases, the narration establishes and guarantees the narrator's full identity. From the epic distance of a retrospective, life events are arranged in chronological sequence, as if causally related and determined, lacking the anxious consideration of alternatives in medias res, missed choices, inner monologues, the unconscious, or even split selves. The telling is circular: it occurs from a place of order, extending into a chronological retrospective of past chaos, the resolution of which returns to the present order. As Blumenberg has observed, this circular movement provides an important function and is a metaphor; it "guarantees the tenor of the world and of life as order against any semblance of accident and arbitrariness" (1985:76, see also Sill, 58). The narrating self elevates itself as if above time, affecting an omniscient view, authorial agency, and the closure of meaning.

Citing Walter Benjamin, Oliver Sill notes that, in traditional autobiography, the writing self proceeds like a chronicler of history who thinks him or herself into the role of victor. The victor of the life narrative is the consciousness of the writing self in the present, that rules by weaving accomplished achievements (as the victories of consciousness) into a life story that guarantees identity (110). According to Georg Misch, the highest forms of autobiography would celebrate the

lives of important, superior personalities who represent the essence of their times by having shaped this essence themselves, and who are not only the object of their autobiography but present in the very shaping of it (1949:14).<sup>17</sup> While Misch acknowledges the unconscious, he is confident that it can be made fully conscious and that we can lead our lives, conscious of the self as well as of the world (9-10). As autobiographers, we review our lives as a whole (9), and this whole and its truth can be verified by perceptive readers, even in the work's omissions, misrepresentations, or lies (11). For Misch, there is no gap between written object and writing subject (7). George Gusdorf also affirmed that autobiography constitutes an objective, "timeless mirror" (127). James Olney refers to autobiographies such as those by John Stuart Mill and Charles Darwin as "simplex," presented from a narrator who sees no discrepancy between the remembering and the remembered self (1972:43). From the view point of "simplex" autobiography, truth seems unproblematic. The narrator's truth can be verified according to historical data, in his or her life or in its context. The mirror metaphor of self, history, and truth guarantees a generic distinction between autobiography and novel.

However, we also know from Augustine, in Bk 10:8 of his Confessions, that a historiography of the self is constructed, that memory may not be reliable, and that vanity may guide the selection process. Roy Pascal makes use of Augustine to criticize Gusdorf; however, he continues to uphold truth as a generic criterium by suggesting that autobiographers present a subjective version of historical truth (1989:150). Autobiographers such as Ruskin, Renan and Gide, for example, continued to endorse historical errors even after having been proven wrong (156). According to Pascal, the presentation of the past from the present situation of writing is more significant than the actual uncovering of the past (1960:11). He concludes that these observations confirm the status of autobiography as an independent genre and a work of art that is read "for its own sake," not as a story of a particular individual, not as historical truth, but as a representation of the human condition (1989:149). However, the status of truth and the authorial

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<sup>17</sup> Aber wo die Selbstbiographie aus eigenen Kräften von bedeutenden Persönlichkeiten aus dem Leben selbst gestaltet wird, bringt sie eine höchste Art von Repräsentation: die Darstellung der Geistesverfassung der Zeiten in dem Stil eines überlegenen Menschen, der selbst an der Seele der Zeit mitschafft. In dieser höchsten Form der Autobiographie bildet die Persönlichkeit nicht nur den Gegenstand der Darstellung, sondern ist in ihr gegenwärtig als gestaltende Kraft . . . "

self were further called into question when Roland Barthes announced the "Death of the Author" in 1968. Questioning any author's originality, Barthes proclaimed the intertextuality of the literary work, emerging from and generating other texts, always produced in the multiplicity of meanings in language. The "death of the author," however, brought about the "birth of the reader," who produces the meanings of the text, absolved of having to scrutinize an author's life for what the latter may or may not have meant to say in his work (1127ff.).

These developments contributed to a radical questioning of the ontology of the self in literary studies and also affected autobiography research from the seventies onward, leading to discussion of what Paul John Eakin calls the death of the subject (1999:5). Jean Starobinski affirmed that the written self of the past is necessarily reconstructed and shaped by the writing self in the present (201), producing what Olney calls self-conscious, "duplex" autobiography (1972:43). With the mirror metaphor of the self, the past, and "truth" breaking apart, Philippe Lejeune proposed an explanation lying in a pragmatic "autobiographical pact," that ensures, if not verisimilitude, then at least a resemblance of truth: the triple identity of author, narrator, and assumed character in autobiography (cited in Raoul 7). This pact is said to lead to a different attitude in reading, entailing trust, or the expectation of sincerity on the part of the narrator. However, Elizabeth Bruss criticized the assumptions of a "pact" imposed on autobiographers in previous centuries and proposed an "autobiographical act" that assumes, among other things, that autobiographers are convinced of the truth they report, even if this truth can be shown to be false or could have been presented in different ways (274). William Howarth replaced the metaphor of a mirror with that of a painting: the writer restricts and shapes her life into a self-portrait--one far different from the original model, that resembles life, but is actually composed and framed as an artful creation (86).

During the 1980s, critics such as Eakin studied autobiography as an invention of the self, formalized in writing. Eakin noted that "[a]utobiographical truth is not a fixed but an evolving content in an intricate process of self-discovery, and self-creation, that the self that is the center of all biographical narrative is necessarily a fictive structure" (1985:3). In his latest work, Eakin has moved from a single to plural selves and a concept of "relational identity," mining research in social psychology, for example, by John Shotter and Rom Harré. The former argues that identity

formation is discursively transacted, the "I" learned by being addressed by others as "you"; the latter notes that "all that is personal in our mental and emotional lives is individually appropriated from the conversation going on around us . . ." (cited in Eakin 64). Joan Givner emphasizes the fictional character of a literary self-portrait by producing it on index cards (see, for example, cards 289, 341, 366, and 369). Even Misch had observed that autobiographers manipulate their accounts to produce a certain image of themselves (Vol. I:1, 12). The "Personal Narratives Group" point out that "[w]hen talking about their lives, people lie sometimes, forget a lot, exaggerate, become confused, and get things wrong. Yet they *are* revealing truths. These truths don't reveal the past "as it actually was," aspiring to a standard of objectivity. They give us instead the truths of our own experiences" (261). William Maxwell, however, is even more adamant: "[i]n talking about the past we lie with every breath we draw" (cited in Eakin 1985, 6). Giving up on objective truth, verisimilitude, and subjective truth, Maxwell like so many others pulls the carpet from beneath generic distinctions between fiction and nonfiction, or between the novel and autobiography.

According to Oliver Sill, in Zerbrochene Spiegel (1991, "Broken Mirrors"), the hold on autobiographical truth as objective or at least subjective has no other function than to distinguish autobiography as a literary form of historiography from the aesthetic form of the novel by an argument based on ahistoric criteria (13). As I have already noted, Sill views autobiography as one component, "inextricably interwoven" into the spectrum of narration. He traces historical parallels and changes in the writing of autobiographies and novels since the end of the eighteenth century, particularly in the perceptions of self, truth, and time. In the following, I will provide a short summary of Sill's analysis of recent developments. According to Sill, World War 1 proved to be a watershed event for both autobiography and the novel. In the drawn-out trench wars, the promises of the industrial revolution for a better life and the control of history turned into a farce. Referring to Blumenberg, Sill notes that the promised development of the self to its fullest potential, central in nineteenth-century writing, did not hold up in the face of reality (69, 71). In face of widespread destruction, individual powerlessness, isolation, and alienation from the world, autobiographers began to turn away from searching and interpreting the past to the act of searching itself, trying to assure themselves of their existence by writing (71). At the same time, the Freudian concept of the unconscious cast doubt on the unity of the self and the reliability of memory to reconstruct the past:

some memories may not be available to the conscious mind but can erupt involuntarily, causing a rupture between the remembering and remembered self (99-100, 103). Time no longer seemed directed as a "becoming" that would lead from darkness to conscious light. According to Eberhardt Lämmert, writers declared their subjectivity and that of their experiences in time by limiting their perspective to a personal point of view, increasingly interweaving reports of actions with interior monologues (cited in Sill, 96). Autobiographers turned to a search for lost time, the contingencies of missed alternatives, other possible selves, and the open-endedness of life, denying the necessity of cause and effect (121). For example, Wolfgang Koeppen writes his "poetic" autobiography Jugend (1974) in order to find out unknown truths about his life. He is not concerned about facts, and does not seek to shape his life in the act of writing. The first-person "I" in Jugend changes freely into other singular and plural personal pronouns, as Koeppen removes the narrating self as the traditional self-conscious center (Sill 129). Similarly, the German writer Ingeborg Bachmann views autobiography not as "the narration of a life course, personal anecdotes and similar embarrassments," but the "mental presentation of the process of the self" (cited in Sill 8).<sup>18</sup> Bachmann rejects the traditional properties of autobiography in favor of its aesthetic construction (8). For Sill, the narrator's self no longer mirrors the represented states of self in the narrative but needs to be objectivized in the aesthetical structure of the work (133). He abandons the traditional historiographical approach to autobiography altogether, focusing instead on an aesthetical definition that can provide what the historiographical approach cannot: a dialectical relationship between the particular and the general in a work of art (35). Borrowing from Juriy M. Lotman's definition of an artistic work as a "moulding of the world," Sill defines autobiographical work as a moulding of the author-self and the socio-historical reality experienced by him (42). However, Sill does not deny that traditional nineteenth-century generic distinctions may be helpful in the analysis of writing informed by certain historical or philosophical assumptions of self, truth, and time.

I have provided Sill's argument in some detail, not only to show how generic distinctions are currently in motion, but because his definition of autobiographical writing opens the door to the

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<sup>18</sup> "Eine Autobiographie würde ich es nennen, wenn man darin den geistigen Prozess eines Ichs sieht, nicht das Erzählen von Lebensläufen, Privatgeschichten und ähnlichen Peinlichkeiten."

understanding of the troubles that cancer patients face when struggling to give voice to their experience. Many cancer patients find, and write in their narratives, that literal language fails them. However, some writers, among them Maja Beutler whose work Fuss Fassen I will discuss later, have deliberately fictionalized their experience in ingenious ways so as to provide a representation that comes closer to their personal experience than any literal writing ever could. Cancer patients in my audience have appreciated this strategy and have found Beutler's writing representative of their own experience. Another narrative that I will discuss, "People Like That" (1998), won a prize as "short fiction," but is written so convincingly that cancer patients have suggested that its status could not be other than autobiographical. Since cancer patients read these books or stories by evaluating the "truth" of the narrative from their own experience and not by recourse to the generic status of the narrative. Traditional generic distinctions between autobiography and fiction according to truth, self, and time may, for them, unnecessarily complicate the analysis of these narratives.

I share Sill's questioning of the status of self, truth and time in narration, and his definition of autobiographical writing as an inextricably interwoven component in the spectrum of narration. However, in autobiographies where the status of self, truth, and time is based on mirror and other idealist metaphors, traditional distinctions according to genre may be helpful. In any case, I will begin my reading of the selected texts from an analysis of narrative self-positions and then adduce generic properties to the narratives if and when they prove helpful. In this respect, I will explore the selected narratives in terms of characteristics found in personal autobiographies, letters, diaries, journals, and memoirs. These terms require some definition and Starobinski is helpful here. While he defined autobiography in traditional terms as a truthful representation of a "bios," where the narrator is thought to be identical with the narrative's "hero" (200), his considerations of the many forms that autobiographical writing can take provide a useful point of departure. In length, autobiography may vary between a page and multiple volumes. The autobiographer is free to mix the life narrative with events he or she witnessed from a distance, in which case the autobiography also becomes a memoir. If the entries are dated, the autobiographer also becomes a diarist, referring to him- or herself while writing, and the autobiography assumes the form of a more or less intimate diary (200-01). These narrative forms in autobiography can also exist independently.

Regarding diary, Gustav Hocke notes the vast variety of its forms and distinguishes "true" diaries from literary or fictive ones, based on "truth" (16f.), a distinction with which Sill would not agree. Gero Wilpert defines the diary as a non-artistic prose form with a monological character, designed for daily or regular notes about the diarist's life, with the appeal of immediacy (918). Harmon (46) and Barbara Bronnen (35) note that diaries are written without conceiving an audience, an assertion that is debatable. According to Ronald Blythe, "many diaries declare that they exist for posteriority" (1). Diarists may also be aware of potential publication, as was Francesco Petrarca regarding his Secretum (1990). In contrast to Wilpert, Bronnen emphasizes a dialogical aspect of diaries, the diarist addressing the diary, partners and others (91), or the self, for example, in confession (126). Reviewing past entries may enact a dialogue between the writing and the written self. Diaries can present different voices of the self, in interaction between the writing self and the self of history. While autobiographies tend to produce a review of a life from a particular moment in life, diaries move through a series of moments in time (Pascal 1960:3). The difference between memoir and autobiography is fluid. Memoirs are said to deal at least in part (Harmon 46), or primarily (Pascal 1959:148), with public events and noted people other than the author, although their historical objectivity may be colored by subjectivity (Wilpert 565).

Before concluding this section on narrative and autobiography, I will return once more to Olney. In Metaphors of Self (1972), he had demonstrated the pervasiveness of metaphor in language and life and shown how the act of writing can be a metaphor for imposing order on the world. Olney called this act, or life work, our fullest "autobiography" (3). Thus, autobiography is metaphor: it attempts to substitute continuity for the changes in the outside world and the inside self (4-7). Olney's definition of autobiography as metaphor is significant and particularly helpful for the understanding of cancer autobiographies. First, it is remarkably free from the anxiety of limiting genre definitions, providing a frame for a vast range of generic variations among cancer narratives. Second, autobiography as a metaphor for imposing order on chaos draws attention to the problem noted earlier: metaphor seeks to substitute the known for the unknown, or continuity for change, or order for disorder. However, writing and autobiography cannot succeed in this endeavor because change continues, in the outside and inside worlds. The order of autobiography is subject to the same tension as any other human act of ordering. As it attempts to create order it

must witness its order being eroded, revealed as an illusion, possible only if change is denied. The very attempt at writing change as order remains fragile, if not futile, and always in tension.

Olney's definition of autobiography supports skepticism towards current trends in the narrative field, both in literature and the social sciences, that prescribe the writing of autobiographical narratives as a necessarily therapeutic act. In fact, Olney's concept of writing self as metaphor seems to explain particularly why so many cancer patients resist writing and why, compared to the millions of people who have cancer, only very few do. Cancer continues to embody the frightening epitome of the unknown, of change and disorder, and resists attempts at order. Autobiographical cancer narratives cannot resolve this tension: recurring complications and relapses can thwart the hope for closure, eliciting revised editions of the autobiographical narrative and/or entirely new books--or concluding arbitrarily, with an open end when the writer has exhausted all hope for closure. It is not surprising that cancer patients are torn between the impossibility of narrativizing their experience and the longing for some meaning or order in a narrative that accounts for overwhelming change. In the following section, I will review current critical scholarship regarding cancer narratives.

### **On Current Cancer Narrative Criticism**

#### **Defining an Emerging Genre: From "Accounts" to "Testimony"**

In 1977, Susan Sontag published *Illness as Metaphor*, one of the first cultural studies of tuberculosis and metaphor. Following Sontag, and with an increasing number of published autobiographical illness narratives, scholarship with a literary focus began to turn its attention to illness narratives in general and cancer narratives in particular. These studies include, to date, one dissertation in German (Boldt 1989) and four book-length studies in German and English (Muschg 1981, Anz 1989, Hawkins 1999 [1993], Frank 1995, Couser 1998). While Claudia Boldt's dissertation deals exclusively with published cancer narratives, the books survey a variety of illness narratives (cancer, AIDS, heart disease, deafness, disability, etc.). These texts incorporate widely divergent critical methods. Boldt uses a strong psychoanalytical focus, while Adolf Muschg explores the therapeutic possibilities of writing; Anne Hunsaker Hawkins reads illness narratives in

terms of Jungian mythological archetypes; Arthur Frank explores ethical aspects of patient writing, making use of Shoshana Felman's work on testimony; Thomas Couser compares the narratives to other genres of life writing and the Aristotelian concept of the comic plot. The study of testimony has also influenced a literary dissertation on illness narratives that is in progress (Schmidt 1998). Reviewers, too, share a part in this emerging scholarship, for example, Muschg (1977), Arlene Croce (1995), Bronwyn Drainie (1997), and Mary McCabe (1998). In addition, two cultural studies have appeared recently that examine perceptions, experience, and theories about illness. Jackie Stacey (1997) discusses cancer with a focus on feminist analysis, while David Morris (1998) explores relations between biology and culture to understand the contemporary experience of illness in general. These scholars contribute in various ways to a theory of illness narratives in general and cancer narratives in particular. A thematically organized review of their work can focus on main areas of interest: terminology and definitions of the emergent genre; historical antecedents and cultural context; taxonomies; and evaluations of literary quality.

Sontag did not believe that cancer could be aestheticized, as had been the case with tuberculosis. When she wrote Illness as Metaphor, the first narratives of cancer were just being published. While Sontag refers to a TB narrative from the previous century as an "autobiographical essay," narratives of cancer are labeled simply as "accounts" (23). In the same year, Muschg raised the question of aesthetics in his introduction to Mars, a Swiss cancer narrative by Fritz Zorn (1977). Asking whether Mars is "literature" (10), Muschg's response is ambiguous: Mars' literary quality is deficient, but it is a "necessary" text. Muschg adheres to the term "literature" in Literatur als Therapie (1981), an investigation into the therapeutic potential of writing. However, in 1982 the cancer autobiographer Peter Noll notes, in an ironic tone, that "cancer booklets" ("Krebsbüchlein") now constitute a literary genre (194). Critical studies in German by Boldt and Anz in 1989 offer the first definitions of the emerging genre. Boldt cites the literary critic Philippe Lejeune when she classifies cancer narratives as "autobiographies" (169ff.). These narratives may include, to varying degrees, retrospective autobiographical accounts, journal entries, letters, and memoirs. They are all characterized by Lejeune's criteria for autobiography, namely the "autobiographical pact," that is, identity is assumed between author, narrator, and character, the events are supposed to have happened and they are in prose; they present a unified composition, a

portrait of an individual's life history, and a retrospective view (even journals and letters when published) culminating in some sort of conclusion. Autobiography, notes Lejeune, has two main functions: it can invest experiences gathered at the margins of society with cultural value, and teach these values, and it organizes contingent experience into the "new reality" of a causal sequence. Hence, the writing of autobiography blurs the boundaries between fact and fiction, since it shapes the self as much as it records it (Lejeune 1973/1975). Boldt uses this definition to show how, in her sample, cancer patients use autobiography to present the changes in the self during cancer and its treatment.

Thomas Anz agrees that the boundaries between novel and account, literature and document, tend to disappear in illness narratives ("Krankengeschichten," 63). He refers to illness writing in general as "pathography" and its autobiographical form as "autopathography," without further defining the characteristics of this genre (63). Well aware of the uses and abuses of the term "pathological," particularly in the arts and literature, Anz aims to point out the historical conditions of its changing meanings, while preserving the term. While it is hard to find terms that do not offend one group or another, I support Frank's argument for the use of terms that can be most easily identified by the large number of people sharing in the interdisciplinary discourse of illness. Therefore, I prefer "illness narrative" over terms such as "autopathography" or "pathography."

Hawkins (1993) refers to illness narratives as "pathographies" that constitute a sub-genre of autobiography. She notes that pathographies<sup>19</sup> may include not only autobiographical experiences of one's own illness, but accounts of a partner's or friend's illness. Such biographies of illness tend to be unusually intimate, containing much autobiographical reflection. Hence, they "override the conventional boundaries of self and other, or biographer and subject" (3). In some places, Hawkins also uses the term "testimony" for pathography, perceiving a "need" and even an "urge" in autobiographers to communicate the traumatic nature of their experience (10). Testimony has a long tradition in religious and judicial contexts. It posits the existence of a belief, ideal, or autobiographical truth to which a witness testifies. The willingness to accept great hardships or even death (for example, in the case of martyrs) is widely seen to underline the witness's sincerity

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<sup>19</sup> Hawkins traces the term "pathography" and its different uses in Sacks and Freud (n.1, 177).

(Coady 52). In recent years, the term testimony has gained renewed value in the examination of autobiographical accounts of Holocaust trauma (Felman 1995) and political oppression in Latin America (Beverly 1992). In the practice of law, giving testimony commonly means providing information on behalf of another person. However, John Beverly and Shoshana Felman and, following their lead, Frank (1995) and Maja Saj Schmidt (1998), use this term as referring to information one provides on one's own behalf. For example, Beverly points out the main features of literary testimony: its "novel-like" form, the identity of first-person narrator and protagonist, and its action: a significant life experience or life (92-93). According to Felman, Albert Camus's narrator in the novel The Plague is represented as giving testimony because "he feels historically appointed by the magnitude of the catastrophe he has survived" not only to tell the story but to "bear witness to the history of his experience" (Felman 15). Camus's novel allegorically links illness and the trauma of the Nazi occupation (19). Scholars include both autobiographical and fictional illness narratives in what Felman calls an "era of testimony" (16).

Arthur Frank (1995) views himself as a "witness," acting from an ethical imperative to render autobiographical "testimony" about his illness, and exhorting all patients to abide by this imperative to "turn [. . .] illness into a moral responsibility" (137). The term "testimony" subsumes his discussion of different types of "illness stories" or "narratives." Frank is unwilling to use the term "pathography" because "no ill person has ever called her story a 'pathography'" (n.34, 190) and the term seems more appropriate to medical studies (1994: n3, 18). In the absence of comprehensive research, Frank refrains from categorizing illness stories more closely. He also notes the extensive rewriting and restructuring that editors demand from writers and that reshape the autobiographical 'truth' of testimony (1995: 21-22).

Peter Kramer, author of Listening to Prozac (1993), refers to autobiographical illness narratives as "confessions," while Nancy Mairs, in a foreword to Couser (1998), speaks of "illness narratives," as a "distinct sub-genre" of autobiographical writing (ix). Couser, on the other hand, limits the term "illness narrative" to those narratives primarily concerned with the episode of the writer's illness. He reserves the label "full-life narratives" for accounts which attempt a more comprehensive view of a life that includes illness (6). Couser acknowledges the wide variety of literary forms in illness writing and proposes the base term "autobiographical narratives of illness

and disability” (3). He uses the term "autopathography," when the autobiographical narrative is primarily a story of illness. Autopathography becomes “full” autobiography when the story of illness is expanded and integrated into a larger story of life (44) and includes, for example, density of detail, maturity of reflection, and quality of prose (63).

Schmidt, who uses Couser's categories to differentiate autopathographies from other autobiographical writings (89), adopts the term “autopathography” for autobiographical illness narratives in general. However, Schmidt’s central concept is that of testimony. Building on work by Beverly, Felman, and Frank, Schmidt explores the rhetorical features of testimony as a genre of persuasion and conviction (72). Relying on the memory and the credibility of the witness, testimony “can function as a counter-authoritative text, a revisionary genre, and a call to activism” (73). I agree with Schmidt that some writers of cancer narratives indeed fashion their accounts counter-authoritatively and as a call to activism. However, other writers have different intentions, using their writing, for example, to share existential reflections about life and death. According to Hawkins, many of the early illness narratives displayed a positive attitude toward medicine (Hawkins, 5-9) . For these reasons I caution against the use of terms that do not represent the wide variety of writers' convictions and intentions.

Cultural studies of illness, typically, are less concerned with literary terminology and refer to autobiographical illness accounts as “narratives,” usually preceded by the respective illness or disability. Rothman (1994), for example, uses the terms “invalid narratives,” or “sanatorium narratives” with regard to accounts of TB (1994); Stacey (1997) examines “cancer narratives”; Porter & Rousseau (1998), as well as Morris (1998) speak simply of “narratives,” and Cline (1995) of “stories.”

Critics offer differing views regarding other genres to which autobiographical illness narratives may be related: Hawkins studies them in the tradition of the earlier spiritual autobiography, and likens illness narratives to “modern adventure stories” (exploring a body that no longer functions) (1), or “survival stories,” about surviving natural or environmental disasters (and marauding cancer cells) (2), or “accounts of political or racial oppression,” about resisting oppressive institutions (and dehumanized hospital routines) (2). Frank considers, for comparison, the genres of memoir and manifesto and, in particular, self-stories about gender identity, and

trauma stories of surviving war, captivity, incest, and abuse (1995: 69). Couser notes a similarity with testimony and manifesto (53), the diary (54), and spiritual autobiography (56), as well as "Gothic possibilities" in illness writing (71). Most notably, he compares breast cancer narratives to slave narratives (48). The discussions about terminology and genre reveal the excitement of research into a developing genre whose boundaries are not easy to define. The challenges are great, neither to restrict nor overgeneralize the field too much. Because the narratives in this field deal with life-threatening illnesses and the terrible suffering of many people, scholars should be extremely sensitive to the use of terms that may be seen to reflect current trends in literary scholarship more than the varied circumstances of the writers of these narratives.

### **Tradition and the Cultural Context of Illness Narratives**

Anz (1989) provides the most comprehensive historical account of contemporary illness writing in a Germanic context. Examining the rhetorical uses of medical terminology in German literature, Anz argues that medical knowledge since the eighteenth century has attained a social authority that has affected the discourses of literature, literary criticism, ethics, politics, and law (ix). Secularized societies have shifted moral authority from a higher metaphysical power to "human nature." Labeling the "passions" as "sick" or even "carcinogenic," the Enlightenment attitude attempted to educate society according to norms of theoretical and practical reason. Its discourse is permeated by military and political terms such as battle, power, rule, and victory, and its literary protagonists fight for their autonomy (20). The "somatic" psychiatrists of the nineteenth century resist moral explanations of illness and set out to humanize the institutions that they felt were governed by a tyranny of reason. However, while authors such as Goethe and Büchner compare psychological suffering to physical illness, the somatics explain psychological suffering as physical illness (11). It is during this period that medicine becomes suspicious of the myths and metaphors in literary approaches to illness, and medical concepts less attractive to literature. However, after the turn of the century, and inspired by Nietzsche<sup>20</sup> and psychoanalysis, Otto Gross, Wilhelm Reich, and Herbert Marcuse reinterpret illness in Freudian or existentialist terms.

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<sup>20</sup> Particularly *Genealogy of Morals*, and its "revaluation" of values ("Umwertung aller Werte").

Modernity views the eighteenth century repression of passions as pathological and "carcinogenic." Its literary protagonists, fighting for autonomy, succumb to illness and death.<sup>21</sup> According to Gross, revolution is therapeutic (23). With philosophers such as Apel and Habermas, the critique of late capitalist ideology turns into a psychotherapy of human communicative action (32). In 1968, in the wake of the student revolt, a socialist patient collective (SPK) in Heidelberg declared political conditions to be the cause of illness and, thus, to be eliminated (81). The "New Left" calls for political action and announces the death of bourgeois literature (Stefan 8). When late capitalism does not budge and leftist politics reveal similar or worse authoritarian structures, many discover a "new subjectivity." As Verena Stefan notes in the reprint (1994) of her confessional autobiography Häutungen ("Sheddings," 1975), women are the first to reclaim their bodies and selves from patriarchal structures, whether on the right or left (16). Häutungen became one of the programmatic texts for the women's movement in Germany in the 70s and, in its wake, the men's movement. Some begin a long march through the institutions while others "bail out" ("Aussteigen") and resettle in the Mediterranean, or travel to Indian ashrams. The new desire for interiority gives rise to a "Psycho-boom," with the emergence of "sensitivity groups" ("Selbsterfahrungsgruppen"), and the inclusion of psychopathological phenomena in contemporary literature (Anz 58). Publishers offer a new genre of life-writing<sup>22</sup> to those who have been traditionally marginalized: women, students, homosexuals, drug addicts, or alcoholics. These narratives are meant to present individual suffering in its "authentic immediacy," without the demands of artful perfection (64). The first German illness autobiographies appear in 1976 (60). The post-1968 generation, however, finds little worth fighting for and no future to envisage. The opponent is no longer the class-enemy, but civilization itself, with its concrete housing, consumerism, neutron bombs, and spectacular catastrophes in nuclear plants (Muschg 27). During this time, the Swiss autobiographical cancer narrative Mars (1979) becomes an instant manifesto for an extensive cultural critique – and hopelessness. The author, who blames the life-denying

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<sup>21</sup> See, for example, Thomas Mann (Death in Venice, Magic Mountain).

<sup>22</sup> "Verständigungstexte" (Suhrkamp Verlag), "Lebenskrisen, Lebenschancen" (Fischer Verlag), "Erfahrungen" (Bastei-Luebbe).

culture of his parents and bourgeois society for his cancer, signs his defiance with his death (68). Sontag's book Illness as Metaphor appears at the same time, painting a picture of powerlessness in cancer discourse. Boldt, however, shows that cancer narratives after 1976, and throughout the 1980s, depart from powerlessness and demand fundamental changes in society (180). Boldt sees the increasing number of publications after the ideological discussions of the early 1970s as reflecting a new desire for critical thinking that the earlier war generation could not afford (179).

Developments in North America appear to be similar, although their influences on illness writing are less well documented. Holman and Harmon (1995) identify a period of the "confessional self" in American literature that has its beginnings in the 1960s. Politically and culturally, this period is marked by a time of uncertainty, revolt, and cynicism. While the civil rights movement had many successes, America's war in Vietnam, the student revolt, and Nixon's resignation in 1974 led to widespread disillusionment. According to Holman and Harmon, "[t]he result of these varying forces was a tendency for imaginative writers to find their chief values in the self rather than in society and to see the proper realm of arts to be introspection and confession rather than the creation of imaginary worlds" (382). The advances in civil rights encourage people with disabilities to claim their "right to greater participation in public life" (Couser 9). In America, too, the women's movement introduces a concern for health during the 1970s (37). Particularly, women in public life who have breast cancer (Betty Ford, Betty Rollin, Gloria Steinem) transcend the barrier of silence and shame referred to in Sontag's book and acknowledge their illness. These confessions introduce a first wave of publicity for cancer in America and engender a wave of autobiographical publications that has been on the increase ever since. Frank (1995) and Couser (1998), however, see even larger cultural forces operating behind the proliferation of life writing. For Frank, the disillusionment of the 1960s and 1970s produces the postmodern "wreckage" of the "grand narratives" that held earlier societies together (70, 139). These "grand narratives" include medical discourse, from which patients set out to reclaim their bodies and their stories. However, multiple points of view make it increasingly difficult to speak, or write, with one voice. Lost in a postmodern cast of various selves, notes Frank, only the voice of pain may produce the last bedrock of self (71f.).

According to Frank, medicine's unifying general views are said to incite postmodern patients to take autobiographical responsibility for their health and themselves. Turning into agents, patients provide care to others through their narratives (xi). Couser explores a more existential link between illness and narrative. In a time when people assert control and responsibility for their health, and take health for granted, illness may seem more threatening and thus "more narratable," for bodily dysfunction threatens the belief that one controls one's destiny (9). In contrast to Frank, Couser notes that illness narratives generally perpetuate pre-modernist narrative conventions, telling more or less straightforward stories and remaining rooted in a familiar solid world (293). Here Couser is in agreement with Hawkins, who believes that pathography, in fact, challenges post-structuralist literary theories about the fictive reality of the self (x). While the self of pathographical writing is a "self-in-crisis," it is "contracted into a 'hard' defensive ontological reality, primed for action, readied for response to the threat of the body . . ." (Hawkins 17). Not only the author but readers, too, may be implicated in setting aside post-structuralist convictions. Schmidt (1998), trained in recent theory, suspends her understanding of the constructedness of reality and wants to believe in the truthfulness of suffering in illness narratives (74). Hawkins, however, does not merely set aside post-structuralist conventions. Her Jungian analysis of mythology presupposes the universality of archetypal themes in illness narratives. The concept of myth enables Hawkins to trace contemporary illness writing through a long historical tradition. According to Hawkins, illness narratives have an antecedent; they are secularized versions of the age-old conversion narrative and its myths of journey, challenges, and rebirth (31). Aside from the critics' different conclusions, the changes in conceptions of illness and its writing show that illness is not only a medical or biological occurrence. Rather, cultural contexts shape the perception of illness while its narratives have, in turn, cultural implications. The historical changes of these cultural contexts suggest that we may have choices in the language we use to conceive of illness in general, and cancer in particular. This opens the possibility of examining and criticizing particular cultural conceptions of cancer, such as psychoanalytical models, as discussed in the next section.

## Taxonomies and Critical Approaches

### *Claudia Boldt: Literature and Psychoanalysis*

Boldt examines cancer narratives from both a literary and a psycho-analytical perspective. She argues that in the decade since Illness as Metaphor, cancer patients have used autobiographical writing and metaphor in new, creative ways that contradict Sontag's observations. Boldt believes that the experience of life with cancer lends itself to autobiography, as no other illness does. For example, cancer patients can no longer count on, and plan for, the length of a "full" life. Even when cancer becomes a chronic condition, it is always life-threatening. Finally, cancer patients generally retain mobility and consciousness even until they die (148). Thus, cancer patients can sublimate suffering by writing about their illness. Given the nature of cancer, they are no longer concerned with the small details of daily life. Cancer patients must face mortality and, hence, re-examine their concept of time. Autobiography, argues Boldt, can provide cancer patients with the means to re-write and integrate their selves (150). In her sample, Boldt examines seven Swiss and German authors. Most reject the biomedical model of cancer and believe that cancer is a psychosomatic illness brought about by unresolved conflicts in the unconscious, such as personal losses and/or the demands of an inhumane patriarchal society. Cancer became for them a turning point, and writing an occasion for introspection and reassessment of priorities.

Boldt's literary discussion consists of classifying the autobiographies in Lejeune's terms, particularly with regard to the autobiographical pact,<sup>23</sup> retrospective view, and development of each author. The structure in cancer autobiographies, according to Boldt, can be likened to that of medical narratives, beginning with anamnesis, followed by therapy and, finally, by cure or death. A first-person narrator begins with the discovery of first symptoms, followed by first examinations, his or her reaction to the diagnosis, and cooperation (or lack thereof) with medical doctors. Treatment procedures are discussed, as well as their complications and side-effects. The medical structure of cancer narratives, however, serves as a foil for a review of the past and the potential causes of the cancer, and for thoughts about dying and death (6). Boldt identifies three groups of writers in her sample. Those in the first group, upon reassessment of their situation, are

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<sup>23</sup> The triple identity of author, narrator, and character.

filled with deep resignation, hopelessness, and aimlessness. The second group uncovers creative potentials of which they were previously unaware. Integrating unknown parts of their selves, these writers make new choices. Those in the third group are unaware of their emotional paralysis (as analyzed by Boldt). The power of their destructive convictions or, in Boldt's psychoanalytic terms, the damaging force of the super-ego over ego and id (154), thwarts their (unconscious) attempts at self-healing. For example, according to one author in this group, the patriarchal world has irrevocably damaged his identity, his survival, and that of the world.

Interpreted as autobiographical reviews of change and development, and psychoanalyzed as case-studies for psychosomatic illness, the sample of authors makes Boldt's point: cancer is no longer a metaphor for shame, hopelessness, and inaction, as Sontag had argued in Illness as Metaphor. On the contrary, cancer as metaphor may represent the impossibility of living without compromise under certain political conditions, such as the oppression of a life with "feminine" qualities, the alienation of life in general, a bourgeois upbringing in an inhumane society, or the threat of the earth's destruction. And while Sontag hoped for medical advances, medical institutions themselves become a metaphor: a depersonalized microcosm of a rational-technological world (163). According to Boldt, introspection and re-evaluation of life, as inscribed in autobiography, are the condition for cure (162). However, as the example of Fritz Zorn's book Mars shows, reviewed by Boldt herself, introspection, re-evaluation, and their writing in autobiographical narratives provide no guarantee for a cure. Indeed, many other books by highly introspective writers show that their activities have not produced a cure. In contrast, there are many writers and even more cancer patients who appear to lack any introspection or re-evaluation of life and yet recover from cancer. In light of the fact that the origins of cancer are largely unclear and that a number of factors may play a role, I believe that the best argument that writers can put forward is that writing may help some of them, but not everybody, sometimes to feel better about their situation. All that said, it seems unlikely that writing can produce a cure. Zorn gave himself over completely to his psychotherapy and to writing, yet his cancer metastasized, though he wrote more and more, interpreting the progression as a sign of not having done enough. While some patients believe in psychological theories of cancer and attribute their recoveries to these concepts, the thwarted hopes of those whose cancer progresses can worsen their experience considerably.

Therefore, those who do not have cancer should refrain from formulating prescriptive conclusions that can cause irreparable harm. For these reasons, it is important to read a variety of cancer narratives in order to understand patients' different beliefs and sensitivities. Hawkins, whose ideas are considered below, views illness narratives as mythographies, one of the many approaches to life and illness.

### *Anne Hunsaker Hawkins: Literature and Mythology*

In her book Reconstructing Illness (1999, 1993), Hawkins brings a mythological focus to her literary study. Teaching humanities in the health sciences, she has an added perspective on caregiving. She argues that pathography (as she calls autobiographical illness narratives) embodies dynamic constructs, namely images, metaphors, and myths, that draw on "profound archetypal dimensions of human experience" (11, 31). For example, the popular metaphor of illness as a battle springs from an ancient idea of the world as organized around (or out of) antagonistic struggles between light and darkness, life and death, or good and evil. In pathography, these "mythogenic habits" not only serve aesthetic purposes, but shape the experience of illness (11, 62). The continuing power of myth is reflected in the various forms, symbols, and analogies it creates, and in its ability to integrate widely divergent meanings (44).

Hawkins uses a variety of functions to categorize the literary expressions of illness in pathography. First, she classifies all pathography as forms of testimony, where patients show a need to assume a role of witness and communicate a traumatic experience (3). Second, she distinguishes three types of authorial intent: some pathographies are didactic, others angry, or they advocate alternative modes of treatment (4). Third, and coincidentally, these types of intent appear to match periods of pathography since the seventies. The pathographies of the 1960s and 1970s are didactic in nature, displaying a positive attitude toward medicine and purporting to help others. The attitude towards medicine, however, changes at the end of the 1970s. These changes are documented in angry testimony that denounces medical routines. More typical, however, is a third type of testimony, written since the 1980s, that advocates a host of alternative treatment methods meant to complement conventional medicine constructively (5-9). Fourth, Hawkins identifies in pathography four main myths (rebirth, battle, journey, death and dying) and the "mythos" (as

distinct from classical myths) of healthy-mindedness. These myths may function in a variety of ways: they may be descriptive (identifying analogies between illness and myth) and functional (shaping the experience of illness according to the myth) (67). As functional, myths may be “enabling” (encouraging the patient) or “disabling” (deceiving the patient, for example, about his/her actual possibilities). In addition, they may be “syntonic” (matching the medical model of illness, 88) or “dystonic” (conflicting with the medical model of illness, 148). Moreover, myth may be integrative, connective, and/or analogical. Integrative myths gather up all the phenomena of an experience; connective myths may situate individual experience within collective experience; and analogical myths conceive illness in terms of archetypal struggles (89).

As Hawkins notes, myths of rebirth are a common theme in pathography (35). Recalling conversion experiences in spiritual autobiography, they suggest that traumatic illness can result in a sense of inner, perhaps, spiritual renewal. Rebirth may have a double function: the self may be transformed, and the world may seem new to the changed self (34). The ancient origins of the battle myth appear to predetermine the epistemology of disease (63). Generally, disease is perceived as external to the body, and medical weaponry brought on to fight the exogenous monsters of diseases (64) such as cancer (66). Patients may extend the war into a war against the messenger of disease, the doctor (66). Analogies between illness and an athletic competition are a less combative version of the military myth (73). Myths of journey and their exploration of the unknown are less attractive to writers, being more introverted, and less appealing to “our contemporary fascination with power and force” (78). Deriving her claims from the anthropologist Joseph Campbell<sup>24</sup> and others, Hawkins discusses the typical “stations” of an illness “journey.” It begins with a call (illness), and may include thresholds, (medical) rituals, ordeals, unknown territory, passages into the realm of the dead, exile (ghettoization of cancer patients), and different phases of pilgrimage. The journey may be external (travelling to the hospital) and/or internal (exploring the psyche or the realm of disease). Doctors, however, rarely live up to the mythological function of the guide who provides safe conduct (79-83). Patients return home with a “boon”: a remission, deeper understanding of life, or the pathography itself (79). According to

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<sup>24</sup> See, for example, *The Hero with a Thousand Faces* (1973).

Hawkins, myths of battle and journey metaphorically portray what is actually true: “. . . the struggle against disease really is like a war . . .” (89). In pathography, conceptions of death and dying are much more fragmented and show the absence of an organizing myth (97). Here, Hawkins discusses different pathographical images of death and dying. She concludes that death is “a mystery to be confronted,” and that there may be no universal “art of dying” (124) .

Finally, Hawkins examines autopathographical writing that exhibits a “mythos” of healthy-mindedness. This mythos explains not only how writers understand their illness (through myth), but what they do about it (131). These writers use alternatives to conventional medicine to become agents of their well-being. Three characteristics identify such writing: a positive attitude, a belief in the body’s capacity to heal itself, and “active” patienthood” (129). The respective pathographies appear to fall into three groups: “psychocentric” (using forms of mind control); “eclectic” (consumerism); and “negative” (writers critical of the obsession with healthy-mindedness). An unrelated group describes particular nutritional approaches to illness.

While Hawkins develops different categories of myth and mythos and finds exemplary pathographical passages for each, she points out that many of the categories in fact overlap, and that writers often utilize not one, but many mythical components in illness narratives. Hawkins' discussion of myth offers an element of analysis that is helpful for many illness narratives, particularly where titles already refer to mythic themes (for example, The Cancer Conqueror (1995), The Heroic Path (1993)). Parts of other narratives, too, may contain mythographical elements. There are, however, many cancer narratives that do not fit into the patterns of classical myth. Some writers, following Sontag, even want cancer demythologized. For this reason it is questionable whether myths that are often more than two millennia old can or should be expected to serve as a scheme for framing the entire field. Frank uses mythological classifications, too, but also introduces ethics into life writing.

#### *Arthur Frank: Literature and Ethics*

Frank, a sociologist and “witness” of cancer, declares in his book The Wounded Storyteller (1995) a need for all sick people to provide “testimony.” These autobiographical, “postmodern” accounts of illness oppose dominant cultural narratives, particularly those of “modernist” medicine.

Frank emphasizes the importance of “hearing” the traces of the body in illness “stories” (Frank’s term for illness narratives, whether oral or written, published or unpublished, 2-3). While Frank develops a number of typologies for understanding illness narratives, they are not meant to present “modernist” truths but to help with the difficult task of listening to the voice of a sufferer (24-25). Another caveat: the ornate differentiations in typologies are admittedly artificial, and actual tellings of stories meant to bridge categories (76). Frank begins with a theory of embodiment, involving four issues: control, relation to the body, relation to the other, and desire. Four matching ideal body types, and types of agency, complete the system, making for a highly complex web of interrelations (27ff.).

Next, Frank proposes three narrative types (stories of restitution, chaos, and quest), to be discussed in four sections (plot, agency and embodiment, self, force and limitations of story). Each narrative type and section is referenced against the theory of embodiment. The restitution story is used by most patients, especially the newly diagnosed (77). Patients hope for a cure and a return to the healthy earlier status quo (83). Typically, plot lines contain much medical information regarding tests and their interpretation, treatments and their outcomes, and the competence of physicians (77). In contrast, the chaos story struggles to give voice to the often unspeakable terror that patients frequently experience when having a life-threatening illness, after the end of treatment, and even during check-ups long after treatment has been completed. Words necessarily fail; the events described appear to follow in no particular sequence, in the incessant present, and without discernible causality (97). While these stories of anxiety are hard to listen to, they must be acknowledged and tolerated (111); distraction, Frank suggests, is counterproductive (109f.). The chaos story may be the most embodied story (101), but a quest story affords its teller the most distinctive autobiographical voice (115). He or she can engage suffering, accept illness, and seek to use it. Of those stories that make it to publication, most are quest stories (115-16). They include themes such as involvement in patient advocacy, making changes in one’s autobiographical life, and learning to appreciate life (116). Like Hawkins, Frank rehearses the narrative structure of quest stories in Campbell’s terms. He deems especially noteworthy Campbell’s notion of heroism that does not stress combativeness but perseverance: myths, he says, are about agony (119).

The quest story also appears to be the most literary of Frank's three types. It includes forms of memoir that extend an illness story to other events in the writer's life, manifesto (prophetic demands for action), and automythology (interpreting illness as a paradigm of universal concerns) (119-126). Most patients frame their experience in stories that combine all three narrative types, and may do so alternatively, repeatedly (76), and at different times. Based on research by Felman, Frank asserts the importance for patients, or "witnesses," to give testimony about their experience. Frank's three narrative types offer different kinds of autobiographical testimony that can "deconstruct" the administrative texts of medicine (here, Frank means to use post-structural terminology not in theoretical, but layman's terms) (144).

Frank is one of the few researchers who acknowledges the problem of giving voice to the experience of cancer in times of chaos. As he notes, these times are particularly frequent in the beginning of an illness and may continue to haunt the patient unexpectedly throughout his life. For these reasons, some cancer patients feel unable, or too fearful to speak about their experience, even many years after their diagnosis. While it is admirable that some among millions of cancer patients do give "testimony" in an effort to change the public ignorance about life with cancer, I would personally caution against adding such ethical imperatives to the burden on the shoulders of those who are struggling hard already.

### *Thomas Couser: Illness as Life-Writing*

Developing a poetics of illness narratives in order to apply fair critical standards (290) is the focus of Thomas Couser's most recent book, Recovering Bodies: Illness, Disability, and Life Writing (1997). Couser, a professor of English at Hofstra University, seeks to make his book accessible to a non-academic audience. Thus, talk of methodology is kept to a minimum and examples of illness narratives are organized for easy reference in four chapters, according to the nature of the illness (Breast Cancer, HIV/AIDS, Physical Disability, Deafness).

Couser, whose research interests are in the field of autobiography, believes that illness narratives are discussed best within the genres of life-writing. The latter are particularly accessible to marginalized individuals. In his introduction, Couser notes that the writing of illness narratives is a recent development. He makes a number of useful observations about common features

(i.e., 'comic' plot, discovery of a suspicious lump, diagnosis, assessment of treatment options, treatment, recovery, resolution, and restoration of [relative] peace of mind) and recurring topics and motifs in breast cancer narratives (i.e., prosthesis, complementary therapies, deciding for one treatment or another, anxiety). He also notes the socioeconomic status of writers (most are white, middle class or upper-middle class) and observes that many are professional writers or individuals who have worked in professions where writing was part of the job (4). However, he notes that only a fraction of cancer patients write about and publish their experience. The reasons may be complex: the interruptions caused by illness may hinder writing or turn people inwards, or the patient may die before setting his or her experience down in writing (5). In particular, chronic illness may thwart the expectations of both writers and readers, as it is difficult to bring the account to a "satisfying" closure (6), in the manner of a "comic plot" (5, 14, 39). This label is unfortunate as it can be decoded properly only by those familiar with Aristotle's *Poetics* and not by the non-academic readership for which the book is intended. Cancer patients feel particularly alienated by this term, as conveyed to me by several literary professors well familiar with Aristotle's categories.

The term "comic plot" is meant to stress the fact that most published breast cancer narratives end "happily": "Without exception [ . . . ] the narrators are, or claim to be, better off at the end than in the beginning" (39) and find themselves healed, if not cured. According to Couser, this resolution appeals to writers, editors, and readers: "few people want to read an autopathography with a tragic plot" (39). Nevertheless, Couser counsels, narrative closure should be balanced with the "demands for truth and vigilance." He believes that it is in the better interest of patients that they be helped to ready themselves for an uncertain future (41). Thus, he recommends "composure" rather than "closure," arguing that those are the more "satisfying" narratives, in that they are "more appropriate-healthier in every sense . . ." (41). Couser is well aware that most patient narratives seek closure rather than composure. His advice may be acceptable from a literary perspective and from a statistical viewpoint (many patients do have relapses from cancer and die) but it risks patronizing the individual patient who must live with cancer over indeterminate periods of time. As a literary critic, Couser prefers composure in narratives; however, he does hope for closure as far as the illness itself is concerned, in the future (77).

Couser finds the reading of patients' narratives important for a number of reasons. For one, their autobiographical narratives can help other patients to reclaim an experience of illness that, in his view, has been appropriated by the alien and alienating discourse of Western medicine. In a separate chapter, Couser rehearses common accusations against medical discourse and medical doctors who will not give up their clinical, "antiseptic" jargon, even when diagnosed with cancer themselves (28). However, Couser also notes that Kübler-Ross has been able to make some inroads into medical discourse with a regard to the terminally ill (30). What is more, Couser provides a refreshing departure from the common, stereotypical condemnation of medical discourse, quoting Kathryn Hunter's balanced observations in Doctor's Stories: The Narrative Structure of Medical Knowledge (1991). In her book, Hunter argues that doctor's case reports are therapeutic, as they validate and translate patient's subjective experience into medical terminology in order to make it available for diagnosis and treatment (32). What doctors may fail to do is to return these narratives to the patient in comprehensible terms (33). At their worst, such institutional narratives have the potential to go beyond objectification to dehumanization (32). Kübler-Ross's more person-centered schema may also potentially patronize patients (31), making it clear that an ideal balance continues to elude us.

Couser makes a further and very helpful observation: in his view the most threatening discourse to a cancer patient, especially with a condition such as breast cancer, is not the medical discourse but the general cultural discourse; it is the latter that stigmatizes a bodily dysfunction (44). Here Couser quotes liberally from Susan Sontag, who has greatly influenced cancer writing. After summarizing discussions of breast cancer and other illness narratives, Couser concludes, in agreement with Hawkins and Frank, that so far no cancer narrative has acquired "lasting value as literature in the traditional sense--books that require and reward rereading and close analysis" (292).

Couser's work is important to my study in that he includes a wide variety of texts within the genre of life writing. As a literary critic, Couser may be justified in suggesting open-ended writing; however, cancer patients' needs may differ. Having cancer, even literary-minded patients prefer closure over composure. This conflict in literary expectations between those who have cancer and those who do not illustrates a scholar's difficulties in coming to terms with this

developing genre. Other critics to be taken up in the next section also turn to Aristotle, not for his concept of the comic plot, but the tradition of tragedy.

*Mary McCabe and David Morris: Tragedy and Action*

Literary critic Mary McCabe uses concepts from the dramatic genre of tragedy for her review of cancer "accounts." She points out the importance of dramatic ironies that create pity and fear. The ironies arise from the dissonance between the reader's knowledge and the protagonist's ignorance of the outcome. For example, in "tragic" accounts of cancer the reader often knows beforehand that the protagonist's initial optimistic diagnosis is wrong, or the disease will recur, against the protagonist's hopes, and that the cure will be worse than the disease—and that it will recur nevertheless. The reader's awareness of the irony is itself ironical, because "of its own ignorance and its helplessness in the face of what is altogether unknown" (28). Using Aristotle's concepts of pity and fear, McCabe wonders whether narratives of human catastrophe transform pity "into something more substantial or more positive?" She concludes that perhaps pity may be the only response that can transcend the "grim banalities" of cancer—that or defiance, "laughing in its face" (28).

David Morris, the author of *Illness and Culture* (1998), evaluates illness narratives and the experience of suffering in the literary space between Aristotle's aristocratic functions of tragedy and the prose carnival of Bakhtin's heteroglossia in the novel (206). Despite all their differences, the two genres share, he points out, the importance of plot. According to Morris, "[p]lot, we might say, is crucial to the generic framework within which both novels and tragedies place human suffering" (207). In tragedy, plot leads to suffering as its "unavoidable outcome," while novels, too, "place suffering within a framework of a plot . . ." (207). Plot, however, divests the experience of suffering from its passivity and turns it into an action. Plot and action interest Morris because he is critical of the concept of "victimhood" in illness and suffering. Since illness is not a biological but a cultural construct, patients should resist "victimhood" and take action, and write narratives of resistance. Examining AIDS narratives, Morris extends Frank's ethical dimension into the political domain.

McCabe discusses the didactics of autobiographical cancer narratives, regarding the use of irony. Dramatic ironies may indeed cause readers to feel pity. In my experience, however, cancer patients usually do not seek pity from those who are healthy, but robust help and understanding. Still, Morris's discussion of plot is helpful for literary purposes, although, as I will show, some autobiographical cancer narratives lack plot and are nevertheless well written. As with Boldt, Frank and Couser, Morris's prescriptive suggestions are problematic. The suggestion that people write about their experience to demonstrate "resistance" may not fully appreciate what it is like to live with cancer and could be seen as patronizing.

### A Critical Synthesis

Couser's reviews of cancer narratives in Recovering Bodies (1997) provide a helpful continuation of Hawkins' work in the first edition of Reconstructing Illness (1993). Neither Frank nor Couser, however, explore the ambiguities of language and metaphor that Hawkins hinted at in her book. None of these critics discuss the cultural and historical constructions of cancer in medicine and psychology that provide a part of the contemporary context for writers of life with cancer. Couser alone hints at the apparent discrepancy between the small numbers of autobiographical narratives and the staggering numbers of cancer patients. This discrepancy provides a startling contrast to the practical recommendations that critics have made on the basis of a limited number of books. Writers of cancer narratives are not representative of cancer patients or of writers of illness narratives in general. In the case of cancer and its narratives, generalizations are difficult to make. They must include an awareness of those groups or persons who are excluded from the intended generalization, because each cancer patient's situation is different and each cancer patient tells a different story with different meanings. As a nurse and researcher in oncology, I am familiar with, and must respect, this variety.

Couser, again, is alone in raising the problems of closure and the potential therapeutic benefits of narrative open-endedness in depicting the uncertainty of life with cancer. However, Couser does not differentiate; he merely asserts that "composure" is better than "closure" without exploring patients' (un)ambiguous feelings about how much truth they can bear in the face of

death. For a literary critic like Couser, open-ended narratives may indeed be more satisfying; however, the opinions of caregivers and patients, among them literary scholars, vary.

Other issues are problematic, too. For example, cancer patients find the pity of the healthy unhelpful. Strategies such as plot and action may not always be helpful in conveying life with cancer when its experience is chaotic or chronic. Beutler's Fuss Fassen, for example, resists plot and closure and relies on a complex interplay of language and metaphors for its fragmented structure. Frank acknowledges the sense of chaos that living with cancer engenders. However, the overwhelming majority of cancer patients, who do not write and do not want to read cancer narratives, will resist the implication that they lack ethical motivation when they fail to write quest stories about their experience. The discussion of cancer in psychoanalytical terms can be helpful for some patients who believe in the psychological control of the illness, but dangerous and patronizing for others, assuming, as it does, a questionable authority over the origins of cancer.

Traditional definitions of genre run the danger of dismissing the individual experience of illness and rebuilding the separation between reader and writer that some writers struggle hard to dismantle. In addition, they threaten to exclude a variety of narrative forms illustrated by cancer stories that do not conform to tradition. Couser has gone a long way to open up the genre of illness narratives, situating it within the flexible field of life-writing. Given the variety of cancer narratives, and the difficulties of plot and closure regarding this particular illness, any genre definition that seeks to reflect this variety must be adaptable. As Sill has shown, generic distinctions are made on the basis of certain metaphors of self, truth, and time. Similarly, I will show how these metaphors are fundamental to the understanding of cancer and its narratives, and, only as a second step, will attempt to demonstrate how and which generic distinctions these metaphors justify. Thus I will avoid ontologizing these distinctions and am left free to explore, for example, the genre of myth as one metaphor among others, that may be helpful for some patients but not others. The issue of cancer narratives being helpful raises the question of evaluation, to which I will turn now.

### On Evaluation

In his foreword to Mars (1977), an autobiographical cancer narrative by Fritz Zorn, the poet Adolf Muschg asks whether this book is "literature." He acknowledges Zorn's stylistic proficiencies, namely the clinical language and biting sarcasm with which Zorn dissects his bourgeois environment and his parents for allegedly giving him cancer. However, Muschg misses the specificity of personal relations in Mars. The book's writer presents himself as a completely isolated self, without any relations and attention to people around him. There are no personal details about his parents, his colleagues, or the students he taught, nor does Zorn provide detailed accounts of particular events so that readers might come to their own conclusions. Nevertheless, Muschg evaluates Mars as a "necessary" book (7). Shaken, he agrees with Zorn's condemnation of Western civilization as "carcinogenic" (22). After its publication, Mars became a cult book and continues to sell well.

In the evaluation of illness narratives, critics attend to issues such as "psychological intimacy," detail in representing the illness and its treatment, and interrelations with other forms of literature and experience. Boldt, who approaches autobiographical cancer narratives from a psychoanalytic perspective, appreciates a first-person perspective that often permits the reader to feel empathy and co-experience ("Mit-erleben," 165). However, as Muschg's criticism of Mars shows, first-person experience cannot be the only evaluative factor when a writer does not create psychological intimacy. In fact, texts like "People Like That" (Moore, 1998) use a third-person perspective to suggest the overwhelming distance and alienation of life with cancer. Schmidt (1998), too, notes the importance of an "intimate portrait of suffering" (76) that may include "wrenching depictions, heroic characterizations, and revelations of mortal fear" (83). Couser emphasizes the importance of introspection and maturity of reflection (63). The scholars agree that most illness narratives lack psychological intimacy (Schmidt 83), depth and self-analysis (Hawkins 55).

Detail in representation of illness is valued, too. Schmidt calls for texts "rich in autobiographical and medical history . . . [and] emotional detail" that use "detailed conceptual frameworks" and "ethical complexity" to explain the experience of illness better (73). Couser

appreciates, in illness narratives, a "density of detail," the extremity of a writer's response to cancer (46), the amount of autobiographical context (47), lack of deadening uniformity (48), creative accounts of illness (73), a powerful use of illustrations (57), and explorations of embodiment as a medium of experience (294).

Some scholars value the use of other literary forms and experiences outside of illness for achieving complexity of structure and meaning. Hawkins focuses on the interrelations between the symbolical or mythological world and illness narratives. For example, in John Donne's Devotions upon Emergent Occasions (1959), the spiritual and the medical are tightly interwoven. According to Hawkins, contemporary illness narratives do not achieve these interconnections (53). They are said to focus narrowly on cure and lack the ability to explore symbolism and associations in the language they encounter (55). For example, in Doris Schwerin's cancer narrative Diary of a Pigeon Watcher (1976), pigeons do not serve as figures of the Holy Spirit as they do in Donne (59). According to Hawkins, most illness narratives use myth in a more or less casual manner and do not explore and elaborate its deeper connections (82). In her study of illness narratives as testimony, Schmidt appreciates attempts to "take [...] illness and death out of the antiseptic medical context and place them in the natural world, thereby reestablishing a connection among nature, life, death, and mourning" (87). Writers may also enrich the complexity of their accounts by implementing multiple perspectives of their experience, for example, as a patient and as the professional they are trained to be (81).

In addition, illness narratives are evaluated for literary features such as being "well-crafted" (Hawkins, 294), "quality of prose" (Couser, 63), and their "lyricism" (Schmidt, 83). However, while these qualities are noted, the scholars do not explain how they arrived at their conclusion and what made a particular narrative "well-crafted" or "lyrical." The ways in which narratives involve their readers may be another factor. Schmidt notes that a writer's different perspectives as patient and as professional may challenge the audience to question their own values (81, 82). Finally, literary scholars rank the status of particular illness narratives as popular or high literature. Hawkins concurs with Broyard's judgement that he had not seen a single non-fiction book that does the experience of critical illness justice (Broyard 13). Hawkins notes that the books she has studied "are mostly content to remain on the level of popular culture, but the fictional pathographies

of Leo Tolstoy and Thomas Mann suggest what can be accomplished in this literary form." She concludes: "[p]athography is a genre that awaits its masterworks" (159). Similarly, Couser notes that little of the writing he has surveyed "may prove to have lasting value as literature in the traditional sense--books that require and reward rereading and close analysis." However, he concedes that the marginalization of the genre by literary scholars may explain the lack of acknowledged classics (7).

These critical positions and their variety illustrate the difficulties involved in evaluating narratives of illness, particularly autobiographical writings. None of the critical works reviewed discuss the problems of evaluation, its criteria and the ranking and exclusionary canonization of illness narratives as not "acknowledged classics" or "masterworks." Many of the criteria mentioned are suspect. What readers may enjoy as "wrenching depictions" and "heroic characterizations" may insult cancer patients who did not intend their experience to be made into a spectacle. Judgements such as "well-crafted" and "quality of prose" reveal little more than personal predilections if they are not substantiated. I agree with Couser's observations regarding the problem of marginalization and am doubtful whether contemporary illness narratives should be compared to traditional forms of mythography by writers such as John Donne. Surely, the different experience of each kind of illness provides different challenges for the use of language and narrative form. This is particularly the case with cancer and the fragmentation of its experience. As the discussions above show, some issues are difficult to resolve. All scholars have looked for "psychological intimacy" but rarely found it. Indeed, some writers want to convey "psychological alienation" to draw attention to the radical difference of their experience. In addition, these critics looked at detailed accounts which may not be appreciated by patients, even if they are literary professors. The complexity of structure in the narrative is another contentious issue. We may appreciate complexity as healthy readers, but not necessarily as patients. In fact, for many patients the hospital and its routines provide the only reassuring structure in their lives. It appears that the evaluation of a cancer narrative may depend to a great extent on whether the reader is healthy or has or had cancer. The issue whether one is a literary scholar or a cancer patient may well be secondary in the appreciation of a text, when forced with the threat of mortality. I will explore this issue further in the following paragraphs and lay out some suggestions regarding the evaluation of cancer narratives.

In Disease and Representation (1988), Sander Gilman notes that the "structures of art provide us with a sort of carnival during which we fantasize about our potential loss of control, perhaps even revel in the fear it generates within us, but we always believe that this fear exists separate from us" (2). This observation indicates that those who do not have cancer may react differently to a personal cancer narrative than those who do. While the former may revel in their fear, believing that it exists separate from them, the latter cannot enjoy such distance: fear is their constant reality. Whether one has cancer or not may make an important difference in the appreciation of the artfulness of a cancer narrative. Having cancer may level the differences between literary scholars and the general populus in regard to reactions to this literature. Generally, those who have cancer, with or without a literary education, will resist the structures of art so often appreciated by those who do not have cancer, with or without a literary education. In fact, most cancer patients will not read other patients' narratives, for fear of re-igniting the visceral terror of death and suffering and the knowledge of what else can go wrong. Some may turn to such narratives after they have passed the magical five-year survival mark, while others fear to reopen the scars. Perhaps, this is the reason why so few write about their experience and most of those who do are trained writers. Apparently, the experience of cancer affects our conclusions about these narratives, with or without literary training. These conclusions may be complex, involving a mixture of literary, psychological, therapeutic, and other considerations.

The evaluation of literary merit continues to be controversial, involving properties thought to be inherent to the work such as its content or form, or both as inseparable. A recent article by the writer Francine Prose illustrates these difficulties. In "I know why the Caged Bird cannot read," Prose attacks what she views as a "present vogue for 'values'" in American literature classes, namely simplistic moral discussions of content that used to be the focus of civics or ethics classes (78). Instead, teachers should teach attention to form, "aesthetic beauty--felicitous or accurate language, images, rhythm, wit, the satisfaction of recognizing something in fiction that seems fresh and true" (78), so that students discover "the powers of language to connect us, directly and intimately, with the hearts and souls of others" (80). Prose shows how the evaluation of literature in terms of (moral) content threatens to erase the difference between art and life. However, the definition and value of aesthetic beauty as inherent to the text appears to be equally ambiguous,

whether in the overall appearance of a text or in any one of its literary properties, for example, the complexity of mythological themes or metaphors. Evaluative terms are merely replaced by other evaluative terms, as illustrated by the following statements: a text is "good" because its content is "good," or: a text is "good" because its complex treatment of mythological themes is "good." According to John Ellis (1974), the reason for a text's aesthetic merit does not lie in any common structure, thought to be inherent to texts, nor in the subjective taste of a reader, but in a text's performance and the causes that contribute to this performance. The term "performance" signals Ellis's interest in the reception of a text in the community. Performance is particular and so are its causes, and both are contingent on cultural contexts. Once a performance is established, it is possible to relate a text's structural features to that performance. We may still summarize a text as "good" or "bad," but it is meaningless without having established the causes. For example, academic writing is a particular kind of writing performed within a specific context, namely the university. There, it is thought to perform well if it lays out an argument and proceeds to explore and prove the argument methodically. What kinds of performance criteria may apply to cancer narratives? In my thesis, two main contexts are primary, as outlined above: those who have/had cancer and those who do not. This experience or its lack will largely determine the response to these narratives, whether readers are literary scholars, caregivers, or members of the general population. With respect to cancer narratives, in terms of depicting a crisis, I suggest three literary types of performance as relevant, namely the Aristotelian concept of "catharsis," the portrayal of Brechtian "defamiliarization" in life with cancer, and/or the presentation of a text in terms of a work of art for art's sake alone.

For my discussion of catharsis I rely on John Jones' revisionist reading of the Poetics in On Aristotle and Greek Tragedy (1962). There, Jones rejects more than two millennia of what he argues are mistranslations that have presented us with heroic characters instead of personal types "like us," and that have mistakenly elicited our interest in the psychology of the tragic hero. According to Jones, Aristotle had no concept of personal failings that might have produced individual errors of judgement (hamartia), personal reversals (peripeteia), or the recognition of identity (anagnorisis, 15). For Aristotle, reversals are impersonal, and it is the fact of change that Aristotle finds tragic, not the direction of change (16). Change is tragic when it overturns,

unexpectedly, the supposedly ordered course of a life (48). Like Blumenberg's chaotic absolutism of reality, Aristotle's change can be read as an equalizer of human differences. Hence, the catharsis; Aristotle's audience reacts with pity-and-fear,<sup>25</sup> because it understands that "This might happen to me" (39), precisely because the actor does not have individual character. Jones' reading of Aristotle is interesting because it reflects the experience of cancer as the great equalizer, presents unexpected reversals, does not claim a failing in individual psychology, and produces the pity-and-fear that "this might happen to me." Aristotle did not expect, as Sander Gilman and contemporary psychology would, that the audience might revel in the experience of another's misfortune, understanding and at the same time rejecting the thought that "this might happen to me"--and moving on to the next misfortune.

The second of my criteria for performance, "defamiliarization," also begins with Aristotle's Poetics, where he notes that metaphor constitutes a "strange" use of a word in an ordinary context (1457b4-8). Much later, the Romantics "defamiliarized" common language, using archaic language, enhancing illusion, and breaking the logic of sentence structure (Wilpert 793), to draw attention to the strangeness of the familiar and to domesticate the wonderful (Wellek 252). The Formalists, eager to show that language is constitutive of meaning, used defamiliarization as a device to "deform language" and destroy its habitual or "automatic" perception. According to the formalist Victor Shklovsky, "[t]he technique of art is to make objects "unfamiliar," to make forms difficult, to increase the difficulty and length of perception because the process of perception is an aesthetic end in itself and must be prolonged" (754). Similarly, Bertold Brecht used defamiliarization ("Verfremdungsprinzip") in order to alienate and distance the spectator so that he or she would reason between alternatives to the action of a play (Carlson 385). For example, emotions such as anger, portrayed as "natural" in the traditional choreography of a certain play, could be performed as unusual, thus prompting the audience to consider alternative reactions (Brecht 301) and the alterability of social and political conditions (302). While Brecht developed his theories of defamiliarization for use in the theatre, they can be useful for the understanding of

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<sup>25</sup> Jones suggests hyphenation to discourage thinking of pity in isolation and in the spirit of Christian altruism. With Aristotle, pity and fear are inseparable (39n2).

narrative as well. With regard to cancer narratives, "defamiliarization" would apply to the ability of the writer to present the alienation of life with cancer.

My third criterion of performance, writing a narrative for art's sake, has its grounds in Immanuel Kant's "Analytic of the Beautiful," in his Critique of Judgement (1790). With Kant, reason is based on an order inherent in the human mind, certain propositions (various concepts and categories) that are "a priori" before any sense experiences. The reflecting function of judgement adds to this order where the propositions are too general. One part of judgement is the faculty of taste. If a representation fits this order, and we are not interested in the object's existence or its value, it is said to be "beautiful," evoking an aesthetic judgement that is supposedly universal and disinterested, and free of sensual pleasure: "[t]aste is the faculty of judging of an object or a method of representing it by an entirely disinterested satisfaction or dissatisfaction. The object of such satisfaction is called beautiful" (45). Kant's sense of beauty reverberates, for example, in the poem "Ode on a Grecian Urn," where John Keats comments on the beauty of an object that should not have to justify itself other than by being beautiful ("beauty is truth, truth beauty"). Among the artists of the Fin de Siècle, Walter Pater coined the phrase "art for art's sake," and Oscar Wilde celebrated the artist as creator of beauty: "[t]he artist is the creator of beautiful things. To reveal art and conceal the artist is art's aim" (5). The school of New Criticism revived a formalist appreciation of art for its own sake, while Postcolonialism and Feminism have reinserted the role of context into the appreciation of art. I will use the measure of disinterested interest as a point of departure for the evaluation of esthetical performance in cancer narratives. The three criteria of performance, Aristotelian catharsis, defamiliarization, and aesthetic value provide a starting point for the discussion of literary performance. My study will attempt neither a full analysis of each individual work, nor a comprehensive theoretical narrative analysis. My central concern is the function of metaphor in a certain category of texts and the texts as metaphor of a certain experience.

## On Method

As I have noted earlier, I will use a three-fold approach, examining the literary, conceptual, and therapeutic properties of metaphors in cancer narratives and of cancer narratives as metaphors. Chapter II traces the historical and cultural background and development of some of the main cancer metaphors in use today, ranging from metaphors of cancer as a biomedical disease to cancer as a psychological illness. Chapter III details an empirical, cross-cultural analysis that was used to establish the range of cancer metaphors in public discourse. Employing various data-reduction techniques commonly used in social science research, I examine the metaphors and demographic data that I had collected in specifically designed standardized questionnaires to determine explicit and implicit structures in the imaginary psychological space of cancer metaphors. In Chapter IV, I use methods of narrative analysis to explore selected cancer narratives as metaphor, primarily examining various positions of narrative and authorial selves in response to cancer. Depending on the underlying metaphors of these narrative positions, I relate idealist concepts of self to traditional generic definitions, ranging from short story to autobiographies, or show how fragmented concepts of self, or aesthetical fictionalizations, appear to conflict with traditional generic distinctions. I then turn to the metaphors in the narratives, exploring their characteristics from a theoretical basis that includes Olney's and Blumenberg's contributions to discussion of the existential properties of these metaphors, and Lakoff's and Johnson's research regarding conceptual properties. I will address their therapeutic role, as assessed from my extensive reading of cancer narratives, and my work experience in cancer wards and support groups. Finally, I will reassess my findings, taking in account the cultural background established by my empirical study. The field of illness narratives is an emerging field with an abundance of interesting issues for scholars in different disciplines. Naturally, I could not address many issues, particularly as I do not attempt a complete literary analysis of the narratives I have selected. For example, I could not attend to humor as a potentially therapeutic function in the writing and reading of cancer narratives or the relevance of a writer's financial situation in the production of a text. Considering the many issues that I had to leave out, it is easier to say what I intend to do, namely to investigate the importance of metaphor in cancer discourse, particularly in narratives written about life with

cancer. To this end, I developed a synthetic methodological approach that provides a wide enough basis to determine the variety of meanings conveyed in cancer metaphors, and to avoid narrow conclusions regarding the crucial use of metaphors in cancer discourse.

## CHAPTER II

### CANCER METAPHORS AND HISTORY

The purpose of this chapter is to explore the more common cancer metaphors in contemporary discourses of medicine and self-health psychology and to trace their traditions and changing meanings. Such an undertaking can help to put contemporary differences between medical and psychological approaches towards cancer in perspective and contribute to a better appreciation of the variety of meanings that these metaphors have for cancer patients. In addition, this review aims to provide a basis from which to examine the poetics of cancer narratives that are informed by these metaphors. I will begin from general metaphors of health and illness before exploring cancer metaphors in more detail.

The philosopher Hans-Georg Gadamer notes that concern for our own health is an original manifestation ("Urphänomen") of human existence (1996:ix). This manifestation has undergone many cultural changes, ranging from magical and mythical beliefs in early human societies, to Christian and Greek beliefs in antiquity that mirror the individual's microcosm of well-being within a metaphysical macrocosm, and eventually to contemporary attempts to depersonalize medical knowledge ("evidence-based medicine," EBM) in bed-side data-banks of knowledge. Medical historians identify systematic developments in these changes. Don Bates, for example, observes, an exploration from gnostic knowing, centered on the knower and certified by his or her status, to epistemic knowing and its methodologies, centered on the known. Bates notes: "gnostic knowing cultivates stories of transcendent origins in divine authority or the superior knowers of a golden age . . . ," while epistemic knowing "depends on the things already known, and concerns itself less with continuity than with justifiability" (4). Erwin Ackerknecht argues that early civilizations invest illness with a deeper moral significance, as an individual or collective punishment exacted by higher powers for moral transgressions. In contrast, modern humans tend to view illness as an individual occurrence, biological in nature, and with no relation to the patient's morality (16).

In medicine, the shift from grand cosmologies that involve elements, humors, ethics and psychological constitutions, to cellular pathology and the biomedical understanding of cancer is

little more than one hundred years old. Only within the span of one lifetime has our collective understanding of cancer finally left behind the remnants of Hippocrates' humoral pathology and adopted the contemporary focus on the physical body at the cellular level. At the same time, Sigmund Freud's work in psychoanalysis laid the groundwork for Wilhelm Reich's theories about the origins of cancer in the inhibited, anxious self. Contemporary self-health psychology presents many variants of this model. Similarly, many cancer narratives reflect a continuing fascination with possible pop psychological and retributive ethical causes of cancer, and an on-going desire for a life in harmony with a therapeutic nature. Perhaps because cancer continues to be one of the illnesses that frighten us most and leave us with the least control, the power of magical and mythical beliefs continues its hold. What has largely changed, however, is the locus of authority for medical knowledge. This knowledge, traditionally in the hands of magicians, shamans, doctors, and now in data-banks, is being contested and claimed by patients who increasingly resent the anonymity and loss of control they are subjected to in hospitals, and the passivity expected of them while undergoing therapy. Increasingly, patients perceive themselves as assertive, selective consumers of health services, and some of them will demand any treatment they prefer from their doctor, no matter what its known effectiveness or cost.

In the contemporary spectrum of approaches towards health and illness, medicine and popular self-health psychology confront patients with two quite different metaphors, particularly regarding cancer. Medicine colonizes the body as a space of disease, often neglecting the patient's perspective and experience of illness.<sup>1</sup> At the other end of the spectrum, self-health movements asserts the primacy of the mind over the body. My exploration of these metaphors begins, first, with traditional metaphors of health and illness that are still in use today. Next, I will examine the language of various constitutional and medical models of cancer, followed by a survey of theories of psychology and illness. Finally, I will explore the status of self and illness, based on contemporary medical and self-health metaphors, with a view to subsequent analyses of the poetics of individual cancer narratives.

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<sup>1</sup> According to Arthur Kleinman, the term "illness" refers to the complaints which patients and their families bring to the practitioner. The latter reconfigures these complaints as symptoms of "disease": alterations in biological structure or functioning (1988:5; see also Epstein 1995).

### From Curses to Cosmologies: Metaphors in Early Medicine

As the medical historian Erwin Ackerknecht notes, early civilizations assumed that illness was a result of supernatural intervention (animal spirits, demons, curses, or wizardry), brought about by transgression against certain taboos. Depending on the assumed cause, the sick person would summon a suitable shaman, magician, or priest and, if appropriate, confess to the transgression and conduct rites of purification and/or prayers or sacrifices to appease the spirits. Amulets, ritual mutilations, tattooing and body painting served as preventative measures to protect the body's surface from unfavorable influences. The German "Merseburger Zaubersprüche" from the tenth century CE are an example of old Germanic magic formulae for the prevention of illness (Ackerknecht 14). As Blumenberg (1996) has argued, myths of supernatural invention represent fundamental metaphors depicting a frightening reality in which the unknown is explained in terms of an anthropomorphized, more familiar world.

The Greeks employed hierarchies of gods in explaining their well-being. In time, certain gods (Zeus, Apollo and Asclepius) assumed particular responsibilities for health. Patients made pilgrimages to Asclepian sanctuaries to be healed and it is here that we find some of the first written personal accounts of illness. Classicist Lynn LiDonnici explains in The Epidaurian Miracle Inscriptions (1995) that patients would present signed votives to the gods with inscriptions of their illness and hopes for healing. Generally, patients would tell their stories to craftsmen who would rephrase the experience in adequate language. Literate people composed their own votive texts. These inscriptions were collected by sanctuary authorities and transferred onto stelae where they can be seen even today (60-61). These accounts include references to ailments such as "tumors" and "cancerous sores," for example:

Pamphaes of Epidaurus, having a cancerous sore inside his mouth. This man, sleeping here, saw a vision. It seemed to him the god opened his mouth with his hand, took out the sore, and cleansed his mouth, and from this he became well (account C23 (66), LiDonnici 129).<sup>2</sup>

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<sup>2</sup> In the Greek original, the first line reads: Πα(μ)φάης (Επι)δαύριος φαγέδαιναν ἔνδος τοῦ στόματος ἔ(χων). LiDonnici translates φαγέδαιναν as "cancerous sore," whereas Herzog interprets it as a "dreadfully decayed tooth infection" (LiDonnici 129).

The keepers of the sanctuaries would refuse those who were pregnant, contagious, or dying (Jetter 59). It was feared that a confrontation with death could disturb the atmosphere of therapeutic optimism in the sanctuary (Sacks xxxii), a concern that is not uncommon today in some support groups and in the selective editing of self-health books. Generally, the Greeks viewed illness as a divine retribution for transgressions against the gods and atoned for it with sacrificial rituals. These practices continued well into the fifth century CE (Jetter 55).

The earliest Greek thinkers also began to link ontology, cosmology and theories of well-being. The Theogony and Works and Days, commonly attributed to Hesiod (c. 725 BCE), introduce the Greek Pantheon and its mythological cosmology. Hesiod posits that the world of being can exist only by demarcating itself spatially, temporally, and logically from non-being (Hesiod 27, Fränkel 117). Humans must conduct a life that is both sanitary and moral so as not to offend the gods (Hesiod 82ff). Leaving archaic rituals fully behind, the sixth-century Milesian Nature philosophers in Western Ionia lay out theories of nature that explain how things come into being (Fränkel 390). As Lakoff and Johnson note in Philosophy in the Flesh (1999), the philosophers tried to understand nature, and being in general, by linking it metaphorically to natural elements they understood, namely one of the basic elements earth, air, fire, and water. The elements and their combinations were defined by respective combinations of the properties cold/heat and dryness/wetness (351), a concept that Alkmaion, and later, Hippocrates, Plato<sup>3</sup> and Aristotle<sup>4</sup> would apply to the understanding of the humors in the body and health and illness. The Milesian philosophers thought, metaphorically, that the essence of being was matter. For example, Thales imagined being as water, Anaximander as indeterminate matter ("apeiron") and Anaximenes as air (353-355). In each case, the unknown was explained by something already known.

According to these philosophers, being and the knowledge of it were unchangeable. Still, how could the unchangeable account for the ongoing flux of human perception? This became Heraclitus' question. He reasoned that change occurs in systematic patterns, and that these patterns are ruled by the Logos. For example, an acorn will change, but it will only change into an oak. Since these patterns of change are unchanging, there can be stable knowledge of change. On these

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<sup>3</sup> See discussion of elements and properties, and balance in Timaeus, 58C - 65B, 82A.

grounds, Lakoff and Johnson, as well as Olney, interpret Heraclitus' metaphor of the (unchanging) essence of being as change itself (Lakoff and Johnson 360). Pythagoras, on the other hand, imagined being as number, because particular numbers are the essence of specific categories, and therefore the essence of being had to be number in general (361). The Pythagorean world is ruled by a divine harmony and humans can reintegrate the changes and opposing forces of their daily lives into this unity and thus recreate well-being. Similarly, Democedes claimed that, in healthy humans, the inner microcosm mirrors the perfect harmony of the macrocosm and the stars (Jetter 63). In late-archaic and classical Greece, conceptualizations of illness and health were often integrated into competing grand narratives of cosmological harmony. Indeed, as Olney notes, many of the pre-Socratic thinkers "either were actual doctors or at least seem to have practiced a little medicine on the side, having deduced a medical theory from their general picture of the universe" (*Metaphors of Self*, 9). The adaptations of the Pythagorean divine harmony, mirrored in an individual's interior harmony (or lack thereof), influenced concepts of illness and health in medical diagnosis throughout antiquity and the Middle Ages and still influence some contemporary personal cancer narratives.

Plato reconceived essences as (metaphysical) ideas, while Aristotle turned the metaphor on its head: (worldly) ideas are essences (Lakoff and Johnson 365). In other words, Plato's world took its shape from ideas, while Aristotle's ideas received their shape from the world (374). The Pre-Socratic philosophers, and Plato and Aristotle, inaugurated a systematic search for "higher knowledge" that continues to inform contemporary Western philosophical metaphysics and science. This search is based on fundamental metaphors, namely, that the world consists of kinds of things, that these are defined by essences, and that they fit into an all-inclusive category (349). These theories can be found in contemporary metaphors with which we generally explain the world, and those used by cancer patients to make sense of their experience. For example, the Heraclitean metaphor of continuity as change, through the philosophy of Giordano Bruno and the Romantics, informs the cancer narrative *Fuss Fassen* (1980) by the Swiss writer Maja Beutler, to be discussed later.

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<sup>4</sup> See *On the Soul* 435a12, *Colors* 791a1, and *Parts of Animals* 676b16ff.

In contemporary illness narratives, the relationship between body and self is often threatened, with the body seen as "betraying" the self. The history of this relationship, and how it affects illness, begins in antiquity and has continued to influence the changing narratives of illness in medicine and psychology in general and cancer in particular. However, antiquity did not conceive of a self in autonomous, psychological terms as we do today. Plato's discussion of personhood is generally conceived in moral terms, and addresses the state of the soul, rather than a "self." In the Timaeus, Plato asks for proper measure in the relationship between body and soul.<sup>5</sup> The relationship of too large a soul and too weak a body, or vice versa, is poor measure and causes illness (87D). Excess or deficiency of anger, research, rhetoric, or disputes, overheat or respectively, deaden the body. Plato concludes that one should not exercise the body without the soul or the soul without the body, as they should be evenly matched and healthy (ἰσορροπίῳ καὶ ὑγιῆ, 88C). Aristotle agrees with Plato on the theory of the four elements, the humors, and the balance of body and soul: "every modification of one involves a modification of the other" (Physiognomics 808b1 1ff, On the Soul 403a16). Like Plato, Aristotle supports the notion of measure, arguing for a course of moderation between excess and deficiency in order to maintain health (Nichomachean Ethics 1104b11). Unlike Plato, he does not ground his measure of balance in metaphysical introspection but in empirical observation. According to James Byers, Aristotle has advice to give to doctors then and now. Medical practitioners "must in each case consider what is appropriate to the occasion" (1104b8, cited in Byers, 32).

The assumed links between morality and illness are also important in the Christian Bible. In the Old Testament, God readily inflicts illnesses on the Egyptians or the Jews, such as the plague (for example, Ex. 8:2, 11:1, 12:13, 30:12, 32:35; Num 8:19, 11:33, 14:37, 16:46-50). Illness can be a sign of sin; however, illness may also serve for the glorification of God. With Lazarus on his deathbed, Jesus exclaims: "This sickness is not unto death, but for the glory of God, that the Son of God might be glorified thereby" (Jn 11:4). Attitudes toward medicine and healing in early Christianity were varied. According to Darrel W. Amundsen, some philosophers believed that diseases had immediate, proximate, natural causes, while still attributing the ultimate cause to the

supernatural, and therefore seeking divine intervention. Others did not make such causal distinctions. They adhered to philosophical systems of a body/soul dichotomy, while caring for the body. A small minority vilified the body, heaping abuse on it, and so glorified disease (127).

Such attitudes continue to the present day. Traditionally, Christians associate illness and suffering with Christ's passion. The Stations of the Cross and the Crucifixion have become a commonly used metaphor for suffering. Among Christians, a view persists that illness and suffering are related to sin or redemption, whether the sin of fallen humankind in general or the particular sins of the individual. In addition, the metaphor of the Cross suggests that a sick Christian must bear his or her "cross" alone. Illness can also be seen as a test by the devil, to be taken on by the Christian as Christ took on and vanquished the devil. Charlotte Caron, in her presentation "Through the Lens of Chronic Illness" (1998), examines the implicit and explicit effects of various Christologies on people who live with chronic illness. Such effects include discrimination against the disabled among Christian believers, the inaccessibility of communion to many with disabilities being one example. Thus, Caron demands a reorientation of the Christian church regarding its metaphors of illness. She suggests that, instead of the metaphor of the Cross, Christ's nativity should serve as a metaphor of rebirth for those who suffer from illness (Caron 1997).

Nor are such relations between theology and accounts of illness unique to Euro-American culture. Some traditional Chinese models of cancer are, for example, as moralizing and bellicose as their Western counterparts. According to one Chinese textbook, cancer presents a battle between the righteous chi (inner life force) and the evil toxin. In Buddhism, on the other hand, illness and suffering are inherent to an impermanent world. As Ken Wilber writes in the spiritual cancer narrative *Grace and Grit* (1991), "asking why there is illness is like asking why there is air . . . only in enlightenment, in the pure awareness of nirvana, is illness finally transcended, because then the entire phenomenal world is transcended as well" (46). The metaphor of cancer as impermanence and of the world as a wheel of life also informs those theories according to which cancer in this life is caused by the accumulations of unconscious actions during people's past lives.

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<sup>5</sup> Measure is Plato's cosmic pharmacon, because the good has beauty and all beauty has measure (*Timaeus* 87C).

The knowledge of archaic rituals, myths, metaphysics, world views and cosmologies provides a background for understanding traditional cultural metaphors in our lives in general and in illness in particular. The function of magic is not so archaic after all: especially in medicine, the desire to develop "magical bullets" and "cheat" death, as well as expectations that doctors should be infallible and have answers for every medical problem, and the authority that is often conferred on these health professionals, reveal such magical thinking.

### **From Soul and Body to the Genetic Code: Changing Metaphors of Cancer**

Today, medical researchers agree widely that cancer is largely a genetic disease that ensues when changes in the genetic material of the cell lead to uncontrolled cellular growth (De Vita 3). The stimulants of malignancy can arise from a cell's external or internal environment. Although multiple cell membranes provide a barrier against environmental mutagens, the same arrangement restricts the ability of cells to sense changes within their own environment and to orchestrate appropriate responses (35). For example, certain cellular oncogenes that are beneficial during the early life of the embryo (Hildebrandt 529) may stimulate an uncontrolled division, differentiation and development of the cell during later life, if not constricted by specific tumor suppressor genes (De Vita 35). Given the complexities of our genetic makeup and its continuous rearrangement, recombination and adaptation, it does not seem extraordinary at all that cancerous mutations have occurred historically and will continue to occur (Hossfeld 216).

Indeed, cancer appears indeed to be among the oldest diseases in the world, and probably antedates the advent of vertebrates. This observation casts some doubt on claims that cancer may be a "disease of civilization." As the medical historian Friedrich Kümmel noted, current cancer incidence is not significantly higher than in the past if we factor in the marked extension in life-expectancy and advanced methods to detect cancer much earlier (Kümmel 1996). The oldest paleopathological evidence is limited to lesions that affected bones, such as those found in dinosaurs (Kiple 102). The remains of a five hundred thousand-year-old Pithecanthropus

unearthed in Java in 1891 show that this early human suffered from a large tumorlike growth ("Exostosis") in the thigh (Jetter 11, 15). The more recent Homo Sapiens suffered from various ailments, including rheumatoid arthritis, trauma, and tumors (Ackerknecht 9). Signs of abscesses, tumors, and even an Osteosarkoma (a cancerous growth) in a thighbone have been demonstrated in Egyptian mummies dating back to 3000 years BCE (Jetter 34). Even the earliest Egyptian papyri mention tumors in the body that have been interpreted as cancerous growths. According to Jacob Wolff, author of the first comprehensive manual on cancer Die Lehre von der Krebskrankheit von den ältesten Zeiten bis zur Gegenwart (4 vols, 1907), the papyrus Ebers is the oldest medical treatise that mentions cancer. It recommends a number of treatments, for example, the application of Aegytiacum, an ointment. Cuneiform scripts from Niniveh (800 BCE) appear to refer to carcinoma of the breast, while the Indian Ramajana (2000 BCE) describes extirpations of new growths (Wolff 3).

The ancient Greeks, too, were familiar with growths and tumors (Kiple 102). Herodotus (c.460-400 B.C.E.), in Book III of his Histories, offers a narrative from a certain Democedes of Crotona, a Greek slave and medical doctor at the court of the Persian king Darius at Susa in 520 BCE (Sélincourt 256). Democedes is said to have treated and cured Darius' wife Atossa, daughter of Cyrus, from a growing and ulcerating abscess in her breast that apparently had become dangerous to her life (258). Jacob Wolff deduces from Democedes' scant details, related by Herodotus, that Atossa suffered from a carcinoma on her breast (Wolff 5). In the Greek original, however, Herodotus notes that Atossa suffered from a "φῦμα . . . ἐπὶ τοῦ μαστοῦ . . . μετὰ δὲ ἐκτραγὲν ἐνέμετο πρόσω," a growth (or tumor) in her breast which spread (Herodotus 337). Correctly translated, "φῦμα" represents a growth or tumor. We do not know whether this growth was benign or malignant. Atossa's "φῦμα" may indeed have been a cancerous growth in classical Greek terms or even in modern terms. However, it may also have been a variety of other things, for example, an abscess. Reliable diagnoses and differentiations of malignant cancers from benign tumors or other growths only became possible with the advent of cellular pathology in the late nineteenth century. Similarly, the medical language of cancer has become more precise only since these relatively recent events. Yet even the most recent edition of Onkologie für Krankenpflege-

berufe<sup>6</sup> cites the Apostle Paul as warning against heretics whose words spread like 'cancer' (Senn 4). The author, oncologist Hans-Jörg Senn, may have relied on Luther, who refers to "Krebs" (cancer) in his translation of the Bible (279). The King James translation of the Bible uses 'canker' (701). However, the Greek original of Paul's second letter to Timothy (II.2:17) speaks only of a "γαγγραινα" ("gangrene"). The Greek terms are ambiguous because there is not yet a clear differentiation between growths, boils, and pimples. Herodotus' narrative of Democedes and Paul's remark, while of interest to historical medicine, shed light on the difficulties that Wolff and contemporary researchers face when they attempt to determine whether certain illnesses, suffered before the late nineteenth century, were malignant or benign.

Hippocrates (460-375 BCE)<sup>7</sup> is credited first with labeling certain tumors as "καρκίνος," the Greek word for "crab," perhaps, as Galen suggests, because of the image of veins spreading like tentacles from the body of the tumor. We are more familiar with the latinized version of "crab," "cancer." According to Hippocrates, cancers were caused by an imbalance of humors. Hippocrates argued that the body has four humors: blood, phlegm, yellow bile and black bile. An imbalance among these humors leads to illness, for example, non-suppurating and hardening nodes in women's breasts (θύματα, plural of θῦμα, "growth, tumor") which turn into "hidden cancers" (καρκίνοι κρυπτοί, Wolff 6).<sup>8</sup> In one of his aphorisms, Hippocrates advised against treating patients with internal cancers as he believed it to hasten their demise (Hippocrates 230).<sup>9</sup> As with all illnesses, Hippocrates made his judgements according to his observations of a patient's external appearance and judged the condition of the body's interior by scrutinizing the patients' eating habits and excretions, that is, sweat, urine and stool. For example, aphorism II:15 stipulates that a disease is systemic if a patient's stool is bilious, and localized if the stool is normal. Based on the

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<sup>6</sup> Trans.: "Oncology for Nurses."

<sup>7</sup> It is unclear which of the writings in the Hippocratic corpus were actually written by Hippocrates or attributed to him because of his fame (Lloyd 10).

<sup>8</sup> According to Wolff, Hippocrates reserved the use of "καρκίνος" for any kind of growth, including haemorrhoids, whereas "καρκίνωμα" was used to identify malignant cancers alone (5).

<sup>9</sup> "It is better not to treat those who have internal cancers since, if treated, they die quickly; but if not treated they last a long time" (Aphorisms VI:38)

overall diagnosis, the state of the humors, and the condition of the patient, the doctor would advise purges, drugs, ointments and/or diets.<sup>10</sup> Hippocrates' theory of the humors influenced medical knowledge beyond the Middle Ages, resurfaced in nineteenth-century debates regarding the etiology of cancer, and even among contemporary critics of Western medicine.

Half a millennium after Hippocrates, Galen (131-203 CE), the personal physician of the young Roman emperor Commodus, attempted to differentiate cancer more clearly from inflammations and gangrenes and further refined the theory of humoral pathology. Galen suggested that black bile from the spleen, if too thick, may contribute to the development of cancer (Kiple 102). He purportedly found black bile predominantly in "melancholic" women, a fact that appeared to explain their apparent predisposition for contracting cancer.<sup>11</sup> Because Galen thought of cancer as resulting from a poor mixture of the body's humors, caused by a person's constitution, he favored internal treatments (purges and cocktails ('Theriak'--70 substances-- and 'Mithridates'--54 substances). According to Wolff, Galen also worked as a surgeon. He extirpated breast carcinoma and cauterized wounds, claiming to have achieved good success (Wolff 13). However, little was written about the healing from these unanaesthetized procedures.

It must be noted that the Greek doctors and Galen had a different concept of melancholy than we have today. In antiquity, melancholia was associated with certain psychophysiological states, such as spasms, apoplexy, blindness, or frenzy, and accompanied by strong affects such as pleasure and pain, fear, grief, anger and rage (Schwarz 2). In the following centuries the concept of melancholia changed; nevertheless, medieval doctors, such as Alexander von Tralle (525-605), Paul of Aegina (625-690), Avicenna (980-1037) and others, invoke the authority of Hippocrates and Galen in order to substantiate their own claims that melancholy and cancer are related, a practice that continues even into the present day (Schwarz 2). By then, melancholy had become an exclusively psychological condition characterized by fear, extensive grief, nervousness, and

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<sup>10</sup> See for example Hippocrates, "Regimen in Acute Diseases" (in Lloyd, pp. 186-205).

<sup>11</sup> In his work *De Arte Curat.* (lib. II cap. 10) Galen provides an interpretation as to why the term 'cancer' may be related to a crab: "Nam, quemadmodum in isto pedes ex utraque parte sunt corporis, ita in hoc morbo venae distenduntur ac figuram omnino cancro repraesentant" (*De Arte Curat.* lib. II cap. 10: "For, just as there are in that animal legs from both parts of the body, thus the veins in this illness are distended and indeed display the appearance of a crab")

hysteria, which were seen to cause cancer (Wiseman 1676; Guy 1759; cited in Schwarz 3). The same condition was claimed to cause susceptibility to the plague, or tuberculosis (Ackerknecht 1982, Sontag 1978, Zander 1989; cited in Schwarz 3).

With the decline of the Roman Empire, however, medical knowledge also declined, at least in the West. Science and medical scripts fell into the care of monasteries, and monks busied themselves translating the writings of Galen and other older writers. During these times, the treatment of cancer often consisted in magic or demonic practices, such as the application of spider heads or snake heads, or the broth of dog fetuses boiled in urine (for example, Senn 4). The first major challenges to the theory of humors occurred during the Renaissance (Wolff 26). Paracelsus (1493-1541), a medical doctor, discarded Galen's theory, claiming that a surplus of a mineral salt leads to cancer. The German Daniel Sennert and the Portuguese Zacutus Lusitanus, however, advocated early in the seventeenth century that ulcerated cancers were contagious (Kniple 103).

William Harvey, in 1628 CE, discovered the circulation of blood, and Gasparo Aselli, in 1622, the lymph system (Kniple 102). A new lymph theory, developed by René Descartes, linked illness in general and growths in particular to the consistency of the lymph fluid (Wolff 60). French doctor Bernard Peyrilhe (1735-1804) renewed the claim that cancer is linked to a person's constitution: irritations of a psychological nature, brought about by a life of luxury, thicken the lymph and lead to rot and the formation of a cancer virus (66f). The German Berchelmann proposed that an overly acidic diet may corrode the lymph and lead to emotionality (Wolff, vol. II, 84). Others, such as Hermann Boerhave (1668-1738) and Friedrich Hoffmann (1718) blamed traumata, suppression of menstruation, or worry and psychological depressions; they prescribed purges and diuretics (Wolff, vol. I, 77).

In the time following the industrial revolution, cancer was more widely seen as a result of excessive psychological stress, for example, by Pinel in 1818 (Schwarz 3). The concept of cancer continued to be vague: while some considered caries of the teeth to be a form of cancer, others thought of cancer as a parasite that colonizes and feeds off organs in the body (Wolff 171). According to Teallier, certain persons were predisposed to contract cancer, namely those with a hereditary exposure, menstruation anomalies, idleness, and skin rashes (175). One of the first

accurate understandings of the etiology of cancer can be attributed to Percival Pott, a London surgeon, who noted in 1775 that many chimney-sweeps suffered from scrotal cancer (Kniple 103). Galen's humoral theory and the Cartesian lymph theory coexisted throughout the eighteenth century (110).

The discovery of the cell and Theodor Schwann's studies of the cell and its nucleus (1838) paved the way for Rudolf Virchow (1821-1902) who studied cellular biology and the biological characteristics of the cell. This research finally enabled a first understanding of cellular pathology and the beginnings of cancer classification. Organic cancerous growths, it was found, could not originate from amorphous humors, the lymph, or parasitic cells. Rather, certain "irritations" led to an abnormal growth of existing tissue. However, the etiology remained unresolved. French researchers continued to argue for a constitutional predisposition of the body; so, too, did the German Friedrich Wilhelm Beneke, who singled out cancer patients as having a phlegmatic temperament (312). A British doctor, Campbell de Morgan, on the other hand, noted that "the disease occurs for the most part in persons strong and well nourished and remarkable for good general health. . . . Its prevalence, however, in those who are healthy and robust, shows that the disease does not arise from want of tone, or defect of nutrition" (cited in Wolff 311). Some researchers argued for hereditary causes, while others noted that women seemed to contract cancer particularly often in their breasts and uterus, which are thought of as degenerating organs, making cancer a degenerative disease (311). Other researchers advocated a link between depression and cancer (Amussat 1854, Paget 1870, Parker 1885, Cutter 1887; all cited in Schwarz 3). Others again pointed out that traumata, discussed as causes during earlier times, did not always lead to cancer.

Following the discovery of bacteria and bacteriology, some suggested that cancer arises from infections. But experiments with animals, for the most part, did not support this hypothesis (Wolff 526ff.). For much of the nineteenth and early twentieth centuries, all of these theories coexisted with each other. Among many other contributing factors, such as a person's diet (imbalance of meat, cider, tomatoes, and so on), or parasites in poorly washed vegetables, researchers continued to consider psychological factors such as depression, grief and worries, as

predispositions for contracting cancer (Wolff, vol. II, 89). Some researchers noticed that women contracted more cancer during the French revolution or during the occupation of Lyon. Others, however, identified poor diet and traumata to the breast during the erection of barricades as likely causes (90). H. Snow, in 1883, blamed cancer directly on depression, as have other researchers throughout the twentieth century (Aschenbrenner 1943, Essen 1951/52, Hofstätter 1952 and Reichenmiller 1955; all cited in Schwarz 3).

At the turn from the nineteenth to the twentieth century, Halsted performed the first radical mastectomy. The discovery of X-rays in 1900 would lead, in the following decades, to radiology as a form of therapy for cancer. Hormone therapy came into use between the two World Wars, while the development of chemotherapy, after the second World War, would lead to new impulses in cancer therapy and the treatment of previously untreatable cancers (Senn 4f.). Recent advances in the identification of the human genetic code have led to "molecular diagnostics," an understanding of the cell's genetic instructions. Their alterations cause both mutations and an inability of the cell to identify, repair or remove mutated sequences of genes and eliminate cancer from within the cell (apoptosis). Treatment of cancer (traditionally surgery, chemotherapy, and radiation) now includes hormonal therapy, drugs that stop certain cancers from directing the body to grow vessels for their blood supply, and experimental studies in gene therapy, with the help of certain adenoviruses.

Cancer research continues to be in flux. Just recently, the New England Journal of Medicine reported a study according to which bone marrow transplants, a treatment of last resort because of extreme toxicity, are less successful than conventional chemotherapy and should be discontinued (Picard 2). Such news items are often ambiguous. A bone marrow transplant and its high-dose chemotherapy is indeed harrowing, as we can learn from the recipients Christina Middlebrook (1996), Laura Evans (1996), Katherine Rich (1999) and other writers of cancer narratives. However, what would have happened to them, had they not received this treatment after exhausting all other options? Such changes in treatment research can affect, retrospectively, the audience's response to these narratives, making even more apparent the precariousness of these writers' and other cancer patients' lives.

Since the cellular turn in medicine and the localization of illness in specific organs, sites, and systems of the body, medicine has turned away from the two thousand year-old history of associating illness with the patient's psychological constitution. The new focus on the body's interior and the hope to unveil its last secrets have led to much progress in the treatment of illnesses and an unprecedented extension of life expectancy in the West. While, in the past, cancer often resulted in terrible and painful deaths suffered in isolation, treatments have now been devised that not only alleviate pain and the offensive effects of tumor necrosis but, in many cases, lead to a significant prolongation of life. In addition, medicine no longer burdens patients with psychologizing explanations which suggest that they have brought cancer on themselves.<sup>12</sup>

However, despite better treatment and better facilities, patients appear to have become more dissatisfied than ever with medical care. One reason, as the medical historian Roy Porter argues in The Greatest Benefit of Mankind (1998), may lie in the high expectations that medicine has raised in the public with regard to the eradication of all illness. Such expectations are continually raised in announcements of apparent breakthroughs (which, more often than not, are retracted soon after) and the exploitation of such announcements by the media as "miracle cures" or "magic bullets."<sup>13</sup> There appears to be a real gap between health professionals' concern with treatment and patients' concern with the enormity of qualitative changes in their lives. This gap continues to widen with the development of ever more efficient treatments and the transformation of previously untreatable cancers into chronic illnesses that require long-term care. Patients often resent the perceived anonymity in large oncology wards and the daily routines and rounds of ever-changing caregivers, and may confront their caregivers with outright aggression. Jackie Stacey, in Teratologies (1997), notes that patients must suffer caregivers' depersonalizing treatment, because the latter do not know how to process their own feelings. But when patients find it hard enough or impossible to process their feelings, why are caregivers who care for many patients every day for many years

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<sup>12</sup> However, many medical doctors psychologize illnesses such as ME (Chronic Fatigue Syndrome) and AIDS.

<sup>13</sup> We owe this metaphor to Paul Ehrlich, a German bacteriologist. In an address in 1906, the researcher was envisioning a treatment against bacteria that would act like a "Wunderkugel" ("magic bullet"). Etymologically, the meaning of "Wunderkugel" refers to the hope that this bullet will find its target simply by the marksman representing the target in his mind. Ambiguously, magic bullets serve to transfer magic or illness onto their target.

expected to fare any better? They must be carriers of good news to one patient and bad news to another, all day long, every day. Caregivers often offer time and compassion to distraught patients who, however, may be in denial or feel too overwhelmed, or do not wish to speak to anybody about their personal feelings. It is clear that life with cancer presents immense personal challenges to patients. Medical treatments and textbooks meet these demands only to a small degree.

The status of psychology and alternative treatments in medical textbooks on cancer has evolved, and the emergence of popular self-health psychology with regard to cancer has become a growth industry. The difficulties that oncologists have with psychology and unconventional therapies for cancer patients is demonstrated in the most common textbooks. The standard one in both North America and Germany, Cancer: Principles and Practices of Oncology, is edited by Vincent DeVita. In its first edition (1982), Stephen P. Hersh, a medical doctor, reported on the "psychologic aspects of patients with cancer." According to Hersh, psychosocial issues have become as important as expert knowledge of surgery, chemotherapy, and radiation therapy. Patients associate cancer with images of loss of control, death, loneliness, abandonment, and helplessness (264). He mentions counselling alternatives such as individual psychotherapy, behavior therapy, hypnosis and guided imagery (273), as well as self-help groups.

In the second edition (1986), the chapter appeared under the heading "Psychologic Aspects of Patients with Cancer." Its content is essentially the same, but it includes a new section regarding "Specialized Care of the Terminally Ill Patient." Hersh has added material that must have surprised readers of conventional medical textbooks. He gives credit to the re-evaluation of ancient healing techniques and "the harnessing of neo-cortical functions in order to enhance healing processes via the central nervous system" (psychoneuroimmunology). He maintains that cognition and emotions have an influence over healing and disease processes in personal ecosystems. Hersh labels these approaches "multimodality treatments" and refers to O. Carl Simonton and his colleagues as the best known proponents of such techniques. Treatments include "mind-body" approaches such as mental imagery, hypnosis, and psychic therapy and are said to be used by 49% of cancer patients. Hersh concludes that "one can . . . responsibly recommend taking very seriously multimodality approaches to cancer treatment" (2062). From a conventional medical perspective, it is hardly

surprising that Hersh's contribution is discontinued in the third edition (1989), and that the fourth and fifth editions introduce chapters on "Unsound Methods of Cancer Treatment" ("cancer quackery," "fraud," "significant health problem," "waste of money," 2375) or "Unproven Alternative Methods of Cancer Treatment."

While the fourth edition dismisses such methods outright ("no relationship between psychological attitude and cancer exists," 2744), the fifth edition emphasizes the need for oncologists to deal knowledgeably with such methods and to have an understanding of patients' beliefs about these methods (2993): "[the] belief in the power of the individual to prevent or cure disease, the need to understand and control the unknown, mistrust and misunderstanding of research data, belief that conventional treatment is painful and ineffective, and societal views of chronic illness and cancer" (2996). Jacobs advises physicians and other caregivers to be supportive of patients' hopes and beliefs, while at the same time providing access to reliable and useful information on the prevention and treatment of cancer (3000). In addition, a section on "psychologic issues of survivorship" discusses the benefits of group psychotherapy and self-help support programs (2889). Similarly, A. R. Moosa encourages caregivers to learn the art of listening so that patients feel free to express their doubts, fears, and/or seemingly inconsequential matters. Doctors, too, can be of great help by conferring dignity on the patient's working through the difficult process of dying (Comprehensive Textbook of Oncology, 2<sup>nd</sup> ed., 1794).

In Clinical Oncology: A Multidisciplinary Approach for Physicians and Students, a text book in its seventh edition, clinical psychologist Michael Heinrichs promotes awareness of the body's interactive system, how mind and body affect each other, how cancer affects people, "not just physically, but emotionally and cognitively" (159), and how patient and family affect each other (160). The author lists psychological interventions that are meant to complement the stages of medical treatment and, overall, emphasizes the need for communication and continuity of caregivers in cancer care. The Manual of Clinical Oncology stresses the importance of hope without being unduly optimistic, and promotes understanding of the patient's feelings of guilt as well as anger and frustration, often vented on the doctor because he is the first person at hand (108). This book encourages patients to pursue "positive" strategies (participating in care, seeking

information, setting manageable goals, "opening up" and relating fears to someone on the health care team) and discourages "negative" ones (seeking unproven treatments, seeking consultations with many different physicians, and not returning for treatments). Oncologists, on the other hand, are advised to be optimistic and aggressive in their choice of treatment if a cure for a patient seems possible. Incurable patients, however, should not be left feeling "deserted" (582).

In general, oncological textbooks devote most of their space to the discussion of cancer as a biomedical disorder, caused by biological factors. All include a section, between one and two percent of the total, on psychological issues. Most writers of these sections acknowledge a relationship between mind and body, insofar as life with cancer can cause diverse anxieties. In recent editions, doctors are advised to consider psychological interventions and other methods of communal support to help their patients through this period. "Positive" attitudes are suggested, for both doctors and patients, and patients are encouraged to trust their doctors and the efficacy of medical treatment. The use of alternative, "unproven" methods is discouraged; however, doctors should keep themselves informed about these methods to know what their patients are doing. Only the oncologist Robert Buckman goes further. In his book Magic or Medicine? (1993) and in a recent keynote speech at a Toronto medical convention, he stressed the need for conventional medicine to co-exist with alternative medicine, each within their limitations. Buckman argues that it is important for cancer patients to have a sense of participation and control in the treatment of their illness, a need that healers have recognized much better than their medical colleagues. In addition, he acknowledges that magical beliefs are a common staple of human life. Buckman (1998) advises his colleagues to tolerate alternative treatments and beliefs benevolently as long as they do not interfere with the medical treatment.

Oncology is still a discipline that largely expects its patients to entrust their bodies to medical expertise, relinquish their agency, and await the outcome with passive patience. However, many patients who are racked by fear and uncertainty find release in researching how they can better their chances. To be sure, many cancer patients find the routines of the hospital and their treatments reassuring, as these can provide a therapeutic sense of structure and certainty in a life that has been turned on its head. In addition, contacts with fellow patients can provide relief from

the struggle to explain life with cancer to the outside world. However, for those patients who wish for an active role in their treatment and recovery, Buckman's insights offer encouragement. He encourages other medical doctors to view cancer as more than biological malfunction. The denial of (and sometimes hostility towards) cancer patients' phenomenological experience of illness, including their irrational hopes and fears, only invites approaches that support the other extreme, namely theories of cancer as caused by alleged psychological and moral defects; these offer patients a sense of agency and control, however false, over their fate and future.

### **Soul and Body: Cancer and Psychology in the Twentieth Century**

The turn in medicine to cellular science and the advances of surgery, radiation (since the beginning of the nineteenth century), and systematic treatments with new regimens of chemotherapy (since the early nineteen-seventies) have enabled doctors to control decaying tumors, often to alleviate the pain of advanced cancer, and to prolong the life of cancer patients, often to the extent that many cancer patients will now die from causes other than cancer.

The same turn towards cellular medicine ended, for most oncologists, speculations about possible constitutional and psychological causes of cancer. Nevertheless, as I have found in my work and research, most cancer patients at least consider, at some point, personal failings as a reason for their having contracted cancer. Many interpret cancer as a manifestation of psychological issues, such as unresolved losses or earlier trauma, the repression of emotions, especially anger, or exposure to too much stress at work. This is particularly evident in Mars, by Fritz Zorn (1977). Although such explanations involve self-blame and feelings of guilt, the identification of personal psychological causes of cancer can provide patients with a sense of involvement in their healing. In their personal narratives, patients who identify psychological causes for their cancer often celebrate a renewed sense of control, instead of the passivity, uncertainty, and lack of control usually experienced during medical treatment. If they live to tell and write their story, such patients often emphatically endorse certain alternative therapies as the reason for their health, and invite other

patients to follow their example. Many of these alternative therapies involve some kind of mind-over-matter cure, using imagery, hypnosis, and/or introspection to uncover and re-narrativize perceived psychological defects or traumata in the past. However, there are other patients and writers of cancer narratives who disagree vehemently, discounting any psychological explanation.

The emergence of psychology as an independent discipline occurred at the same time that medicine began to focus on the body, at the end of the nineteenth century. While psychiatrists such as the French Valentin Magnan blamed hereditary disposition for mental "degeneration" and sent hundreds of thousands of mentally ill persons to vegetate untreated in large institutions, analysts' individual attention in psychoanalytic sessions promised personal care (Der Spiegel 25/1998). And although concepts of individual constitution and psychological state as contributing factors to illness and cancer appear to be as old as illness itself, the theoretical foundations for such assumptions were laid by Sigmund Freud, with the help of Josef Breuer. In "Psychotherapy of Hysteria" Freud (1955) suggested that hysterical patients suffer from painful and unpleasant memories of a trauma. While these traumatic memories may be repressed and remain unconscious, their energies, it was said, are transformed and can lead to disease. Therapy rooted in such views seeks to let the patient relive the original trauma, by means of speech, in order to cease the hysterical symptoms (255f.). However, Freud also encountered neuroses other than hysteria. This group of so-called "anxiety neuroses" appeared to arise from an accumulation of physical tension, in particular of sexual origin (258). Fresh from his training with the neurologist and director of the Salpêtrière asylum, Jean Martin Charcot, Freud--as well as his female patients--initially regarded such interpretations as an insult (260). However, in his essay on "Sexuality in the Aetiology of the Neuroses" (1898), Freud came to the conclusion that "in every case of neurosis there is a sexual etiology" (268). He hypothesized that "anxiety is always libido which has been deflected from its [normal] employment" and that such conflicts could be regressively somaticized, whether as actual neurosis or psychoneurosis.<sup>14</sup> In his later dynamic model of the mind, expounded in An Outline of Psycho-Analysis, Freud de-emphasized the possibilities of the ego to negotiate consciously and

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<sup>14</sup> 'Actual' neurosis ('Aktualneurose') emerges from the energy of a repressed drive. 'Psychoneuroses' are symbolic representations of psychological conflicts in the body, in the terms of a language of the body (Schwarz 8).

effectively between a person's instinctual drives ("id") and parents' internalized precepts and prohibitions ("super-ego"). Thus, Freud stressed the control of the unconscious over the conscious mind, effectively limiting a person's possibilities to extricate him or herself from hidden dependencies.

In contrast to Freud, many of his successors stressed the liberating potential of the ego. Wilhelm Reich (1897-1957) noted, for example, in The Function of the Orgasm (1973) and Character Analysis (1973) that the repression of sexuality can manifest itself indirectly as neurosis or psychosis, engendering a "character armor" that wards off sexual excitation (59-61). In The Cancer Biopathy (1974), Reich argues that sexual "stasis" can cause a disturbances of tissues or organs at the cellular level. The tissue or organ begins to contract, oxygenate poorly, fails to discharge carbon dioxide, and loses its bio-energetic "life" (orgone) energy, developing an organic disease, or "biopathy," such as cancer, or a host of other diseases, including angina pectoris, asthma, epilepsy or chronic alcoholism (153, 159, 232). Reich recommended a therapeutic release of pent-up drives in order to free unconscious conflicts and emotions. He designed specially constructed multi-layered metal boxes ("orgone accumulators") which would accumulate and reflect the sexual, "orgone" energy back into the patient. Reich claimed to be able to measure orgone energy in electrical charges in the body, and as sensations of light within the body and in the external environment. The similar use of light as imaginary life force is prevalent in contemporary self-healing methods, called "cell nuclear cleansing." Reich was a forerunner for much of contemporary self-health psychology and attitudes towards cancer. Counselors from these schools of belief encourage patients to free the will to live (Simonton 1982, 1989), their life force (LeShan 1982), forces of self-healing (Jaffe 1983), or their vitality (Lerner 1982; all cited in Schwarz 9). Some researchers suggest that prostate cancer results from sexual frustrations (Booth 1969, cited in Schwarz 8), gynecological tumors from unresolved sexual tensions (Stephenson and Grace 1954, Reznikoff 1955), bronchial carcinomas from emotional tensions (Kissen 1969), and stomach cancers from pent-up aggression (Field 1963, Greer and Morris 1978) or oral inhibitions (Greenberg and Dattore 1981). Selye (1981), an internationally renowned stress researcher,

counsels a reduction of stress and more altruistic egoism and pleasure in life, in order to prevent cancer (all Schwarz 9).

Proponents of psychoneuroses argue for a conversion model according to which bodily symptoms are symbolic expressions of the body's drive conflicts (Schwarz 9). Some researchers view, for example, breast cancer in hysterically structured women as a symbol of the patients' conflicts with their mothers (Beck et al. 1975), while Jenner (1981) views cancer as a result of unresolved conflicts with a parent of the opposite sex (Schwarz 9). Carl Jung's student Elida Evans concludes that "Cancer is a symbol, as most illness is, of something going wrong in the patient's life, a warning to him to take another road." She identifies those persons at risk for cancer for whom the meaning of life depends entirely on other people or things outside the self. When that connection is disrupted, illness follows (cited in Siegel, 92). Some maintain that cancer results from an unresolved loss, and functions to alleviate a deficit (Bahnsen 1981, 1986a, b, 1988; LeShan 1982), while others propose that cancer symbolizes the loss of a previous relationship (Ludwig 1959, Sandford 1957, Silverman 1959), especially an early relationship (Möhrling 1985; all cited in Schwarz 11).

The metaphor of cancer as psychopathology, or more concretely, as neurosis, is popular in contemporary self-health psychology. As Woody Allen put it, "I don't get angry; I grow tumors instead" (cited in Wilber 46). The most popular proponents of psychological causes in cancer, O. Carl Simonton, Bernie Siegel, LeShan, and Louise Hay, have written controversial books, some of which have reached multiple editions, have been translated into many languages, and are available and immensely popular both in North America and Germany. Many personal cancer narratives quote these authors, who involve their readers in various ways in healing themselves. In Getting Well Again, Simonton et al., for example, require of their cancer patients that they accept responsibility for their illness: they have (perhaps unconsciously) caused their cancer. However, marshalling their "will to live," they have the power to rid themselves of cancer. Survival, in effect, is placed into the patient's hands, provided that patients are aided by a therapeutic process that involves relaxation, exercise, imagery, and psychotherapy. The imagery is meant to help visualize the cancer site, whether literally or metaphorically, being destroyed by healthy cells.

Applying the Simonton methods, many cancer patients appreciate a renewed sense of control and power, a restoration of their defenses, and the unburdening of psychological stress. Simonton claims a high success rate: of one hundred fifty-nine terminally ill cancer patients, 63 (or 40%) were alive after two years of Simonton treatment. However, since there is no systematic research on control groups, we do not know whether Simonton's methods are demonstrably beneficial, or if they tap into processes that work through other methods as well (for example, meditation), or whether visualization indeed kills cancer cells (if so, how?), and whether there are side effects.

Bernie Siegel, whose book Love, Medicine and Miracles (1986) has sold more than two million copies and been translated into many languages, is a surgeon whose clientele largely consists of cancer patients. Siegel suggests that cancer appears when the immune system becomes suppressed (68). According to Siegel, a particular life story is common among his patients: they appear to have suffered tragic loss or a stressful change in lifestyle, could not cope with their emotions, and did not know how to turn these challenges adequately into personal growth. Therefore, the body reacted with a malignant growth (77), invariably in a psychologically sensitive area--"the target organ" (90). These patients have a "cancer personality" and are said to be overly caring, passive, and neglecting their own interests for the interests of others. For example, typical male cancer personalities are said to have experienced parental distance during childhood, a lack of unconditional love of intrinsic value, and of the ability to overcome challenges; they depend on others for validation, can only form superficial relationships, and feel excruciatingly lonely, inadequate, and hopeless. They view themselves as stupid, clumsy, weak, and inept at social games and sports (93). They are "nice," by other people's standards (94). Hopelessness was a major factor in a psychological test that enabled researchers to identify, among a large group of women, many of those who had cancer. However, this test, cited by Siegel, clearly exemplifies the typical problems of such research: the women may well have been hopeless because they had been diagnosed with cancer; they may not have been hopeless before their diagnosis. And as Siegel states himself, it is not so much the fact of emotional loss that makes the difference between having or not having cancer as it is how one copes with such loss. Siegel's therapy consists of reprogramming the "cancer personality" in order to overcome the death orientation (3, 69) and to

tap into their life force (4). Siegel's main tools to change the body are emotions and imagery, as well as good nutrition, exercise, play and laughter, relaxation, meditation, visualization, hypnosis, and imagery.

Louise Hay has written eighteen books on self-healing and publishes columns in various self-health journals. Her books have been translated into twenty-five different languages and have appeared in thirty-three countries throughout the world. Book jackets identify her as a metaphysical lecturer and teacher. A Dutch cancer autobiography by Philie Haarbosch declares its debt to Hay in its title: Ik heb mijn kanker niet meer nodig. Dank je wel Loise Hay<sup>15</sup> (1991). In You can Heal your Life (1987), Hay identifies cancer as a illness brought about by psychological problems:

[Cancer is] a dis-ease caused by deep resentment held for a long time until it literally eats away the body. Something happens in childhood that destroys the sense of trust. This experience is never forgotten, and the individual lives with a sense of self-pity, finding it hard to develop and maintain long-term, meaningful relationships. Because of that belief system, life seems to be a series of disappointments. A feeling of hopelessness and helplessness and loss permeates their thinking and it becomes easy to blame others for all our problems. People with cancer are also very self-critical. To me, learning to love and accept the self is the key to healing cancers (138).

Hay's central argument is her belief that "the thoughts we think, the words we speak, and the beliefs we hold are very powerful. They shape our experiences and our lives" (Empowering Women, 17). Therefore, hurtful childhood experience can lead to carcinogenic thought patterns.<sup>16</sup> Different organs reveal particular psychological problems. For example, women with breast cancer have difficulties in saying "no": breasts represent nourishment, and people with breast cancer seem to nourish everybody in their world except themselves (83). However, carcinogenic thought patterns can be reversed, beginning with positive affirmations: "I lovingly forgive and release all of the past. I choose to fill my world with joy. I love and approve of myself" (You can Heal Your Life, 158). As cancer patients re-appreciate themselves and find peace within, they discover an

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<sup>15</sup> Transl.: "I No Longer Need My Cancer, Thank You Very Much, Louise Hay."

<sup>16</sup> Hay herself has suffered from vaginal cancer. She attributes her illness to having been raped at the age of five and battered as a child (219). Hay rejected cancer surgery and sought the help of therapists to release pent-up anger, to understand and love her parents and herself; she underwent foot reflexology, rejected junk food and detoxified her body and "junky thoughts" with the help of a vegetable diet and, initially, colonics. Six months after her diagnosis, doctors could no longer find any trace of cancer (221).

archetypal harmony and unity with all of existence (" . . . our Universal Connection--that Great Central Source of all Life . . ."). Hay's metaphor extends well-being and health from the personal to nature, replicating, in many ways, the grand cosmological designs of harmony in antiquity.

According to these psychological models of cancer, a life filled with self-awareness and harmony should be devoid of illness. All strategies discussed invest patients with the power to become healthy again and to live, according to Hay, at least until the age of one hundred and twenty (1995:113). Siegel, too, stresses a will to live in his "exceptional patients." In contrast to medical textbooks, nobody ever dies in books by Simonton, Siegel, or Hay. The psychological model of cancer is taken to its very limits in a procedure that is gaining acceptance in popular self-healing, referred to as a cleansing of the cell's nuclei (German: "Zellkernklaerung"). Cancer patient Eva-Maria Sanders describes this therapy in her cancer narrative Leben! Ich hatte Krebs und wurde gesund! (1997).<sup>17</sup> The idea that informs this treatment is that each of the 80 to 100 billion human cellular nuclei stores its own life narrative. Each cell's narrative preserves conditionings that have been handed down through generations of rebirths and often contain behavioral and emotional patterns that are no longer useful. All of the cells communicate with each other and all of these narratives create overarching patterns that can incite unhappiness, conflicts, fears, or illness. The unsuspecting individual finds him- or herself attracted to humans with similar destructive and harmful patterns. Here, the "cleansing" of the cell's nuclei is meant to provide a remedy. By communicating with their unconscious, patients can retrieve harmful images, localize these within the body, and imaginatively erase these images, for example, by "coloring" them or by attaching them to balloons that sail off into the skies. Thus, emotional patterns can be eliminated from cellular structures (99). After a few sessions, Eva-Maria Sanders felt entirely healthy and reborn. Later medical tests showed a decline of tumor markers and finally, no more traces of cancer.

In recent years, the interaction between body and mind has found a theoretical basis in a communication model of disease, called "psychoneuroimmunology." Robert Ader et al. (1981, 1991) suggest that body and mind are not separate entities, but interwoven through extensive communications networks that regulate both symptoms and the progress of disease (Lerner 137).

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<sup>17</sup> "Living! I had cancer and became healthy!"

These networks communicate on an endocrine and nervous basis and constitute the immune system (Schwarz 16). According to such theories, the immune system suffers under stress. Consequently, the amount of so-called killer t-cells declines, preventing them from engaging cancer cells (Kiecholt-Glase and Glaser; Kemeny; cited in Verres 75). While stress may engender a decrease in immune function and prevent the body from eliminating naturally occurring cancer cells, relaxation, on the other hand, is said to lead to an increased production of so-called helper/inductor-T-lymphocytes that seek out and destroy cancer cells (Schwarz17). According to Selye, any kind of stress that overwhelms the body's defense systems can lead to illness, especially in organs of low resistance. Siegel suggests that it is the way humans cope with stress that tilts the scale for or against illness: "The way we react to stress appears to be more important than the stress itself. . . stress can both initiate and prevent illness" (70/1). So far, however, as one might suppose, research into the effects of stress is not conclusive (Schwarz 15).

In my own life, I viewed cancer as a product of psychopathology during early adulthood. In fact, I joined therapy groups so that I would not get cancer as my father did. At the time, I fully agreed with Mars, the personal cancer narrative by Fritz Zorn (1977) that I will discuss later, that cancer is a psychosocial illness of civilization. However, during my years of work as a pediatric nurse in oncology, I failed to observe any links whatsoever between cancer incidence, psychosocial circumstances and/or success in healing, especially among the newborn babies and young children with cancer that I have cared for. Much of the quoted evidence in popular accounts of self-healing is anecdotal and does not withstand the rigor of longitudinal studies. Schwarz points out that for every single example that indicates a possible psychological cause of cancer there is another example that contradicts such conclusions (cited in Verres 68). Judging from his own research and his study of many research designs that claim to explore the concept of a "cancer personality," Schwarz concludes that the disorders meant to characterize a 'cancer personality' are merely the indication of a patient's fear of cancer , after having developed the illness<sup>18</sup> (Schwarz

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<sup>18</sup> The only acceptable study that could reliably show links between psychological disorders and cancer would be a longitudinal study monitoring healthy persons throughout their life and continuing to observe them when they turn ill. However, according to medical doctor and psychologist Uwe Koch, one would have to observe at least 40,000 to 50,000 healthy women over ten years in order to find about two hundred women who would probably develop cancer (cited in Verres 73).

109). Verres agrees with Schwarz's conclusions and points out that there are many cancer patients who do not exhibit any of the above mentioned signs of the "cancer personality"-- a fact that others, again, interpret as a sign of extreme conformism of these patients and, thus, as proof of the concept (Verres 68). Verres wants to discard the term "cancer personality."

What becomes evident in the example of "cell nucleus cleansing" is the focus on the therapeutic recovery of the patient's individual narrative history of illness and a personalized form of narrative treatment. The communication model of illness provides a possibility of viewing cancer as produced by a narrative, a situation where "carcinogenic" narratives need to be identified and replaced by therapeutic counternarratives. Such approaches seem attractive, for they invest the patient with control over the choice of alternative treatment, the course of the illness, and the responsibility for getting well again. Thus, these programs offer much to those patients who do not wish to leave their fate to the statistics of medical study protocols. However, for those patients who may not "get well again," the emphasis on being responsible for their illness can raise enormous guilt, anxiety, stress, and a sense of failure for not having tried hard enough. To be sure, Simonton et al. state that "it is not our intention to make anyone feel guilty or frightened" (63). Nevertheless, the sense of having caused their cancer can burden incurable patients with additional emotional stress and can increase their health problems.

While much of what has been reported is intentionally framed in ways meant to raise questions and concerns about the merits of psychogenetic accounts of cancer and its treatment, it is not the purpose of this thesis to attempt to settle the merits or demerits of such views. What I do mean to do is to show that cancer patients who rehearse and promote such views do not do so in a vacuum, and that there is much in the available literature (whatever its credentials) to support any thoughts they might have that flow in their direction.

### Self and Poetics in Medicine and Self-Health Psychology

We have followed some of the different meanings that different cultures and subcultures have imposed on illness in general and cancer in particular, whether historically or in contemporary life. First, we encountered archaic societies where illness was conceived as a metaphor for punishment, as a result of transgressions against supernatural forces. This metaphor has continued in some organized religions, for example in Christianity, involving divine punishment for sins committed. Buddhism, by contrast, views cancer as only one sign of a pervasive impermanence in a world that is beyond our control and can be overcome only through enlightenment. Some Buddhists invest the unconscious behavior accumulated during past lives with the power to cause cancer in this life. With Hippocrates, cancer became a metaphor for a constitutional imbalance, both in terms of physiology and psychology. Modernist medicine, in the nineteenth century, broke with this tradition, explaining cancer as a biological malfunction that is independent of any supernatural, religious, or psychological factors. In contemporary self-health culture, however, cancer is viewed as a metaphor for psychopathology, to be cured by introspective intervention. In Grace and Grit (1991), Wilber identifies additional views of cancer in other contemporary subcultures. For example, the "New Age" subculture associates cancer with a lesson to be learned, where cancer provides the impetus for personal and spiritual "growth." Those who think of cancer in terms of "Holism," stress the importance of physical, emotional, mental, and spiritual factors for treatment, although in practice they eschew conventional medical treatment. Certain existentialists believe that cancer has no inherent meaning, therefore the responsibility for any meaning we assign to cancer is ours: human life being finite, the "authentic" response is to accept cancer as a sign of one's finitude. Finally, Gnostics think of the entire world, and therefore, cancer, as an illusion, to be overcome only in the spiritual world (Wilber 46-47).

The dominant metaphors that medicine and popular self-health psychology, particularly of the mind-over-matter variety, offer cancer patients have certain similarities, but differ in important ways. The main similarity is the cellular basis of cancer as seen by both medicine and popular psychology. Both medicine and self-health psychology encourage the identification of cancer sites

in the body. Medicine treats cancer by bringing about the death of cancer cells, whether from outside them (through surgery, radiation, or chemotherapy) or by interfering with or reprogramming them from inside. Similarly, the process of cell-cleansing focuses on the cellular level. Simonton, too, recommends visualizations in which patients imagine good cells destroying bad cells. Medicine visualizes the progress of cancer through two- and three-dimensional scans; self-health psychology encourages the patient to visualize his or her cancer in order to communicate with the malignant cells. Another shared concept between the two approaches is that of communication. Recent developments in medicine follow the terminology of immune discourse and conceptualize cancer as a breakdown in the cell's communication systems. Similarly, self-health psychology asks patients to refamiliarize themselves with the body and to listen to the story that cancer may have to tell. Furthermore, both approaches separate the self from the body. Medicine expects the patient to rest his or her body so that the treatment can do its work most effectively. Self-health psychology encourages the patient to exert mind over matter and to identify malignant psychological programs that contribute to the body illness. Neither the body, nor nature, nor the universe, can be ill of their own accord, since ideally they are in perfect balance. It is the cancerous mind, or cancerous emotions, or a cancerous society that pollutes the body of the patient or, by extension, that of the earth.

The main difference between the two approaches lies in the locus of control. For medicine, the control of the disease lies beyond the patient's power and in statistical narratives of probable success or failure--a control is grounded in the medical knowledge at hand. The patient is expected to let the treatment take its course and to support treatment decisions with a "positive" attitude and a fighting spirit. Self-health counselors, on the other hand, perceive themselves, at most, as catalysts of therapeutic control and knowledge. They hand patients mental and imaginative tools which the patient may put to good use or not. Success is understood to be correlated with the patient's success in emulation of the therapeutic model. If a patient tries hard enough, he or she will succeed. If not, he or she may not have exerted themselves enough. Patients can share gratitude for their successes with their healers and serve as good examples of the treatment; however, when the treatment fails, the patient has only him- or herself to blame for not having been introspective or

strong-willed enough. Thus, self-health counselors do not feel obliged to include such "failures" in their accounts.

The two approaches entail different concepts of selfhood. Medical treatment differentiates between body and self, attending only to the former while expecting the latter to give up its authority and remain in hopeful suspense as well as in support of the medical treatment. Many alternative regimes, on the other hand, view the self as the main factor in illness and its cure. Patients are encouraged to revamp their diseased self, eliminate deficiencies, and emerge as a transformed self, or the "original" self that existed before harmful developments set in. That transformed new self, or regained original self, may have an individualistic basis or, as for Hay, a Jungian substratum that unifies it with fellow human beings and even existence itself.

Both medicine and self-health psychology share in a discourse often employing similar metaphors such as seeing cancer as an "enemy" who is "out of control." Its cells "behave" like "irresponsible juveniles" who must be "reigned in": authority and control must be re-exerted. The diseased part of the body becomes an "alien territory," and the patient an involuntary traveler between familiar realms of light and health and foreign lands of darkness and disease. Irrational, immoral, forces are seen to have invaded physical territory and must be policed, placed under siege, and eradicated, whether by medical treatments or imaginary white knights. Self-health psychology, however, has added another dimension: the war of the selves. The body, or part of the body, has become treacherous, has betrayed the self, and can no longer be trusted. The body is at war with itself and the self. But the self, too, has become treacherous: for is cancer not the product of a polluted self from which the "real" self, whether new or old, must delineate itself?

The two main metaphors with which cancer is understood, namely as biology or psychopathology, provide different narrative structures. Patients' narratives that are organized by medical metaphors follow the appointments and stations of the drama of diagnosis and treatment. Each treatment has a defined length, and so does the complete treatment program. There may be deviations, but these, too, have treatment-specific extensions in time. The appointments and treatment phases are strung together by continuous results and evaluations of tumor markers, immune function, cell status, and regeneration. Together, the stations of treatment and the dramatic

ups-and-downs of the results provide the narrative backbone and drama to the patients' medical experience, preparing the grounds on which the hope for a statistical future is constructed. Introspection is not required, nor is active participation, other than not standing in the way of treatment. In this narrative, characters are regarded as strong when they place their bodies in the hands of doctors and their selected treatments. The end of the treatment, in the medical narrative, marks the point when the patient will resume regular life again. The medical template has well-defined stages, including beginnings, dramatic climaxes, denouements in recovery, and definite endings. Only lately has medical attention been directed towards the problems of life with chronic cancer. One may conclude that the structure and character of treatment forms the main action in this narrative, the body being the target of the action and the self of the patient its observer.

The narrative templates of self-health psychology integrate the structured narrative of the hospital in two ways: either as a course which the patient resists and criticizes, or one that remains in the background. The narrative is dominated by the voice of a reborn or transformed self that recalls its recovery or transformation through the experience of illness. Besides dominating the hospital experience, the self also dominates the earlier, "diseased" self and the recovering body, staking out its destiny in life and the cosmos. The narrative structure is provided by stations of introspective uncovering of the unconscious and failures in the patient's previous life narrative, and its rereading and reconstruction under the guiding worldview of the particular therapeutic approach adopted. As in the medical narrative, the self is in the service of and aligned with the chosen therapy. Its function, however, in contrast to the medical model, is to implement and control the therapy itself. The main action occurs in the dialogue between different voices of the self, the body being a passive beneficiary of the encounter. The reorientation and unification of the self affects not only the period of illness but the attitude to life in general. In this template, the narrative of illness may form the initial plot but becomes secondary in the larger plot of a cosmological adaptation.

Both metaphors of cancer as biology or psychopathology and their narratives can be immensely successful in the aestheticization of illness. In both narratives, protagonists encounter terrifying threats that are made all the more frightening because of their locus: not without but within the protagonist. In the medical plot, the locus is within the body. In the psychological plot,

it is primarily within the unconscious. Both sites assail the ability of the protagonist to control the threat and act from a unified position. In the medical narrative, the body appears to undermine the self. In the psychological narrative, the situation is even more subtle and frightening: a part of the self appears to subvert another. The medical plot can objectify the threat more successfully as a physical space apart from the protagonist's self. The action usually involves a cast of characters in the hospital who support the protagonist in a heroic battle for the body. The constant measure of the battle in terms of external, ever-changing physiological functions of the body provides many ways to pace the action towards not only one but multiple dramatic climaxes. In fact, the medical action may carry the entire narrative, detracting from the protagonist in its midst. The aesthetical challenge for a medical plot lies in the problem of how to create a denouement from the chaos of multiple climaxes, provide a satisfying closure of the narrative. The routine of year-long treatment regimens and the day-to-day struggle to adapt to a different life may appear flat after the rousing spectacle of the initial drama. Redemptive endings may suggest an integration of the changes within a new order and, thus, a possible closure. However, the uncertainty of cancer often subverts the desire for closure and narratives remain open.

The metaphor and narrative of cancer as psychology generate a much more internal focus for reflections on life with cancer. The concern with the unconscious regarding potential psychological causes of cancer precipitates a struggle between different voices of the self, or selves. The protagonist may move ambivalently between the danger of losing the self in uncertainty and a reassuring, radical assertion against the "diseased" parts of the self. Vulnerability and an introspective focus provide a psychological depth for the character's self that medical plots often lack. It is the internal struggle of the protagonist that carries the psychological narrative and invites readers to explore themselves. The aesthetical challenge for a psychological plot lies in the difficulties of rendering the chaotic internal struggle of the unfolding present of cancer when the written self or selves are in crisis and no voice dominates. Usually, personal cancer narratives are written from the distance of about five to seven years and from a much more solidified perspective. This solidified position of the writing self may falsify the lived chaotic experience of the written

self or selves. The reconstruction of this chaotic experience in the narrated present may require a deliberate fictionalization to convey the fragmented selves to the audience.

Both metaphors of cancer as biology or psychopathology and their narratives substitute aesthetical structures for the chaos of an illness, allowing writers to sublimate their experience and readers to approximate it, albeit from a safe distance. Having traced the main metaphors of cancer in medicine and self-health psychology, the next steps explore the variety of cancer metaphors in public discourse in order to reveal explicit and implicit structures in the imagery of these metaphors.

## CHAPTER III

### EMPIRICAL METAPHOR STUDY

#### Introduction

Personal cancer narratives in particular, and cancer discourse in general, are replete with metaphors. In fact, autobiographical writing itself can be viewed as a metaphor, as it attempts to order the chaos of experience. Metaphors can and often do supply a kind of coherence in narratives where, due to the special conditions of "living" with cancer, plots can no longer be constructed and traditional genre definitions find their limits. Metaphors are the primary building blocks of narratives and particularly useful for understanding the already deconstructed character of life with cancer--an illness that, because of its concomitant threat of death, evokes primal responses. Cancer metaphors help to make sense of this threat and, in so doing, help those with cancer distance themselves from and understand their illness better. In short, such metaphors help give meaning to a reality which most find exceedingly difficult to confront: the contingency and finitude of existence. Metaphors are old friends that, at their best, work by helping to refamiliarize a new and otherwise meaningless world that seems to have lost all coherence. However, while some patients draw upon a broad range of metaphors in narrativizing their illness, this is not always so, and the limits they or others impose on their meaning-making efforts work to handicap their attempts at self-understanding.

When I began my research, there existed no systematic study of cancer metaphors that investigates these tropes and their interrelations--no framework that could serve as a tool for the literary analysis of autobiographical cancer narratives. Therefore, I decided to conduct an empirical study of the metaphors actually used by those with or without cancer, with the following intentions:

- 1) Surveying the variety of cancer metaphors available within different sections of our Euro-American culture; and

- 2) Mapping the range of prototypical metaphors and implicit metaphoric structures available for use by cancer sufferers, and by those in this culture, such as myself, who want to undertake literary analysis of cancer narratives.

The first systematic attempt to study the relation between cancer and the metaphors used to describe it was undertaken by the psychologists George Domino, Mo Therese Hannah, and nurse Dyanne Affonso (Journal of Psychosocial Oncology, 1991). Their objective was to assess psychosocial variables associated with cancer through the study of the metaphors used in its description. These researchers gathered a large pool of cancer descriptors from various compendia and from conversations with cancer patients and health professionals from different countries. Their procedures yielded a short list of twenty-five metaphors, organized into four distinct groups along psychosocial factors. The resulting "Cancer Metaphors Test" (CMT) classified patients' metaphors into the following four groups, associating psychological factors and metaphors:

**Table 1: Psychological Factors and Associated Metaphors in Cancer**

**Factor 1) "Terminal pessimism":**

Punishment for past sins; Dead flowers; An arrow that missed its target; Suffocating heat; The end of a journey; Stagnant water; A withering rose; Checkmate.

**Factor 2) "Future Optimism":**

Riding a tiger; Adrift in a fog; Mushrooms in a field; A train in a tunnel; Caught in a storm; Flowing lava; Shifting desert sands; Alone in the forest; Bubbles in the air.

**Factor 3) "Natural disaster":**

Dark clouds; The sting of a scorpion; Wine turning into vinegar; A broken violin.

**Factor 4) "Foreign Intruder":**

A mouth full of sand; Oozing slime; Mold on a piece of bread; Tarnished silver.

Source: George Domino et al. "Assessing the Imagery of Cancer: The Cancer Metaphors Test."

Journal of Psychosocial Oncology, Vol 9:4 (1991) pp. 106-107.

The CMT was administered to cancer patients and a sample of healthy control group subjects, revealing that cancer patients scored higher on the factors “terminal pessimism,” “natural disaster,” and foreign intruder” and lower on “future optimism” than did their healthy counterparts. In addition, patients with colorectal cancer<sup>1</sup> scored higher on “future pessimism” than patients with lung cancer. The study showed no significant differences for gender and no socioeconomic differences. However, the researchers caution against using the CMT as a diagnostic tool at this time, citing differences between their own and other studies meant to explicate the link between cancer and personality factors (Domino 118).

Anticipating findings yet to be reported, a comparison between the metaphors in the CMT and in my own research shows little agreement. The two studies bring out only one common metaphor, namely the depiction of cancer as a “dark cloud.” Certain other metaphors reported do show similarities. Domino et al., for example, report that patients sometimes describe cancer as a “punishment for past sins,” or “a train in a tunnel,” “flowing lava,” and “mold on a piece of bread.” Similarly, my short list of frequently employed metaphors contains images of “punishment,” and there was the occasional reference to a “tunnel,” or “mold.” My point, at least for the moment, is not to present a point-by-point comparison between Domino's work and my own, but to draw attention to two facts. The first is that their stand-alone study, while similar to the work presented here in that it concerns the use of various metaphors by cancer patients, is different in a number of important respects. In particular, the aim of their study was to assess known psychosocial variables by using metaphor as an access parameter. By contrast, my own study is not concerned with psychosocial variables, but rather works to understand the range of metaphoricity in patient's narratives and put this resource to work in the literary interpretation of cancer narratives. My categories show, for example, how people engage the illness through metaphor, whether by internalizing or externalizing the threat. Despite these important differences, the Domino study does help to make the point, to be emphasized here, that the metaphorical resources in our culture for depicting the experience of cancer are much larger than the use of battle and other punitive metaphors might suggest.

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<sup>1</sup> Cancers of the colon and rectum, the terminal ends of the intestines.

## The Study

The goal of the present empirical study was to map out, as far as possible, the broad range of metaphoric resources available to persons from Euro-American cultures as they undertake to characterize cancer and its treatment. To this end, I undertook to explore systematically and dimensionalize the metaphors volunteered by both patients and non-patients living in Canada and Germany. Consequently, I approached patients in hospitals and support groups, and recruited the majority of people without cancer in university classes and among people I knew outside the university, both in Vancouver and Hamburg.

## Participants

The first step, obligatory for any social study that involves research with human beings, was to request ethics approvals from the university and the hospitals involved in Vancouver and Hamburg, Germany. After the respective applications were approved, I introduced my study, depending on the local administrative infrastructure, to the hospital's medical department heads, psychologists, counselors, social workers, leaders of support groups, or the instructors of various university classes. Different hospitals or support groups requested different stipulations to protect the anonymity and emotional safety of patients who are often severely traumatized by their illness. I prepared personal letters of introduction, consent forms and instructions, and cover letters where appropriate. At the universities in Vancouver and Hamburg, either I or an instructor explained the procedures and handed out the questionnaires. Students completed these measures either in class, or by taking them home and returning them in envelopes provided. In Vancouver, I recruited student participants in classes held in the departments of Psychology, English, Germanic Studies, and Sociology at the University of British Columbia. The Hamburg students were taking classes in the pedagogical-theological institute at the University of Hamburg.

In Vancouver, I approached cancer patients in two support groups that are affiliated with or hosted by the Vancouver Cancer Agency. The stipulations made by the hospital's ethics board permitted me to introduce my study. However, I had to leave my envelopes with my research questions for patients to pick up at their own convenience so that nobody would feel under pressure to participate or explain why they did not want to participate. Therefore, I have no

information as to why some patients completed questionnaires or wrote a narrative and others did not. It helped my cause, however, that the support group leaders involved were very supportive of my study. In addition, my regular presence at the support group meetings and my assistance with "Therapeutic Touch" (a relaxation massage) in the relaxation support group provided a personal face to my research interests and helped build trust among the patients.

In Hamburg, the head of the children's ward at the university hospital, Prof. Dr. Janka, and psychologist Dr. Rainer Thiel gave me permission to include young adult patients from the children's ward. The participants had to be at least eighteen years old, the time at which Germans are considered adults and legally responsible. Dr. Thiel wrote a supportive cover letter for my research questionnaires and I mailed out my research packages to the homes of thirty-six appropriate past and current patients. After an adequate length of time had passed, we sent out additional reminders. Despite these efforts, only six patients responded, by filling out the questionnaires, and only one person wrote an autobiographical narrative.

Prof. Dr. Hossfeld, the head of the adult cancer wards at the Hamburg university hospital, suggested that I solicit narratives directly from his patients instead of mailing out envelopes. He invited me to take part in the clinical routines of his wards. Using my judgement as a nurse, I decided which patient I would approach. There were many patients whom I did not approach, particularly those who were newly or recently admitted. Some were in so much fear, or so severely affected physically and psychologically by their illness and/or their treatment that they were in no condition to be approached for a conversation, let alone to write a narrative. Some patients quite angrily rejected my request, feeling that it was inopportune and "too early" to talk at the present time, some suggesting that I contact them again some years down the line. Of the patients who agreed to participate in my study, some felt just barely stable and safe enough to answer my standard demographic questions and suggest metaphors, but found it impossible to give voice to their experience, let alone write a short narrative. One German woman responded in tears and while we were holding hands, that she could not write at the present time "because I am afraid that I will fall into a deep hole, that I cannot get out of it by myself, self-pity and that." Like many others, she felt that she was "not ready yet." On the other hand, some patients who had been treated for cancer in the past, felt that they could not write for fear of opening old wounds again.

One male member of a Hamburg support group said, struggling with his decision, that writing would let old terror rise back to the surface again.

### **Metaphor Study**

In total, I carried out four different studies, including a total of 397 participants. Study 1, which employed a randomized questionnaire intended to solicit metaphors of cancer and its treatment, involved different samples of 126 adults in Vancouver and Hamburg, including 60 cancer patients and 66 persons without cancer. Studies 2 and 3, both of which were carried out in Vancouver, involved, respectively, 120 and 151 adult persons without cancer, all of who participated in a rating procedure meant to produce a short list of most commonly used or "prototypic" cancer metaphors. In Study 4, 29 Canadian and German cancer patients wrote short narratives about their experience with their illness. In the following I will discuss the different studies in detail.

#### **Study One: Questionnaires for Metaphors of Cancer and Its Treatment/Healing**

The purpose of the first study was to elicit metaphors for three different illnesses and their respective treatments: cancer, AIDS, and heart disease. Participants were to report which metaphors came to mind when thinking about cancer or cancer treatment and healing respectively-- a procedure that was repeated for AIDS and heart disease. I included questions about AIDS and heart disease to learn whether participants would have distinctive images of cancer (different from other illnesses) or whether their images of illness would be generic. In addition, I separated the questions for illness and treatment because patients may conceptualize the two in very different ways. I accepted suggestions from support group leaders to open up the question about metaphors of "treatment" to include "healing." The term "treatment," it was feared, might solicit only images of medical treatment, thereby missing a range of metaphors in which patients think about the illness in other than medical terms. For example, some patients spoke of gathering strength by refiguring the harshness of chemotherapy in the language of a "cleansing process."

## Method

### Participants

A total of one hundred and twenty-six volunteers took part in this study, providing extensive lists of short descriptions for each illness as well as its respective treatment. The participants included sixty patients (36 in Hamburg, 24 in Vancouver). Of these, thirty-one were women, and 29 men, between the ages of 18 and 78 (Mean = 48.8). Sixty-six participants without cancer were recruited from university classes or through personal contacts. This non-patient group was somewhat younger. Except for the group of Vancouver students, most of which were female (77%), all groups were otherwise roughly balanced for gender.

### *Cancer Patients*

With one exception, the ethnic composition turned out to be entirely Caucasian, in both Vancouver and Hamburg samples. The Vancouver support group also has some patients of Asian descent; but none of these participated. I also asked about religious and spiritual affiliations and interests to determine possible links between such beliefs and particular metaphors. Thirty-nine of the 60 patients identified themselves as religious or spiritual; 16 claimed no such interests, and 5 did not respond. Twenty-six patients were members of an organized religious group; 27 had no such membership; and 7 did not respond. Twenty-seven patients reported some concept of an after-life, 19 had no such concepts, and 14 did not respond. Thirty-three patients felt that their religious or spiritual beliefs were helpful in coping with their illness; 14 felt that their beliefs had no influence and, again, 13 did not respond.

The patients' social backgrounds were extremely heterogeneous, ranging from tradespersons and clerical workers to professionals who hold business and academic positions, as well as housewives, students, and retirees.

The initial cancer diagnoses list 15 women with breast cancer; 11 patients with different forms of leukemia; 9 men with prostate cancer; 6 patients with different kinds of lymphomas (3 Hodgkins', 3 Non-Hodgkins'); 2 each with lung, esophageal, or cervical cancer; and one each with cancer of the stomach, intestines, bladder, uterus, melanoma, uterus, soft tissue sarkoma,

Ewing's sarkoma, Histiocytoma, Liposarkoma, and one unspecified tumor in the hand. Of these patients, 20 had at least one metastasis or relapse.

The spread of diagnoses is similar in some respects across the Vancouver and Hamburg samples. Of nineteen Hamburg women, 7 have breast cancer, whereas 8 women have breast cancer among the Vancouver patients. However, ten patients in Hamburg had various kinds of leukemia, compared to only 1 patient in Vancouver. All nine men with prostate cancer come from Vancouver. The large number of prostate cancer patients in Vancouver has to do with my attendance at a support group specifically organized for such patients. In Hamburg, there was no such support group; patients with prostate cancer would have been housed in a different part of the hospital, the urology department.

#### *Participants without Cancer*

Sixty-six people without cancer participated, including 38 students in Vancouver (29 women, 6 men, 3 undeclared) and 28 in Hamburg (15 women and 13 men). Overall, the group ranged from 19 to 77 years of age ( $M = 31.3$ ). The females were between 19 and 50, and the males between 20 and 77. In Vancouver the ethnic composition was predominantly Caucasian (66%), Chinese (8%), Filipino (5%), South Asian (5%), Arab/West Asian (5%), Korean (3%), Japanese (3%), or unidentified (5%).<sup>2</sup> In Hamburg the ethnic composition was entirely Caucasian.

Forty-one participants responded that they had religious or spiritual beliefs (23 in Vancouver, 18 in Hamburg), 30 were members of a religious organization (Vancouver 13, Hamburg 17), and 38 believed that there is some kind of afterlife (Vancouver 26, Hamburg 22).

#### Procedure

All participants received a questionnaire with an introduction to the study, consent form, instructions, questions about demographic items, and six pages of research questions, one for each illness (cancer, AIDS, heart disease) and its respective treatment. The questionnaire follows a

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<sup>2</sup> I used categorizations of ethnicity as provided by the Canadian Census Questionnaire (1996).

standard social science outline (see Appendix II.1.1) The consent form and instructions introduce the study as a part of my doctoral thesis, explaining my research interests,

. . . to learn about the ways in which participants in the study think and describe various serious illnesses (cancer, AIDS, and heart disease).

and how I wished to involve the participants:

. . . [t]he following pages invite you to list those words, concepts, or images, that you feel are particularly descriptive of each respective illness or its treatment/healing.

Next, I informed participants that their participation was voluntary, that they were free to refuse to participate or withdraw at any time, and that I would assume that a completed questionnaire would signal their consent. I assured the participants of their anonymity and asked them not to identify themselves. I suggested a time frame for filling out each page (four or five minutes), asked them to refrain from using outside sources such as books or dictionaries, and reiterated the research question in more detail:

. . . simply describe the images that you think Cancer, AIDS and Heart Disease are like, as well as their treatment/healing, using words that come to mind.

After filling out a page with demographic items (date, gender, age, ethnicity, kind of illness and treatment (where appropriate), and questions regarding religious or philosophical beliefs and affiliations, participants turned to the six pages, or “descriptor lists,” one for each illness and its treatment. Each of these “descriptor lists” featured the specific research question at the top, asking them to

. . . [p]lease list those words, concepts, or images, that you feel are particularly descriptive of [for example] cancer.

Each question set up an open-ended sentence stem, to be completed by the participants (“Cancer is like . . .”, “The Treatment/Healing of Cancer is like . . .”, “Heart Disease is like . . .” and so on). Each descriptor list provided a full, lined page for as many or few responses as the respondent thought appropriate. The order of the descriptor lists was randomized for each participant.

Although the full eight-page questionnaires were titled “Study of Metaphors of Life-threatening Illnesses,” and each page carried a title such as “Metaphors of Cancer,” I nevertheless chose to ask for the more open category of “words, concepts, or images that . . . are particularly descriptive.” Pilot tests had shown that participants were sometimes uncertain about the definition

of metaphor and so felt blocked when trying to come up with responses. In addition, I wanted to reduce as much as possible the listing of medical facts about cancer, such as “low blood count,” and so on. To discourage literal descriptions, my research question does not ask “Cancer is . . .” but “Cancer is like . . .” Nevertheless, many of the descriptions provided by volunteers reflect medical facts or other more literal responses to cancer. A descriptor judging process was used to eliminate such descriptions, and to select only metaphorical images for further analyses. For a sample of Study 1 questionnaires, please refer to appendix . . .

A survey of the six descriptor lists showed major differences of imagery for the three diseases, cancer, heart disease, and AIDS. Cancer metaphors center on the cellular level of the illness and often involve tangible images of terror. Many metaphors of heart disease dwell on “hydraulic” imagery (depicting flow and its blockage) and quite strongly blame the patient (“gluttony”). Metaphors of AIDS focus on aspects of community, both the community of patients, and its isolation from the community of people without AIDS. Having determined that cancer metaphors are indeed specific to the illness they depict, I decided, for the purpose of this thesis, to focus on the examination of cancer and cancer treatment metaphors.

#### Descriptor Judging Process

The 126 participants provided a total number of 1630 descriptions of cancer and its treatment, including 892 descriptions of cancer and 738 description of cancer /healing (averaging 7.1 and 5.8 responses per participant, respectively). The distribution of the 892 cancer descriptors among patients and non-patients was very close: 397 descriptors (or 44.5%) were provided by 60 patients (47.6% of the sample) and 495 descriptors (or 55.5%) by 66 non-patients (52.4% of the sample). The distribution of the 738 cancer treatment/healing descriptors among the same patients and non-patients was even closer: 343 descriptors (or 46.5%) were provided by patients, 395 descriptors (or 53.5%) by non-patients.

Many of the descriptions were medical or literal, for example, “Cancer is like . . . tumors.” In addition, some literal answers ignored the grammar of the question, such as “Cancer treatment is like . . . painful.” Two judges (myself and a colleague) examined the descriptor lists and eliminated all such literal descriptions, preserving metaphorical expressions only. As is common practice in

the social sciences, agreement between the two judges was required before candidate descriptors were eliminated. After discussion, only 5 cancer descriptors and 2 cancer treatment/ healing descriptors remained undecided and, in this case, were accepted. As a next step, obvious redundancies were collapsed (e.g., "death sentence at first impression" and "death sentence initially"), as were statements of almost identical meaning ("black hole" and "black pit"), but efforts were made to retain differences in nuance or focus (e.g., "Cancer is like . . . a battle" and "Cancer is like . . . an inner battle"). Consensus between the two judges was required before any two closely similar items were collapsed.

### **Results**

The descriptor judging process retained two lists of 184 cancer metaphors and 145 cancer treatment/healing metaphors. There was a perhaps surprisingly high level of agreement between female and male participants from both patient and non-patient groups, and from participants from both cultures. People with and without cancer commonly listed highly overlapping metaphors that detail cancer and its treatment in various threatening ways. The single exception to this general pattern of agreement is that some of the Vancouver patients contributed, in addition to metaphors representing the fear of cancer, a number of "healing" metaphors. For example, they sometimes reported that cancer is like ". . . a teacher," or ". . . a philosophical treatise on living and life," or ". . . a door. Opened up a wonderful opportunity." They also frequently refigured cancer treatment in more "healing" terms. For example, they said that cancer treatment is like ". . . a powerful flood of light," or ". . . trees bursting into bud in spring," or ". . . a woodpecker picking out a diseased spot in an otherwise healthy tree," or even like ". . . a new lease on life." Most of the "healing" metaphors came from three female cancer patients in the Vancouver relaxation group, a few from two men in the prostate cancer support group. No German patient provided cancer "healing" metaphors. Two facts provide a likely explanation for this discrepancy. First, the Vancouver relaxation groups encourage patients to think of their illness in ways that make them feel better. Second, cancer patients are more isolated in Germany, having fewer support groups, none of which are hosted by the hospitals.

## **Study Two: Prototypicality Rating**

Study 1 provided a broad survey of the range of metaphors that patients and non-patients in Vancouver and Hamburg offered when asked about cancer and its treatment/ healing. Nothing about their raw lists, however, offered a way to determine how central or typical each of these metaphors is for the representation of cancer and its treatment/ healing. Therefore, I designed a second questionnaire, Study 2, that was intended to reveal the degree of prototypicality of these cancer and cancer treatment metaphors. This study made use of a second sample of 120 people who do not have cancer. This group was chosen for two reasons. First, I was most interested in the metaphoric resources provided by the culture as a whole. Second, I did not want to make additional demands on cancer patients by presenting them with long and potentially disturbing metaphors that did not reflect their own personal choice of metaphors.

### **Method**

#### **Participants**

The one hundred and twenty participants in this study were recruited both from university classes, different from those used in the first study, and from personal contacts. Sixty participants rated the cancer metaphors list, the other 60 rated the cancer treatment/healing metaphors list. Participation was voluntary and anonymous.

The first group of sixty participants (37 female) rated a list of 145 cancer metaphors. This sample ranged in age from 18 to 57 ( $M = 30.1$ ), and was predominantly Caucasian (75%). The remainder were distributed as follows: Chinese (10%), Arab/West Asian (5%), South Asian (1.7%), Southeast Asian (1.7%), Eurasian (1.7%), Japanese (1.7%), and Latin American (1.7%). One participant did not list any "identity." Most participants had, or were working towards, a university degree.

The second group of 60 participants rated a list of cancer treatment/healing metaphors. This group was closely balanced for gender. Participants were 18 to 63 years of age ( $M = 33.1$ ). Again, the ethnic composition was predominantly Caucasian (83%), followed by Chinese (6.7%), Arab/West-Asian (3.3%), Tsimshian (1.7%), Black (1.7%), and South Asian (1.7%). One person

identified himself as Jewish. Again, most participants had, or were working towards, a university degree.

### Procedure

For the second study two different questionnaires entitled "Rating Project" were designed (see Appendix II.2.3a), one for the rating of cancer metaphors, the other for the rating of cancer treatment metaphors. Both types of questionnaires included, as did Study 1, an introduction to the study, consent form and instructions, and questions about demographic items. Lists of cancer metaphors or, or cancer treatment metaphors, followed. Participants were again informed that the questionnaires were anonymous, that their participation was voluntary, and that they were free to refuse to participate or withdraw at any time.

The introduction further explained that the metaphors had been collected from an earlier group of participants, some of whom had cancer and others did not. It was noted, further, that many descriptions convey negative images, while others expressed certain more positive views of cancer, or its treatment. I then asked participants to examine the lists of metaphors provided and ascertain, in their own view,

" . . . how much each of the following metaphors captures your own image of cancer [or cancer treatment, respectively]."

Then, the participants were asked to rate the lists of metaphors derived in Study One on the continuum of a rising scale from 1 to 7, where 1 means "not at all like . . .," and 7 "very much like . . .," participants' own images of cancer or its treatment. This rating scheme was reproduced at the top of each of the 7 or 8 pages of terms provided, along with the incomplete sentence stem, "Cancer is sort of like . . ." or, respectively, "Cancer treatment is sort of like . . ." The cancer metaphors rating list consisted of one hundred and eighty-four items, while the cancer treatment metaphors rating list included 145 items. The location of metaphors on both rating lists was determined by a randomization procedure. On average, participants completed the rating questionnaires in twenty to 25 minutes.

## Results

The ratings for all metaphors by all one hundred and twenty participants were entered into computerized spreadsheets and the average ratings for every cancer and cancer treatment metaphor were calculated. On a scale from 1 ("not at all like . . .") to 7 ("very much like . . ."), the highest rated cancer metaphor among women and men combined ("Cancer is like an inner battle") scored a mean of 5.576. This value is composed of thirty-five percent of the participants who rated this metaphor as 7 ("very much like an inner battle"), 5 percent who rated it as 1 ("not at all like an inner battle"), and the other ratings spread between the ends of the scale. The highest rated cancer treatment metaphor among women and men combined ("Cancer treatment is like a long hard road with many ups and downs") scored a mean of 5.567. Here, thirty-two percent of participants rated this treatment metaphor as 7 ("very much like a long hard road . . ."), while 3 percent rated it as 1 ("not at all like . . ."). The highest rated cancer metaphor, "cancer is like an inner battle," was followed by the metaphors "cancer is like an unwelcome intruder in the body," and "cancer is like a fight for life." The spreadsheet program made it possible to split the results according to gender lines. Among the participating women, the order of the top three cancer metaphors was the same; men, however, chose "unwelcome intruder in the body" as the highest ranked cancer metaphor, followed by "fight for life" and "great burden" (men rated the metaphor "inner battle" fifth highest). On the whole, however, the top ten and top fifty metaphors chosen by both men and women were quite similar. For example, various battle metaphors were placed in the top ten, 5 times by women and six times by men. Overall, men and women agreed to 74 % of the time in their selection of the top 50 cancer metaphors. The lists below show the top ten cancer metaphors, including means and standard deviations<sup>3</sup>, a) for women and men combined, b) women alone, and c) men alone. The complete lists can be found in Appendix IV.A.1.

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<sup>3</sup> In short, "standard deviation" signifies the average distance from the mean.

**Table 2: Cancer Metaphors**

a. Women and Men Combined	Mean	Standard Deviation
Inner battle	5.576	1.610
Unwelcome intruder in the body	5.517	1.600
Fight for Life	5.450	1.515
Invasion	5.117	1.735
Great burden	5.092	1.671
Nightmare	5.017	1.780
Battle	4.992	1.828
Death growing inside	4.900	1.744
Invading army	4.867	1.845
Unwelcome visitor that won't leave	4.825	1.955

b. Women only	Mean	Standard Deviation
Inner Battle	5.778	1.333
Unwelcome intruder in the body	5.459	1.609
Fight for life	5.351	1.499
Invasion	5.135	1.794
Stone wall that blocks my road . . .	5.041	1.538
Unwelcome visitor that won't leave	5.014	1.902
Battle	5.014	1.902
Scary pathway with many trails	4.973	1.590
Invading army	4.946	1.840
Great burden	4.932	1.772

c. Men only	Mean	Standard Deviation
Unwelcome intruder in the body	5.609	1.616
Fight for life	5.609	1.559
Great burden	5.348	1.496
Nightmare	5.348	1.722
Inner battle	5.261	1.959
Invasion	5.087	1.676
Opponent	5.087	1.703
Death growing inside	5.043	1.581
Enemy who assaults the human body	5.000	1.477
Battle	4.957	1.745

Among cancer treatment metaphors, the highest rated metaphor was "cancer treatment is like a long hard road with many ups and downs" followed by "cancer treatment is like a battle" and "cancer treatment is like a battle over life and death." When women participants were considered alone, this same ordering was preserved. Men, however, rated "fighting against a foreign invader" first, followed by "battle" and "war," while the treatment metaphor " a long hard road . . ." followed in fourth position. Women, again, listed five different battle metaphors among the top ten, while men rated 7 such battle metaphors in their top ten list. Despite these minimal differences,

women and men again agreed overall by a margin of 76%, regarding the selection of the top fifty cancer treatment metaphors. The lists below show the top ten cancer treatment metaphors, including means and standard deviations, a) for women and men combined, b) women alone, and c) men alone.

**Table 3: Cancer Treatment Metaphors**

a. Women and Men Combined	Mean	Standard Deviation
Long hard road with many ups and downs	5.567	1.514
Battle	5.475	1.550
Battle over life and death	5.417	1.788
Fighting against a foreign intruder	5.400	1.651
Continuous battle	5.283	1.585
Struggle for victory	5.167	1.777
Race against time	5.017	1.864
Battle over the body	5.017	1.799
War	5.008	1.772
Counterattack	4.925	1.677

b. Women alone	Mean	Standard Deviation
Long hard road with many ups and downs	5.600	1.759
Battle over life and death	5.333	1.988
Battle	5.317	1.793
Continuous battle	5.233	1.695
Fighting against a foreign intruder	5.133	1.742
Fighting with a monster whose strength is unknown	5.117	1.730
Race against time	4.933	1.964
Struggle for victory	4.900	1.768
Battle over the body	4.800	1.937
Black cloud with a silver lining	4.750	1.706

c. Men	Mean	Standard Deviation
Fighting against a foreign intruder	5.667	1.539
Battle	5.633	1.273
War	5.533	1.196
Long hard road with many ups and downs	5.533	1.252
Battle over life and death	5.500	1.592
Struggle for victory	5.433	1.775
Continuous battle	5.333	1.493
Counterattack	5.267	1.660
Battle over the body	5.233	1.654
Race against time	5.100	1.788

For a complete list of cancer treatment metaphor ratings, please refer to the Appendix IV.A.2.

### **Study Three: Similarity Sorting Task**

Study One revealed which metaphors patients and persons who did not have cancer, in both Vancouver and Hamburg, associated with when asked about cancer as well as its treatment/healing. The ratings in Study Two told me how representative or prototypical each of these metaphors are held to be in the minds of people who do not have cancer. On its own, however, the ongoing procedures of Study Two offered no way of determining whether some relational structure underlies these most prototypical metaphors. Study Three sought to discover the presence of any implicit structure or relation or pattern that might obtain between the various metaphors that top the list of prototypic images in our collective understanding. To accomplish this a similarity-sorting task was developed as a way of allowing participants to group various cancer and cancer treatment metaphors freely, in whatever way allowed them to express their views about the interrelations between these descriptors. I then employed various standardized data reduction techniques (hierarchical cluster analysis and multidimensional scaling) to uncover the latent structure of people's collective understanding.

#### **Method**

##### **Participants**

For Study 3, I recruited 151 volunteers, most of whom were students, different from those involved in Studies 1 and 2. I also invited personal contacts. I formed two samples of participants, the first of which grouped cancer metaphors, while the second sample grouped cancer treatment/healing metaphors.

The first group consisted of seventy-seven individuals (40 females, 37 males). The participants were between 17 and 80 years of age ( $M = 30.5$ ). The ethnic composition was predominantly Caucasian (83%), followed by Chinese (7.8%), Arab/West Asian (2.6%), South Asian (1.3%), Southeast Asian (1.3%), Japanese (1.3%), Korean (1.3%), and Latin American (1.3%). Again, most participants had, or were working towards, a university degree.

The second group assigned to consider the cancer treatment metaphors included seventy-four members (41 females, 33 males). The participants were between 19 and 69 years of age ( $M =$

27,7). The ethnic composition was predominantly Caucasian (83.8%), followed by Chinese (6.8%), Korean (2.7%), Latin American (2.7%), First Nations (1.3%), and "other" (2.7%). As with the first group, most participants had, or were working towards, a university degree.

### Procedure

The lists of metaphors that were generated in Study One and rated in Study Two included 184 cancer metaphors and 145 cancer treatment/healing metaphors. Such numbers are too large and time-consuming to be processed in a sorting task without subjecting the participants to information overload and fatigue. Therefore I decided to use the fifty most representative or prototypic metaphors from the cancer metaphors and cancer treatment metaphors lists derived in Study Two for the respective grouping tasks. Each set of fifty metaphors was printed onto sheets of cardboard and cut into sets of small cards (approximately 1 by 3 inches), randomly numbered from 1 to 50.

As with the other two studies, participants were asked, first, to provide some items of demographic interest (date, gender, age, ethnicity) and then to

group these cards (and the metaphors they contain) in whatever fashion you feel is most useful in best characterizing the different ways required to best capture the meaning of having cancer (or, respectively, undergoing cancer treatment/healing).

Additional instructions informed participants that they were free to sort as few or as many cards into as many groups as they saw fit. Participants also could assign one metaphor to more than one group if they wished. I sought additional information by requiring participants to "give the groups that you have chosen a name that seems appropriate to you." The questionnaires provided columns for recording the different group names and the numbers of the various cards assigned to these groups. Participants who, despite their best efforts, were unable to assign a certain card to any of their groups, were asked to list the numbers of those cards at the bottom of the page. On average, each sorting task took twenty to 25 minutes to complete.

## Results

Similarity sorting tasks can be evaluated with the help of so-called co-occurrence matrices. In essence, such matrices resemble tables not unlike fare tables in a train schedule. Commonly, these tables show a row of cities, for example, horizontally, on the left side, and the same row of cities vertically, on the top side. The field between these sides is filled with prices and one finds the appropriate fare if one extends a horizontal line from the city of departure until it intersects with the vertical line pointing to the city of arrival. We find our appropriate fare at the point where the two lines intersect.

Similarly, the co-occurrence matrix for Study Three forms a square. I used fifty cards with the top fifty metaphors for the grouping task. Therefore, each side of my square had fifty spaces for the names of these metaphors. I entered these metaphors on both the horizontal and the vertical side of the square. I then referred to the lists in which each participant documented which metaphors s/he had sorted into which groups. Combining the lists provided by all participants, I counted how many participants had grouped a particular metaphor "x" together with another metaphor "y." If this occurred, for example, eleven times, I entered this number into the square field where the vertical line from metaphor "x" and the horizontal line from metaphor "y" intersect.

In summary, each of the two axes of a co-occurrence matrix lists the 50 cards and their metaphors, numbered from 1 to 50. A match between one card on one axis and another card on the other axis counted as 1. The occurrence of a zero indicated that there was no match. The matches were summed up across the matrices of all participants.

I submitted the results of the co-occurrence matrices to two forms of statistical analysis, hierarchical cluster analysis (HCA) and multidimensional scaling (MDS). The hierarchical cluster analysis reduced participants' individual groupings of metaphors to shared typical patterns, or clusters, of all such groupings. Although all metaphors were related to each other in some way, a number of levels of typical groupings could be discerned. An appropriate level of groupings was chosen in order to provide a balance between the most meaningful interpretation and the least distance between neighboring metaphor groups, or clusters. Clusters at five levels best mediated

both concerns with regard to the list of cancer metaphors. The metaphors of cancer treatment/healing were best represented by 6 levels of clusters.

The following two lists represent five clusters of cancer metaphors and six clusters of cancer treatment metaphors, identified by a representative label for each cluster.

**Table 4:**  
**Typical Clusters of Cancer Metaphors as grouped together by Participants**

**(1). Battle/Invasion Group**

invasion  
 invading army  
 ambush  
 attack  
 opponent  
 enemy that must be fought over forever  
 enemy who assaults the human body  
 fight for life  
 battle  
 inner battle  
 wrestling

**(2). Intrusion Group**

destructive power  
 natural foe  
 non-selecting killer  
 unwelcome intruder in the body  
 unwelcome intruder that won't leave  
 thief that steals one's time, energy and dreams  
 being attacked by an invisible object

**(3). Growth from Inside**

being eaten alive  
 being eaten from the inside out  
 death growing inside  
 body rotting from the inside  
 growing being in the body that takes over as it pleases  
 foreign body, unfortunately coming from the inside  
 parasite  
 monster that is out of control and that demands attention  
 uncontrolled poison

**(4). Oppressive Surroundings**

dark, overhanging cloud  
 shadow  
 dark, dark scary cave  
 long dark hall  
 Darkness  
 nightmare  
 terrifying nightmare from which one cannot wake up  
 hell  
 dark threat that suddenly hits somebody

(5). Obstacles Group

great burden  
 suitcase which one must carry and which is very heavy  
 stone wall that blocks my road and forces me to find other paths  
 scary pathway with many trails  
 time bomb  
 erratic life clock set ticking  
 wake-up call  
 hard stroke of fate  
 catastrophe  
 large wave which one can no longer escape.

The choice of the summary label is meant to represent the overall image of the particular cluster and takes into consideration ratings of representativeness from the cluster's metaphors obtained from Study Two. Accordingly, the images of individual clusters of cancer metaphors can be differentiated into (1) battle/invasion, (2) intrusion, (3) growth from inside, (4) oppressive surroundings – nightmare and, (5) natural or metaphysical obstacles.

**Table 5:**  
**Typical Clusters of Cancer Treatment Metaphors as grouped together by Participants**

(1). Battle Group

Battle  
 Battle over the body  
 War  
 Fighting against a foreign intruder  
 An invasion  
 A battle for reprieve  
 A battle over life and death  
 A battle against the flood  
 A battle against an overpowering enemy  
 A continuous battle  
 A blind battle  
 Fighting with a monster whose strength is unknown  
 Counterattack  
 Defense  
 Struggle for victory  
 An attack by medicine, executed expediently  
 Chemical weapons  
 Fighting fire with fire

(2). Lottery Group

A lottery win if a cure occurs  
 A lottery where the stakes are much too high  
 A lottery  
 A poker game  
 Playing Roulette or Dice

(3). Tentative Hope

A black cloud with a silver lining of hope  
 Hope renewed  
 A glimpse of light  
 Carpe Diem (seize the day)

(4). Taking on the Task

Exorcising one evil with another  
 A necessary evil  
 Power-washing a house, potentially damaging but leaving all clean behind  
 A powerful light destroying bad cells  
 A woodpecker picking out a diseased spot from an otherwise healthy tree  
 Eating something awful ("Your rotten soup is good for you")  
 A corrosive fluid that eats itself into the cancer

(5). Perseverance, Work

A long hard road with many ups and downs  
 A job that takes effort  
 Working at a job one doesn't like  
 A serious test  
 Pushing a stone up a hill though it always rolls down again ("Sisyphus")  
 A boomerang because of the side-effects  
 A sine-curve, never-ending up and down  
 A flood of fear  
 A chain of fear  
 Limbo

(6). Race

Race against time  
 Ride through hell  
 Moving against the wind  
 Being alone in a crowd  
 Storm  
 Racing against a time bomb

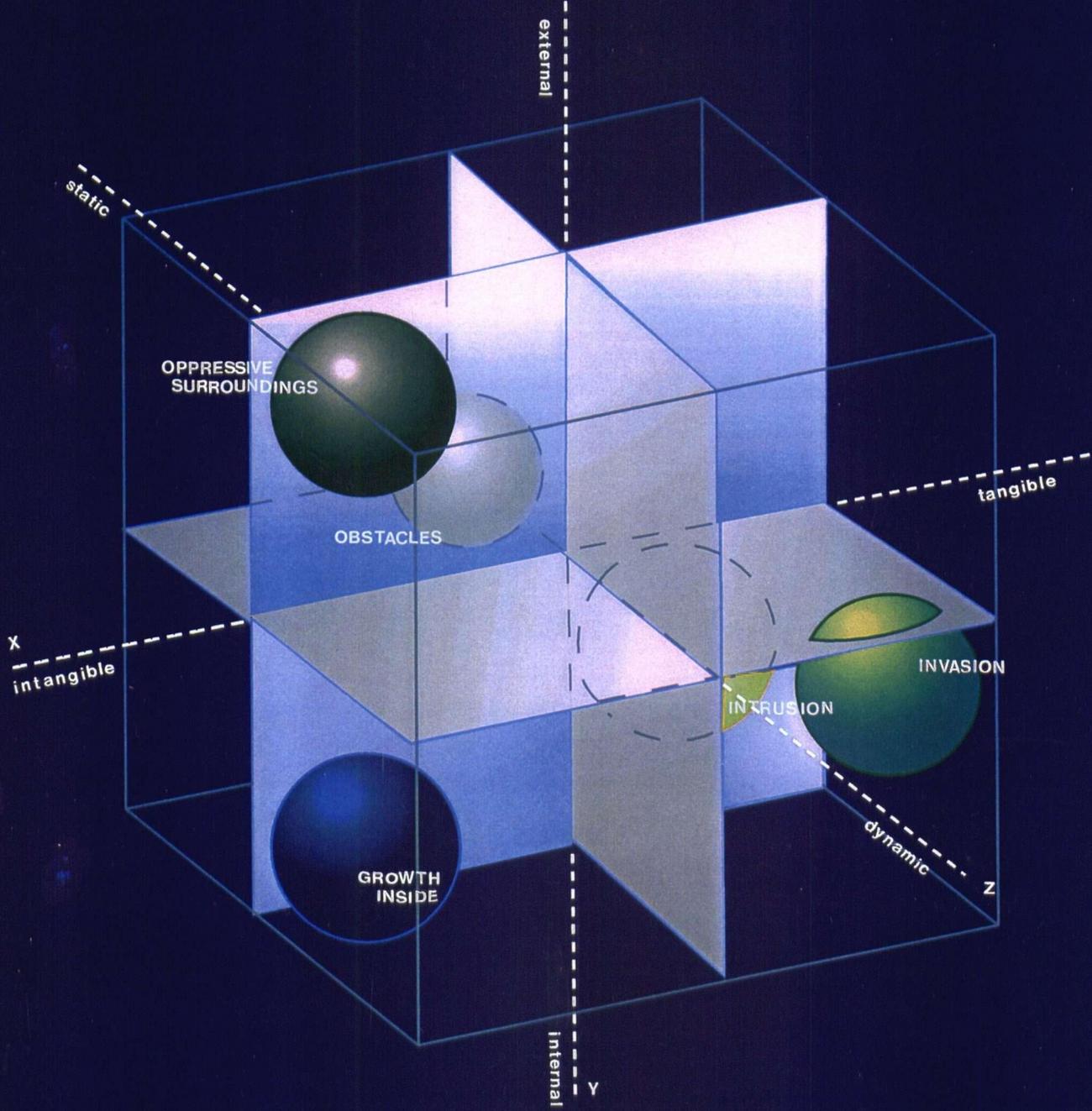
Multidimensional scaling takes all the numbers from the co-occurrence matrix and calculates the average proximities or distances between all metaphors. For example, if two particular metaphors were grouped next to each other, say, the cancer metaphors of "battle" and "fight for life," their distance will be very close. On the other hand, the metaphors of "battle" and "a hard stroke of fate" were very rarely grouped together and, therefore, are very distant from each other. These proximities or distances can be arranged in a space with as many dimensions as there are items. In my case, given fifty metaphors, I could have calculated a 50-dimensional space. However, most of us can not comprehend more than a three-dimensional space. The question whether to use a two- or three-dimensional space is a matter of convention and convenience, and depends on the clarity of representation. Groupings that can overlap in a two-dimensional representation can be better differentiated if the depth of a third dimension is added.

For my research, I decided to utilize three dimensions. At first, numbered points appeared scattered throughout the space. I replaced the numbers with the names of the respective metaphors and drew outlines around those metaphors which the hierarchical cluster analysis had identified as groups (see above). These groups seemed quite distinct, organized between the axes of a three-dimensional space. I examined the positioning of the groups within this space for characteristics that might help identify the spatial dimensions as particular functions. For example, the group with "external" imagery of cancer metaphors (for example, "dark overhanging cloud") appeared to be located on one end of a dimension, the group with "internal" imagery (for example, "death growing inside") on the other end. I therefore interpreted this particular axis as a function of the "internality" or "externality" of cancer imagery in the imaginative projections of participants. Similarly, I examined the other two dimensions, interpreting them to represent functions of "tangibility" versus "intangibility," or "dynamic" versus "static" representations of cancer.

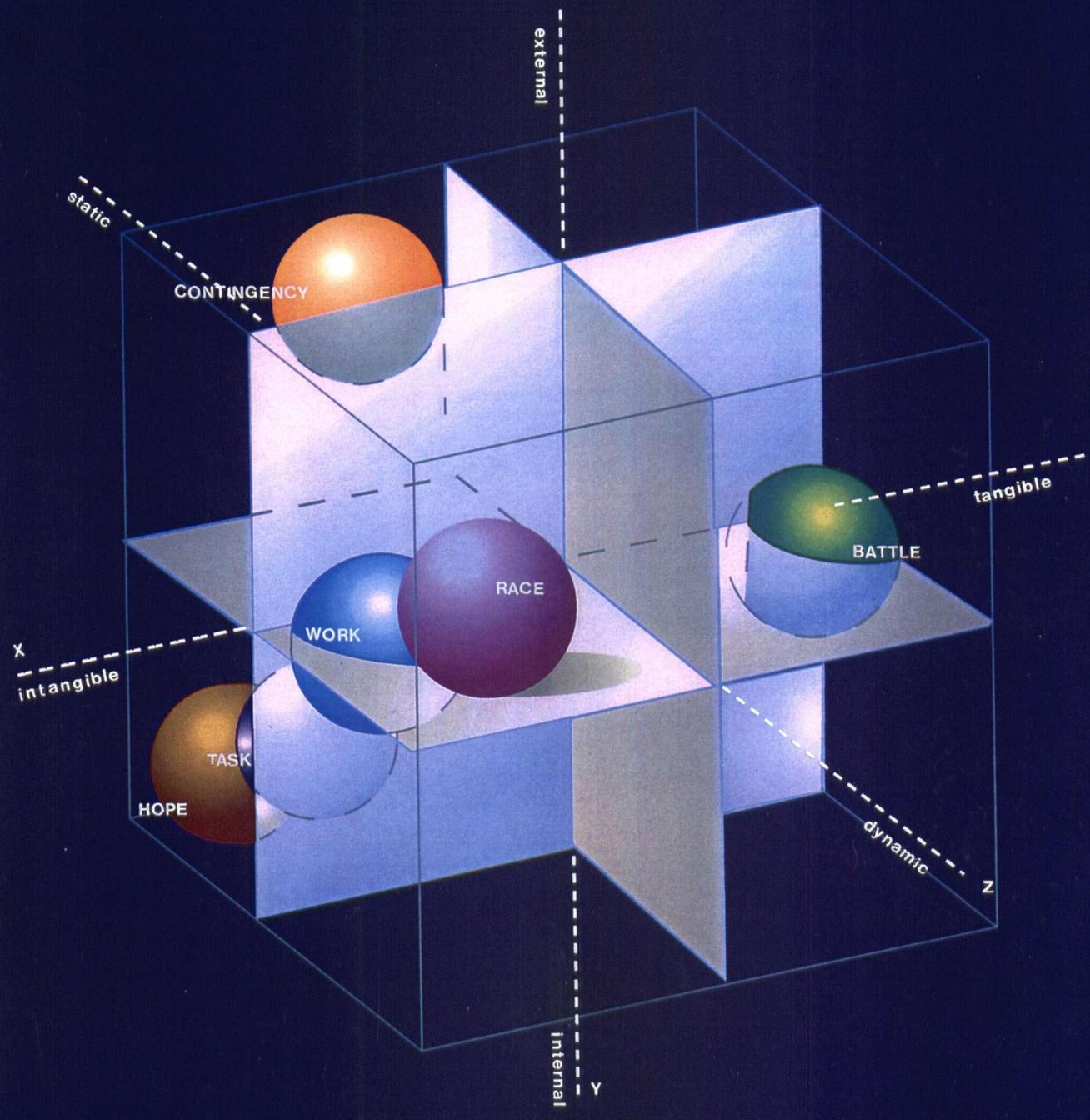
I proceeded in the same way with the group of cancer treatment metaphors. Interestingly, the three-dimensional arrangement of cancer and cancer treatment metaphors showed a similar organization of axes in relation to groups. A group of war metaphors appeared in almost the same place, in both cancer and cancer treatment maps. Because both studies of cancer and cancer treatment metaphors and all their calculations were carried out independently, there is no technical way of establishing with absolute certainty that both three-dimensional spaces and their axes were identical. However, the coincidences between the two fields strongly suggest treating them as similar representations.

These resulting fields make possible a cultural representation of metaphors and their functions in terms of which it is possible to locate some of the metaphors from both published cancer narratives and those solicited by me from patients. The function of each metaphor as a representation of a particular image of cancer or its treatment can be ascertained from the three dimensions that intersect the metaphorical space. The illustrations on the following two pages render an idealized representation of the main metaphor groups in a space of cancer metaphors, and cancer treatment metaphors respectively. These representations reveal the range of metaphoricity that participants in my study associate with cancer. In addition, the spatial organization reveals a number of implicit, psychological functions in metaphor use. This imaginative space is meant to

# Cancer Metaphors



# Cancer Treatment Metaphors



help in understanding the use of metaphor, first, as an approximation of images of cancer in our culture and, secondly, as a template for comparison with metaphor use in personal cancer narratives. In my literary chapters, each discussion of a cancer narrative will be accompanied by a spatial representation of its main metaphors.

As indicated, the representations have been idealized for the sake of vividness. The original computerized calculations show the families of metaphors not as colored spheres but as asymmetrical clusters of dots whose three-dimensional arrangements are rather complex and very difficult to visualize (compare abstract representations in Appendix IV.D.1). The colors of the spheres were randomly chosen, intended solely to enhance contrast, and carry no additional meaning. The labels of the spheres, for example, "invasion," are meant to represent the diversity of metaphors they contain, for example, the metaphor of "battle" (see list on page 127). The illustrations in Ch. IV, "Cancer Narratives," represent some of the main metaphors in each book. Three-dimensional representations like mine are commonly used in the social sciences to analyze, for example, culturally specific mental representations of emotion categories (love, joy, surprise, anger, sadness, and fear, Shaver et al 1987). In my thesis, such analytic models and their representations are introduced as a way of organizing the study of metaphor in literary texts.

What has been accomplished in this empirical study is to make explicit, in Study One, the wide range of metaphors of cancer and its treatment. Study Two provided the explicit order of these metaphors in terms of prototypical characteristics, held in the minds of a cross-section of people sufficiently large to produce reliable agreement. If there had been no agreement, the results would have turned out different, for example, failing to produce distinct hierarchies of metaphors. On the basis of these findings there are grounds for confidence that people in our culture have a shared vision of what the main available metaphors for cancer and its treatment are. The lists are by no means complete. Although I generated a list of prototypical metaphors, no claim is made that there are not any other metaphors. While these metaphors appear in a hierarchical order, matters might have been otherwise. Such findings are, however, common in other, unrelated studies, nor could I have imposed such patterns on representations that lacked latent relations. The upshot of Study Three is that I can take any metaphors produced in both published and unpublished personal

cancer narratives and situate them in a three-dimensional metaphoric space and it is possible to differentiate writers by the way they sample metaphors from this space.

#### **Study 4: Autobiographical Narratives of Cancer**

Study One revealed which metaphors came to mind when patients and non-patients in Vancouver and Hamburg were asked about cancer as well as its treatment/ healing. Studies Two and Three disclosed the prototypicality and implicit typology that underlies these metaphors, according to non-patients. Study Four asked if and how the prototypicality and implicit typology of metaphors come to play in the content and structure of patients' autobiographical narratives of life with cancer. Study Four will be discussed in the first part of the next chapter.

## CHAPTER IV

### CANCER NARRATIVES

#### Part 1: Taxonomy

Because so little is known about cancer, a frightening mystery surrounds the illness and leaves patients with little, if any, sense of control over their lives. A focal point of many of the narratives I have read, whether published or solicited by me, is a desire for knowledge and control, and the wish to reach out to others to share experiences and resources. While some structural similarities among many narratives can be identified, personal approaches, conclusions, meanings, and the language in which these are formulated vary widely, sometimes radically. In what follows, I will develop a limited taxonomy regarding specific points of interest, first of solicited and then of published cancer narratives, beginning with a comparison of cancer incidence rates to provide a background for my discussion.

Cancer incidence rates are similar in Canada and Germany. In Canada, with a population of little more than 30 million, an estimated 129,200 new cases of cancer occurred in 1998 (National Cancer Institute of Canada 9). For the same period, 330,000 new cases of cancer were expected in Germany, with a population of about 82 million (Wagner 26). During the same time, there were 62,700 deaths from cancer in Canada and about 210,000 in Germany (NCIC 9, Wagner 26). The combined incidence and mortality rates for all cancers have remained stable (in women) or declined slowly (in men). Early detection has contributed to these results. In both Canada and Germany, lung cancer continues to be the leading cause of cancer death for men (one third) and women (one fifth). The most common cancers are, among men, prostate, lung, and colorectal cancers and, among women, breast, colorectal and lung cancer. During their lifetime, 1 in 8 men are expected to develop prostate cancer, and 1 in 9 women breast cancer. While the incidence for both prostate and breast cancer has risen over the past decade, their mortality rates have declined. In Canada, cancer is primarily a disease of older people. 70% of new cancer cases and 80% of cancer deaths occur among those who are at least 60 years old. Overall, Canada's statistics differ from those in South

America, Asia, and Africa, but are similar to those of the United States and Europe (Canadian Cancer Statistics, 9-10).

Compared to the staggering number of new cancer patients every year, the number of published accounts of life with cancer in these two countries is almost negligible (I collected sixteen English and German cancer narratives that were published in 1998). An initial survey of these published autobiographical narratives showed that a large majority are written by a quite specific group of people. As already mentioned, most of these authors write regularly for personal and/or professional purposes. Many are trained writers, journalists, teachers or psychotherapists. Generally, they are members of the upper middle or upper classes, some of whom can afford personalized care in the VIP suites of leading cancer hospitals. In my attempt to establish a wider cultural background for my literary analysis of published cancer narratives, I therefore decided to approach patients in hospitals and support groups. As part of my metaphor study, I invited people from a wider social background, who do not normally write, to compose short personal narratives of their experience. I discuss my findings in the following taxonomy of unpublished autobiographical cancer narratives.

### **Narratives Solicited from Cancer Patients**

The collection of solicited narratives formed part of the empirical metaphor study. Governed by the same ethical considerations and stipulations, it assured anonymity and the emotional safety of the patient. The consent forms and instructions for the empirical study of narratives read as follows:

Write a short account or narrative about your own experience with your illness. You might want to share whatever you find interesting or important. In general we are interested in learning how you think about your illness, its treatment/healing and its broad impact on your life.

I suggested writing about 8 or more pages (double-spaced), and provided a booklet and an unmarked, stamped envelope with my university address for returning the narrative. The participants were informed about the voluntary and anonymous nature of their participation, and their right to withdraw at any time without any repercussions. A code chosen by the patient enabled me to match the narrative with the metaphor questionnaires, so that I did not need to ask for details

about demographic information more than once. In addition, I included simple suggestions for writing a narrative, on a separate sheet of paper entitled "Writing about Illness" (see Appendix II.A.1.2). The German study had a similar text (see Appendix II.B.2.2).<sup>1</sup> Everybody who agreed to write a story also filled out the metaphor questionnaires, although many people who filled out questionnaires did not write a narrative. Altogether, sixty patients in Vancouver and Hamburg responded to the questionnaires; of these, twenty-nine wrote a narrative.

### Participants

In Hamburg, I solicited narratives in pediatric and adult oncology wards at the university hospital, as well as in a parish-led cancer support group. At the pediatric ward I mailed the questionnaires to thirty-six young adults, most of them former patients. Only six responded, one of whom (a woman) wrote a narrative in addition to answering the questionnaire. In contrast, I was able to introduce myself and my study personally to patients in the adult cancer ward and received eight narratives. More wanted to write a narrative but did not find the time or strength between treatments, let alone while undergoing chemotherapy. I also called up the few cancer support groups in Hamburg and asked whether they would participate in my research. In 1997, German hospitals did not yet facilitate support groups for their patients, eyeing such efforts with suspicion. Support groups, on the other hand, were often critical of hospital care. While the group leaders appeared generally supportive of my work, the group members were not, suspecting me of being part of an oft-maligned health care system that, in their opinion, only cares about statistics and numbers. However, one parish-led cancer support group did invite me to introduce my study and leave questionnaires and return envelopes with them. Five of its members filled out the questionnaires. Two of these wrote narratives about their experience, while another decided not to participate, fearing that writing would let old terror rise back to the surface again. Altogether, I received nine cancer narratives from German cancer patients and support group members.

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<sup>1</sup> "Der Zweck dieses zweiten Teils der Studie ist es, mehr über die Erfahrung mit einer Krankheit in autobiographischen Erzählungen zu lernen. Daher möchten wir Sie sehr herzlich einladen, eine kurze Erzählung über Ihre eigenen Erfahrungen mit Ihrer Krankheit zu schreiben. Bitte schreiben Sie, was immer Sie für interessant oder wichtig halten. Ganz allgemein sind wir daran interessiert, wie Sie über Ihre Krankheit denken, die Behandlung, und die Auswirkungen auf Ihr Leben."

In Vancouver, I solicited narratives at support group meetings held at the British Columbia Cancer Agency (BCCA), notably the relaxation groups and the prostate cancer support group. In addition, some counselors invited patients during individual appointments to participate in my study. Thus, I received twenty narratives in Vancouver. The reasons for this discrepancy with the German part of my study are quite obvious. In Vancouver, I was able to take part in the relaxation support groups' regular meetings, three times a week, and monthly in the prostate cancer support group. As a result, I was able to build up trust and a more personal relationship with the groups' members, whereas I could not establish such contacts during my visit to Hamburg's wards where most patients tend to stay no longer than a few days.

The background of the participants in Vancouver and Hamburg turned out to be quite similar. All of those who wrote narratives identified themselves as Caucasian ("White"). Occupations ranged from tradespersons, caretakers, and physiotherapists, to teachers and one academic. Gender was well balanced in both places (fifteen narratives written by women, fourteen by men), as well as average age (fifty-three years). In general, and as Table 2 shows below in more detail, the first diagnosis of cancer had occurred four and a half years before writing the narrative.

**Table 6: Ages of Participants who wrote Narratives**

(Minima and Maxima in brackets):

<u>Age</u>	<u>Total</u>	<u>English</u>	<u>German</u>
Age at time of writing narrative	54 (27-74)	54 (40-74)	52 (27-68)
Age at time of diagnosis	50 (18-72)	52 (32-72)	46 (18-66)
How many years ago first diagnosed	4.5(0-18)	4 (0-12)	5 (1-18)

Except for one Canadian woman who wrote about her mother's life with breast cancer, all others referred to their own experience with cancer in various stages. The largest group in both Vancouver and Hamburg had been diagnosed with breast cancer (ten), followed by prostate cancer (six), and lymphoma, leukemia, cervical cancer, bone, brain, lungs, stomach, throat, uterus, and

melanoma. One third of these participants (nine) had suffered recurrences or secondary cancers. All had chosen conventional medical treatments such as surgery, radiation, chemotherapy, or hormonal remedies. Seven patients complemented these treatments, for example, with injections of mistletoe extract (2; a popular alternative cancer remedy in Germany), vitamins (3), herbal remedies (1), or other unspecified methods (1).

### Narratives

In our instructions we had indicated that participants were free to write with a typewriter or by hand in the booklet provided. Most wrote their accounts by hand (21). The average word count of the narratives is 1301 words, or about five pages double-spaced. The shortest account is 189 words long, the longest 3522. There were no significant differences between English and German narratives in this regard. However, there are certain differences in style among the Vancouver narratives, apparently in direct relation to the objectives of each support group. The prostate cancer support group is strongly oriented towards knowledge and new research about illness and treatments. Many of its members derive a great deal of reassurance from this educational emphasis and a pragmatic, "positive" attitude, reassuring each other with affirmations such as "One step at a time," or "You have to look forward," or "Getting the job done," reflected in most of their narratives. However, two narratives are quite personal and introspective, discussing emotional uncertainty and relationships with spouses or friends. The relaxation group, on the other hand, focuses on personal well-being, inviting personal comments, introspection, emotionalism, and imagery. Tears and happiness are never far apart; one person may have found out about a recurrence, while another has reached another milestone in the process of recovery. The weekly groups begin in a circle, with everybody reintroducing themselves again to the others. Following the circle, participants lie down on mats, lights are dimmed, and the group leaders, including music therapists and massage practitioners, guide the participants, with the help of collective imagery, into a state of relaxation. Transformational images of nature counteract the anxiety, subjectivity, and isolation many participants feel, and reassure them that they are part of a larger, interdependent whole of existence. The sensitivity and acceptance among group members in the midst of trauma provides what participants describe as "love among strangers." More narratives from this group

reflect its introspective, personal focus, among both men and women, though others feature a more pragmatic style.

In general, the narratives that I solicited from patients can be situated on a continuum that features pragmatic narratives at one end, with a focus on the medical trajectory of the illness, and personal, hardly structured narratives at the other. In most narratives, particularly the pragmatic ones, the narrators recount, usually in the simple past tense, the medical trajectory of their illness, occasionally inserting a comment on the extent of pain and suffering. They often close with an assessment of the many changes, consolidating the position from which they are now writing. As such, these narratives present miniature copies of book-length cancer narratives, written from what Olney calls a "simplex" (retrospective and chronological) perspective. The smaller group of "personal" narratives may include the same structure, but accompany the medical trajectory with an extensive portrayal of its traumatic effects on their lives. A few of these narratives begin with the present, and repeatedly refer any factual information and the review of the past back to the specificity of present circumstances and the narrator's comments, as is more typical of diary entries. One of these diary-like narratives will be discussed below.

While each narrative deals with the experience of cancer, its treatment, and the impact on the life of the narrator in unique and personal ways, a number of similarities in structure and content can be ascertained. In general, these accounts can be divided into three parts. The narrative's opening, often dramatized, provides a place for a personal introduction. The body of the account follows, usually recounting the medical trajectory of the illness in chronological order. Most narratives conclude on a more personal, redemptive note that may take on an exhortatory tone, though tempered by the awareness of the constant danger of living with cancer.

### *Beginnings*

Few writers gave their stories a title. For those that did most were factual (for example, "My Experience with Prostate Cancer"). The most literary title suggests a metaphorical and ambivalent image of the writer's experience and lends aesthetic structure to the narrative: "A Journey Barefoot up a Mountain."

Many writers begin their narratives with the date of their diagnosis. A sixty-year-old woman writes: "I was diagnosed with breast cancer in May, 1993. A lump 8mm was discovered by mammogram." Some combine date, diagnosis and the shock of the experience in the first line. For example, a forty-three year old man with leukemia writes: "When I was first diagnosed with Chronic Lymphocytic Leukemia in 1992 I was in shock for over a month. I could not believe that it could happen to me." The opening may also detail the changes which cancer has caused in the life of the writer. For example, a handyman from Hamburg, sixty-four years old, with lung cancer, writes: "The illness as such is very depressing because, being a craftsman, one is used to work hard, lifting things, and can't do that anymore."<sup>2</sup> Other openings may be redemptive, stating the writer's changed attitude to life and his/her new enjoyment of nature, partner, and the here and now, as in the following first line by a sixty-year-old man with prostate cancer: "There has never been a more beautiful spring." Some narratives refer to the experience as an odyssey or journey. For example, a twenty-seven-year-old woman from Hamburg, who had her leg amputated because of a malignant skin tumor, writes about her "odyssey," leading from her general practitioner and other specialists to two hospitals. Reviews of one's own illness, or the family illness history may invigorate the narrative with dramatic pacing as it proceeds from generation to generation, or from one date or year of diagnosis to another. However, many state the difficulties of writing and giving voice to their experience: "[n]o words can describe what goes on in the mind of a person who has cancer" (a sixty-four-year-old woman from Hamburg, with breast cancer).<sup>3</sup>

### *Middles*

After the introduction, these narratives follow closely the medical trajectory of life with cancer and its treatment. The diagnosis and treatment options may require patients to educate themselves in order to make decisions, and involve talking to partners, relatives, friends, reading medical books or guide books, researching resources on the internet, and soliciting second

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<sup>2</sup> "Die Krankheit als solche ist sehr deprimierend, weil man als Handwerker gewohnt ist, hart zu arbeiten und das nicht mehr kann."

<sup>3</sup> "Jedes Wort wird nicht jenes beschreiben können, welche Vorstellungen im Inneren eines an Krebs erkrankten Menschen vorgehen ."

opinions from other doctors. The narratives draw attention to a number of issues, such as the impact of the diagnosis when first communicated by the doctor. Most narrators note that they were in a state of shock, sheer terror, numbed, or in disbelief "until reality set in." The disbelief is often exacerbated by the fact that, depending on the localization of the cancer, the diagnosed person feels healthy, and treatment will change this state. This is especially true for men with prostate cancer who do not receive immediate surgery. Women with breast cancer, however, must submit to mammograms and biopsies, prompting one woman to write that her breast felt as if it had been "run over by a truck." Women and men alike write about the importance of their spouse in reaching treatment decisions, some commenting with moving appreciation on their partner's support. Many describe their health professionals as helpful and caring. There are, however, some cases where apparently indifferent doctors confront patients with their diagnosis in a hurry. One writer notes that his first doctor was deceptive, withholding the diagnosis, while the next was too blunt, offering no hope at all. In another case, a doctor showed up in the room of the newly admitted woman with large syringes containing chemotherapy (in this case, red Adriablastine), slipping her a prescription for a wig. She did not yet know about the treatment's potential side-effects and possibility of hair loss. However, the same patient praises another doctor for his efforts in designing a treatment schedule that enabled her to continue her schooling. A patient who prefers alternative medicine found his doctors too eager to operate and is mad at "the system" for not looking at the causes of cancer and at alternatives to control its growth. One woman notes a personality conflict with one of her doctors. She asked for another oncologist and now feels well looked after. Some patients credit their doctors with a fundamental change in their attitude towards life. One male patient wished his doctor luck before his surgery. However, the anesthetist responded, "it is not luck!" From this the patient learned that skill, confidence, and faith in oneself are the most important values, particularly when living with illness, and in life generally.

Vancouver patients particularly note the importance of support groups for dealing with stress, loss of grounding and encouraging hope. Some praise their family and friends for helping them through their difficult times, but worry that their spouses may be overwhelmed. One woman writes that she shut out her family, unable to cope with their distress about her situation. Others note that their friends were not helpful at all. A woman writes that a particular friend used to call

and ask how she was and, when the woman responded "fine," pressed for more. "Are you sure...?" Another patient, a woman who apparently wants to talk about death and dying often, is told by her husband that she dwells too much on these issues. However, she feels that she is not understood well. She notes: ". . . until you have actually lived with this in a close family member or yourself, you are not able to judge the depth of disruption or the terror at every check-up." A different woman, again, is "amazed and surprised about the way my family, friends, and co-workers rallied around me during my diagnosis and chemo." Recuperation follows, with comments about treatment side-effects and other problems.

### *Endings*

Most narratives end with an epilogue, summing up sometimes ambivalent conclusions or resolutions that are as diverse as the introductions and main bodies of the texts. They may end on a positive note, but are always aware of the sustained uncertainty of their situation, or the "cloud" hanging over them, as one anonymous writer notes, using a metaphor.

Some conclude their narrative by noting the effect of cancer on revaluing what counts ("I . . . get on with my life and enjoy its many blessings,") and comment on changes in their professional careers since completing treatment; for others it is cancer that becomes their "career," in an acknowledgement of its chronicity. Others note that they have not undergone any particular changes or gained any insights. One man concludes, "I have not noticed any emotional or enlightening experience as a result of my cancer," while a woman writes: "I don't think my cancer has changed me as I have never wanted to live to an old age." A large group of writers, however, summarize their experience on a positive and redemptive note. For some, the awareness of temporal finitude leads to heightened perceptions. One man writes that his recurrence changed his attitude to life to "one of daily and minute time spans of appreciation"; on a similar note, a woman remarks: "I now have the luxury of knowing my time is finite and therefore am enjoying each and every day." Another woman notes: "[l]ife is too precious to waste it worrying what might happen tomorrow." Others speak of life with cancer in the metaphor of a "lesson." A man writes that he learned a "crucial step . . . looking inward and to start loving the essence of me . . . I feel positive about myself"; another notes that "[t]he important things become more evident and the beauties are

my reward." A woman concludes that "[h]aving cancer has been a tremendous learning experience for me, and as others have said in a way they were glad that they met the challenge of having a life-threatening disease . . . one has to be positive because I have so much to live for, things to do, people to meet and places to go."

Many note the importance of attitude towards their illness, stating, for example, "the power of positive thinking is still the best way to approach this illness." The conclusions may turn into exhortations as the writers reach out towards others. A woman from a German support group writes: "Don't give up, persevere, there are some loving people, they make it worth living for!" One Vancouver man hopes to "pass on that courage, faith and hope to many others who will be faced with similar difficulties in coping with this disease." A male patient from Hamburg calls on other patients not to give up hope, courage, humor and the fight for a life that is much too short: "Fight against cancer, the deadly enemy!"<sup>4</sup> The conclusions and exhortations, however, may be followed by a final sentence that returns the reader to the suffering that is being exacted in return for the above insights. All too aware of the ever-present danger in life with cancer, one Vancouver man writes "As the saying goes, there is nothing like the noose next morning to clear one's mind." Another man cautions, "I have gained much but it isn't even a trade-off if I succumb to the disease." Having a wife and young family, he wants to live at least ten more years until the children are out of school. A woman concludes: "My life will never be the same and the fear of a recurrence is ever present." Another man draws his faith and courage from the fact that there are other cancer patients are in a worse condition, revealing the ambivalent feelings cancer patients have about fellow patients: another's improvements may lead to questions as to why one is not faring better oneself, while his or her turn for the worse may present the specter of one's own future, both scenarios reigniting a visceral terror of mortality.

### Conclusion

Many patients' unpublished narratives share a number of similarities, namely an adherence to the medical trajectory of illness and treatment as a basis for narrative structure and a personal

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<sup>4</sup> "Kämpfen Sie gegen den Todfeind Krebs!"

conclusion that summarizes the experience and provides a point of view. The predominance of the medical trajectory may have therapeutic value. As a metaphor, it integrates the patient's narrative into a larger whole of medical research and a structural sequence, suggesting that states of uncertainty are temporary and changes, hopefully for the better, are to be expected. These features may appeal particularly to those patients who want to "get the job done," and who place their hopes in the medical system. The portrayal of the surprise detection or diagnosis, the sequential dating of events, and the personal conclusion may personalize and dramatize the medical focus of the narrative. Central to many narratives is the sense of loss of control, the importance of communication and support, and a desire for more knowledge about the causes, treatments, and research into cancer. Although written in a simple style, many narratives convey a sense of the personal challenges the illness has presented, whether in their tight adherence to the structure of medical developments, or in a fragmented, introspective kind of writing.

Among the solicited narratives, the metaphor of cancer etiology as a medical issue is clearly more prominent than psychologizing metaphors. Nevertheless, the writers appreciate counseling and support to deal with the anxieties and fears brought on by a diagnosis of cancer. References to metaphors of cancer as a battle or journey are quite common. While many writers provided diverse lists of metaphors of cancer and its treatment, many of them choosing frightening images, only a few of these metaphors appear in the majority of the solicited narratives. Perhaps the metaphors express fears better, without the need to contextualize them in a narrative; or the narratives with their redemptive and exhortatory endings favor therapeutic ends, as most of them literally do.

Aside from these similarities, each narrative expresses the writer's unique personal history that influences how they make meaning of life with cancer. Their individual narrative responses to cancer can document fragile attempts to ground an uncertain life with cancer in the moment, or determined efforts to dwell on future goals instead of present doubts and uncertainties.

### Published Cancer Narratives

While women and men develop cancer in similar numbers, more women than men publish narratives about their experience. Among the 169 published English and German books that I have collected, 118 are written by women and 51 by men. Table 1 below shows the distribution of publications according to gender and language. Of the English books, about two thirds are written by women and one third by men, as shown in Table 7:

**Table 7: Number of Books according to Gender and Language:**

Gender	Total	English	German
Female + Male	169	131	38
Female	118	88	30
Male	51	43	8

When we take into account that six of the English books are compilations, containing a total of sixty-seven women's stories and one by a man, the difference is even more pronounced. Among German writers, the difference between women and men is about 5 to 1. Far more books are written about life with breast cancer than about any other cancer, making up more than half of all publications in English. Breast cancer raises questions of identity regarding gender and sexuality and other social norms in the public that prostate cancer does not, at least to the same extent, partly because men find it much more difficult to talk about common side-effects such as impotence, feminization (for example, growth of breasts), and sometimes castration, due to their treatment. Social norms come into play as people find it even harder to talk about colorectal cancer, because of its relation to excretion. Among German narratives, books about breast cancer represent one quarter of all titles (see Table 8 on next page). The following taxonomy will explore particular topics, such as the difficulties involved in collecting cancer narratives, writers' characteristics (ethnicity, religion, sexual orientation, and profession), their intentions for writing, the

metaphorical topography in cancer narratives, including metaphors of battle and journey, and problems of closure.

**Table 8: Cancer Narratives according to selected Types of Cancer and Language:**

<u>Type of Cancer</u>	<u>Total</u>	<u>English</u>	<u>German</u>
Total number of books	169	131	38
Breast Cancer	80	71	9
Malignant Lymphoma (different forms)	16	12	4
Female reproductive system	13	8	5
Prostate Cancer	7	6	1
Colorectal Cancer	5	3	2
Lung Cancer	4	3	1
Other	44	28	16

#### Collecting Cancer Narratives

It is impossible to procure a complete collection or even list of all cancer autobiographies published in English- and German speaking countries. Most autobiographical cancer narratives are published in small numbers and do not reach more than a first edition. I learned from the staff in bookstores that they select and order these books based on quite arbitrary choices, for example, advertisements in publisher's catalogues, personal recommendations, or their previous familiarity with the writer. If the books do not sell, they are returned to the publisher by the end of the year. Commonly, popular cancer narratives are featured in the health sections of bookshops. However, cancer narratives that are of a more literary nature may be found in the much larger biography sections. While a customer can track down a particular title if the author and/or title are known, bookshop catalogues do not feature lists of cancer narratives by category. They do not differentiate between autobiography, biography, self-help books, guide books, medical books, or by types of

cancer. The catalogues in public and university libraries are not standardized either. The Vancouver Public Library, for example, lists entries under the search heading "cancer," but does not identify whether a particular book is a biography, autobiography, self-help book, medical compendium or psychological guide book. A related search heading, "Cancer—patient— biography," lists 20 titles. None of the relevant search headings, however, lists Diary of a Pigeon Watcher, an autobiographical cancer narrative by Doris Schwerin which the library in fact does carry, under the heading "Autobiography—American." This type of problem is typical of "genre" research.

The category headings in university library catalogues present similar problems. They usually carry only a handful of cancer narratives, some of which may be held in the medical library. I encountered similar problems in Germany. In order to find as complete a selection as possible, I visited a wide range of bookshops in Vancouver and Germany for new publications, and second-hand bookshops for out-of-print books. References in critical books on illness narratives were helpful. Some cancer autobiographers also note, in their narratives, other cancer books they have read, introducing intertextuality into the reading of these books. Several publishers informed me of upcoming releases and parted with out-of-print copies still in storage. Since spring 1999, the American on-line bookshop Amazon.com provides, on request, computerized lists of all new English publications available which contain a desired word in their title or content descriptions, for example, all new publications that list "cancer." By March 2000, I had collected 169 books written by adult cancer patients or the partners or relatives of cancer patients. Of these books, six were published before 1970, nine during the seventies, thirty-two during the eighties, and one hundred and twenty two during the nineties. While these numbers do indicate a trend, they do not include many more diaries, such as A Journey, by Diane Gault (1968) that went out of print again, or memoirs like Death Be Not Proud, by John Gunther (1949) that, unlike the latter, were not reprinted (1965, 1989), or letters such as the one written by Fanny Burney about her mastectomy to her sister Esther in 1812. Thus, there must have been many more narratives about cancer long before the 1970s and even in past centuries when cancer was not yet diagnosed or named as such, indicating that my collection must remain far from complete.

## Ethnicity, Religion, Sexual Orientation, and Profession

Apart from a few exceptions, the overwhelming majority of personal cancer narratives that I examined are by Caucasians. Julia Ching, the Canadian author of *Butterfly Healing* (1998), is of Chinese origin, while Audre Lorde takes pride in her black South-African ancestry. Lorde and a number of other women identify themselves as lesbian, for example, Sandra Butler and Barbara Rosenblum in *Cancer in Two Voices* (1991) and Patricia Duncker in "The Blue Book" (1996). There are also some male writers who are presumably gay, although they do not declare themselves as such in the published cancer narratives. Some writers are devout or fundamentalist Christians (Thielscher-Noll 1994; Hoek 1995, 1997; Bouwman 1996; Brouwer 1994; Watson 1984), while others pursue Buddhism or other spiritual practices (Nan Shin 1986; Wilber 1991; Richardson 1995; Zucker 1996; Bedard, 1999). While religious writers appear to vary mainly in their specific religious practices, a group of Jewish writers stand out in a larger cultural context. Their books celebrate rituals, history and family bonds more than any other identifiable group (for example, Barbara Rosenblum 1992; Wadler 1992). Ethnicity, sexual orientation, and religious backgrounds obviously shape how the writer approaches cancer and influence dominant metaphors. Christian writers often conceptualize cancer as war, taking strength from the image of Christ's battle against evil, whereas Buddhists think of cancer as an occasion to contemplate the impermanence of the body and to emphasize acceptance and meditative practice. Although not a Christian, Audre Lorde perceives herself as a warrior against cancer, deriving her strength from her role as a warrior against racism, apartheid, and heterosexism.

People in the writing professions constitute by far the largest group, about 40 percent of my sample, including professional writers, journalists, and editors. Academics and teachers of various kinds form the second largest group, compose about 14 percent. A third, equally large group is made up of various people in the "helping" professions and includes psychotherapists, psychologists, counselors, therapists, oncologists, social workers pastors, nurses, and a paramedic. Various artists make up the fourth largest group (about 7 percent), including actors, artists, designers, illustrators, musicians, and comedians. In eleven cases, I could not determine the author's profession.

This range of writers confirms the impression formed during the initial survey that most are members of the upper-middle or upper class, and that more than two thirds regularly write for personal or professional purposes.

### Why Write?

The earliest known examples of personal accounts of cancer are a personal letter by Fanny Burney (1752-1840), and diary entries by Alice James (1848-1892). In a letter to her sister, written in 1812, Burney, the writer of novels such as Evelina and many journals and letters, relates the circumstances of her mastectomy. She provides a detailed description of the development of a 'small pain' in her breast to a fist-sized tumor, to be surgically removed by a team of seven surgeons by crosswise and circular incisions - at home, on a raised bed, after a glass of wine for anaesthesia, and a handkerchief for a veil. Burney screamed through the entire procedure, which lasted about 20 minutes. Even nine months later, as she closes her letter, she once again suffers all the pain and decides not to reread her account (Burney 140). Alice James' breast cancer, discovered in June 1891, was inoperable (207). She thought little of what we now call alternative treatments. A certain lady apparently "had cured her liver by Theosophy, and removed a tumor by Mind Cure, pretty good for the Briton" (229). While James felt "being ground away slowly on the grim grindstone of pain" and almost asked for a lethal dose of medication, some of her friends believed that her pain was merely a "Mind Disease" (229-32). James died nine months after her diagnosis.

Fanny Burney would have liked to keep her illness secret. However, word was getting out, so she felt compelled to tell her story, yet pleading with her sister not to inform their father and other family members (127-28). Alice James' account is a part of her private journal. She passed it on to her companion, Katharine Loring, to have it typewritten and, Ms. Loring assumed, for it to be published (Edel v). The earliest accounts of cancer in the twentieth century that I could find are the memoir Death Be Not Proud, written by John Gunther (1949) about his son's struggle with brain cancer, and A Journey, a journal by Diane Gault (1968). More accounts of life with cancer began to appear in the early seventies and have multiplied since. According to the late Peter Noll, these accounts now constitute a literary genre of their own, one which he calls with some irony

“Krebsbüchlein” (“cancer booklets”). In fact, cancer narratives now dominate the genre of illness narratives, followed by account about life with AIDS.

The reasons why patients or their relatives publish a book about life with cancer are varied. Many begin to write because this activity helps them to cope better with cancer. Some discover the benefits of writing during their illness and treatment (Adjei 184, Mechtel 50, 52,) and find that only after they have written can they distance themselves from their illness (Conway 3, Dehn 90). Kathlyn Conway appears successful in writing her way out of a depression in the aftermath of her breast cancer (2, 240). While writing, she learns to value the acts of remembering, organizing and describing her experience, a combination that “draws together all the stray parts of [her]self.” She feels as though she is “writing to save [her] life” (240). This process can be immensely painful, yet it appears necessary to construct a continuity of the self by writing about events that were so harrowing that there may not even be a personal memory of them (Middlebrook 57ff.). Many write to understand their experience better, so that they can “lay the past to rest” (French 244) and “heal [themselves] . . . memory is the only way home” (T. Williams 4). Some discover hidden meanings or “lessons” with hindsight (Britton 1), or learn about difficult aspects of their self during their illness—a self that they find hard to identify with—and enjoy the “freedom to be honest in a way that [is] not always possible in conversation” (Conway 2, 259). Peter Noll, who knows (at the time of writing) that he will die soon, hopes that his writing can help him to understand death and dying better while he is alive (Noll 227).

Moreover, writing and sharing their experience helps many writers to move out of their isolation and fears and interact with, even educate, their family, friends and the public. They hope that the publication of their account will instruct (generally in this order) other patients and their friends, families, caregivers, “and then [...] the curious reader who waits for his or her own devastation” (Price vii), and “close the gap between the ill and the healthy” (Middlebrook ix). The reading is hoped to prepare other patients or relatives for what they will have to undergo (Adjei 9, Bloor 18, Gunther 3, Korda 4, Mukai 2, Radner 11). This hope may be based on the writer’s own experience that “to know of others whose experience is similar to yours strikes a comforting chord: you are not completely out of tune with the rest of humanity after all” (P. Williams xii). For these reasons, writers often claim to be “frank” and “truthful” (Korda 4) and hope to provide “a true

record" (Price vii). Some write "to break through that barrier of silence and isolation" that surrounds particular cancers, for example, prostate cancer (Korda 4). Others believe that they have found specific therapies, diets, exercises, or other successful ways of dealing with their illness, and want to share these with those who are ill (Gawler 1989, Fraehm 1992, Mae 1992, Richardson 1995). Laura Evans describes her book on breast cancer and climbing mountains (both literally and figuratively) as "a manual on following your dreams" (Evans xii, my emphasis). Finally, writers may return to their own accounts as readers, in order to draw courage from an earlier determination that they would have forgotten had they not written about it (Mechtel 97). There are also examples of intertextuality: a few of these writers read and refer to other writers' personal accounts. Some want to read success stories only (Dehn 47), while others wish to learn about a complete journey from life to death. For example, Christina Middlebrook, who lives with metastasized breast cancer, regards Cancer in Two Voices (1996), Grace and Grit (1991), and Diary of a Zen Nun (1986) as her "treasures." These authors speak matter-of-factly of their approaching deaths, though not without "fear, anxiety, anger, and grief" (Middlebrook 205f.).

Cancer narratives raise important questions about the functions and limits of memory, and concepts of "truth" in the (re)writing of experience that often requires the assistance of many others. They may pay tribute to the partners, relatives, and health professionals who were instrumental in their recovery and supplemented their memory of times during the treatment when they were unconscious or dissociated from their bodies (Middlebrook 62). Their dependence on others may also lead to criticism: writers discuss helpless and awkward reactions from family, friends, colleagues, and health professionals (Noll 194). On medical staff, Kathlyn Conway notes: "We are a job to them. If they were to make contact with us, they might know that we are frightened and would have to talk to us; they could not move us through so efficiently" (28). A number of writers note the contrast between their fears and a "relentless cheerfulness" (Korda 46) in major cancer centers, "Cancerlands" with "chirping receptionists" (Wadler 100). Conway, who suffered three cancers over twenty years, notes that healthy people often do not know how to respond to her. Some, to quell their anxiety, simply tell Conway other cancer stories that they have heard (3), while others reassure her and themselves that eating carrots and exercising will prevent the disease (57). By suggesting, in subtle ways, that the patient is responsible for his or her

cancer, healthy people contribute to the isolation a patient feels. A person with a life-threatening illness confronts those who are healthy with their own mortality, an experience that can be expected to cause anxiety.

Writers may depend on others not only for their recovery, but also for the very writing of their account. As Arlene Cotter notes in From This Moment On (1999), "I didn't get well alone and I didn't write this book alone. [It] represents what I have learned with the help of others. It reflects the collective wisdom, skill, inspiration, and love of many individuals . . ." (448). While Cotter signs as the writer of her book, others may enlist the help of experienced writers who organize, shape, and even write large sections of the emerging narrative (cf. Smythe and Winters 1986, Dossdall and Broatch 1986, Mae and Loeffler 1992, Hoek and Jongasma 1995, Mukai and Chan 1996). When a writer does not live to complete or publish his or her story, partners, relatives or friends may step in to edit and bring the narrative to a close (Maxie and Fred Wander 1979, Rita and Karl Koerber 1990, Ken and Treya Wilber 1991, Sandra Butler and Barbara Rosenblum 1991, Helma Thielscher-Noll and Hans Gerhard Noll 1994, Christel and Isabell Zachert 1996). The collaboration between writer, co-writer, and partner may emulate the collaboration between the sick and those who care for them during recuperation. For example, Linda Pratt Mukai's Living with Dying (1996) acknowledges the contributions her family and caretakers have made in easing her life with cancer, by embedding their first-person narratives within her own autobiographical account. These different narratives, in turn, interact in a narrative constructed and edited by Mukai's co-writer Janis Fischer Chan. A similar approach is illustrated in Rita Koerber's narrative The Book of Rita's Living (1990). The spouse may complete the writer's account after her death, and both parts may be edited by a hired writer, as is the case for Mukai: after her death, her husband added a eulogy, while Janis Chan framed the book with a prologue and epilogue.

Co-writers and editors often wield a strong influence over the structure and content of the book, sometimes frustrating the writer's expectations. For example, Claude Dossdall, the late author of My God I Thought You'd Died (1986, 1998) asked the writer, Joanne Broatch, to edit his manuscript. Dossdall comments on this difficult process in his book:

Eventually you start writing a great stream of consciousness manuscript, have it typed (264 pages double-spaced), and duplicated, and give it to three people to read. One reads it and gives you feedback, one reads it and gets angry, and one doesn't read it at all. You

wait a year. You show it to a friend who is a writer. You get feedback, get depressed, and wait another ten months. Then you and the writer friend take the manuscript to Hawaii. Three weeks of sun, water, fresh air, and twelve-hour workdays later, you have a book (173).

As I learned from Broatch during a visit, she had rejected the initial manuscript flat-out, describing it to me as a disorganized rant, mainly against the medical system. Broatch asked Dosedall to identify certain themes and to restructure his narrative accordingly. Dosedall would hand in sections and Broatch would edit and rewrite them. During this time, the writer and co-writer became intimate friends. However, Dosedall never acknowledged the decisive input of his co-writer in his book. After Dosedall's death, Broatch re-edited their book, adding her own eulogy and those of Dosedall's ex-wife, his children, and friends. Similarly, Jens Petersen, an editor for Rowohlt Verlag in Hamburg, faced resistance from Anne-Marie Tausch, the author of Gespräche gegen die Angst ("Conversations against Fear"). Tausch's manuscript was composed of a short personal introduction, followed by a deluge of disorganized quotations and letters from patients in Tausch's support groups. Over time, Petersen convinced Tausch to organize the quotes and letters more thematically, and to cut them down in volume. Petersen was also critical of the book's unmitigatedly "positive" attitude towards life with cancer, and asked for anecdotes that would also represent the difficulties of living with cancer, in order to produce a more balanced whole. Finally, the publisher usually determines a book's title and cover design--unless the author has a great deal of "authority," that is, selling power (Beutler, Seiler, personal communications).

The distinctions between autobiography and biography blur in the case of accounts written by partners, husbands, wives, friends, parents, sons and daughters, about a family member who has cancer. Usually these "biographies" document the illness and death of the partner with cancer. Nevertheless, they have a strong autobiographical flavor, for the writer usually is, or was, deeply involved with the care of the sick person. For example, June Callwood wrote about her friend Margaret Frazer's life with cancer (Twelve Weeks in Spring, 1986); Sidney Winawer recounts life with his wife Andrea and her cancer (Healing Lessons, 1998); and Matt Cohen composed an novel based on his experiences while caring for his brother with lung cancer (Last Seen, 1996).<sup>5</sup> The

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<sup>5</sup> See also Borst 1988, Joesten 1994, Seiler 1996.

boundary between "autobiography" and "biography" is even more blurred in "partner" books where the text is co-authored by the person with cancer and her or his partner, for example, Sandra Butler and Barbara Rosenblum's Cancer in Two Voices (1991). It fell, however, to Butler to close and edit the book after the death of her partner. Ken Wilber wrote Grace and Grit (1991) about life with his wife, Treya, and her cancer. The book contains excerpts from Treya's journal, selected and edited by Wilber and supplemented with his own personal passages. The co-operation between partners, with health professionals, co-writers, and editors supplements the sense of a unified, strengthened self that single narrators of personal illness narratives often profess. Other narrators, however, weave these different voices into the writing and sometimes the public reading of their book (Klein & Blackbridge 1997). Fuss Fassen, by Maja Beutler (1980), acknowledges the dispersed voices of the self during illness and will be discussed in detail below.

Many unknown authors write accounts of their experience with cancer, as well as well-known personalities from public life, or those related to them. Photographs and jacket inscription draw attention to public figures, helping to sensationalize the book's content and, no doubt, to attract a wider readership. When Betty Rollin published First, You Cry (1976), she was well known in the US as an NBC news correspondent. The book's back cover draws attention to this fact. Ingrid Benedict's two books both inform the reader that she is the daughter of the late Robert Lembke, who used to host Germany's most popular TV game-show in the sixties, "Hätten Sie's gewusst?" ("Would you have guessed it?"). In addition, the first jacket announced that a controversial surgeon, Julius Hackethal, known for his unconventional therapies, treated Benedict for her cancer. There are suggestions throughout her book that Hackethal welcomed her efforts to legitimize his controversial treatments in her book.

Other figures of public interest have used their accounts of life with cancer to review their life in the spotlight. The late famous German actress Sabine Sinjen documented her entire successful acting career in film and theatre in Wenn der Vorhang fällt (1995, "When the curtain falls"), a book with many photographs and a comprehensive appendix detailing her film and TV roles, as well as her stage plays. Similarly, the late Liz Tilberis, editor of Harper's Bazaar, documented her account of life with ovarian cancer in No Time to Die (1997). The book delivers what the title promises: there is little information about her illness, even less introspection, but a

great deal about her hectic life in the world of high fashion. Well illustrated, the book traces Tilberis' meetings with super models and famous designers, as well as her friendship with Princess Diana. As the cover suggests, Tilberis also literally had no time to write: an inconspicuous note tells us that the book was written "with" Aimee Lee Ball.

A different strategy is to choose a title which alludes to other well-known cancer stories. For example, Lenker's first book is subtitled: Interim balance, or an answer to Fritz Zorn. This subtitle may entice some of the readers familiar with Zorn's Mars. In North America, Susan Sontag's opening paragraph in Illness as Metaphor has spawned a number of autobiography titles, such as: That Other Place (Williams 1993), or In the Country of Illness (Lipsyte, 1998). Similarly David Gessner's title A Wild, Rank Place: One Year in Cape Cod evokes Henry David Thoreau's descriptions of a "that wild, rank place" in Cape Cod (1867).

Many of the texts' jackets carry excerpts from reviews, praising their contents in stereotypical heroics such as "triumphs over adversity." Even on books as personal, anti-heroic, and sensitive as Cancer in Two Voices, blurbs interpret the authors' efforts in the language of transformational heroics: "With poignancy and power, the authors transform the sorrow of cancer into a celebration of life that every woman can use. This book is a call for courage in the face of calamity. For love in the face of it all" (Evelyn C. White). Note how a series of alliterations (poignancy/power, sorrow/celebration, courage/calamity) aestheticize the book's events. Obviously, not only the writer's intentions affect book sales, but his or her status in the public eye, as marketed on the book's cover.

### Topography of Metaphors in Cancer Narratives

Many cancer narratives open dramatically with the terrifying discovery of a possible malignancy. The event could not be more constricted, in terms of both space and time, since the discovery often occurs while in the shower or in a doctor's office. Only a moment ago life seemed hurried: now it has come to a full stop. The confrontation with illness and mortality evokes both spatial and temporal images of invasion and arrest. The future now seemingly out of control, the narrative reopens the autobiographer's past life. Earlier events are anxiously re-read and re-interpreted, now under suspicion of having caused the present calamity. Writers remember that

their life was perhaps too stressful, or too carefree. They may assume that they have been exposed to external, environmental hazards, or to internal burdens such as unresolved personal losses. Some think of cancer mainly as a physiological aberration that may be medically cured, while others identify psychological or social irritants that warrant introspection or inspire social activism. The dominant images of life with cancer are both highly individual and intertwined with particular cultural constructions, and transformed into complex metaphorical landscapes.

Susan Sontag, one of the first to note the metaphorical topography of illness, speaks in Illness as Metaphor (1977) of health and illness as two separate kingdoms to which humans hold dual citizenship and passports. People prefer to live in the kingdom of health but must, at times, travel or emigrate to what Sontag ominously calls "that other place," which lies on "the night-side of life," requires our 'bad' passport, and has a "more onerous" citizenship (3). The use of a geographical metaphor whose dichotomous nature and nationalist allusions are emphasized by moral overtones is surprising in view of Sontag's declared aim of "purifying" cancer from metaphor.

The image of illness as a country, however, has successfully defended its territory. Recent books such as That Other Place (Williams 1993), The Solace of Fierce Landscapes (1998), and In the Country of Illness (Lipsyte 1998) are 'traveler's guides' that examine entry requirements, rates of exchange, the language and behavior of the 'natives' (doctors and nurses) and the food in the foreign culture of hospitals. Parallels between illness as a country and the country that is ill are developed in many cancer narratives<sup>6</sup> and can be extended to the social body.<sup>7</sup> For these writers, criticism of social evils and environmental neglect provides a focus from which they derive strength for their fight against cancer. Others superimpose images of the healthy country onto the course of their illness.<sup>8</sup> When life with cancer is prolonged and the illness becomes chronic, the country of illness may become a permanent residence that some may want to flee but cannot, while for others the boundaries between health and illness begin to blur.

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<sup>6</sup> Terry Tempest Williams, Refuge (1991).

<sup>7</sup> Christa Wolf, Nachdenken über Christa T. (1971), Hildegard Knef, Das Urteil oder der Gegenmensch (1975), Fritz Zorn, Mars (1977), Audre Lorde, The Cancer Journals (1980), Gisela Friebe, Ich habe Krebs! Na und? (1980).

The topography of life with cancer may be dominated by challenges, hills from which the writer views the surroundings. These may turn into hope-inspiring mountains that rise over dark valleys of despair, or into threatening ones that loom over protected groves. Some writers equate mountains with illness and undertake a real climbing expedition to (re)claim their invincibility.<sup>9</sup> The landscape of life with cancer may turn into marshes, Vietnamese jungles,<sup>10</sup> or the deserts of the Gulf War.<sup>11</sup> Sweeping landscapes, while providing context, may alternate with the overseeable space of a garden. Spring blossoms remind writers of rebirth and suggest recovery, while fading flowers and autumn underline melancholy. The cycle of the seasons inspires some with hope that life itself will always continue,<sup>12</sup> and others with the terrifying meaninglessness of a larger context in which individual life appears to be of no importance whatsoever.

The country of illness often acquires a different sense of time. Robert Lipsyte, author of In the Country of Illness (1998), notes: "Time passed so slowly, so intensely. It was the richest of times" (219). Michael Davitt Bell finds himself "cherishing each moment, each mundane experience I have left. This is, for me, a magic time."<sup>13</sup> Others, however, find nothing redemptive about cancer and want to move on as fast as possible. Liz Tilberis has no time, while Barbara Rosenblum notes the existential character of a time in which neither past, present nor future seem to provide any certainty.

The trip to the country of illness is what you make it, says Lipsyte (235). However, each narrator's construction of space and time sets up the narrative's emotional topography and the basis for the dominant metaphors. Not surprisingly, given the Western literary ancestry of Homer's Iliad and Odyssey, the two dominant metaphors are war and the journey.

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<sup>8</sup> For example, David Gessner, A Wild Rank Place (1997); Ken & Treya Wilber, Grace and Grit, (1991).

<sup>9</sup> For example, Laura Evans (1996).

<sup>10</sup> Christina Middlebrook, Seeing The Crab (1996, 1998).

<sup>11</sup> Wadler, My Breast (1992, 1997), Rosalind MacPhee, Picasso's Woman (1995).

<sup>12</sup> Barbara Rosenblum finds meaning in the cycle of decay and renewal by tending to her garden, working the ashes of her neighbors into the soil, and expecting that her partner will do the same with Rosenblum's ashes after her death (Cancer in Two Voices 1991).

<sup>13</sup> "Magic Time", in Atlantic Dec. 1996.

## Metaphors of War and Defeat

Usually writers of cancer narratives meet the threat of cancer with a stance of defiance. Great, previously unknown resources are mustered in order to "triumph over illness" (Evans 264). Often the imagery of battle is employed to achieve "victory." Such imagery may be helpful in fostering a sense of control during long periods of uncertainty. In a battle, a defendant can fight the enemy, even if the latter is not visible, whether the enemy is externalized as an alien invader, or internalized as an image of past personal failings. In both cases, the image of cancer as the Other to vanquish provides a battlefield onto which to project one's energy. Some autobiographers announce their defiance in their titles, as evident in the following examples of German and English autobiographies: A Time to Heal: Triumph over Cancer (Bishop 1985), Ich habe Krebs! Na Und? ("I have Cancer! So what?" Friebel 1988), Krebs greift nicht das Herz an ("Cancer does not attack the Heart," Lenker 1991), A Cancer Battle Plan (Frähm 1992), Diagnose Unheilbarer Krebs: Wie ich meine Krankheit besiegte ("Diagnosis Incurable Cancer: How I defeated my Illness," Adjei 1994), Surrender or Fight (Hoek 1995), Weniger als ein Jahr: Unser Kampf gegen den Krebs ("Less than a Year: Our Fight against Cancer," Borst 1988), Mars (Zorn 1977), Ich habe meinen Krebs besiegt ("I have defeated my Cancer," Becker 1982), You can conquer Cancer (Gawler 1984), The Cancer Conqueror (Anderson 1988), A Warrior in the Land of Disease (Jones 1996). These are only twelve titles out of more than a hundred autobiographical accounts currently available in English and German. Even where images of battle and its triumphs do not occur in the title, they are frequently used within the narratives, and many narratives that use battle metaphors only sparingly are still characterized by a stance of defiance.

In Autobiography of a Face (1994), twenty nine-year-old Lucy Grealy deals with the problems of growing up with a Ewing's sarcoma of the jaw and facial disfigurement, following the surgical removal of a tumor that required approximately 30 cosmetic operations from the age of nine onwards. Her great hope is that there may be a moment when she will look in the mirror and identify what she sees as herself. Throughout childhood and into early adulthood, she had to endure the stares and taunts of other children, mainly boys and young males. Her mother, who grew up with the motto that there is nothing to fear but fear itself, raises her daughter to conquer her fears, and the young girl resolves never to cry again (79). Grealy believes life to be generally

cruel and sets out to defy existence by surviving it. She views her face as a battle scar and a badge of honor (187). Horrified by the war in Cambodia, she claims that its images allow her "to bomb and starve and persecute" her own suffering right out of existence (126).

The image of the battle scar or a badge of honor is found in many cancer autobiographies, whether they are written by women or by men. Likewise, many cancer narratives historicize a person's confrontation with the illness by referring to current or past wars. While German writers often refer to World War II, North American narratives allude rather to the Gulf War, the Vietnam War, and specific World War II battles such as Iwo Jima. When Joyce Wadler wrote her account of living with breast cancer and lumpectomy (*My Breast*, 1992), the Gulf war was raging. Confronted with her diagnosis, Wadler feels under attack, with Scud missiles "raining" on her head. Her chest tattooed for radiation, and the empty cavity of the tumor marked with metal staples, Wadler feels like "a war hero with shrapnel in her breast, about to be 'nuked.'" Tattoos are associated by Wadler with an important childhood memory of the concentration camp numbers tattooed on the many vacationing Jews in the resort town where she grew up. The radiation site evokes metaphors of science fiction: the writer feels she is being readied for a space launch, and likens her cancer to an "Alien," or "Kryptonite," that sends out "killer rays."

Michael Korda, who recounts his experience with prostate cancer in *Man to Man* (1996), notes that we wage the equivalent of "total war" against cancer, more so than against any other disease: "It's kill-or-be-killed time, we throw in everything we've got to destroy the enemy before the enemy destroys us . . ." (240). Similarly Reynolds Price, who suffered from spinal cancer and writes about it in *A Whole New Life* (1995), perceives his "skirmish" as a "total war":

The bigger assaults of fear and pain, in whatever life they crash against, are indiscriminately strong. Only one creature bears the brunt; and the brunt slams down with no regard to the quality of the roof overhead, the cooking that's served or the presence of love or solitude. All the care and cash on Earth, however welcome, are a flimsy shield when the prospect of agonized death leans in (viii).

Some writers appear to draw additional strength from using battle narratives by historicizing and visualizing them in reference to specific military battles. The war image can also double as a symbol of religious or social opposition. Writers with strong religious leanings view their engagement with cancer in terms of their faith. In *Fight or Surrender* (1995), Beatrice Hofman-

Hoek, a devout Christian, explains that she felt that she lost control of her life after cancer entered it: "The cancer seemed to take over everything" (44). Inspired by Christ's battle with the enemy, and with the help of God, she decides to face her enemy head-on (45) and to fight back (44, 49): "I began to fight with every ounce of strength and courage I had." Zorn, on the other hand, interprets his life with lymphoma as a parable of social decay. For the American poet Audre Lorde, it is the condition of US society that becomes the focal point in her confrontation with cancer. Both in the Cancer Journals (1980) and A Burst of Light (1988), Lorde sees herself, and all women with breast cancer, as warriors who bear their scars in the war against a polluted environment and the silencing of women (1980, 60). Lorde saw her participation in the medical decisions about her body as a crucial strategy and a responsibility that carried over into all other areas of her life, such as battling racism, heterosexism, and apartheid. She hoped that writing about her experience would encourage her not to give in to what she feared might become a numbing acceptance of death.

Others extend their warfare against cancer into a battle with a medical institution that they find intimidating and restrictive. The defiance Friebel signals in the title of her autobiography Ich habe Krebs! Na Und? ("I have cancer! So what?" 1988) is directed not only against her illness, but also against her physicians, seen as patronizing and interested only in profit and filling hospital beds. In Herbert Dalhoff's So krank wie die Erde ("As ill as the earth," 1991) the hospital takes on Kafkaesque overtones as he describes towering facades, looming portals and long corridors. Chapter titles such as "Die Einweisung," "Die Untersuchung," "Die Unterbringung" ("The Admission," "The Examination," "The Accomodation") underline the depersonalizing character of the hospital and the sense of isolation that accompany Dalhoff's battle with his illness. For him, the polluted body becomes a metaphor for the pollution of the environment.

Triumphs over cancer may also be imagined in terms of exceptional natural challenges. Some women choose mountain climbing, both literally and figuratively, as a metaphor for their confrontation with cancer. When Geraldine Bloor writes about "Peak Experiences," her title draws attention not only to fundamental changes in the wake of her diagnosis with cancer, but her success in climbing Mount Killarney (3000 ft.), the second highest peak in Ireland (24). 'Peak experiences' are also at the center of Laura Evans' autobiography The Climb of My Life. Having recovered from breast cancer and a bone marrow transplant after a high-risk chemotherapy, Evans

organizes a successful mountain climbing expedition for women with breast cancer . They ascend to the peak of Argentina's Mt. Aconcagua (22,841 ft), the highest mountain outside the Himalayas. The advertisement of a sponsor (Jansport) celebrates this "23000 foot assault on breast cancer" in a poster that shows Evans on a vertical wall of ice wielding her pick-axe, as if chiseling into the mountain a message that is foregrounded on the poster:

When diagnosed with breast cancer, women may go through many stages:  
Denial. Fear. Self-Pity.  
Or in Laura Evans' case, the insatiable urge to kick ass.

(cited in Evans 190)

As Evans announces in her preface, her book chronicles her journey "from the brink of death and depths of despair to the summits of some of the highest mountains on the far reaches of the planet: It is a story about the parallels between climbing and surviving crisis. It is a manual on following your dreams" (xii). Her autobiography closes with the caption "May we triumph over illness" (264). However, the attitude of waging "total war" against an illness such as cancer may be a cause for even more anxiety. To be victorious in war, one cannot dwell on fear, despair, or grief. Beatrice Hofman-Hoek, for example, finds out that the battle against cancer can be long and arduous. After nine months, she feels overcome by her anxiety and her continuous hovering on the brink of mortality. Depleted, she surrenders her fate to God - and recovers. Hofman-Hoek notes the apparent irony: "I could only win when I stopped fighting . . . the power that defeated my cancer came from God, and I was healed only when I admitted my own powerlessness" (77). While her narrative is an example of the anxiety caused by a militant attitude, its solution unfortunately suggests to those who do not recover that God must have elected not to help them, perhaps because their surrender to their faith was not sincere enough.

Other authors stumble over the realization that there is an inherent problem with the image of cancer as the enemy. As Joyce Wadler lies on the radiation table, she realizes that the beam will kill the cancer cells - which are cells of her body, which are her cells. For a moment, the externalization of the enemy is interrupted by a painful admission of her intimate relationship with her cancer: "All I know is somebody is going to aim a beam at my chest and kill a bunch of cells- my cells. I find myself feeling bad for them. Even if they are cancer, they are living things too" (143). There is one further problem in using metaphors of battle. Korda notes that prostate cancer,

like any other kind of cancer, represents a moving picture rather than a still picture: "The cancer grows, moves, mutates, shrinks, recurs; clinical tests can only show you what its status is today, now, not predict what it will be tomorrow, or five years from now" (80).

In many cancer narratives, metaphors mark and organize a map of the body as well as the route to be traveled. Cancer is perceived as the enemy, and the treasonous body accused of betrayal. There are medical battles that cut, burn or corrode the landscape, and internal battles that rout what are perceived as personal faults. The imagery of war is rousing, gives voice to the anger felt, and provides a focus for energy in times of chaos. However, war imagery is also divisive. Searching to blame, it sets up one's body or psychological imperfections as the enemy. It demands that one must be strong and fight hard to be victorious, and leaves those whose disease is incurable feeling like losers who have not done enough and must die defeated. The metaphor of battle provides for narrative suspense as long as the reader hurries with the writer from one battle to the next, from mutilations to chemo-bombs, to being bombed by radiation. The battle narrative focuses on the dates of the battle, little on the time in-between, and hardly at all on the time of recuperation, which in many cases is life-long.

As I noted earlier, my own response to battle metaphors has changed, too, over the course of my research. In the beginning, I was largely critical of their use, advocating other metaphors such as the journey. However, realizing their pervasiveness, I had to acknowledge that battle metaphors may be helpful, especially for some patients in the early stages of their illness. Over time, I also came to revise this general position. An instructive American television feature, documenting the progress in melanoma treatment at a well-known New York cancer clinic, illustrates the problems in the use of battle metaphors. The feature followed five patients through subsequent visits to the clinic. One of them, a young woman and mother of a small child, was shown imploring the researcher: "we will fight this disease together!" The researcher reassured her by using the same language, positing an altogether hopeful situation that seemed to encourage the woman. Then we see a visit that obviously is her last. Accompanied by her husband, the young woman appears severely debilitated. The doctor tells her that the melanoma has spread to her brain, and there is nothing more he can do for her. There would, however, be no need to suffer. He gets up and leaves the room, together with the cameraman, leaving the woman and her husband alone.

At the end of the film we are told that the woman died shortly thereafter. To be sure, it is difficult to assess the brief interaction between the woman and her doctor, in the context of a TV documentary. One hopes that the woman was offered more support than the matter-of-fact message from her oncologist suggests. Nevertheless, it seems that this woman, who desperately clung to the "fight" metaphor, was given no opportunity to think about her life in terms other than defeat through illness. A later re-run of the same documentary appeared without the segment about this woman, focussing on more successful cases.

The theme of fighting and of triumph over adversity is one of the most generally prevalent in world literature and daily newspapers. This concept certainly works for many who survive cancer and are able to establish a relationship between their fight and their survival, but what of those who die? Having read over two hundred accounts, mostly autobiographical, and spoken with many patients, I have learned that many do indeed find the battle metaphor helpful. The imagery of war is rousing, and it gives voice to anger, providing a focus for energy in times of chaos. However, the imagery of war is also divisive. Searching for a culprit, it sets up the body, psychological imperfections, or the medical establishment as the enemy; it demands that one must be strong and fight hard to be victorious, and it leaves those who have an incurable disease feeling as if they have not done enough. The battle metaphor provides for narrative suspense, as long as the reader accompanies the writer from one battle to the next, from mutilations to chemo-bombs, to being nuked by radiation. Cancer battle narratives typically focus on the dates of the battle, but less on the intervening waiting periods, and long-term recuperation. Such books work particularly for those whose treatment appears to have been successful.

#### Metaphors of Journey and Quest

The other most common metaphor used to conceptualize the chaos and uncertainty of the experience of cancer is the journey or quest. Literary scholars in general, and critics of illness narratives in particular, such as Hawkins and Frank, define the metaphor of the journey and the narrative structure of stories based on this metaphor in terms of classical and mythological paradigms. Hawkins recalls the journeys of Aeneas into the underworld or Perceval in pursuit of the Holy Grail (78), while Frank flags Joseph Campbell's research in The Hero with a Thousand

Faces (Frank 117). Lakoff, Johnson, and others have investigated the properties of the journey metaphor in many of their publications.

The literal definition of a journey involves activities conceptualized as movement (Goatly 61), covering a distance towards one or more destinations. As Johnson shows in The Body in the Mind, the distance between destinations is temporal as well as spatial: it takes time to proceed from one destination to another. The arrival at the next destination will be later than the departure from the previous destination. Hence, spatialized time lends a journey directionality. Similarly, a journey is undertaken for one or more purposes, whether for the sake of travelling, or to arrive at a destination. Purposes, too, suggest directionality (113-14). Hence, the metaphor of the journey is the offspring of a more basic metaphor, of purposes as destinations: "When we think of life as purposeful, we think of it as having destinations and paths towards those destinations, which makes life a journey" (Lakoff and Turner, 3). The locations of a journey may be geopolitical states. However, metaphorically speaking, the states in a journey are all of an ontological nature, states of health and well-being. Therefore, there is another more basic metaphor involved in the journey metaphor, that of locations as states (Johnson 114).

Locations and destinations or, metaphorically speaking states and purposes, involve travelers and their plans or, more generally speaking, agents and actions. Actions occur in terms of cause and effect, and may be impeded by difficulties and blockages (Philosophy in the Flesh 187). As obstacles, difficulties and blockages 'stand in the way' (Lat. 'obstare,' 'stand in the way', Hoad 1996, Lewis and Short 1991)). Some obstacles can be removed while others cannot, requiring a return or a bypass.

Usually, journeys take an extended period of time and cover a great deal of ground (Philosophy in the Flesh, 193). However, a journey may also be broken down into a single day's accomplishments. Etymologically, the Old French 'jornee' details a day's travel, or day's work, and journeymen are those who are qualified for a day's work (Hoad 1996). This variety of meanings makes the metaphor of the journey useful and ambiguous:

journeys may or may not have prescribed or ultimate destinations. Some journeys are just wanderings. Some are semi-structured, with some intermediate, perhaps vague destinations, but no ultimate destinations. And some are very well planned, with a course and destinations completely specified ahead of time (Philosophy in the Flesh 194).

Life, too, is very often thought of as a journey. As Lakoff and Turner show in More Than Cool Reason (1987), we speak of children as “getting off to a good start” in life, while the aged are “at the end of the trail” (3). The departure point in the journey of life is birth and its destination death; depending on one’s philosophical or religious persuasion, death may be yet another departure point for a journey into the afterlife, or towards reincarnation (4). Hence, being on the journey of life may mean being alive and present, here, “on the road,” and dead and absent, there, “at the final stop.” As Lakoff and Turner point out, this is an instance of the metaphor of change of state as change of location (8). In addition, life and death are often associated with light and darkness. For example, the metaphor “a lifetime is a day” implies that birth implies a return to darkness, life is spent in the light, and death, again, occurs in darkness (Lakoff and Turner, 8). The “journey of life” may or may not involve actual geographical movements between locations. Perceiving a lifetime as a day evokes a temporal journey that begins at a certain time of the day (dawn) and ends at another time (sunset). Depending on the reader’s philosophy of time, this could also be a spiral journey along the historical trajectory of time, from one night-time to the next. Those for whom every day is an instant of eternity will find themselves on a circular journey. For others, such as those of Buddhist persuasion, for whom time and space are best spent in the ‘meditative here and now,’ the whole journey can be contained in one discrete moment.

The metaphor of life as a cruel obstacle course or race is a variation of the journey metaphor that emphasizes not only the abundance of obstacles to be surmounted, removed or bypassed, but also the traveler’s attitude towards the obstacles.<sup>14</sup> This is often not a traveler who sets out to explore life’s adventures, but one who has had enough already and at best just makes do. Obstacles suggest external forces that are indifferent, if not malevolent, towards the traveler’s plans, so much so that the traveler may have to give up the itinerary. The purpose of the journey may turn into one of mere survival or even suicide, in a gesture of defiance. One may try to engage the obstacles by confronting, bypassing, evading, or transforming them. The obstacles may involve changes of state, from health to illness, or from health to death. The effects on the traveler are wearing and ultimately destructive.

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<sup>14</sup> Consider The Pilgrim’s Progress, by John Bunyan (1684).

It may not be so difficult to reflect on death as the destination or end of life's journey when one is healthy and actual death seems far away, or when one has chosen to face mortality. However, for those who must face a life-threatening illness and do not want to die, the metaphor of life as a journey, or as an obstacle course, may be deeply upsetting. The metaphorical equation between destination and purpose may pose even more problems: is death the purpose of life or only its inevitable ending? Depending on their individual philosophies or religious persuasions, people will differ on this point. For some Buddhists the purpose is to leave the wheel of life and death and become enlightened (as will be seen in discussing Bedard). Existentialists or atheists might argue that the universe is comprised of contingencies without any purpose, neither in death nor, for that matter, in life. For some, this condition still constitutes a journey while others find that this metaphor has little meaning.

I have already mentioned a few titles of the many narratives that refer to life with cancer as a journey.<sup>15</sup> Two texts will serve to explain some of the different uses of this metaphor. In some cases, it simply functions as a catch-phrase in the title. The cover of the Cancer Survivor's Almanac (1995), for example, shows imagery of water, a woodcut of an old compass, and the subtitle Charting your Journey. An introductory page refers to life with cancer as a journey in unfamiliar territory, but a guide to health-care quickly takes over, aimed at empowering the consumer to choose health care providers, treatment options, and other services. Checklists are supplied, suggesting that emotions be respected (93), but negative reactions replaced (97). Death in this guide is not an acknowledged destination, but something that happens to others.

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<sup>15</sup> The Healing Journey (Alastair Cunningham 1992); The Heroic Path: One Woman's Journey from Cancer to Self-Healing (Angela Trafford 1993); The Journey Beyond Breast Cancer: From the Personal to the Political (Virginia Soffa 1994); Conversations with my Healers: My Journey to Wellness from Breast Cancer (Cynthia Ploski 1995); Courage and Cancer: A Breast Cancer Diary. A Journey from Cancer to Cure (Marilyn Moody 1996); Living with Dying: A Personal Journey (Linda Mukai 1996). The Climb of My Life: A Miraculous Journey from the Edge of Death to the Victory of a Lifetime (Laura Evans 1996). A Visible Wound: A Healing Journey through Breast Cancer (Julie Friedeberger 1996). A Journey Barefoot Up a Mountain (unpubl. cancer narrative 1997). German titles use the word "Odyssey" or "Weg": Von Arzt zu Arzt: Die Odyssey eines Kranken (Beat Schliep 1991); Der dunkle Gang: Leben mit Krebs (Heidrun MalComes, 1993). Other autobiographies have chapter headings that refer to the journey, or mention the journey in the texts.

Another type of narrative journey organizes reluctant travels between the two countries of health and illness. In such texts, the journey neither celebrates new insights, nor hails the triumphant return to the home country, but acknowledges the horrors of the experience. The attitude may be cautiously positive but is more often angry and bitter. Christina Middlebrook's autobiography Seeing the Crab (1996), now in its second edition (1998), is an example of such a continuing dialectical journey, intended to open the borders between the two countries and "close the gap between the ill and the healthy" (ix). This mediation happens along the boundary of the two countries, in a metaphorical territory where space and time are continuously washed away and recreated: at the shore.

Middlebrook's introductory poem, "Joy," is saturated with the imagery of water. As the narrator's joy has evaporated and her passions dried up, she thinks it would be easier to lose herself in the flow of the waters, to slip beneath the surface of a wave, and to disappear into the vast space of the ocean. The book closes with the imagery of water and separation as Middlebrook addresses 'you' (her daughter) and her readers, saying: "Weep with me our tears of separation. Release me to the inevitable. I am not imagining figures of light. I am making the darkness conscious" (212).

Undergoing a bone marrow transplant, Middlebrook must stay isolated in a tent in the hospital (66), and receives a high-dose chemotherapy that is not deadly only because her body is flushed with even greater amounts of solution. Her sense of space and time is obliterated, her body appears to be disintegrating and not hers anymore. For two weeks, she is as if detached from it. Middlebrook has no memory of this time until she is shown photographs of an unfamiliar person looking out from a hospital window.

The most difficult part of her journey comes afterwards: re-membering the space of the body and the time of her treatment. Middlebrook's story is not one of exercising the control of mind over body or cancer; rather, she believes she must embody the experience to make it meaningful. Her anger evokes images of battle as well as journey, of herself as a scared soldier discharged straight into the sea, with water up to her hips and rifle overhead, struggling to reach the saving beaches of Iwo Jima or Vietnam. The imagery of battle, however, takes a Jungian turn: enemies are not to be annihilated or integrated, they are the indeterminable forces of nature.

Middlebrook imagines her soldier as a boy-soldier. In the language of Jungians, this is the contrasexual figure, also known as the animus; he is non-heroic and anonymous, is acceptant, and though fearing death he is inclined to surrender (81). Middlebrook notes:

I find great relief in surrender. Surrender means I can stop worrying and fretting and figuring out what I am supposed to do. I can forget about beating odds and just live my life. I don't need to work harder than I already have, because I have already done everything that I can and because I didn't do anything wrong in the first place (201-202).

Thus, images of war are transformed and serve as an example of Middlebrook's transformation of life with cancer. She acknowledges that ultimately individual control is limited and the forces of nature (or 'Psyche' in Jungian terms) are stronger. Hence, the journey metaphor supercedes that of war, allowing an open-endedness to her narrative that suggests the continuing uneasy negotiation of the shores of life with cancer. Middlebrook's metaphor of the journey, open-ended in her book, may appeal to those who refuse the goal-oriented ideology of society in face of the sustained uncertainty they must encounter. In turn, this metaphor will be troublesome to others who fear the unknown and hope, as so many do, to return to "normal life" as it used to be. Both metaphors of war and the journey reinforce the point that metaphors and their different meanings become crucial to cancer patients, in a way they are not for those who are healthy.

#### Cover Design as Metaphor and the Importance of Marketing

As noted above, marketing is an important issue when considering published cancer narratives. For commercial reasons, no book covers show unmediated portrayals of cancer patients. In fact, book covers themselves are metaphors, showing how publishers struggle to market the book while not detracting from its contents. For example, the cover of the first edition of Joyce Wadler's My Breast (1992) shows the profile of an apparently healthy female torso, against a background of pleasing pastel colors. The colors and the flowing, raised letters of the title suggest a happy ending, celebrated as "the best thing" about this book in one of the comments quoted. The composition of the cover, including the publicizing blurbs ("She took control of her disease . . . She won"), presents a book that one might want to buy while waiting in the check-out line of a grocery store. However, those who must live with an incurable cancer might be offended by the implied suggestion of failure on the part of those who do not "win."

In 1997, My Breast was re-edited. Its new cover shows the photograph of a thoughtful Wadler, holding her chin in her hand. In a new afterword ("Way afterward"), Wadler tells the reader that she has been recently diagnosed with third stage ovarian cancer, confirming a newly discovered genetic predisposition. The cover's new blurbs retract the earlier suggestion of triumphant closure, suggesting instead that "My Breast isn't the end of her journey but a new beginning." Wadler's condition, however, raises concerns about whether hers might now be a "final journey" rather than a "battle" won.

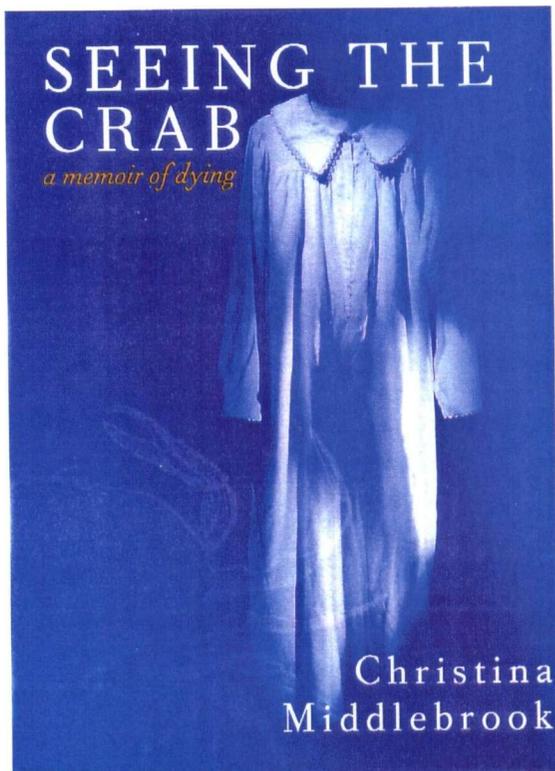
Marketing considerations are also evident in the choice of cover for Joachim Seiler's partner narrative, entitled Lügenzeit ("Time of Lies," 1996), about his wife's illness and death. When I visited the writer in 1997, he showed me the designs he had requested, for example, the photograph of a face under a tightly stretched sheet of transparent plastic. The publisher found this image too upsetting and chose instead a painting by Gustav Klimt, depicting the contemplative image of a pond, "Stiller Weiher" ("Quiet pond").

Recent book jackets show changes towards a more body-centered image of the patient with cancer. Consider, for example, the image of triumphant beauty in the photo of Deena Metzger, showing her nude body from the navel up, arms outstretched, with one breast and a beautiful tattoo where her other breast used to be. This photo appeared in 1978 but was apparently too controversial for wider publication. When the Globe and Mail reprinted it in 1997, a flood of letters to the editors complained of lack of taste.

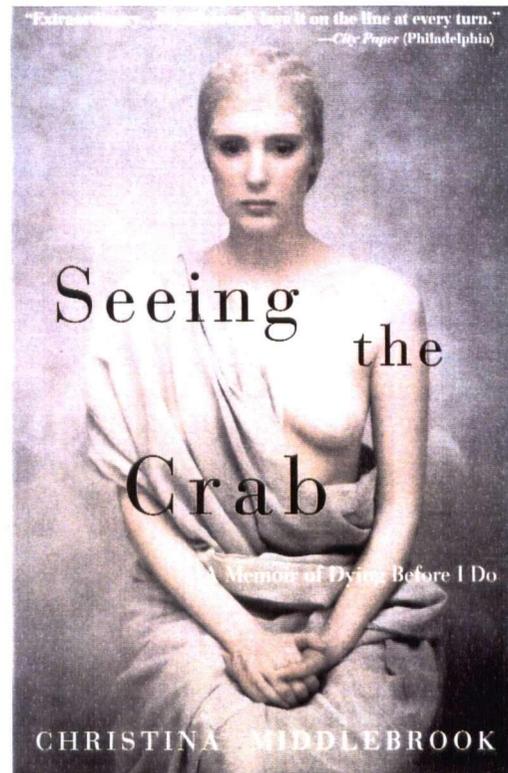
The changes in the cover designs of Middlebrook's two editions of her autobiography, Seeing the Crab, are also instructive. Originally published by Basic Books (HarperCollins) in 1996, the first cover design related to Middlebrook's Jungian interpretation of her life with cancer. It shows a shroud, as though suspended in an interplay of shadow and light. Looking more closely, one can see a shadowy crab surreptitiously moving sideways into the shroud. The shroud appears to be caught in the crab's legs, although not yet in its claws. The subtitle A Memoir of Dying indicates the writer's belief that she has terminal cancer. We sense already that it will not be a light read, however, we may expect to learn about how one woman lives with the awareness of her mortality. For those familiar with Jung's psychology, the cover identifies major themes: the

archetypes of cancer and death, and bringing the shadowy sides of life into the light, so that they can be transformed and integrated.

In 1998, *Seeing the Crab* was republished by Anchor Books (Doubleday) with a different cover. A photograph by noted artist Joyce Tenneson shows a woman in a gown, one breast exposed, the other side of her chest apparently flat but covered. She wears a surgical cap, invoking both the classical imagery of Sophoclean tragedy, and the ambivalent expectations of a woman waiting for a medical appointment.



Middlebrook, *Seeing the Crab* (1996)



Middlebrook, *Seeing the Crab* (1998)

Two recent events have made it more acceptable to print a picture of a woman with cancer exposing a mutilated breast, or scar. In 1993, the *New York Times Magazine's* front cover bore a photograph of the artist and activist Matuschka, baring her mastectomy scar. The caption read: "You Can't Look Away Anymore" (NYT Aug. 15, 1993). At a widely publicized fashion event in 1996, topless cancer-free models (covering their breast with their hands) raised awareness and funds for breast cancer research. It sent mixed signals about the severity of the disease, and about

the commercial interests involved in both the hiding and the aestheticization of the cancerous body (Belkin 40).

Among the cover designs of the texts available, images of the human body form the largest category (51, or almost a third). They include, for the most part, photographs of the author's face (35) or nude upper body and breasts (1), paintings of faces (6), idealized statues or paintings of angels (3), the photograph of an apparently healthy breast in profile behind blinds (1), a ballet dancer with two apparently healthy breasts (1), and the stylized profile of a healthy breast (1). Images of healthy breasts on a breast cancer book raise the ire of some women with breast cancer. A book salesperson with cancer told me how upset she was about the dancer with two healthy breasts. At first, the anger was directed at the male publisher. It turned out, however, that his wife had selected the image because she found it beautiful.

Almost all photographs of author's faces show healthy images without hair loss. Only one cover, Kathleen Russel Rich's Red Devil: To Hell with Cancer – and Back (1999) shows the author's bald head, but only from her nose up, as if peaking mischievously over and out of the book jacket, saying "I am still here, kicking ass" (one of the author's favorite expressions). Photographs of the authors in apparent health may assure them as much as the reader that there is "life after cancer," and that the author has lived to tell and publish the story. It removes the dramatic irony in a story where the author may no longer be alive, while the reader contemplates the writer's hope against hope.

I know of no cancer autobiography that shows the author's photograph on its front cover when she or he is no longer alive. Instead, we find contemplative imagery, as in the case of Zorn's Mars (1977), Peter Noll's thanatography Diktate über Sterben und Tod (1987, In the Face of Death 1989), or Seiler's partner book Lügenzeit (1996).

The remaining two-thirds of the cover designs present various kinds of non-human imagery, alluding to the same range of metaphors illustrated in my empirical metaphor study. The second largest group of covers (thirty-two, or one fifth), features images of plant life, including seventeen images of a blossoming flower (often a rose), ten of trees in various seasons, two of leaves, and one of grass. For many cancer patients, plant life provides reassuring images of regeneration, and of the appreciation of details and scents. For example, Barbara Rosenblum, in

Cancer in Two Voices (1991), appreciates the seasonal activity of gardening. Rich, in Red Devil, however, feels inundated with her new sensitivity: "I don't want to smell one more freaking flower" (145). While trees in full blossom signal regeneration, some books show dark trees without leaves. In the case of Arie Brouwer, in Overcoming the Threat of Death (1994), the cover's leafless trees suggest the early death of its writer before the publication of the book.

Images of landscape are also an image often used among cancer patients. They include images of mountains, representing extended vistas for some and obstacles for others. Of the two images of valleys, one presents a fertile, sunlit vista, while the other shows a dark, threatening valley. Rainbows usually suggest nature in its benevolent mystery, while beaches, ponds, deserts, clouds and the sky intimate space and timelessness as well as continuous change. Some patients and writers find natural imagery therapeutic, while others find the suggestion of transience threatening. Animal imagery includes images of birds, a cat, crab, or butterfly. Colorful birds may be ascending towards the sky, or black birds send ominous signs, as is the case in Mars. In addition, some books show imagery of human habitation, such as houses or a long road (another metaphor often mentioned in my empirical research). One larger group of book covers, in fact, the third largest group (twenty-five books, or 16%), presents its title information on a simple non-illustrated background, sometimes set off by a variety of contrasting colors.

I could not discover any significant cultural differences between English and German cover designs. What we can see, however, from this survey of book covers is that cover designs signal widely differing metaphors. A tree in blossom may send a hopeful note of regeneration, while a tree without leaves may tell of destruction and the author's demise.

#### Problems of Closure

The question of closure is often problematic. Cancer patients are aware of the vagaries of their illness and its treatment and know that their future life may be difficult to predict. At the same time, many hope that cancer presents only a temporary brush with mortality, and that they can return to where they had left off in life before the illness. As Christina Middlebrook (1996) notes, the public and patients alike prefer to think of cancer remission as cure. Such beliefs may lead to

renewed denial and a hope for closure that becomes apparent as writers search for fitting narrative structures. Kathlyn Conway writes:

During my illness I searched for narratives that would structure my experience and offer me a vision of the future in which breast cancer would end. . . . I studied my diagnosis and statistical survival rates to find material with which to compose a story that had a future in which I would be healthy (158).

Katherine Russel Rich, the writer of Red Devil (1999) notes that “the promise of completion would be all that would be pulling me forward” (234). However, every time the end of another treatment arrives, it turns out to be “a cold, dead space” (234). Rich writes this after a number of relapses, fully aware that there are no closures. Yet, her account shows how difficult or impossible it is to live without closure. Re-editions, or sequels of cancer narratives illustrate this experience. They may include changes such as preambles or epilogues that account for changes in the writer’s illness or state of treatment. After five years, the magical number for a promising remission, Betty Rollin’s book First You Cry (1976) appeared with an additional epilogue, celebrating “The Best Years of My Life” (206). Joyce Wadler tells us in My Breast (1982) that her book was initially to end after eleven chapters. However, a reclassification of her illness required additional treatment, documented by Wadler in a twelfth chapter. Unfortunately, this was not the end either: a few years later, her diagnosis with ovarian cancer produced a new edition with a new afterword and the announcement that she was working on a new book with the proposed title “Plucky Cancer Girl Strikes Back.” Some writers produce sequels to their cancer autobiographies. Christiane Lenker, for example, published Krebs kann auch eine Chance sein (1984, “Cancer can also present an opportunity”) and, in 1993, her sequel Krebs greift das Herz nicht an: Mein zweites Leben (“Cancer does not attack the heart: my second life”). In her first book, the married Lenker shared her discovery of new love and lovers despite her mastectomy. The second book’s front cover shows two lovers in a romantic embrace, while the back announces the continuation of Lenker’s romantic exploits: “The book is concerned with the miracle of love, which the author experiences despite her “incurable” cancer.<sup>16</sup> The juxtaposition between death and “the miracle of love” evokes a tradition of tested literary plots and raises the voyeuristic spectacle of bodily deformity

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<sup>16</sup> “Das Buch handelt von dem Wunder der Liebe, das die Autorin trotz einer ‘unheilbaren’ Krebserkrankung erfährt.”

accompanied by uninhibited sex. The quotation marks appear to call into doubt medical jargon that uses terms such as “curable” or “incurable.” However, a small note inside the book informs the reader that Lenker’s illness was indeed incurable, and she died soon after the publication of her second book.

Similarly, Ingrid Benedict wrote an autobiography and a sequel, both of which celebrate her love life, in particular, her romance with a seductive Italian lover (Lasst mir meine bunten Farben 1987 (“Leave me my bright colors”); Ich habe keine Angst um mich 1993 (“I am not afraid for myself”). Eva-Maria Sanders, on the other hand, reformulates her celebratory first book Leben! Ich hatte Krebs und wurde gesund (1997, “Life! I had cancer and became healthy”) in terms of a sequel with self-help appeal, equally celebratory: Freude! So schön ist das Leben (1998, “Joy! Life is so beautiful”). Gisela Friebel, who developed breast cancer in 1983 and whose autobiography Ich habe Krebs! Na und? (1986, “I have cancer! So what?”) attributes her recovery to alternative medicine, has since published ten more books about her experience with cancer and different herbal remedies.

Accounts of life with cancer are of interest to us for literary, psychological, social and many other reasons. These books tell us much about individual and cultural concepts of health, illness, and mortality as we struggle for meaning when living with a life-threatening illness. We learn how difficult it is to find words and metaphors for this experience, and to find a narrative thread for an experience that itself tears through the narrative fabric of our lives. The narrative forms that a cancer narrative can take can also be read as metaphor. These forms fill a wide spectrum between non-fiction and fiction, including retrospective autobiographies, spiritual autobiographies, diaries, collected letters (or E-mails), manifestos, parables, short stories, novels, comic books, art work accompanied by a narrative, journals for readers to write in, introductory chapters or prologues to medical, guide, or self-help books, or scientific treatises.<sup>17</sup> In many cases

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<sup>17</sup> The following list is not exhaustive but indicates the wide variety among cancer narratives, including forms that resemble retrospective autobiography: Alsop 1973, Schwerin 1976, MacPhee 1994, French 1998, Greal 1994, Price 1995, Middlebrook 1996, 1998, Rich 1999; spiritual autobiography: Nan Shin 1986, Carmody 1994, Hook 1995, 1997, Bedard 1999; diary: Gault 1968, Metzger 1978, Lorde 1980, Noll 1987, Butler & Rosenblum 1991, Mechtel 1993, Adjei 1994, Sternbach 1999; collected letters: Picardie 1998; manifesto: Batt 1994, Soffa 1994, Friebel 1996; parable: Dalhoff 1991; short story: Moore 1998; novel: Beutler 1980, Cohen 1996, Richardson 1997; comic book: Pekar and Brabner 1994, Clifford 1996, 1998; art work accompanied by a narrative: Pope 1991, King

the boundaries between genres are blurred, in particular with regard to the self-help content of cancer narratives, whose narrators are usually strongly opinionated about what affected their treatment and recovery, positively or adversely. Their recommendations may take the form of a concluding chapter to an autobiography, titled, for example, "There are Simple Rules for Surviving Prostate Cancer" (Korda, pp. 252-254), or "Mediquette: A Traveler's Guide to the Country of Illness" (Lipsyte, pp. 239-250). Many books provide lists of resources and addresses, and sometimes reading recommendations of the "positive" variety (MacPhee 276, Halvorson-Boyd and Hunter 161-165, Tilberis 287-292, and Mukai & Chan 219-215). The supplementary information on the front cover of Julie Friedeberger's A Visible Wound: A Healing Journey through Breast Cancer (1996) illustrates this extended scope: "with practical and spiritual guidance for women, their partners and families." In Coping with Chemotherapy (1985, 1993), the subtitle addresses the reader directly, linking the book's personal and guide-book constituents: "Up-to-date, authoritative information you can trust-from experts and from someone who's been there: Nancy Bruning. Revised and Updated!" Anne-Marie Tausch's book Gespräche gegen die Angst (1981, "Talks against Fear") is an example of a large group of cancer narratives that perceive themselves as guide- or self-help books. Typically, these books begin with the writer's own experience with cancer, an account that may be between two pages or up to a chapter long. The personal introduction is usually descriptive, stating but not dwelling on the shock of the diagnosis and the fears that invest the book with the authority of personal experience. However, the drama is held in balance by allusions to the positive messages in the chapters of the book's self-help portion.

The form of a cancer narrative can serve as a literary metaphor for the writer's engagement with her illness or that of another. These metaphors structure the relationship between narrating self and narrated self and will be examined in detail in discussing individual cancer narratives.

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1993, Dietrich 1999; journals for readers to write in: Pike 1997; introductory chapters or forewords to medical, guide, or self-help books on cancer: Bruning 1985, Greenberg 1988, Cunningham 1992, Frähm & Frähm 1992, Zakarian 1996, Mayer 1997, King & Pearlroth 1998; scientific treatises: Steingraber 1997.

## **Part II: Cancer Narratives**

### **Patient Narrative (British Columbia Cancer Agency 1997, Anonymous)**

As a part of my empirical metaphor study ("Study I") in hospitals and support groups, I also invited patients to write short narratives about their life with cancer ("Study IV"). This invitation was packaged together with the metaphor study questionnaires. The focus of the following analysis is an untitled, anonymous narrative that I received from a patient at the British Columbia Cancer Agency. It is included in Appendix I. This narrative is not representative of the cancer narratives I solicited (see section on taxonomy). I chose it for its metaphoric structure: a form that resembles that of diary writing; its opposition of cancer as intangible and tangible time in the present; those of a "naturalistic" image; and its absence of battle metaphors.

The participant received the package either from me in one of the support groups or from one of the group leaders, during an individual counseling appointment. The questionnaire is dated Feb. 27, 1997, approximately one month after the beginning of my study. Both questionnaire and narrative were returned before June 1997, the conclusion of the Canadian data collection phase of Studies I and IV. Although the narrative is anonymous, the writer marked it with the same identity code that she used for her equally anonymous questionnaire. The latter contains a demographic section in which she identifies herself as a 40-year-old Caucasian female. Certain details about the particulars of her illness are identical in both the questionnaire and the narrative and I conclude that the writer of both is indeed the same person. Having invited an "autobiographical narrative," I am also inclined to assume identity between the writer and the first-person narrator of the account, confirmed by other details that will be examined shortly. However, the relationship between narrating self and narrated self or selves reveals differences that are important to the writer's concept of self, to my analysis of the narrative as metaphor, my analysis of the metaphors contained within the narrative, and their evaluation. Above all, I am mindful of the fundamental difference between reality and any autobiographical presentation. I am not concerned with the objective reality of the account, but the conscious reflections of its narrator, and the form they take in her account. To begin with, I examine the concept of self conveyed by the narrative structure.

### Writing the Witnessing Self

The narrative can be organized into five parts of unequal length, according to thematic foci, and characterized by details in the narrating present, flashbacks, and tentative flash forwards. The narrated sequence, not in chronological order, constructs the image of a narrating self that rises above the history of its illness.

Part I (ls.1-11) situates the first-person narrator in the writing present and introduces the theme of her account, her life with cancer. At its center is the struggle to name and give form to her illness, locate herself in her social context, and establish the present context of writing. Part II (ls.11-25) turns to the past, reviewing her initial diagnosis, denial, recurrence of cancer, and the statistical odds of her survival: the likelihood of death and yet a tentative sense of hope. Part III (ls.25-42) centers the writer, in face of her tenuous situation, in a meditative appreciation of her spatio-temporal surroundings, her love for life, and the current course of her treatment. Part IV (ls.42-59) returns to the past again, reviewing the narrator's past alienation from self and body, and the love she has recently developed for the latter. Part V (ls.60-66) extends her concern to her family, in light of her odds of survival, concluding in exhortations to herself to enjoy the present, not to fear death, and to share love, beginning "now."

Part I introduces the narrator's perspective--a vantage that will dominate her whole account and her intention in writing. Unlike many other patient narratives that I have solicited, the account does not begin with the date and/or medical specifics of the diagnosis, but with the narrating present, indicating that this account is not primarily structured around the medical trajectory of her illness but the phenomenology of illness and self. First, the narrator reveals her ambivalent feelings about writing her account. She notes, "I've been hesitant to start. A little nervous, a little unsure," a sense that has not been fully resolved at the moment she puts her pen to the paper: ". . . I think that [writing] is something that might help me" (1.2). She chooses to write because it could help her to give form to her experience: "Putting words to it. Giving it some form" (2).

Beginning to write, the narrator acutely notes mounting tensions in her body and self: "my stomach is tightening and my eyes are moist" (7), but she reaffirms her intent to write, placing a determined ethical decision, and her self, above her fears and emotions: "[b]ut this is the very thing I want. I want to tell it and deal with it and give it a place . . . (8). In the process of writing, she

gives words and form to an ethical self that transcends the hesitating, fearful, sad self. She stabilizes the emerging presence of this self in the deictics of time and space: "*this* is the very thing I want. I want . . . to give it a *place*" (8); "*there* is no need for paragraphs of thought *here*. I am alone with it for *the moment*" (10, my italics). The transcendent presence of this narrating self acts like a witness to the self and body that are identified with "it," her illness. The narrator's intent to shape her account selectively ("I don't want it [the illness] to be the whole thing" (9)) seeks a form that acknowledges her illness, but insists that it is only a part of herself.

It appears that the transcendent self emerges at the same time as "it," the illness, is being confronted and named. Beginning with "the vastness of it, its complexity" (3), alluding to both the intangibility and absolute reality of what is of yet an unnamed threat, the narrator moves closer, first into metaphor, "the dreadful black blessing that it is," until "it" is named, and the intentions for writing restated: "[t]o write it out. I have cancer" (5). It will be longer still until the fullness of the dread can be alluded to: "I have a recurrence of breast cancer." The language disentangles the proximity of first and third person pronouns, "I/it," and the emotions associated with "it," by stabilizing the first person "I" against an object that emerges from the anonymity of "it" and is named: "cancer." "I have cancer" inserts the distance between a subject and an object. Identifying the emerging transcendent self in the narrating present, step by step, naming and at the same time distancing cancer, is born out of the writer's reflections while writing, and invites the audience to identify with her in her struggle. Because immense suffering is involved, felt and presented by the narrator with acuity, recipients will be inclined to accept the narrator's account as her truth, a truth that may not be objective, but is at least subjective. What is the writer's relation with her recipients? As she points out, her primary intent is to write for herself, although the impulse to write at all, at least in the writing present, seems linked to the invitation extended by me, or her counselor on my behalf. In fact, the writer engages the narrative's recipient: ". . . am I writing to you or to me. I want it to be me, but I don't know if I can." References to the recipient can be felt in other places, too: "I want to tell it . . ." (8). This narrative, like others, was returned to me, either directly or through the writer's counselor at the Cancer Agency, thus stabilizing the importance of the text's recipient.

While the recipient is being invited into the narrative, he or she is, at the same time, held subtly at a distance, beginning with the mentioning of cancer as a "dreadful black blessing" (3). The fear and other emotions the writer witnesses, and her hesitation to name the illness, are expressed in the image of cancer being "dreadful" and "black"; however, the oxymoron "dreadful black blessing" may seem at first confounding, lessened only slightly by the distracting alliterative aesthetics of "black blessing." It may, however, also speak to the expectations of readers who prefer narratives where "lessons are learned," and protagonists triumph over adversity. However, the possibility for full identification is held at bay, for the narrator feels ghettoized, forced into a club that she "never wanted to belong to": "It's part of the way people think of me now. A strange notoriety" (7). There may be at least a part of the narrator's experience that we cannot fully understand and the lack of sensitivity is ours who do not have cancer, not the narrator's. The recipient is a member of a group of "people," who perhaps revel in fear from a safe distance, as Sander Gilman has pointed out (2). As soon as the issue is raised, it is closed off: "[t]here's no need for paragraphs of thought here" (9).

Only later, in Part II, do we learn the horrifying particulars of the illness, as the narrative turns to a review of the past, beginning from misdiagnosed early symptoms ("fibrocystic growth") to a complete modified mastectomy for a stage III breast cancer that has spread to 6 of 10 local lymph nodes, requiring additional chemotherapy and radiation. At the time, the narrator responded with denial and continued to work, "pretending it wasn't really happening" (20), sure that she was going to survive. However, just under five years later, and three months before writing her narrative, cancer has returned to her uterus, ovaries, and regional lymph nodes. Although the narrator mediates between the recipient and the narrated past, remembering and commenting on events, the past is widely recreated from the view of the narrated self. After the narrating self introduces the past in the preterite tense ("I heard what I wanted to hear"), she brings the narrated self to life in the present of her past experience: "My life is hectic. The timing is bad" (12), at times interrupted by the commenting narrator, ". . . or something like that" (15), "[o]r whatever I thought"(21), to return again to the present as experienced by the narrated self. The past events are related in a staccato-like fashion, short sentences running into each other without transitions: "Diagnosed in January of 1992. G.P. remiss. I wasn't on top of it. I heard what I wanted to hear."

Thus, the writing evokes what the narrated self affirms: "My life is hectic" (12), with no time for reflection.

The doubling of the self into narrating and narrated self turns into a triple perspective when the narrator turns to the recurrence of her cancer: "And now it's returned just under 5 years later" (21). First, she doubles her perspective, recounting the experience from the view of the narrated self in her present: "I get out of the hospital Friday morning, after the operation on Monday morning" (23). A comment by the narrated self reveals its self-consciousness: "I make sure the nurses and doctors see me walking down the hall . . . I have a brave face" (25). Here, the narrator inserts herself again with a further comment: "But in a lot of ways I have a brave face and a brave heart . . ." (25). The doubling and tripling of the self, into the recreated present of the past and the narrating present, reenacts, and invites the recipient into, the immediacy of past events. At the same time, this technique suggests a distance between narrating self and narrated self or selves, signaling regrets about past denial. However, the past is not entirely disregarded, but integrated into a more balanced awareness in the present: "But in a lot of ways I have a brave face . . ." (25).

Thus the narrator begins a meditation in and on the present (Part III), situating herself and this part of the narrative in a stabilizing frame of caring relations (" . . . there is a lot of love for me" (26), " . . . this life I am finally loving" (29), "I love it and it is very worthy of my love" (41)). Having previously contemplated the unreliability of her past, she considers the statistical and factual uncertainty of her hopes for a future and the likelihood of her death, "[b]ut I don't have time to speculate about it" (34). The past being no longer what it used to be, and the future tenuous, the sense of the present takes on a particular richness. The narrator's statement and rhetorical question, "[i]t's all we have, isn't it," engages the recipient, presuming at least tentative agreement and, in fact, a validation of her experience. Readers who want to disagree may find this rhetorical move difficult to reject and the exploration of the present hypnotic:

I am determined to die as graciously as I can with as much love around me as I can and that begins right now. It is the now. It's all we have, isn't it. I hear traffic. The windows are steamed. My eyes are moist but drying. My heartbeat is steady. My husband is in his office working contently. He's just a few steps away. The view is enormous. The clouds low, but they're a thousand particles of gray, an impressive range of gray and I'm here to witness it and that's what I have, what I am. And I love that. I love it and it is very worthy of my love and awe (35-41).

Paradoxically, the very contemplation of time and change raises her above its unpredictable condition, for what is left in the face of overwhelming change is a continuing sense of a witness ("My eyes are moist but drying. My heartbeat is steadying"). The narrator's sense of time is not so much a historical measure, but takes on metaphysical properties, and becomes the narrative's central metaphor for making sense of life with cancer. Aware of the proximity of death, the narrator centers herself in her own existence, receptive to her self and her environment, and exploring both from discrete moment to discrete moment. In this existential sequence, the subject and object of witnessing appear to lose their boundaries: ". . . that's what I have, what I am" (40), eliciting care and a sense of mystery. The narrator elevates herself to a sense of time that seems almost ahistorical, where the slowing down of time aims to stretch each moment into eternity (see also 63). Shortening sentences, in turn, draw the reader into synchronicity with the narrator, inviting identification.

Following the flow of her consciousness, the narrator turns once more to the past, but without doubling her perspective into narrating and narrated self, reviewing the conflicted history and denial of her body. She notes some early incidents of sexual molestation and eight years of bulimia that may have affected her relationship to her body and self. However, the narrator does not seem to believe that this history has caused cancer in any way: "cancer is of the body" (1.49). The fact that her mother had breast cancer, too, may indicate a genetic predisposition (1.15). At the present time, the narrator is almost bald. Her body is marked by her mastectomy and many other scars, as well as lymphadema<sup>1</sup> in even the most intimate places. Where many other cancer patients turn away from the body, suspicious of its apparent betrayal, emphasizing its ugliness or supposed loss of sexual attraction, the acuity of detail in the narrative at hand reveals great care for the body: "I marvel at my body. It is a miraculous instrument . . . . I wish I'd loved it then as I do now" (57). While the narrator does not double her self in this passage, she expresses her distance from the self of the past, apparently having developed a fuller understanding of herself that is reflected and measured, as it was in Part III, in her capacity for love. The self is increasingly identified with love, which appears to be defined as the reception and distribution of care for

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<sup>1</sup> Lymphadema is a painful swelling of body tissue due to restricted lymph drainage.

others, beginning with the loving husband (27), love for the environment (41), love for the body (59), and in the last part of the narrative, love for the family.

Part V, separated by the only paragraph break in the text, takes up themes in previous parts again, integrating all in a conclusion. The social environment, first discussed in Part I, is now addressed more specifically in terms of immediate and extended relatives, and her hesitation to inform them of the recurrence, likely because of the pain this revelation could cause them ("So many people affected," 62). Statistics once again (as in Part II), present both hope and the likelihood of death, and are once again resolved in a turn to the present, as in Part III: "I want to stretch out the moments. I want to be alive while I am alive." Closing the narrative, the narrator's confidence is not as pronounced as it was earlier. Then, she could say: "I'm determined to die as graciously as I can with as much love around me as I can and that begins right now" (36). Now she writes: ". . . when my death comes I don't want to fear it. I don't know if I can do that, but when it comes I want to be and feel and give love. I am trying to do that now" (65). While the narrator does not quite reach the meditative calm, center, and transcendence of Part III, she identifies herself once again through the transcendent order of love, inscribing its order into the narrative and its different parts. The different levels of confidence poignantly reveal the narrator's struggle between the uncertainty of her condition and the transcendence of time and space in meditation. Perhaps this struggle is exacerbated by her family dynamics. While the narrator wants to cultivate love "and that begins right now" (36), she wants to withhold the knowledge of her recurrence from her family. It is particularly disturbing yet understandable at the same time, that she does not want to tell her mother, who had cancer herself. If not her mother, who else can possibly understand the fear of a relapse? More likely, the mother knows those fears all too well, and the daughter does not want to cause her the pain and perhaps the feelings of guilt that many parents feel when their child dies earlier than they do. It is a common occurrence among cancer patients that they must bear the additional burden of comforting their relatives. It is no wonder that the narrator feels exiled, "part of a club I never wanted to belong to," seeking support in her husband and with counselors and support groups at the Cancer Agency.

While the writer seeks to "put words to it" and "give it some form," she does not want it "to be the whole thing." Creating splits between narrating and narrated self, the narrator invites the

recipient into the immediacy of a recreated past. Her past hopes are disappointed by reversals: she does not have a cyst but cancer, and she will not "get past it" but will have a recurrence. The tragic irony set up by these reversals includes the possibility that she will not "get past" her recurrence, a possibility that narrator and recipient are well aware of, although the latter may not be aware of the even larger irony, that he or she may be in as little control of events as the narrator. The split between narrated self and commenting self suggests a distance between the two, in terms of overcoming past denial. However, there also seem to be levels of self in the writing present. The narrating self begins her account with hesitation and uncertainty, only to write herself into a meditative role of a witnessing self that transcends the body and that part of the self that is identified with her illness. Her meditation slows her into the specificity of place and time, here and now, from which she emerges with feelings of universal love. In the end, she cannot quite sustain her determination and confidence, the meditation on and in the present becomes an exhortation for the future. The narrating self moves back and forth between the witnessing self, and a more uncertain self, with the witnessing self appearing to be the most accomplished level. Hence, the narrative form is mixed. The recurrent splits between narrated and narrating self, moving between past events and present comments, present a narrative mode that is commonly found in diaries. The third and center part of the narrative present a meditation on self, place, and time that centers the whole narrative. It presents an order that transcends the "vastness" of changes in the self, cancer, and the world. This "witnessing" self becomes a mirror to the self, the past, and the world. It holds out a mirror that apparently is not attached to what it reflects, because it reflects from discrete moment to discrete moment, in an ongoing present. It is this meditation in the present that the witnessing self stabilizes itself, elevating itself above the split selves of the past and the future, incurring identification with itself, not alienation. In this sequence in the present, the writer seems to claim, the narrating self achieves a meditative order in disorder, the transcendent witness assuming the only continuity in change.

However, the text is not only ordered in terms of themes, self, and time. The aesthetics of the text presents another kind of order. The handwriting shows a continuous flow by a stable hand, filling each line evenly and loosening somewhat only towards the end. The entire narrative is written in one continuous block, the stream of consciousness, reflections, and past events

interrupted only by one paragraph break towards the end, marking a turn towards resolutions for a tenuous future.

Cancer, before it is named in the narrative, is referred to as "the vastness of it, its complexity, the dreadful black blessing that it is," suggesting both its intangibility and absolute reality, as well as the ambiguity of her experience. The metaphors from the questionnaire support this interpretation, depicting an image of intrusion ("phantom robber," "opponent"), by something rather intangible ("phantom," "... forgotten," "unreality"), and a somewhat external threat over which the woman has little control ("inorganic net, repeating . . .," "erratic life clock set ticking," "a wall . . ."). However, while cancer appears like a "numbing wall" between her and others, it may also provide for a "sweet bond" with others, perhaps having engendered connections, support, and love, for example, in the relaxation group. This may explain the ambiguous metaphor of cancer as a "blessing," though never apart from being "dreadful" and "black." The cancer treatment imagery continues the sense of intangibility and of being out of control ("limbo," "a process, slow, unknowable," "ongoing, even as I sleep, like the unconscious"), yet with some hope ("a chance," "a deep forgotten sport—retrievable"). The references to "love sent [her way]," "powerful flood of light," "stream of water . . . dissolving," "clever white dolphins . . . breaking apart the cancer cells" represent more hopeful, calming images, reaching out towards tangible, dynamic perspectives.

The imagery of the clouds, in the narrative, is an important metaphor for turning intangibility into metaphysical stability. They are more than a "real" object of observation. As Anatole Broyard noted, "the sick man sees everything as metaphor" (1992:7). Counselors and support groups at the British Columbia Cancer Agency make use of this insight, encouraging patients to present any images to the group that may have seemed significant during the day, often including imagery from nature such as sunlit mountains or the panorama of sky and clouds. Clouds are always on the move. Coming from nowhere, they never stay, and have nowhere to go. Led only by the whims of the winds, no final cause has drawn them here. In constant transformation, their shapes may seem distinct, large, and wide, and already their margins wither, vanish, and reappear. Their many shades turn from white to the darkest hues of gray. Indifferent and mysterious, they move above, an inviting foil for human cares. Not surprisingly, clouds serve

as conduits of transcendence and self-transformation, for example, in the mythology of the Greeks (Hamilton 25), the African Boloki (Scheub 153), the Sufis (Shah 76), Southwest American Pueblo Cultures (Gill et al 46), or in the Bible (McKenzie 145). Similarly, the observation of the clouds in this patient narrative is not accidental but serves an important metaphorical function, confirmed by Cancer Agency counselors.<sup>2</sup> In the narrative, three superlatives celebrate what others might view as a loss of vision, space and a stereotype of unreliable Vancouver weather: the clouds are hanging low, in "myriad" particles of gray and a range that is "impressive," and the vista is "enormous" (l.39). Having just written the history of her illness, it is astounding that the narrator has a "view" at all, literally and figuratively. In fact, it is the very size of the panorama that draws her out from alienation and sadness. What could have served as a depressing metaphor of life with cancer, and her emotions just minutes ago ("my eyes are moist but drying"), is transformed into its very opposite in a meditation on each moment: "I hear traffic. The windows are steamed. . . ." (36). In her meditation she becomes a witness to all that is, dark and light, her experience of her humanity, the details and layers of her illness, the devastation of her life. As a witness, she becomes resilient-and grateful that she can see the dark, "the dreadful black blessing that it is" (3). As a witness, she becomes what the support group refers to as a "a watcher on the hill," observing the sustained change and uncertainty in her life. In the very act of witnessing change and uncertainty, inside and outside, the witnessing narrator imposes order on change, the known on the unknown. From this meditative place of order, she assesses her current condition and the state of her treatment: "I seem to have the kind of body that takes chemotherapy very well" (42).

Additional metaphors are, for example, the metaphor of cancer being "of the body," expressing a medical metaphor of cancer's etiology. However, the questionnaire is more ambivalent than the narrative: in the former, the writer lists, among others, a metaphor of cancer as "a forgotten part of the self." This metaphor may be a tentative suggestion, expressing the writer's fears of cancer as a part that she may not be aware of yet, even though she privileges the medical metaphor in her narrative. There is hardly a cancer patient who does not, at one time or another, consider psychological causes for cancer, a tendency that may not be surprising in cultures where

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<sup>2</sup> Lis Smith and Anne-Marie Murphy, personal communication.

religions and social pressures impress on their members the sense that they are not good enough and need to improve on themselves. However, I have also observed in the narratives that I have solicited from patients, that the imagery of metaphors listed in the questionnaires tends to be more frightening and explicit than the metaphors found in the narratives (see my taxonomy section). In addition, we learn from the demographic information provided that the writer complements her treatment by practicing relaxation, taking vitamin supplements, and considering "alternative herbs" after the completion of her chemotherapy. While she leaves cancer treatment to a mainly medical treatment regime, her narrative and her practice of relaxation center on the personal experience of life with illness.

The narrative gives words and form not only to her illness, but also to the possibility of her death. The writer is well aware, and writes it out, that she may be one of the statistical 3 out of 83 who may survive for ten years, and that she may not. In the latter case, she prepares for her death, "determined to die as graciously as I can" (35), hoping that she will not be afraid (65). Significantly, she prepares herself for death in the same way she seeks to live now, that is, being, receiving, and giving love, immersed in her community. Her attitude is neither one of fight nor of surrender, she "want[s] to be alive while I'm alive," her meditative practice helping her "to stretch out the moments"(63) because "that's what I have, what I am" (36, 40). The writer is not proselytizing; she is driven by a responsibility to herself, her friends and her family, and is aware that she may not, or not always, be able to live up to her hopes and insights for the future.

### **Evaluations**

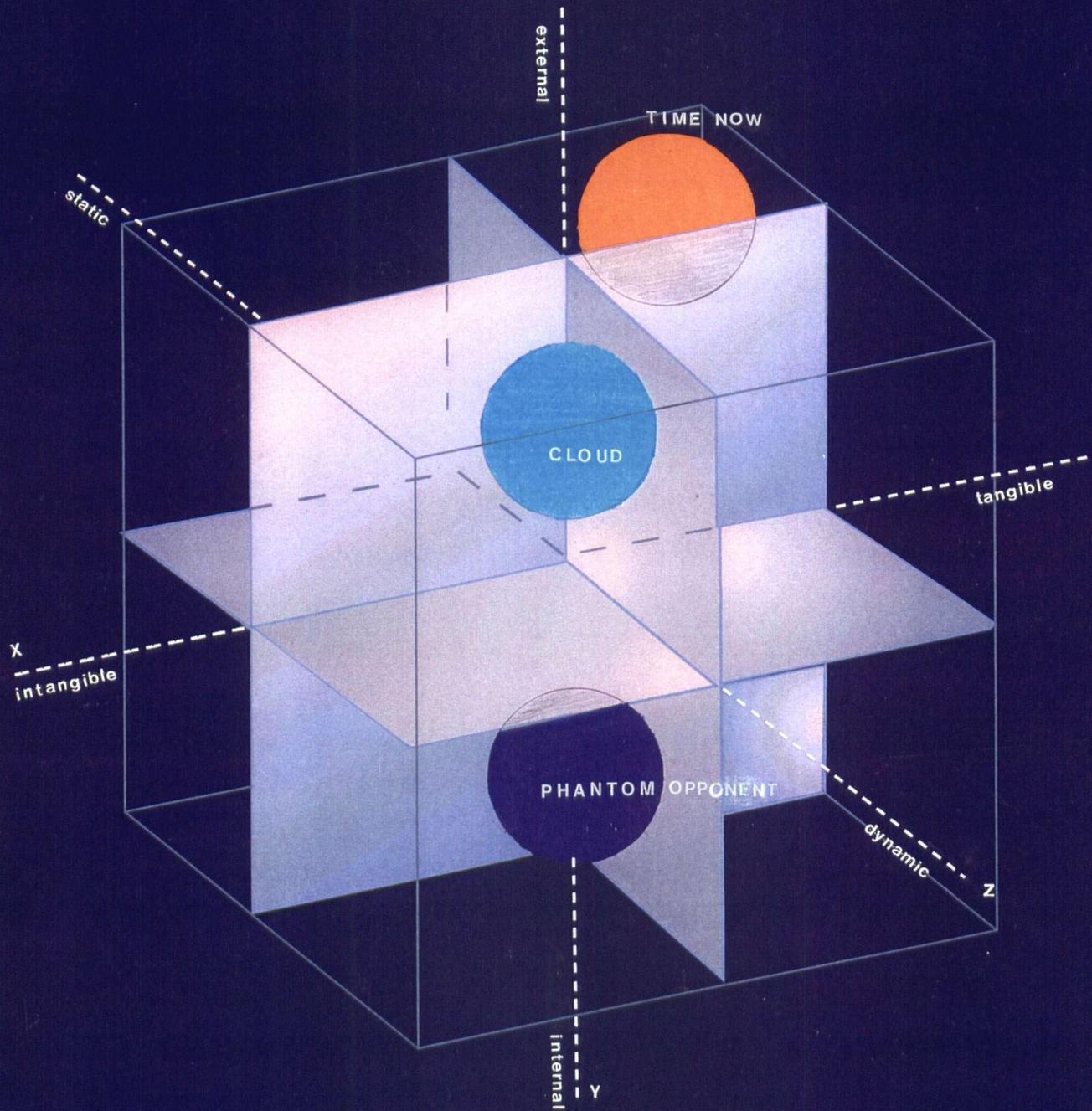
In Chapter I, I discussed the evaluation of a text in terms of its performance regarding three factors, namely catharsis, defamiliarization, and aesthetics. I have pointed out that this particular narrator writes her account to establish an identification with herself rather than to affect a distance or alienation. She seeks to integrate the history of her self and her body as a history of denial that is overcome and integrated by the witnessing self in the present. She acknowledges past denial, the horrors of her illness, and her desire to overcome both in a love that is simultaneously internal and external. Through the identification with herself, she sets up the basis on which the audience may identify with her as "somebody like us," in terms of Aristotle's Poetics, and by identifying with the

horrors of her experience, we feel that what happens to her "could happen to us, too," and experience the catharsis of pity and fear.

Regarding identification, the narrative performs very well. The author struggles to lift herself above the attachments to self and body that produce pity and fear. She is aware of the potential for pity and fear in her family and among "people," a potential that she appears to have found distracting and not supporting, as she has not let her family in on her recurrence. Thus, her intent probably is not to elicit pity and fear in her audience, and in this she is similar to many cancer patients who do not wish that their experience be turned into a spectacle. As Sander Gilman has pointed out, audiences like to revel in fears, though from a safe distance. It is this distance that cancer patients painfully feel and that contributes to their sense of ghettoization. However, unless the audience has confronted death, and hence life, with a similar immediacy that cancer patients must, the chances will be slim. Under such circumstances, the identification usually sets the stage for catharsis, and many readers will respond to its call.

The psychological imagery of cancer and its treatment here represents a split in which cancer as a "vastness," or "phantom opponent" that is "of the body," appears as an internal, intangible, dynamically changing threat. It is answered by the main metaphor of life with cancer as a metaphysical experience of time that attempts to stretch moments into eternity. Represented by the witnessing of the clouds, time appears as a static, external, tangible experience of the present, whether in the internal or external environment (see illustration on following page). This split cuts through all three dimensions of cancer imagery, explaining the writer's ambivalence towards cancer, as well as the split between narrated and narrating self, attached to the body and self in illness, and the witnessing self that elevates itself above both. The imagery in the narrative is sparse given that the narrative is short, ("there is no need for paragraphs of thought . . .") but the narrative focuses, in all its brevity, on the major tension in life with cancer in terms of time, death, and life: uncertainty in terms of past and future, and a response that seeks to extend the present into eternity. While there are few metaphors, they cover the spectrum of metaphoricity regarding cancer, as laid out in my empirical study. The opposition (for example, of "phantom opponent" and "time now," mediated by the metaphor of the cloud), negotiates the different perspectives of

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self in the narrative. These perspectives include a self that is identified with the ill body and self and their suffering, and a transcendent, witnessing self. These antipodes are also the poles between which the narrating self moves, from its initial identification with the suffering body to a meditative state and back. Given the spectrum of metaphoricity, the narrative can be said to perform well.

From a therapeutic point of view, this text will not be beneficial to patients who think of cancer as a battle that can be won or lost and whose eyes are set on achieving this goal. They will miss the assurance, the "positive thinking," that they can beat their illness and that they will be better and join life again once they have "overcome" their illness. They will feel threatened precisely by the identification that this author has achieved regarding her self and body. Not only does she think of her body not as a traitor or an enemy, but she has in fact come to love her mutilated body. Her narrative may be beneficial to those patients who can afford to acknowledge the uncertainty of their illness, who may not be able to think of a time when they will not be ill anymore, and who engage the possibility of their death. What makes this narrative particularly therapeutic is that it accepts, and begins from, suffering and does not deny the difficulties of facing death. It does not idealize its meditation and centers itself and its meditative agency in the world. The narrator does not view life as something to be rejoined at a later time, or to have lost, but as a life with illness, in the very present, from one discrete moment to the next. It is from the conscious acknowledgement of her vulnerability, the ethical sense of wanting to share that care with others who care for her and for whom she cares, that she redefines her life.

Did writing help her? This question is difficult to answer because the text is anonymous and I could not ask the writer later on. However, within the text, I see a movement from uncertainty and the fear of naming her illness, to naming both cancer and death, to a meditation on her situation, witnessing the transience in and outside of herself. From that meditative position she lays out a tentative plan for the immediate future that includes herself and her community. In these terms, one can say that she has organized the initial chaos at the point of writing into a tentative metaphorical order and that the end of the narrative signals more hope than the beginning did. In the case of this narrative, one may cautiously conclude that writing the narrative was helpful. If she had been very dissatisfied with it or depressed by writing it she probably would not have returned the narrative to me.

**Fritz Zorn, Mars (1977)**

Mars is Fritz Zorn's "record" (4) or "account" (122)<sup>1</sup> of his life with cancer. A parable of life in a carcinogenic society, it is Zorn's declaration of war on a social environment that he believed had caused his cancer. Published in 1977 in Germany, the book became an immediate success. Mars provides an impressive example of the problems involved in the use of battle metaphors. It is also an example of the generic mutability of cancer narratives, beginning with the grand retrospective of an autobiography and ending in the immediacy of a diary. In contrast to the anonymous patient narrative discussed above, where the present was all that mattered, for Zorn it is his past that matters most.

Zorn, a Swiss teacher with a Ph.D. in Romance Studies, died on Nov. 2, 1976 of metastatic malignant lymphoma, only a few hours after receiving the news that his manuscript had been accepted for publication. The writer's name and the title of the book already indicate the main metaphor of the book. As the poet Adolf Muschg noted in his foreword to Mars, Zorn changed his real name, Fritz Angst, to protect the privacy of his family (Muschg 67; Zorn 7). Angst, whose name translates into "fear," chose the pseudonym "Zorn" ("wrath"). The title Mars refers to the Roman god of war, aggression and creativity. Zorn wanted his case to be understood as symptomatic, and as a war cry against the regimentation and repression of life in bourgeois society. Three months before his death, the defiant Zorn proclaims in the final line of his narrative: "I declare myself in a state of total war" (220).<sup>2</sup>

Mars became an instant milestone in the developing genre of illness narratives in Germany and one of the rare accounts to be translated into different languages. A recent

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<sup>1</sup> Zorn uses the label "Bericht" in German (25).

<sup>2</sup> "Ich erkläre mich als im Zustand des totalen Krieges" (225).

production of Mars as a play demonstrates its continuing influence and importance. Staged by the playwright John Kresnik, Mars played to full audiences first in Heidelberg, later in Basel, Switzerland (1993), and twice at the Schauspielhaus theatre in Hamburg (1994 and 1996). At the same time, Zorn's account is a disturbing example of the dangers that lie in combining battle metaphors with the concept of cancer as caused by psychological trauma.

### **No Cancer, yet Cancer: Ambiguous Diagnoses**

Throughout Mars, the writer reveals few medical details. Early in 1974, at the age of thirty, Zorn felt a small lump on his neck. At first he ignored it, because it neither bothered him nor was painful. When the lump continued to grow, Zorn went to see a doctor. However, initial examinations remained inconclusive and the doctors decided to extirpate the lump and examine it. Zorn was not informed about the results. Up until this point, the idea that he might have cancer never crossed Zorn's mind. After further tests, he started educating himself about cancer at home, arriving at the conclusion that he indeed did have cancer (131-33). Zorn was not surprised. His habitual depression, not previously acknowledged, now had a name. Cancer seemed like a punishment for his conformist behavior: "I was a good boy all my life, and that's why I got cancer" (121).<sup>3</sup> Seeking a chance for a rebirth and a better life, Zorn turned to psychotherapy. For two years, the lump seemed to spread slowly in the neck region (163). In early June 1976, however, Zorn writes that the cancer has metastasized throughout his body, and that he is under continuous treatment: "my whole body is being devoured by this steadily metastasizing cancer"<sup>4</sup> (152). He notes that his bones are being wrenched apart or in the process

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<sup>3</sup> "Ich war mein ganzes Leben lang lieb und brav, und deshalb habe ich auch Krebs bekommen" (135).

<sup>4</sup> "Aus dem kleinen Krebsgeschwür am Hals vor zweieinhalb Jahren, das ein bißchen in die Gegend des Halses ausschwärmte, ist ein generalisierter Krebs geworden: der ganze Körper ist von Krebs zerfressen, ich habe überall und ununterbrochen Metastasen" (163).

of dissolution (152). However, because neither his doctors nor anybody else ever dares to mention the word "cancer," Zorn felt that he could never develop what he considers most important in any kind of treatment: faith in its success (120).

One month later, his diagnosis appears to have been revised. According to Zorn, his doctors inform him that he is not suffering from cancer, but from malignant lymphoma: "The doctors have recently discovered, after innumerable examinations, that I am not suffering from cancer, but from a similarly virulent disease called malignant lymphoma" (173).<sup>5</sup> It has spread throughout the bone marrow (175) and more tumors bulge from the body (190), often causing intolerable pain.

Zorn's account of the reclassification of his illness from cancer to malignant lymphoma is puzzling. Malignant lymphomas include Hodgkins' and Non-Hodgkin's lymphomas (NHL), and form a large group among the illnesses generally known as cancer. NHL is the sixth most common cause of death from cancer in the United States (DeVita 2165). Perhaps Zorn misunderstood his doctors, or their language was ambiguous. Perhaps they wanted to calm their desperate patient, having already withheld the initial diagnosis. Perhaps the lack of standardized classifications of lymphomas (DeVita 1741) and the introduction of the new Kiel classification system in Germany, Switzerland and elsewhere in 1974 led to confusion. All of this, however, remains speculation. In Zorn's mind, the reclassification is only a matter of semantics: while the term "lymphoma" may be generally less emotionally loaded than "cancer," for those who understand its implications, its threat to life and its maliciousness are even more ominous than the threat evoked by cancer (174).

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<sup>5</sup> "Die Ärzte haben neulich nach abermaligen Untersuchungen herausgefunden, daß ich nicht an Krebs leide, sondern an einer anderen bösartigen Krankheit, die man malignes Lymphom nennt" (183).

The class of malignant lymphomas has many subdivisions. Their different etiologies continue to remain unknown, although there is evidence of an immune defect in some and the possibility of viral involvement in others (Rubin 217, 229). Modern treatment usually involves surgery and various combinations of radiation and chemotherapy. It is likely that Zorn, too, received various combinations of treatment. We know for sure that the lump on his neck was surgically removed. Elsewhere he makes the general observation that "patients undergo endless operations and radiation treatments and swallow pills by the rod . . ." (120),<sup>6</sup> and that he is receiving a great deal of expensive treatment, without further specification.

This lack of medical detail is not typical at all of cancer narratives, where the developments of the illness and its treatment often provide the structure for the account. Zorn's interest, however, is not focused on the medical details of his illness. In his view, inspired by Wilhelm Reich's reinterpretation of Freud's work on the etiology of neuroses, cancer has psychosomatic and psychosocial causes, rooted in the repression of life energy owing to the forces of a repressive society. Zorn alludes to these links in the opening of his book, an opening that may be considered a classic example, and which I will cite in full:

I am young and rich and educated; and I am miserable, neurotic, and lonely. I come from one of the very best families on the east ("right") shore of Lake Zürich, also known as the "Gold Coast." I had a bourgeois upbringing, and I have been a model of good behavior all my life. My family is fairly degenerate. It is likely that I have much genetic damage, too, and I am maladjusted. Needless to say, I have cancer.<sup>7</sup>

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<sup>6</sup> The expression "pills by the rod" appears to refer to the great variety and amount of pills Zorn had to ingest.

<sup>7</sup> "Ich bin jung und reich und gebildet; und ich bin unglücklich, neurotisch und allein. Ich stamme aus einer der allerbesten Familien des rechten Zürichseeufers, das man auch die Goldküste nennt. Ich bin bürgerlich erzogen worden und mein ganzes Leben lang brav gewesen. Meine Familie ist ziemlich degeneriert, und ich bin vermutlich auch erblich belastet und milieugeschädigt. Natürlich habe ich auch Krebs, wie es aus dem vorher Gesagten eigentlich selbstverständlich hervorgeht" (25).

My translation deviates from Robert and Rita Kimber's which inserts the stylistic ease of "I'm" into Zorn's stylistic purism. In addition, I believe there is a difference between being alone (a potentially resolved contemplative space) and being lonely, in need of others.

The first sentence was printed in red ink on the covers of all editions of Mars published by Kindler Verlag.

**“Welcome to the Machine”: the Cultural Context of Mars**

Mars, published in the same year as Susan Sontag’s Illness as Metaphor (1977), became an instant cult book in Germany. I myself read the book with great interest while working as a pediatric nurse at Frankfurt’s university hospital. Zorn’s criticism of the life-denying forces in society seemed to express the discontent of a generation of young Swiss and Germans. Because of our high expectations, we were disillusioned regarding the lack of progress in institutional change following the anti-authoritarian revolt of the late sixties and early seventies. Many of us were embarking on a long and enervating "march through the institutions," hoping to change cultural and political institutions from within, or taking up work in factories and hospitals in the hope of organizing the reluctant masses into political groups. In its misguided tactics, the German RAF (“Red Army Fraction”), a guerilla group, carried out spectacular abductions and assassinations of Germany’s highest ranked businessmen. However, all demonstrations and activities seemed to come to nought. The avant-garde music of the time captures the powerlessness of resistance against an anonymous “system.” A song by Pink Floyd, “Welcome to the Machine,” from the album Wish you were Here (1975), can serve as an example.

A state of disillusionment led many of my own generation to withdraw from our political activities and to consider “bailing out” (“aussteigen”), resettling, mostly temporarily, in southern France, Tuscany, or on one of the Greek islands, where conditions for life seemed more simple and humane. Many replaced their focus on collective political ends with a shift to personal needs. In particular, Germany’s women’s movement was at the forefront of elevating the personal to the political. In a recent reprint of another cult book of the time, Verena Stefan's feminist autobiography Häutungen (“Sheddings,” 1975), the writer describes the difficulties of

reasserting and writing the first person singular "I," after the Left had proclaimed the death of individualistic bourgeois literature in 1968. Significantly, Stefan's autobiography documents the repression endured, not at the hands of the class enemy, but in personal relations with men (16). In addition, this shift to the personal generated interest in psychotherapy. Some sought to explore the psyche in Western communal living experiments or, like myself, in the encounter groups of an Indian ashram.

It is this sense of political powerlessness and a consequent turning to the personal in the late 70s that provided the framework for the instant reception of Zorn's Mars. The writer combines personal writing, and the desire for therapy, in what he hopes to be the therapeutic act of writing itself. Soon after its publication, Mars began to make its way into university seminars. The writer Muschg, teaching literature in Frankfurt in 1980, found Zorn's book on many students' desks (Muschg 23). Later in the same year, Zorn's hometown, Zurich, was rocked by a disorganized youth revolt. Like the German students of the early 80's, the participants' discontent was not directed towards political institutions, but towards the conditions of life (24).

### **Orgon Therapy or Obscenity? The Ambiguous Reception of Mars**

Zorn's book was first published by Kindler Verlag in Munich in 1977. Two years later, Fischer Verlag in Frankfurt acquired the rights to the paperback edition, first printed in 1979 and reaching a circulation of 300,000 copies in 1995. It has been translated into various languages.<sup>8</sup> I will refer to the Knopf edition for the English translation of quotations.

Zorn received word that Kindler Verlag in Munich had accepted his book for publication on Nov. 1, 1976, the evening before his death. On January 8, 1977, the Swiss daily Luzerner

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<sup>8</sup> Mars was published in French by Gallimard, Paris (1979, four editions) and Loisirs (1981). The first English translations appeared in 1981 and 1983 (Picador, London) and in 1981 and 1982 (Alfred A. Knopf, New York). It was also translated into Hebrew (Massada Press, Givatayim, 1988). During the last decade, a briefly successful comic book version appeared in Switzerland.

Neue Nachrichten printed Muschg's foreword to Mars as a pre-publication release. In his foreword, Muschg reveals his uncertainty about being able to review a work objectively that greatly affects him personally. Not only does he share Zorn's criticism of Swiss bourgeois society, but he grew up in the same neighborhood as Zorn, Zurich's affluent "Gold Coast," and under similar conditions. As a result, Muschg worries that he himself might contract cancer, a fear that informs his book Literatur als Therapie ("Literature as Therapy," 1980), which appeared four years later. In addition, Muschg has doubts about the literary quality of Mars: "Is this still literature?" ("Ist das noch Literatur? 10). He concedes that Zorn's style is striking. The descriptions of his inability to form relationships and his hatred towards his parents and bourgeois society are marked by an unparalleled, almost clinical coldness. But the book does not provide any details or scenes from Zorn's childhood that would invite readers into Zorn's environment and allow them to draw their own conclusions. For example, Zorn was a teacher, but we do not learn what teaching and his pupils meant to him (11). In keeping with Zorn's inability to make contacts, the book misses a "social eye": it does not describe any of his schoolmates, colleagues, or friends (11). According to Muschg, "it contributes to the tragic irony and in less literary terms the credibility of this book that it must itself document the lack which it laments and denounces; because it is the product of a person without any personal relations, a document that is highly autistic" (11).<sup>9</sup>

In the end, Muschg accepts the fundamental premise of Mars, that Western culture breeds personal, sexual, and religious attitudes that are hostile to life and cause cancer. Muschg concludes: "We will continue to die this way as long as we live this way. That is what is truly

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<sup>9</sup> "In der Tat gehört es zur tragischen Ironie – unliterarisch gesprochen: zur Glaubwürdigkeit dieses Buches –, daß es selber das Versäumnis dokumentieren muß, das es beklagt und denunziert; daß es das Kunstwerk eines Beziehungslosen, ein im höchsten Sinn autistisches Dokument ist."

distressing about this book" (22).<sup>10</sup> A complete version of Mars was released at the end of March. A first and major review appeared in the respected international Neue Zürcher Zeitung (NZZ) on April 7, 1977. In the same month, Hellmuth Karasek reviewed Mars for the German weekly Der Spiegel, and Martin Lüdke for Frankfurter Rundschau. Many other reviews followed throughout the year (and thereafter) in major and minor Swiss and German newspapers. A majority of reviewers did not question Zorn's premise and Muschg's conclusions.<sup>11</sup> Even conservative family magazines such as Bunte Illustrierte seemed to sympathize with Zorn's critique of conformity in a culture that does not allow its citizens the courage to have personal opinions (see review "Ich ahnte, daß es ans Sterben ging . . ."). The NZZ reduced Mars to a private account not complex enough to prove its claim to denounce the pathogenesis of the bourgeoisie. The article built on Muschg's criticism of the book's literary problems, embellishing his argument about autism with additional metaphors ("Zorn's room is empty, it has no windows").

Only two reviews questioned Zorn's premise. For the AZ, Toni Meissner delicately called the correctness of Zorn's theories into question: "are there not also happy people who get cancer? Are there not also unhappy people who grow very old?" The unidentified reviewer for the Zuger Tagblatt was more blunt. He noted how Zorn turned his parents into blood-sucking monsters, dissecting them with eerie coldness and a defamatory cruelty. While the reviewer granted that Zorn's parents may have been boring and narrow-minded, he pointed out that parents are never perfect, and Zorn's parents in particular were no match for their son's intensity. In addition, the reviewer noted Zorn's obsessive preoccupation with hypotheses about the links between cancer and psychological misery.<sup>12</sup>

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<sup>10</sup> "Wir werden weiter so sterben, solange wir weiter so leben. Das ist das wirklich Erschütternde an diesem Buch."

<sup>11</sup> See, for example, Botond, Iglhaut, Karasek, Kraft, Leber, Lüdke, Kindler's Neues Literaturlexikon, Pfoser, and Schirnding.

<sup>12</sup> ". . . er verrennt sich seitenlang in Hypothesen über die Zusammenhänge zwischen Krebs und seelischem Leiden."

By contrast, a Heidelberg researcher, Dr. Ronald Grossarth-Maticek, declared Mars an outstanding contribution to psychosomatic cancer research. In Grossarth-Maticek's cancer personality inventory, three factors are said to lead to cancer in 97% of all cases: the blocking of emotional expression because of inner inhibitions; the denial of symptoms of the illness; and resignation leading to behavior that is detrimental to health (Tumler 40). Grossarth-Maticek, who collaborates at times with Hans Eysenck, the creator of the Eysenck personality inventory, developed inventories of personalities associated with cancer, cardiovascular disease, and health (Blakeslee). However, Rolf Verres, a Heidelberg medical psychologist, warned against generalizing from Zorn's retrospective constructions of the causes of his cancer in Die Kunst zu leben ("The Art of Living," 1991). Verres asserts what Lüdke suggested in his review: many people suffer from psychological stress and do not become ill; not everybody who does become ill develops cancer (Verres 71). One year after the first publication of Mars, an unidentified reviewer for the Bündner Zeitung noted that there was no end to the commotion about Mars, especially since Zorn's pseudonym had been removed and his identity revealed. At the time, Mars was appearing in its eighth edition (see review "Überlegungen zum Buch von Fritz Zorn").

Indeed, Mars immediately excited much interest and moved to the top of many bestseller-lists. As Wolfgang Tumler noted, a colleague of Zorn read from the manuscript at a funeral even before the book was published (40). Public readings and discussions followed. One notable meeting took place in Zurich. Despite minimal advertisement, a large audience, mostly rich residents from the childhood neighborhood so much maligned in Mars, crowded into a church. With Zorn's identity uncovered, people who had met him were astonished: he had always seemed so happy. They almost seemed proud to have known Zorn, although at a distance, describing him as a droll oddball (see review "Tödlicher Krieg . . ."). These meetings fill in some colors, sounds, and senses in the portrait of Zorn's adult personal life which he had left blank in Mars. Apparently, Zorn often dressed in a black cape, red scarf, and straw hat, after spending

some time in Portugal. His students addressed him as "Federico." Daniel Maurer, one of his pupils, commented lovingly on Zorn's anti-authoritarian pedagogy: everybody sang Spanish love-songs in class, accompanied by a guitar and Sangria (Maurer 32f.). The pupils and a female neighbor described Zorn as a tall and impressive man, yet somehow "unmanly." They suspected that he was homosexual but could furnish no evidence (Tumler 40, Maurer 33). One woman revealed that they had spent a great deal of time together during the last months of his life, talking and hiking. However, she had not been attracted to him sexually (Tumler 40). Tumler reported much of this in "Unwept Tears" ("Die ungeweinten Tränen"), a television feature about Zorn in October 1977 (40). When a youth revolt swept through Zurich in 1980, Mars was often seen as its symbol. However, Hansjörg Schertenleib, who co-wrote the stage play Mars, commented on the ambivalent relationship between Mars and Zurich youth. While granting Zorn the shared experience of loneliness, desperation, fear, and anger, he denounces him as a bourgeois disguised as a Spanish grande, who would not turn his words into open rebellion, and with whom Schertenleib shared neither language nor heart (Schertenleib 42).

Zorn's Mars has also become the focus of some scholarly interest. Anselm Haverkamp (1986) notes the parallels with Goethe's Sorrows of Young Werther, previously alluded to by Muschg in his foreword. There, Muschg had called Zorn's cancer "an illness leading to death" ("eine Krankheit zum Tode," 14), in the same way that young Werther had referred to his sorrows (Haverkamp 672). Among many other similarities, Haverkamp notes the function of the editor or commentator, who steps in to complete the narrative posthumously (673). Both books had similar effects, two hundred years apart, becoming instant cult books and symbols for youthful unrest (674).

Boldt agrees with Zorn's judgement of society and his psychosomatic theory of carcinogenesis and, in fact, she makes it her own argument in her dissertation "Those who know their Killers" (1989). In the same year, Thomas Anz published his postdoctoral study Gesund

oder krank? Medizin, Moral und Ästhetik in der deutschen Gegenwartsliteratur ("Healthy or Ill: Medicine, Morality and Aesthetics in German Contemporary Literature," 1989). He presents the most critical account of Mars to date (104-115), elaborating, among many other things, on its dichotomous structure of life versus death (combined with the authentic versus the inauthentic), and its conflicting discourses (109). These include a vitalistic discourse based on the writings of Nietzsche, Freud, and Reich, and an existential discourse based on Camus and Sartre (110). Anz also notes changes in cancer metaphors, from the early metaphor of cancer as repressed tears, to the later metaphor of cancer as an alien body (109). Anz, who analyses a historical context of writing about illness in German literature, notes that contemporary fictional illness narratives, for example, Reiner Kipphardt's März (1980, "March," or "Mars" in French) describe their protagonist as victims of the environment, while Zorn assigns at least some responsibility to the individual for fighting his way out (113).

Other writers of cancer narratives have also responded to Zorn. Christiane Lenker explicitly refers to Mars in the title of her book, Krebs kann auch eine Chance sein: Zwischenbilanz oder Antwort an Fritz Zorn ("Cancer can also be a chance: an interim balance or answer to Fritz Zorn," 1984). In her prologue, she notes the many similarities between herself and Zorn. Both agree on the link between illness and psychology. However, Lenker does not share Zorn's attitude toward his parents and society. Instead, she believes that each individual bears the responsibility for his or her own life. As a result, cancer can be a "challenge" or a "teacher," and a conduit for discovering meaning (10). In her epilogue, Lenker thanks Zorn for his "photographic negative," which she hopes to have developed and revised (85).

In the late 80's, the choreographer Johann Kresnik and Hans-Jörg Schertenleib co-wrote Mars as a play, staging it first in Heidelberg and a few years later, in 1993, in Basel. In November 1994 and again in 1996, Kresnik put the play on at the Deutsches Schauspielhaus theatre in Hamburg. Like the book, the play evoked criticism, particularly in Swiss papers, and

praise, for the most part in German papers. Played by Bernhard Schütz, the protagonist Mars moves through scenes that show in turn his repression and his protest. Five “dances of death,” featured the protagonists Mars and Death, the latter played by the great black dancer Ismael Ivo.<sup>13</sup> Till Briegleb, reviewer for the German daily TAZ, praised the play. He noted the appropriateness of its cultural critique, at a time when psychological and social causes of illness had been reassigned to the background, and illness was once again seen as a matter of individual fate, accident, or divine intervention (Briegleb). Günther Fässler, reviewer for the Swiss daily Luzerner Neue Nachrichten, on the other hand, made fun of Kresnik’s penchant for chaos: in the twenty-second of thirty scenes, Kresnik “lets Nina Hagen shriek, Danton jerk off, and Thomas Bernhard rant . . . the noisy chaos is unintelligible but surely healthy<sup>14</sup>” (Fässler). Willi Wenger, reviewer for the Swiss Basler Zeitung, left the performance early because he would not put up with “mere obscenities” (“Blosse Sauereien”). The responses to the book and the play indicate not only its controversial content but a public response rarely achieved by cancer narratives.

### **Birds, Swords, and Sloughs: Ominous Cover Designs**

The dust jacket of the first hardcover edition, published by Kindler Verlag in Munich in 1977, is plain white, with the name of the writer, the title, publishing information, and review excerpts on the back rendered in different tones of gray and black. The title includes the first part of the writer’s dramatic opening sentence, in red letters that stand out from the cover as though written in blood. The review excerpts dramatize the book (“a biography like a nightmare”), and support its critique of culture. Soon after, the second hardcover edition appeared with the final design that continues to grace current reprints. The book is a bit smaller. Its dust jacket is now a

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<sup>13</sup> Ivo is well known, for example, for dancing the role of Othello in a ballet based on Shakespeare’s play, choreographed by John Neumeier.

<sup>14</sup> Er lässt Nina Hagen kreischen, Danton wichsen und Thomas Bernhard schimpfen . . . Lesbar ist das lärmige Tohuwabohu nicht, doch gewiss gesund.

bland, uniform gray. The black lettering gives it the appearance of a framed memorial card which, however, is not black but red, picking up on the red of the writer's first sentence. The book no longer carries review excerpts. Instead, the flaps quote Muschg's letter to Kindler, strongly recommending the publication of Mars. Two years later, in 1979, Fischer Verlag printed a paperback version of Mars. On the front, the book's red cover surrounds a white rectangle which contains a stylized motive of a black bird with traces of diverse colors in its plumage. It also contains, in black, the publishing information. The motif of the bird probably plays on Zorn's image of having "a dead crow hanging around [his] neck" (37),<sup>15</sup> expressing his self-conscious childhood feelings of other people eyeing him with disapproval. The crow connects with the original localization of Zorn's illness on his neck, interpreted by the writer as a metaphor of deadly alienation.

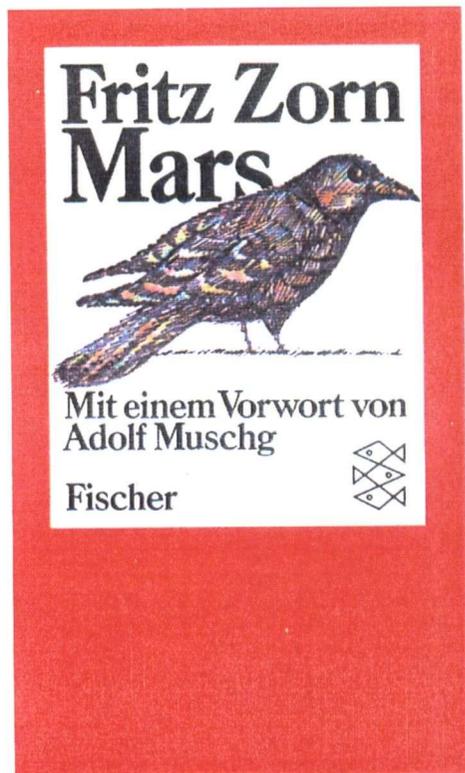
Muschg refers to the bird on the cover sometimes as a black bird (23), sometimes as a raven (67). In terms of symbolism, the difference between crow or raven is not crucial. As Ovid tells us in one of the stories in his Metamorphoses, "the Raven and the Crow," both birds were punished for their "chattering tongue" (Ovid, Met. II. 537, 568-69). The Romantics particularly associated ravens and crows with negative omens. The appearance of a raven in a dream was seen as a bad sign; they were said to hover over battlefields and feed on the bodies of the slain (Chevalier 789). In German, the raven is associated with disaster ("Unglücksrabe") or bad luck ("Pechvogel," "tar bird"<sup>16</sup>). I found the most recent use of this motif in the critic Marcel Reich-Ranicki's autobiography Mein Leben ("My Life," 1999). Driven out of Germany into Poland, he observed German bombers flying overhead with their death-bringing cargo, like black birds announcing disaster (172).<sup>17</sup>

<sup>15</sup> "... als ob ich "eine tote Krähe am Hals hätte" (57).

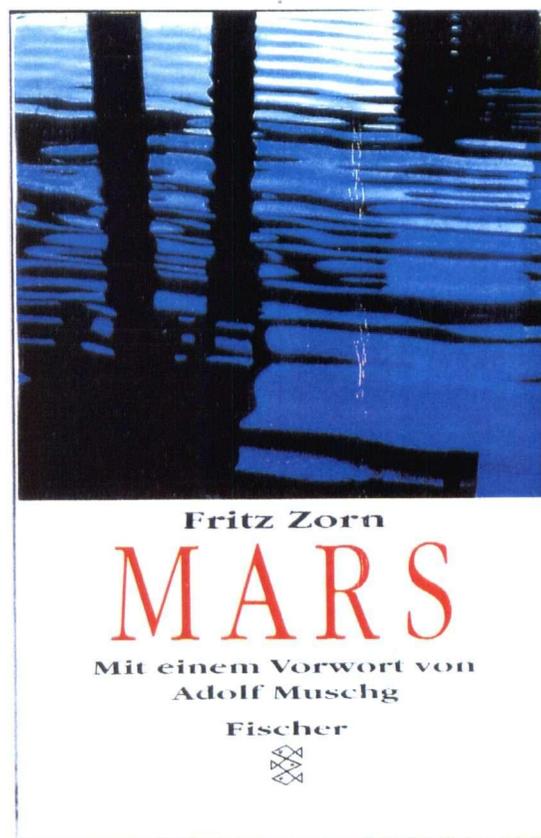
<sup>16</sup> In Old High German, "Pech" (tar) alluded to the fires in hell; the defendants of castles would pour hot sticky tar on their besiegers. The compound "Pechvogel" is in use since the eighteenth century (Drosdowski 518).

<sup>17</sup> "... die Unheil verkündenden schwarzen Vögel mit ihrer gefährlichen, ihrer alles zerstörenden Last, die deutschen Flugzeuge also ... waren schneller als unser Auto ..."

In 1994, Fischer Verlag changed the cover design. Now, a photograph fills the upper three fifths, while name and title appear below on a white background. The photograph shows in close-up the surface of a body of water, perhaps a pond, as if viewed from slightly above the surface, but from below or next to a dock. The watery surface is rippled by little waves, broken up by the dock's black poles and dark shadows. Some source of light appears to illuminate the scene from a distance, outside the focus of the photograph, while black shadows dissect the dark waters in the dominant foreground. The mirroring water does not reveal how deep it is, or what



*Paperback edition 1979 - 1994*



*Paperback edition 1994 -*

may lie below its unstable surface. The image seems impenetrable and foreboding, intimating perhaps frightening things below. What is "below," however, are the writer's name and, in large red letters, the book's title Mars. The red letters provide a stark contrast to the cold blue and

black surface of the water, suggesting an unequal confrontation between the writer's blood, inscribed in Mars as the image of war, and an indifferent, threatening surface of black and blue.

In general, all German editions preserve the expressionist contrasts between red and black, signaling a struggle between life and death. Both books confront the reader with foreboding omens about the troubling contents under the surface of their covers. The motif of the black bird as a harbinger of death will be taken up again in Beutler's Fuss Fassen, another Swiss cancer autobiography to be discussed later. The water imagery could be seen as part of the landscape imagery that occurs in a large number of cancer narratives. In most of the other narratives, however, water and landscape imagery suggest a contemplative attitude.

The American edition of Mars shows a knightly sword, centered vertically and pointing downwards on the dustjacket's light-brown background, piercing the title line, Mars, and, by extension, the protagonist's identity. The sword represents the main metaphor of battle, its chivalric image mirrored in the heading of the book's third chapter, "Knight, Death, and Devil" (171). The covers of the various translations and editions signal, whether through ominous or heraldic imagery, the inner battle taking place in the book, organizing its structure. These designs, of course, reflect the publishers' estimations of what would sell a book best. Zorn had no established "authority" and therefore almost certainly no influence over the design of the first edition.

### **Writing Off the Polluted Self**

Mars consists of three parts, the first of which is the longest. Entitled "Mars in Exile," its conclusion is dated April 4, 1976. The second part, "Ultima Necat,"<sup>18</sup> follows only two months later, dated June 7. The third and last part, "Knight, Death, and Devil" is concluded six weeks

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<sup>18</sup> Translation: either "The Last Thing [Feminine Singular] Kills" or "It [Unspecified] Kills the Last Things [Neuter Plural]" (Dr. Mark Vessey, personal communication).

later, on July 17, 1976, about three and a half months before Zorn's death, on Nov. 2, 1976. As requested by Muschg, Fritz Angst assumed the pseudonym of Fritz "Zorn" to protect his family. In addition, Zorn does not refer to any other person in *Mars* (for example, colleagues or students) by name. Thus, Muschg is the sole guarantor of Fritz Angst alias Zorn and the identity of writer and narrator in *Mars*. The verifiable death of Angst satisfied all those for whom the "authenticity" of *Mars* as an autobiographical illness account might have been otherwise doubted. Based on this information, people in Fritz Angst's environment recognized him as the writer of *Mars*, posthumously, although the contents of the book revealed the portrait of a Zorn that people had never seen in Angst publicly.

*Mars* would not have been written, had Zorn not begun psychotherapy after the removal of the initial tumor in his neck. Zorn owes all his insights about his upbringing to his many sessions with his therapist, and it is from this perspective that Zorn revisits his past and reconstructs it in light of his illness. It is during these sessions that Zorn learns about the falsities that apparently constitute his entire life. In particular, he learns that he not only suffers common problems related to interacting with others, but that he has never connected with anybody, whether in intimate friendship, sex, or love. The writer refuses to provide any details about his therapist or his sessions. Immersed in the process of transformation, Zorn believes he can write about his changes only from a distance. In addition, the sessions have not yet produced any changes regarding his (in)ability to relate to people. What they have produced is a fundamental re-evaluation of his past, including a damning assessment of his family and of society, and its religious foundations. This trilogy of themes holds the three parts of the book together, and it is evaluated with much repetition. All three parts are characterized by Zorn's intent to redefine himself and re-evaluate the values of a society and of a family that he believes have made him ill. It must be noted that Zorn did not set out to write three parts. He had hoped that the initial narrative ("Part I") would be sufficient to sum up his experience. When this turned out not to be

true, another, shorter narrative ("Part II") followed two months later, and another supplement six weeks later ("Part III"). In the following discussion of the book's three parts, I describe them as *Purging the Past*, *Saving the Self from Cancer*, and *Dissolution of the Self*.

### *Part I: Purging the Past*

Part I is the most structured of the book's three parts. It reviews the writer's past as it pertains to his illness, and as he has come to view it since beginning psychotherapy. Zorn hopes that the review of the past will engender a cure, and a rebirth of self and body from the clutches of the illness. Hence, the narrating self, in Part I, is a self in process. On the one hand, it seeks to identify and mirror the carcinogenic past so that it can reach closure and put the past behind itself; on the other hand, the continuing lack of stable relationships with others reveals that the past is still very much a part of the present. The attempt to analyze and mirror the past is characterized both by the effort to unearth all that has contributed to the narrator's illness and, at the same time, to purge it as a distant, carcinogenic contaminant. Probably, this is the reason why the narrated self of the past is never recreated in the narrating present but always in the preterite tense; no dialogues with the parents are reconstructed that could invite the audience into a perspective other than that of the narrating self. The latter seeks to control the past, commenting on and labeling past actions with the introspective insights it has won through psychotherapy.

In Part I, Zorn's perspective is very much like that of traditional autobiography, the kind that James Olney would refer to as "simplex": the narrating self looks back on the narrated selves as part of a development that has been unified and concluded in the present perspective of the narrator. However, staying true to his effort to exorcise cancer and neurosis, Zorn admits in the conclusion of Part I that he has not quite attained his goal yet (139). The future is still undecided: he may yet experience a rebirth and lead a less neurotic life, or he may die, though fully aware of the circumstances that have made him ill (140). In the latter case, he is assured that having given

name and form to his account will make it easier to bear his fate: ". . . an evil that is known and can be called by name is easier to bear than one that is unknown and misunderstood" (141). For Zorn, this perspective and form are a therapeutic necessity. His account writes this assumption into its narrative form, an autobiographical account that constructs the unified narrating self of "simplex" autobiography, designed to present a psychological case history of his neurosis. A trained literary scholar, he knows that he does not produce a comprehensive autobiography or memoir, but an account ("Bericht") that focuses on his memories as they pertain to his illness (4). Originally, this part was meant to include a report on Zorn's hoped-for completed psychotherapy, which he intended to provide the central focus of the book (122). Upon completion of Part I, Zorn does not appear to anticipate having to add additional parts.

The metaphor of the unified, narrating self as mirror of the past and the autobiographical account as its narrative form structures all of Part I. It is divided into nine chapters, providing a comprehensive history of Zorn's life. It proceeds systematically from childhood (section one), to early youth (section two), middle and high school (section three), particular problems such as religion and puberty (section four), early studies at the university (section five), graduate work (section six), employment as a teacher (section seven), first signs of being unwell, detection of a lump and treatment (section eight), and psychotherapy (section nine). These chapters form a coherent unit, completed on June 4, 1976.

Re-examining his childhood, Zorn uncovers an all-pervasive avoidance of conflicts at home. His mother, in particular, preempted all possibilities of conflict, not wanting to offend anybody. Whenever she proposed a possible scenario, she retracted it with an opposing one, by means of her favorite conjunction, "or": "I'm going to Zurich next Friday at ten-thirty; or I'm staying at home." Or she would say, "We'll have spaghetti for supper tonight, or we'll have wurst

salad" (20).<sup>19</sup> Such language, notes Zorn, loses all sense of meaning: "[c]onfronted with that kind of talk, one can't help asking if there is any such thing as reality at all . . . Language dissolves into an amorphous mass of meaningless fragments. Nothing retains its solidity. Everything becomes unreal" (41).<sup>20</sup> Should controversial subjects ever arise at the dinner table, the father put an end to discussions, conceding that matters are "difficult" (13)<sup>21</sup> or "simply not comparable" (15).<sup>22</sup> The parents avoided as much as possible visiting friends or colleagues at their homes, preferring to host parties in the safety of their own home. Thus they could remain spectators of life outside, and of other people, while enjoying and making fun of other people's idiosyncrasies. The young Zorn witnessed only one quarrel between his parents; otherwise, there was no expression of emotions at home. The body was never discussed, and he developed an almost paranoid fear of blood and contamination. Sexuality, too, was non-existent. In his youth, Zorn notes, his parents wanted him to be a child who knew nothing about sex, and when he reached puberty, he was expected to have already transcended these things (62).<sup>23</sup> In retrospect, it is no surprise to the narrator that he did not learn how to express his emotions, develop contacts with anybody, form friendships, have affairs or relationships with girls, or the ability to speak about his problems (64).

What Zorn learned at home and internalized, he came to believe at psychotherapy, resulted in neurosis, cancer, and the threat of death. He begins to identify with whatever his

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<sup>19</sup> "Ich fahre am nächsten Freitag um halb elf Uhr nach Zürich; oder ich bleibe zuhause. Heute abend gibt es Spaghetti zum Essen; oder es gibt Wurstsalat" (41).

<sup>20</sup> "Wo bleibt da die Wirklichkeit? . . . die Sprache zerfällt in eine amorphe Masse von bedeutungslosen Partikeln; nichts ist mehr fest, und alles wird unwirklich" (41).

<sup>21</sup> "Schwierig" (34).

<sup>22</sup> "Das liesse sich gar nicht miteinander vergleichen"(36).

<sup>23</sup> "Zuerst hatte ich ein Kind sein sollen, das von der Sexualität überhaupt nichts wissen durfte; und sobald man annehmen konnte, das ich etwas darüber wußte, sollte ich bereits vollkommen darüber stehen und eigentlich einen alten Mann darstellen, der längst schon nichts mehr davon wissen mag" (80).

parents did not like: whatever they thought was good, is in fact bad, and vice versa (8). For example, they preferred general opinions over those of the individual (10); “the sublime” over “trash,” Goethe and Michelangelo over Brecht and Picasso (9); Mozart and Beethoven over jazz and pop; Spanish fascists over communists (16, 26); politeness over spontaneity and personal biases (26); and harmony over discord (11). The list goes on. In sum, their world caused his illness. What they disliked, Zorn now re-evaluates as healthy, simply reversing the absolute boundary that his parents created between healthy and unhealthy. Thus, he continues nevertheless to participate in the dichotomous worldview of his parents. Zorn’s rigorous assertions do not allow for deviations. Only once does he mention that he has a brother, three years his junior, who apparently reads trashy detective stories. This small detail indicates that the parents’ control over their children, the parents’ “rape” of their children’s personality (32), may not have been as complete as Zorn wishes his readers to believe.

Zorn did not recover from his upbringing. He established no relationships at school and at university. While he became active in graduate student affairs, was respected and even well liked, and produced student plays for the university stage, he remained lonely and severely depressed— and never complained. He consoled himself by thinking that all artists are neurotics (79). Commenting on this time, he writes: "I did not want to believe that my personal life had turned into a gruesome wasteland, that, in psychological terms, I was a seriously ill person who was almost incapable of any human stirrings . . ." (my own translation).<sup>24</sup> Therefore, when Zorn was diagnosed with a tumor on his neck, the site of the growth made perfect sense, metaphorically representing repressed tears (“verschluckte Tränen,” 132). What is needed is the expression of these emotions, Zorn believes, seeking support in the theories of Wilhelm Reich.

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<sup>24</sup> "Ich wollte nicht glauben, daß mein seelisches Leben einer grauenhaften Verwüstung anheimgefallen war, daß ich ein seelisch schwer kranker Mensch war, der fast keiner normalen menschlichen Regung mehr fähig war . . ." (125).

The latter asserted an opposition between tension and relaxation, or cancer and orgasm. Zorn's task is to liberate himself from his past and from the influence of his parents. He puts to use his classical education and literary training, citing extensively from classical Greek mythology (156), Shakespeare (28), Kant (32, 69), Fontane (160), Thomas Mann (93), Nietzsche (51), Freud (83, 94, 149, 150, 155), Wilhelm Reich (126, 151), Camus (142), and Sartre (165).

The narrator uses Freud's and Reich's writings to support psychosomatic theories of his illness, the benefits of introspection and recovery of the past, and the expression of repressed emotions as a personal means of therapy. In addition, Zorn adds an existential dimension to his struggle. Citing Camus's *Le Mythe de Sisyphe*, he takes courage from Sisyphus's scorn for the gods, imagining the possibility that he, Zorn, might be happy in hell, too (142). Sartre had also affirmed the freedom of the individual to shape what had been done to him (165). Therefore, Zorn sees hope for change. It is his family heritage and society that have afflicted him with cancer, but there is an original core, "I myself," that is uncorrupted: "[a]s I see things, I myself am not the cancer that is devouring me. It is my family, my background, the legacy within me that is devouring me" (143). References to Greek mythology and its accounts of Kronos eating his children, and Oedipus's struggle to escape his parents, support Zorn's point (143-44). In a final move, he turns to astrology, showing how the combinations of stars and houses invest those who are born under the sign of Aries with much creativity--and the need for an external object and point of resistance for their creativity. If they are deprived of such a focus, their creative energy will turn inward and self-destruct (145). At least, Zorn feels free to observe and judge his destruction.

Zorn erects the mirror of his past carefully and methodically, drawing ever-widening circles of interaction in successive chapters. He moves from the childhood space around the kitchen table, featuring him and his parents, to the living room table and the interactions between the young people, his parents, and their social acquaintances. From here he moves out into the

street and on into school, university, and his teaching job. Zorn constructs his argument in a similar way, beginning with the particular, and culminating in flourishes of irony or imagery. For example, he compares the Zorns to hermit crabs who must hide their vulnerable behinds in the safe shell of their homes (57). The German name for hermit crab, "Einsiedlerkrebs," with "Krebs" meaning both "crab" and "cancer," directs the reader's attention to Zorn's insistence on the carcinogenic character of his hermit-like life at home. Every few pages, Zorn recollects his rhetorical crescendos in a summary. From there, he moves into the social sphere of his life, or a focus on its lack, continuing a series of reflections that, like a repetitive, hypnotic mantra, reiterate the argument that the social environment is conducive to cancer. Well-spaced forward flashes, on the other hand, tie in future developments and raise expectations of an approaching apocalypse. At the end of the third chapter, Zorn writes: "I didn't realize it then, but at that moment I was already standing on the very threshold of the disaster that was waiting for me" (50). Later on, at the end of the fifth chapter, we read: "On the one hand, things were going better and better for me all the time [at the university], and on the other, they were getting worse and worse, and the better they went, the more I relegated to my unconscious the fact that they were getting worse" (81). One chapter later, Zorn notes: ". . . all these small pleasures did nothing but pull me back, time and again, from the edge of that yawning chasm where all my pain, despair, and fear were waiting to overwhelm me" (98). The seventh chapter contains this line: "I suppose my behavior was typically human in the sense that no one is eager to acknowledge that he is on the brink of disaster" (110-11). Only a few pages later, Zorn notes: ". . . I had still not noticed how dire its situation was [the situation of Zorn's soul] and how grave my own danger" (114). One page later, we read, "my period of well-being was over" (115). As the forward flashes follow in ever increasing proximity, they control the repetitions of analysis, setting the pace for a dramatic climax, the diagnosis.

Zorn's use of language evokes an unstable surface of cultured discourse, beneath which seethe the volatile forces. Superlatives such as "total" or "horrendous" (6) alternate with each other in dramatic succession, contrasting with the recollections of a childhood that promoted the "deeper knowledge" of the "sublime," and portraying a split between authentic and inauthentic lives. Some of these volatile forces may also begin to seethe in the reader, who is not given any detailed reconstruction of childhood scenes, evocations of space, colors, noises, smells, bodies in movement, or snippets of dialogue, that might put some life into the depictions of the Zorn family home. This, of course, is Zorn's main point: there was no life at home; his home represented death. Not even the most basic needs of children, who learn to define themselves through communication with others, were met. It is only in retrospect, after beginning psychotherapy, that Zorn begins to understand the opportunities he missed as a young child. From the sick adult's point of view, Fritz's body, despite his happy outer appearance, is one filled with anger and hatred, presented in the cold, clinical language of Zorn's reckoning.

The writer's account is oriented towards the past, because he believes that he must escape his heritage before there can be a life in the present, uncorrupted by cancer. This argument, concocted with his psychotherapist in their sessions, sets Zorn up to be powerless should his cancer fail to regress. He hopes that he has a chance; however, one of the tragic ironies of Mars is that the reader knows that Zorn will die. It is this knowledge that leaves us frustrated and powerless. The therapy sessions offer no redemptive alternative, but provoke rather scorn for parents, society and God. It is this single reaction that drives Mars and is conveyed by its stark language. Zorn's intention in writing the first part is to revisit the many stations of what he had thought all along had been a happy childhood, and the troubles of adolescence and early adulthood. However, since his psychotherapy, which commenced after his cancer diagnosis, Zorn has come to view his past differently. What seemed like a happy childhood and "normal" adolescent troubles, are now unmasked as extremes produced by the repression of his parents,

planting the seeds of his later neurosis, depression, and cancer. However, despite all appearances to the contrary, Zorn does not mean to put the entire blame on his parents and extricate himself from all responsibility. He is aware that his parents are as much the victims of a misguided life as he is (21). While Zorn is aware of the severity of his illness, he hopes that he will survive. The review of his life's false harmony and his troubles has resulted in an awakening. He therefore concludes the first part on a defiant note: "Better cancer than harmony! Or, in Spanish: Viva la muerte!" (147).

### *Part II: Saving the Self from Cancer*

In Part I, Zorn explored the history of his repression at home. In Part II, he turns his attention to aspects of the life-denying forces in society, before continuing with the project of defining his identity, which is only alluded to in Part I. Part II is much shorter, comprised of twenty pages without chapter divisions. The immediate cause for writing a supplement is the fact that the cancer has spread rapidly in the two months since the completion of Part I. From this new perspective, a frustrated Zorn now clearly formulates the expectations he had when writing Part I: "I wrote down the history of my illness a while ago in the more or less clearly felt hope that a recapitulation of my past and confrontation with it would give me a certain distance on that past and perhaps even help me overcome it" (151). However, the opposite has occurred: his confrontation with the past has brought on more turmoil and despair than ever before. Before, his depression seemed to be just one part of his life, now it envelops him like "an all-consuming fire" (151). Zorn struggles to define, center, and save his subjective voice in the presence of a now rapidly progressing cancer. The narrating self grows increasingly desperate, turning once again to the past for aspects overlooked in the conditioning of the narrated self and, in metaphorical terms, seeking to clean parts of the mirroring self that are still obscured. In Part I, the narrating self had hoped to write itself into life against the narrated, polluted, and dying self

of the past. However, the suddenly rapid spread of the illness undermines this differentiation, turning the narrating self against itself. "The feeling of failure consumes me body and soul. The better I get to know myself, the more I experience myself as I really am: destroyed, castrated, whipped, dishonored, disgraced" (165).

Zorn evidently believes that he has not done enough to give name and form to all aspects of his illness in order to cure himself. He recounts his physical state in minute detail that appears even more graphic because of the terseness of his language. Each new symptom is a reminder of death, "memento mori" (63), leading to ever more emotional despair. He believes that he has the obligation to respond to the abuse he suffered at the hands of his parents and society with his own story, denouncing both. Having explored his family history in Part I, he now focuses on his cultural background, re-evaluating core tenets of Christian religion that have left their mark on Western European culture. For example, he denounces Job, who acquiesced to force, and sides with Job's wife, cursing God. The turn against God follows logically, in Zorn's worldview. Seeking the cause of his illness in the past, he moves from blaming his parents and society, to blaming religious institutions for their denial of the forces of life. In particular, the writer is critical of the common perception that it is wrong to complain, when so many others suffer too. According to Zorn, pain and suffering are always singular; they are an individual experience that cannot be shared. However, what can be shared is the analysis of and revolt against oppression.

Zorn lists three goals that he believes all humans seek to attain, namely joy, meaning, and clarity. The first two, he believes, are out of his reach. He thinks of himself as sexually impotent, incapable of emotions and relationships with women or men, and unable to laugh. Secondly, while humans have a pervasive desire to find meaning, there is no meaning to his destruction. He has a physical existence, but his soul is dead. After thirty years, his body is collapsing and, as Zorn notes, the non-viable product destroys itself (" . . . das lebensunfähige Produkt zerstört sich selbst," 174). However, Zorn believes himself able to attain clarity about who he is, and what his

life is. He discerns a certain logic and catastrophic sequentiality in the direction of his life, beginning with his parents' neurosis and leading to his own, manifested as cancer. As matters stand, Zorn feels obliged to concede defeat. However, the opponent remains mysterious, including his parents, his family, the milieu, bourgeois society, Switzerland, and "the system" (175) or, in short, a "hostile principle" (166). This amorphous and anonymous principle is superior in strength and threatens everyone. Zorn has internalized this principle like a "monstrous foreign body"; it is larger than his self, and it is devouring him (166).

The metaphor of cancer as a foreign body establishes a difference between polluted and unpolluted self. It follows that Zorn's final aim is to identify the only part of his self that has not been polluted by the past, so that he can identify himself without shame. This part, he concludes, is the voice of his physically and psychologically suffering self: "Wherever I experience pain, my true self is still healthy and intact" (167).<sup>25</sup> This "true self" expresses hatred for everything that is destroying him. Zorn denies the possibility of any joy, consolation, or redemption in his situation. He has, however, attained clarity about the catastrophe that is his life, and the strength to bear his insight. He will not betray that small part he considers to be his self. Zorn likens his situation to inmates of a Nazi concentration camp: he is an inmate being gassed by his parental heritage. Alluding to Viktor Frankl, he asserts the possibility of choice in his situation: even in a concentration camp one is free to acquiesce or to rebel, to shout "Heil Hitler" or "Murderer" (179). Despite a monstrous defeat, not to betray his self is a small victory (180). Zorn's predicament, based on his psychological metaphor of cancer, is that he is rebelling against a murderer whom he believes to be at least a consuming part of himself.

While Zorn believes he is incapable of emotions, words of rage and despair corrode his rational report, as the cancer eats away at him. The sterile presentation of the progressing illness, a tumor that initially had spread only "a little" into the neck area, is subverted by verbs such

“zerfressen,” the raw animal variant of “essen,” “eating” (152). Contrasts between minimizing comments and graphic descriptions of the destruction caused by the illness further evoke powerlessness, despair, and anger and, most of all, defiance. Zorn writes: “Now I can easily count up half a dozen places on my body where [one] can see and feel how, for example, the bone is being broken up and dissolved. I don’t have to worry anymore whether a new symptom signals cancer or not. I know it signals cancer” (152). Six weeks later, it becomes necessary to write again. Now, the threat of death, drawing ever closer, causes a reversal of the process of self-definition into one of self-dissolution.

### *Part III: Dissolution of the Self*

Zorn feels compelled to write another supplement (173). Nothing much has changed except that the doctors have reclassified his illness as an allegedly non-carcinogenic “malignant lymphoma.” However, notes Zorn, while everything has been said, it can be said in still greater detail. Repetition itself seems to be helpful. And, finally, the illness continues to progress, and so Zorn must continue to “vomit” his undigested past (175). This is only relevant because of Zorn’s belief that a neurosis has caused his cancer, and that the expression of repressed emotions is his only possible cure.

In Part II, Zorn had difficulties identifying his opponent and resolved to call it a mysterious “hostile principle operative in my life” (165). In Part III he seeks “clarity,” wanting to define his self, the illness, and others even more clearly. Having established his true, unpolluted self as the voice of his suffering, he now adds his ability to assess his suffering as a second instance of his self: “I have already defined my individuality as the pain that I feel at being the way I am. I would like to expand this definition now and suggest that my individuality consists not only of the pain I feel over my situation, but also of the judgement I make on it”

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<sup>25</sup> “Überall wo es weh tut, bin ich es” (177)

(179). This wider definition will provide a basis for agency. Hence, Zorn returns once again to his relationship with the hostile trinity composed of parents, society and religion. But now he redefines this relationship in new ways, for example, as a self-regulatory biotope, and in ethical terms. According to Zorn, ecological systems function by regulating a delicate equilibrium between member species. A disruption in the balance, for example the uncontrolled growth of one species, can lead to the destruction of the biotope. Zorn sees himself as a dysfunctional member of this biotope: "My body is sick, poisoned, permeated with death. This non-functioning, this death, this death of the feelings, this death of the body, this death of life, that is my misfortune and unhappiness. There is nothing difficult about this. It is logical. It's clear. It's simple. It's just the way things are" (182). Zorn's definition of life in terms of a self-regulatory biotope seems problematic. Casting the social functions of relationship in the language of biological equilibrium prepares the ground to declare himself inferior. The German original is even more problematic; Zorn uses the term "minderwertig" ("inferior") more than once: "On the issue of inferiority, I could no longer argue that I was not in some ways inferior. True, I was not inferior in every aspect; but in one very important one, perhaps the most important of all, I was unable to love" (134). Two pages later, Zorn revisits the theme of inferiority in even more damning terms: "Of course I wasn't normal. Of course I was inferior, and this [inability to love] was the reason" (136). Zorn goes on to declare himself an "unviable human product" that is destroying itself, destined to be eradicated (164).<sup>26</sup> The self-regulatory biotope, transferred into the human domain, ties into a broader context of social Darwinism regarding illness and health in Mars.

Zorn then introduces an ethical dimension into the etiology and nature of cancer, defining it as a generic evil, and malignant lymphoma in particular as a specific evil. Noting that "my cancer is my parents" (184), Zorn concludes that his parents are therefore evil. While they may

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<sup>26</sup> " . . . das lebensunfähige Produkt zerstört sich selbst" (174)

not be evil as individual persons (and Zorn reassures the reader that he has forgiven them), he finds them guilty of rearing him to death. Similarly, bourgeois society in itself may not be evil, but it is evil if it attempts to maintain peace and quiet at all costs for fear of disturbing someone else's peace and quiet (200). For Zorn, the authoritarian Christian God in the book of Job constitutes the religious component of bourgeois evil and Zorn, defiant, now sides with the Devil. Evil is only a matter of quantity: bourgeois parents, bourgeois society, Christian religion, and repressive education--particularly raising children to be quiet--are all aspects of evil. It is in their accumulation, in the fact that they cause Zorn's death that evil becomes absolute (185, 196). Although Zorn sees himself to a large extent as programmed by an infernal computer--his neurotic parents and the neurotic environment--there is a part of himself that is not preprogrammed (180). This part is ready for action and Zorn entertains the idea of killing his mother (185). But although she has killed him, he cannot hate her, for he knows that she has done so unwittingly (195). In fact, he feels no particular connection to the kind old lady who is his mother. In the context of this discussion, Zorn mentions, as a matter of fact, the death of his father a few years earlier. His expressed aim is to become indifferent to his parents in order to overcome his illness and to be saved. However, as every new symptom tells Zorn, his father and mother continue to wield their influence over him (197):

Every new tumor, rising from the depths of its psychosomatic origins and punching up through the smooth surface of my body like a balled fist, takes on for me the fiendishly distorted features of my demonic "parents." And at this point, the image of my "parents," caught in the maelstrom of some terrifying cosmic nebula, is swept away into an infinite, ineffable realm of primal horror (190).

Similarly, the bank of Zürich deserves to be blown up, but such an act would be merely symbolic. After all, Zorn needs his inheritance to pay for his exorbitant medical expenses (196). Instead, he formulates his war cry in the vitalist expressive tradition of Wilhelm Reich: "I feel that not wanting to create a disturbance is bad because disturbances are essential to life. It isn't enough just to exist. We have to call attention to the fact that we exist. It isn't enough just to *be*."

We also have to *act*. And anyone who acts is bound to *disturb* in the best sense of that word: to stir up, to excite, to set in motion" (200). For Zorn, writing is his action, and in order to create a disturbance with his book, Zorn fought hard to have his manuscript published. Moreover, he rewrites his self, in an all-out effort to (re)claim his ability to act in relationships.

In a number of intermediate steps, Zorn moves from a dual self in the first and second parts, to a more fragmented self divided into four constituents: his parents, the bourgeois society, a Christian universal neurosis and, although only in a very small place, himself (" . . . wenn auch nur an kleinem Orte – ich selbst . . ." 222). It seems that the project of the first part is based on the confidence to uncover a self, executed in literary terms like a Bildungsroman; it is reversed in the second and, even more so, in the third part. As the illness progresses faster and faster, the confident voice of the first part is compressed into a smaller and smaller space, and the obstacles depicted as larger and more numerous. In this inversion, or even implosion of the self-finding process, Zorn finds his refuge in integrating himself into a rapidly expanding whole. At first, he sees himself as part of a biotope, and the excessive growth of his cancer as the death of the biotope. As he defines his illness as symptomatic of the corrupt state of Western culture, he views himself as precipitating the downfall of this culture, though perhaps as only one molecule in the process. In that way, his illness will produce a revolution, and Zorn a part in the action, even if he is only one small component: "I am an item number 5,743 in the catalogue of the revolution. I play an essential role because without number 5,743 there could be no number 5,742 or 5,744" (210).

His soul, however, is not interested in the state of Western culture, it is interested only in its own functioning. Hence, the image of being a necessary number in the process of the world does not alleviate Zorn's sadness: "But I remain sad and no mathematical formula in the world can dispel that sadness" (211). Zorn takes matters one step further in his trilogy of blame. Being part of the downfall of Western culture, he is also the cause of the downfall of the Christian God.

In terms of God's creation, Zorn is more than a blemish--he is a malignant growth in God himself: "I am the carcinoma of God. In the overall picture, I am only a small carcinoma, of course; but a carcinoma nonetheless" (213). Zorn had already declared his allegiance to the Devil, God's opponent. It does not escape Zorn's attention, however, that he cannot keep his pact with the Devil forever. Eventually, the Devil would also become his opponent. At this final point in his deliberations, Zorn softens or deconstructs his dualist re-evaluation of all values, albeit only for a moment. According to his cancer ideology, he has not yet separated himself from his parents, society and God; hence, the Devil is still a viable alternative. Once again, a defiant Zorn concludes: ". . . I have not yet triumphed over the thing I am against. But I haven't lost yet, either. More important still, I haven't capitulated. I declare myself in a state of total war" (220). In search of clarity, the revision of his diagnosis is for Zorn a call to define the specificity of evil. It will have no effect on his emotional state, but as he continues to suffer, all he can do is write down his suffering again and again.

The three parts of Mars can be seen to represent three circles, stages in the process of self-definition in face of death, begun by Fritz Angst and completed by Fritz Zorn, as if moving from A to Z. In the first part, Zorn revisits the expanding circles of his childhood, beginning with the growing circles around the kitchen and living room tables, moving out into the street, to the university, and the circle of colleagues. However, revisiting these circles, Zorn also re-evaluates them. Purging his carcinogenic past, he seeks to re-embodiment it with new, healthy values, often opposing the values instilled in him by his upbringing. He also hopes to purge his past identity, the self conditioned by his parents and by bourgeois society, and to reconstruct his "original" self. At the end of the first part, Zorn is still hopeful that his revaluation will be successful. His hopes are thwarted, however, as the cancer begins to proceed more aggressively. He concludes that he has not purged his past resolutely enough, and that he must define the traces of his healthy self more clearly, as well as his carcinogenic self, representative of the life-destroying

forces in society. However, as the progress of his illness continues to accelerate, Zorn's attempts to define a healthy self within are severely threatened. He responds by aggrandizing, and thus dissolving, his self, in his attempt to take on the universe and God himself. In Mars, the development and dissolution of self are directly related to Zorn's concept of cancer as a result of psychological stress. Had Zorn's cancer retreated, the victory would have belonged to psychotherapy. Since the cancer continues to progress, however, Zorn can only conclude that he has not been sufficiently strong in introspection and that he is a failure. No narrative exposes the potentially devastating consequences of beliefs in the self-healing of cancer more dramatically. The audience is aware of the tragic irony that Zorn, in the end, could not "triumph" over his illness, as he had hoped. However, Zorn appears to have died defiantly, seeing to it that his war cry was published.

With the help of the insights gleaned from his psychotherapy, Zorn attempts to write a new, "authentic" order into the "inauthentic" order of his upbringing and society, an order that only masks the disorder of cancer. In Parts I and II, the confidence in a "true self" permits the narrating self to tell and distance itself from the past of the narrated self, in a narrative form that is similar to autobiographies of the "simplex" kind. In this respect, Zorn's review is more like autobiography than many other cancer narratives, presenting an extensive exploration of his life in the past, though entirely in light of his illness. In the second and third parts, Zorn's experience becomes more embodied, though in an ambivalent move: the signs of cancer in the body can no longer be overlooked, drawing Zorn into the body, even though the body is increasingly "polluted." The narrating self defines itself no longer in an independent, dual confrontation with an opponent, but as an interdependent, subversive force within a dynamic system. Though limited in its abilities, it might yet bring about the downfall of the Western World, like a cascade reaction elicited in the shift of a chemical equilibrium. At the same time, the narrator's perspective becomes less concerned with the past and more with the present. The narrative

increasingly takes on the immediacy of a diary, and a commentary on social problems, similar to Peter Noll's diary of life with cancer, In the Face of Death (1989). In combination with the flashes forward in Part I, another literary trope, the narrative presents a dramatic change over time, projecting a sense of growing doom and rising panic, increasing the effectiveness of the narrative presentation, inseparable from some of the predominant metaphors in Mars.

**“I declare myself to be in a state of total war”: the Central Metaphor**

The central conceptual metaphor of Mars is obviously, as the title suggests, cancer as war, fashioning Fritz Zorn as a warrior against cancer and its causes, itself a belligerent enemy that gathers definition over the course of the book.

For the first part of the book, the writer describes his upbringing as a boy under siege. He accuses his parents of having “raped” his fledgling childhood personality<sup>27</sup> to prevent the harmony at home from attack. The parents fortified their home as if it were surrounded by hostile aliens (29). Zorn attributes to this mentality that he came to think of his self and body as impenetrable. He could not bear the sight of doctors who might prick his skin and draw blood, mustering an “arsenal” of sharp and painful instruments (43). As a young adult, Zorn supported the hippie slogan “make love, not war” and condemned the Swiss concept of every citizen in uniform (61). When he detected a growth on his neck, he intuitively suspected it to be a sign of “swallowed tears,” of repressed emotions, erupting violently. Redefining himself in light of his illness, Zorn takes pride in his astrological sign, Aries, the most “martian” sign in the zodiac (144). According to the writer, people born under the sign of Mars need an external focus against which they can project their creative abilities, otherwise their aggressive energies will turn inward against the self (145). This danger exists particularly for those whose birth sign is located

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<sup>27</sup> “. . . die Vergewaltigung meiner damaligen kleinen . . . Persönlichkeit” (32). The English translation uses “annihilation” instead of “rape” (11).

in the fourth house of the chart, namely the house of parents and family: they come into the proximity of cancer, both astrologically and medically. Here, of course, Zorn proves his own case--and his need to engage his illness by constructing an external focus (146).

In the second part of Mars there is no longer any mention of creative aggression, as the cancer progresses rapidly. Instead, Zorn concedes defeat in his war against a superior force, the anonymous "hostile principle" in a life under the repression of the bourgeoisie (167). Cancer is now a "monstrous foreign body" (166) that has made its way into his body, yet is delineated from his "true" self (167).

In the third part the earlier themes are reformulated and the "hostile principle" more clearly defined. In particular, Zorn judges his parents, society, and religion for the burden of guilt they must carry for causing his illness. It is a war within and without, against the repressive forces he has internalized and their external representations. As the cancer pushes through the skin, the metaphorical enemy penetrates natural and even metaphysical realms, first assuming the shape of a "polluted biotope," then an "infernal computer," and finally the omnipresence of the Christian God. Taking on God as the arch-enemy, Zorn raises the stakes, declaring "total war." Mars is the only book in the German language that uses the rhetoric of "total war" and "inferior life," reminiscent of Nazi rhetoric. However, there are some North American cancer autobiographers who speak of "total wars," for example, Michael Korda in Man to Man and Reynolds Price in A Whole New Life.

The battle metaphor organizes every aspect of Zorn's life. He fights not only his self and his body, but illness in general, society, the world, God, and death. This fight is closely linked to the explanation of cancer as psychopathology, showing its problems when taken to its extremes. The view that cancer can be cured by introspection and vitalistic expression may seem supportive as long as cancer is subsiding, with or without therapy. Where the causality of cancer is seen as psychological, the identification and resolution of past psychological traumata can

foster the sense of a more defined or even unified, healing self in control, justified and stabilized by the abatement of cancer. The dichotomy between conscious health and unconscious illness promises ideal health when all adverse conditions are resolved. Often, however, as is the case with Zorn, the cancer returns or progresses. Based on the metaphor of cancer as psychopathology, Zorn cannot but conclude that he has not defined his opponent clearly enough in the labyrinth of his unconscious in order to fight him effectively. The self in control becomes suspect, turning against itself and, at the same time, fortifying itself with ever increasing anxiety. The faster the cancer proceeds, the more the self is under siege, and the farther Zorn must cast his defenses. His model of illness leaves him no escape hatch; he must, of necessity, attack all the foundations of his world, even the metaphysical world. Taking the metaphor to its extremes, he cannot avoid taking on and denouncing God. His only refuge is the very act and voice of denunciation, a voice that raises Fritz Zorn above God. As long as his cancer progresses, Zorn must denounce God and the world as well as everything in himself that does not denounce the world and God.

Similarly, elevating a "true self" as the master of his being, Zorn must fight not only the polluted self but his body. While he strives to overcome the denial of his body, he waits for his neurosis to abate first, and his body to heal from impotence and cancer, before he can hope to enjoy it. Riddled with cancer, the body is but a sign of pollution. Where health is constructed, in a binary, as an ideal condition, there can be no relationship with death other than denial or forced battle. Based on such views, from whatever age, life appears as eternal and death far away, no more than an accident to be avoided. And while many cancer patients appreciate support, they must, on this account, bear their suffering and their fear of dying alone. Zorn saw this clearly:

Faced with death, I can do, more or less successfully, what a human being faced with death can. Before I die, I can review the thoughts that all humanity before me has ever had about death, but I'll have to die my individual death alone. The explanation for and the significance of my psychic illness can be grasped on a general level. The thoughts I have had about that illness have a certain validity for everyone. Anyone will, I think, be

able to understand the causes of my death. But I am the only one who can experience my fear and pain. No explanations in the world can relieve me of them. When I am dead, I will be one more among many others, and the reasons I died will be understandable to many. But as a dying man, I am alone (206-07).

Zorn quotes the defiance of Sisyphus in Albert Camus's Myth of Sisyphus. Camus imagines Sisyphus to die happy, even with the prospect of going to hell, just as the protagonist Meurseault approaches death happily in Camus's novel The Stranger. However, it seems impossible to imagine Zorn dying a happy death. The condemned Meurseault opens himself to the "gentle indifference of the world" as he finds rest under the canopy of midnight stars and the smells of night, earth, and salt air. Zorn, on the other hand, declares total war on a hostile inner and outer world.

### Evaluations

Muschg, who wrote the foreword to Mars, first asked the question: "Is This Still Literature?" He conceded that Mars is literary in its stylistic use of language, shining in its rhetoric. However, Muschg noted the lack of voice of the other in Zorn's book. There are no detailed representations of other characters, of students, colleagues, neighbors, people in the street, or of his parents. We learn about the parents only what they lack in terms of communication or conflict resolution skills. Mars is an "autistic document," writes Muschg, its tragic irony being that it must document the lack it denounces (11). Zorn cannot represent other characters because he lacks the ability to feel for others. It appears that Muschg's definition of literariness includes the presence of developed characters, and specificity of detail. Muschg reduces evaluation to an assessment of form and content as if they were inherent to the text, assuming general agreement among a literary-minded audience. Instead, I will examine the performance of Mars in terms of the three factors outlined earlier: catharsis, defamiliarization, and art as an end in itself.

The reception of Mars over more than two decades has shown that most readers identify closely with the book and its writer. While the narrator, at first, speaks about his "carcinogenic" past from a great distance, the distance in time progressively narrows over the course of the book as the cancer takes over the present, the hopes for survival are shattered, and fear escalates. It is this sense of an impending apocalypse, the specter of an individual being vanquished by an anonymous force, that speaks to primal fears among many readers and precipitates the recognition that the narrator "is like us." Moreover, the audience can identify with his growing alienation from the body and self that are being subverted by cancer. Instead of a hoped-for rebirth of body and self, the narrator must struggle desperately to distance himself from the illness and a carcinogenic culture. The increasing alienation perceived in the writing of Mars enhances the drama of the action and further invites the audience to identify with the narrator. For many readers, the tragic irony in Mars (that is, the awareness that the writer will die despite his hopes) and the developing sense of an impending disaster will evoke a catharsis of pity and fear. For this audience, generally people who do not have cancer, and especially those who accept the book's premise of society as carcinogenic, Mars can be said to perform very well. However, other cancer patients, such as Christiane Lenker, writer of the autobiographical account Krebs kann auch eine Chance sein (1993, "Cancer can also be a Chance"), are critical of evoking pity and fear: "We should not scare others but find meaning in our illness . . ." (10).<sup>28</sup> Lenker viewed cancer, metaphorically, as a teacher. While many cancer patients will not accept her metaphor, they would agree with her critique of pity and fear.

Zorn criticizes the indifferent coldness of bourgeois society and his parents. While he proposes a Reichian expressive vitalism, his own language surpasses the object of his critique in its surgical sterility and coldness. However, one cannot attribute his style to a conscious

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<sup>28</sup> " . . . wir sollten andere nicht ängstigen, sondern nach einem Weg schauen, unserer Krankheit einen Sinn abzugewinnen . . ."

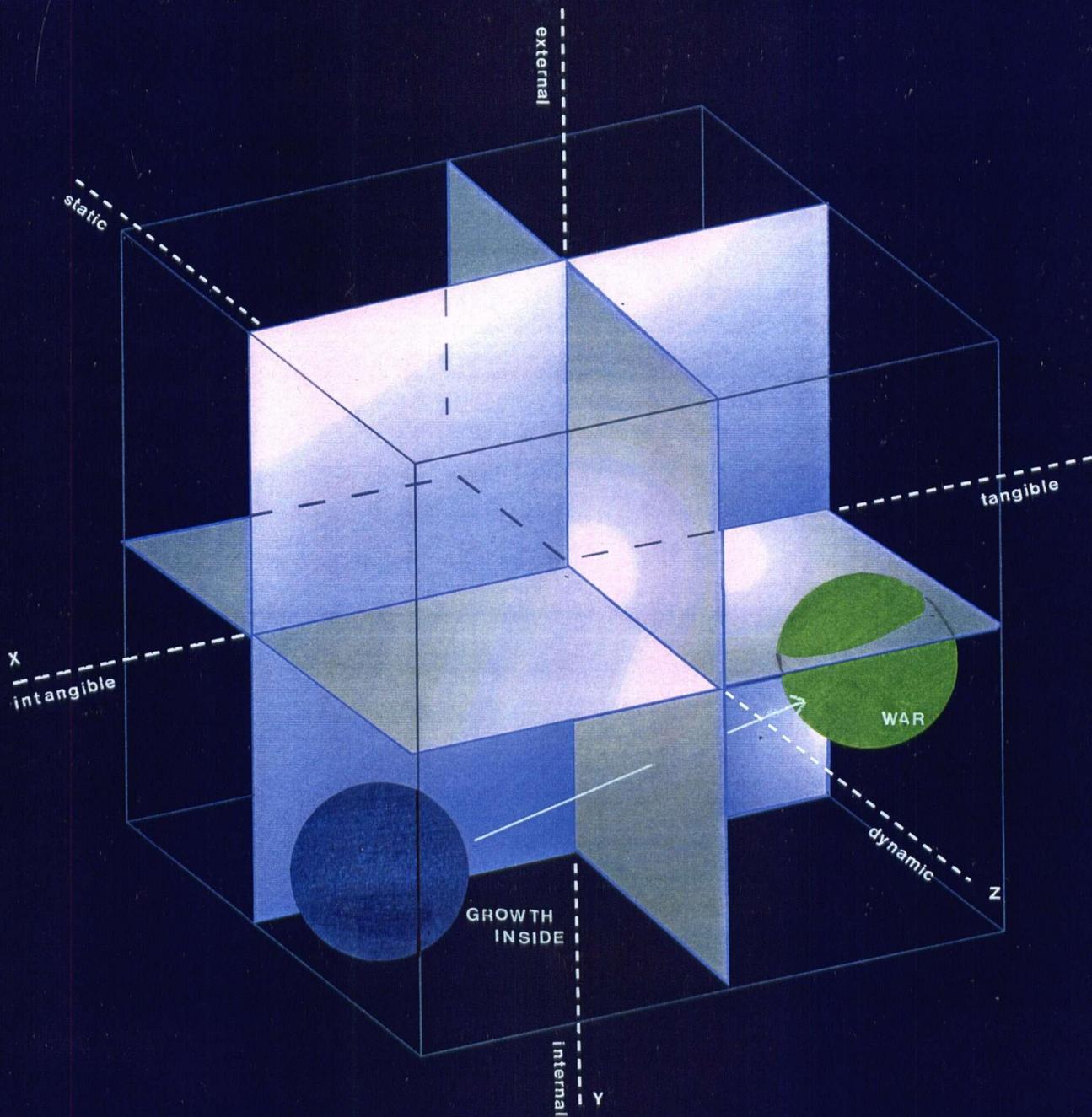
defamiliarization but, as Muschg noted, to the very lack it denounces. Similarly, the narrator in Mars does not write for art's sake, he is not self-reflexive on art, but rather to capture the reality of his experience as he sees it. In Mars, defamiliarization and art for art's sake are not part of the performance.

Regarding a psychological evaluation of the metaphoric imagery that Zorn uses, it appears that his cancer imagery is limited. The metaphoric space opens with the image of cancer, in Part I, as an initially intangible, dynamic "growth inside" that signifies repressed emotions as a part of the self, referred to by another metaphor, "swallowed tears" (118). In Part II, cancer becomes a "monstrous foreign body," considerably larger than his "true" self, still internal and intangible (166), and suggesting a dividing line between what is native or alien to the "true" self (167). In Part III, cancer turns into a well-defined enemy who has enveloped Zorn internally and is externalized as a dynamic biotope, an infernal computer, or a vindictive God. While these metaphors serve to define the alien from the true self, they still remain in the abstract. The engagement of the enemy occurs at the boundary between self and the world, more internally than externally, dynamic and tangible in the visible, mutating protrusions from the body surface and the repressive constructs of culture and religion. All metaphors are located in the dynamic spectrum of the metaphorical space, revealing a lack of static imagery that could provide a balance. The diagram on the following page shows that Zorn draws from a narrow spectrum of metaphoricity.

The therapeutics of Zorn's metaphoric space for cancer, in combination with his belief that cancer is a physical expression of a neurosis, shows the immense difficulties and dangers that such concepts, and battle metaphors, can present. Battle metaphors by themselves may function as a rallying cry and foster solidarity among the like-minded. They function particularly well for those who live to tell their stories, providing a dramatic, single-minded concentration of all efforts towards one goal. In addition, they provide an effective structure for a narrative of

FRITZ ZORN

MARS



survival, subsuming all uncertainties and setbacks under the single image of adversity to be overcome. However, the battle metaphor loses its effectiveness when the illness turns chronic, or when the patient thinks of life not only in terms of overcoming adversities.

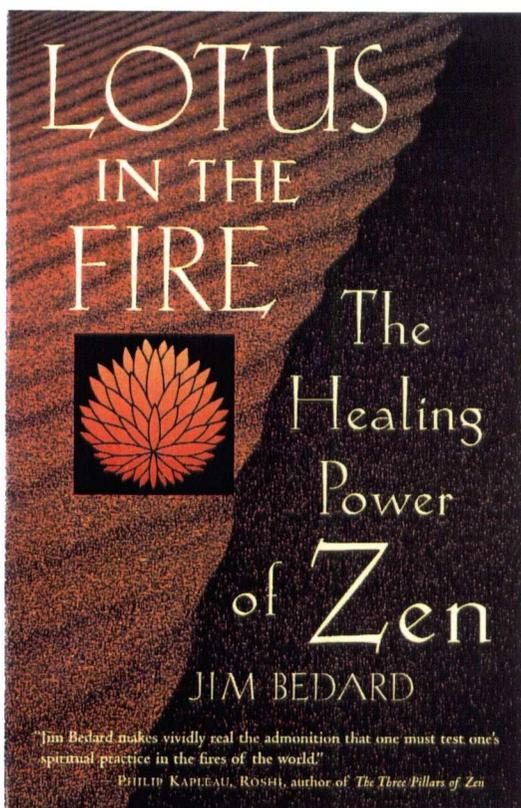
The terrible cruelty of the battle metaphor, in conjunction with the self-health model of illness, is that Zorn is condemned to fight alone. For the opponent is, first of all, within himself, not within others who do not have cancer and may live to old age. Zorn can only resolve this apparent unfairness by declaring that those who live longer die in boredom while only he, Zorn, knows the intensity of life in the face of death. He attacks everybody who does not share the Reichian model of expressing every unresolved conflict. Zorn's self-health model of illness forces him to fight alone and suffer more isolation than he has ever experienced before. Only few of those who use self-health models of illness will pursue battle metaphors as methodically as Zorn does. There is no place in Zorn's model for anything but the emotion of anger. It is an emotion that is difficult to resist, once one accepts the book's seductive premises. In his choice of literary, psychological and therapeutic form, Zorn shows good control of his metaphors: the metaphor of self as a "true self," enacted in the form of retrospective autobiography sets the narrating self up as a chronicler of its history and "victor" over the selves of the past, as Walter Benjamin had noted (cited in Sill 110). This perspective interweaves with the battle metaphors and the desire to challenge and control his illness. With this unified form, Zorn sets out to "write off" cancer. Had Zorn's cancer regressed, Mars would have been an exemplar of the "triumph over adversity" and "mind over matter" genre. We might have learned more about the woman whom Zorn met often for talks in the last months of his life. We might have seen another voice and its face, and intimations of the love, sexuality, and relationship that Zorn lacked and sought so desperately, viewing them as the true proof of the recovering of his soul. Tragically, his cancer outgrew the metaphoric form of Mars.

The metaphors and resulting attitudes between Zorn and the patient in the previously discussed cancer narrative could not be further apart. Both Zorn and the woman, at the time of writing their narratives, were catastrophically ill and aware of the likelihood that they might die, though both believed that they still had a chance for survival, however small. Zorn, however, focused on anger, and the woman on hope. Zorn sought to distance and elevate himself above cancer by seeking refuge in and identifying with his suffering; the woman elevated herself above cancer by disassociating her witnessing self from the suffering body and self. Both Zorn and the woman spoke from a self under siege; however, while Zorn fought himself and the world, the woman expressed her love for herself and the world. Zorn antagonized the world, while the woman accepted it. While Zorn fought his body, the woman discovered her love for her body. Zorn fought death, while the woman accepted it. In fact, the two narratives seem rather stereotypical in their representation of gender. However, these differences cannot be generalized with regard to the many other cancer narratives. Zorn's and the woman's narrative change their perspectives of time: the woman moved from the past into the present in a meditative move, achieving a moment of peace; Zorn's move into the present paralleled his increasing anxiety and despair. Though Mars began as autobiography, it turns into the form of diary, assuming a similar form as the patient narrative. Both writers wrote to give name and form to their illness.

**Jim Bedard, Lotus in The Fire (1999)**

Lotus in the Fire is an example of many cancer narratives that approach life with cancer from a spiritual perspective, and in fact turn this experience into a test of spiritual beliefs. In Lotus in the Fire, which is sub-titled The Healing Power of Zen, it is the writer's commitment to Zen Buddhism that is being challenged. Due to the increasing popularity of spiritual practice in general, and Buddhism in particular, in North America, this book speaks to a wide audience as a "hands-on" exploration of a spiritual approach to illness, transcendence, and mortality.

Jim Bedard, the writer of Lotus in the Fire (from now on referred to as Lotus), is a business executive in a Canadian advertising agency. Published in 1999, this is his first book about



life with acute myeloid leukemia (AML), a form of cancer. His account is quickly gaining popularity, because it combines the experience of life with cancer with a spiritual outlook and practice. Reviews by readers who obviously understand the book's Buddhist rhetoric are enthusiastic (see <http://www.amazon.com>), and bookshops may stock it on the shelves devoted to Eastern philosophy, rather than the health section. The publisher, Shambala, categorizes it as "Eastern Philosophy" on the back cover, marketing Lotus as "[a] down-to-earth personal

account of how the teachings of Zen helped one man survive terminal illness . . . in the face of obscenely narrow odds." Other reviews praise Bedard as a "great storyteller" (Rafe Martin) or celebrate his spiritual practice (Zen master Roshi Philip Kapleau).

The book's front cover and spine show the ridge of a dune. One side, evenly rippled, glows in the color of terra cotta, perhaps reflecting a setting sun, while the other side, featureless, is immersed in shade. The title is in white, the color of the lotus. A stylized lotus picks up on the terra cotta color ("in the fire") of the dune, symbolizing its transformation through fire, as suggested by the title, Lotus in the Fire. The subtitle, The Healing Power of Zen, is on the shadowed side of the dune. The image of arid sand dunes suggests ever-shifting forms, austerity, and timelessness; the dune's two sides symbolize the balance that a Zen practitioner will aim to achieve, and a quotation from Kapleau signals (at the bottom of the cover) that the book will be about: ". . . spiritual practice in the fires of the world." In this case, the fire is cancer—but it could well be any other challenge.

### **Narrative Form: Metaphors of Self**

The cover of Lotus lists Jim Bedard as the writer of the book. He also appears to be its first person narrator: doctors and nurses refer to him as "Mr. Bedard" (ix; 23, 166) and as "Jim" (xii, 26, 44). Similarly, the first-person narrator's spiritual guide refers to him by the name "Jim" (20), as well as his wife Margaret (26) and parents (34). An editorial press release refers to Bedard as "the author," and summarizes Lotus as a "cancer survivor book." The release is dated April 16, 1999 and signed "Jim Bedard." In the release, Bedard notes that "my book" is not only a "cancer survivor book" but that his validation of Zen-Buddhist practice may "help point the way to a path that will eventually free all beings from the imprisonment of ego delusion" (<http://www.amazon.com>). Here, Bedard affirms the high aims of the book: to document his life with cancer as a test of his spiritual resolve--and as an example for all human beings. Bedard did not perceive his illness as "a call for a story," as Arthur Frank and Maja Saj Schmidt have defined the ethical imperative of testimony. The idea to write about his life with cancer was suggested to Bedard by his spiritual teacher, Sunyana-sensei, not long after his release from

hospital, "Well, Jim [...], why don't you write something about your experiences over the past year. You could write a book about the way you have dealt with your illness. It would be very helpful to others" (168). Her suggestion arose from Bedard's desire to present her with a donation for having formally initiated him into spiritual practice. Usually, such donations consist of monetary offerings and can be small or large, depending on a donor's financial circumstances. However, Sunyana-sensei knew of the dire financial circumstances of the Bedard family due to life with cancer, and would not accept any money. After repeated pleading by Bedard to accept a donation, she finally suggested that he write a book. Bedard, who had wondered how to "repay [his] enormous debt of gratitude," not only to Sunyana-sensei, but the Buddha, other deities, and their teachings, as well as to his spiritual community ("sangha") who had supported him and his family with food, money, and prayers, then vowed to write Lotus (168).

This context is important in order to understand the form and content of the book. First, Lotus functions as a spiritual repayment of a debt, instead of a financial donation to Bedard's sensei, and as gratitude to his sangha and the lineage of the Buddhas and their teachings. Instead of monetary value, the writer exchanges spiritual value with his (perceived) creditors. While the monetary value may have been negotiable, the spiritual value is not: it must measure itself against the spiritual truths as set forth by the Buddha, his lineage, and Sunyana-sensei, and as enacted by the community of believers of which Bedard is a part. Bedard had committed himself to these truths, formalized by his initiation. While Buddhists believe that life, this world, the body, and the self are impermanent, they aspire in their meditation to enlightenment, and to the permanency of the truth of the Buddhas. It is against this transcendent background that Bedard must examine the truth of his experience. Like Augustine, who measured the truth of his life and experience in the eyes of God, but wrote the Confessions for his Christian audience (Augustine's omniscient God certainly did not require the Confessions to know its writer's heart and mind), Bedard measures his truth against the truth of his sensei, Buddha, and other saints. In terms of his

beliefs, Bedard also has to be mindful of "karma": he will not want to misrepresent or write false or hurtful things because he does not wish to incur more bad karma. After all, it becomes clear that he views his cancer as an accumulation of bad karma from wrongful behavior in past lives. For Bedard, "the body is a memory of our past deeds" (61). In principle, deeds from many past lives are recoverable, although the memory of unenlightened human beings is generally clouded. Karma and recoverable memory hold Bedard to a high standard of potentially objectifiable truth. Finally, the authorization of Lotus by Zen master Roshi Philip Kapleau verifies Bedard's commitment to convey the truth of his experience.

Bedard's spiritual debt, and Lotus as its repayment, impose a high expectation of "authenticity" on the book. However, this authenticity does not require, for example, that the many dialogues in Lotus be literally true. Many of these dialogues occurred during his illness and are surely (re)constructed, particularly those to which Bedard could not possibly have been privy, as, for example, during the times when he suffered from coma, loss of memory, or was in his room, while the dialogues occurred between family members on the floor outside. The first days after Bedard had suffered the full brunt of both leukemia and the first course of chemotherapy are particularly dramatic: when he regains consciousness, he recognizes neither his wife nor his sister. The narrator, in retrospect, comments that his wife "was unsettled but, like everyone else in the family, had become a master at disguising her fear and worry" (38). Thus Bedard's account is not only his own. In many places it has been reconstructed with the help of his family, his sensei, and health professionals. These persons serve as witnesses to a self that, as the narrating self in Lotus, reconstructs times and a perspective upon the narrated self when it was unconscious, though a responsive and remembering body. The claim that truth and memory are not only subjective but potentially objective and recoverable, verified in a metaphysical realm, would be contested by much of contemporary literary theory.

Neither as writer nor as narrator does Bedard voice any qualms (as Augustine did) about his commitment to truth, the problematic present reconstruction of the past of the narrated self, or the difficulties of language in capturing his experience in narrative. Bedard's trust in the truth of his representation is informed by his belief, as a Buddhist, in not only the impermanence of the self, but the permanence of a transcendent witness. This witness is believed to function like a metaphysical mirror of the present and the past and even past lives. In moments of deep meditation or visions, this mirror reflects timeless enlightened beings such as the twelfth-century Buddhist saint Basusennin who, in one of Bedard's visions, recognizes the narrator (113) and whose own identity and existence are later verified by Sunyana-sensei (172). It is through these visions and his meditations that Bedard appears to attain unusually high levels of a permanent, transcendent truth. He measures truth in terms of eternity. While Bedard would not subscribe to a vision of a body or self as essential, he relies on a transcendent witness, or, in its place, the teachings of the Buddhas, to formulate a timeless perspective on his present and past--a perspective honed through the developments and spiritual purification over the course of his illness. It is from this stabilized view of increased awareness that he looks back on the past of his illness, recreating it in Lotus. Based on the mirror metaphor of self, body and the transcendent witness, Bedard can write from a unified view and construct, in the terms of James Olney, a "simplex" autobiography.

The entire book and the past it reports are written in the past tense, save for its dialogues in which the narrating self recreates the narrated self as it responded to its interlocutors. This is not to say that the self did not undergo changes. As the narrator notes, commenting on the narrated self:

[w]ith serious illness one is quickly stripped naked for all to see. The different masks we hide behind dissolve. All I identified with as my self was breaking up and dispersing. I was experiencing the truth of Buddha's teachings of impermanence firsthand . . . I had no guarantee of a future, my past identity had been eradicated, and the present was

demanding one hundred percent of my attention. . . . However grim that sounds, I was now free. Free from myself (59).

While Bedard does not claim to have found enlightenment, he does lay claim to metaphysical experiences that act like light towers in the darkness of the impermanent self. It is from this perspective that Bedard introduces continuity into the precarious instability of his body, frail from cancer, but bound for decay in any case. While Lotus does not (as many other personal cancer narratives do not) review a more lengthy episode of his life, focusing instead on the immediate period of illness, it nevertheless uses the narrator's retrospective distance, typical of autobiography simplex. This strategy is popular in other autobiographical narratives, perhaps reflecting an attempt to distance the self from a horrifying past, rather than working to recreate and reenter it in the narrating present. This, then, is the form and narrative order of Lotus: an autobiographical work with the narrative perspective of autobiography simplex, written from the position of a transcendent witness "free from the self," but appearing like a consolidated self, claiming to mirror the memory and truth of the past.

The whole of Lotus has a disciplined structure, reflecting the fact that the writing of the book has served as a spiritual practice for Bedard. Each chapter opens with a title, set off by an image of the lotus, and a Zen poem or quotation. The poems and quotations are carefully selected, encapsulating the chapter's content. The ten chapters are of comparable length. While they follow the chronological development of Bedard's leukemia and its therapy, many are structured around concepts important to the writer's spiritual practice (for example, impermanence, karma, other realms of experience). His practice guides Bedard through the fire in which he can test and steel his practice, presumably allowing him to heal himself. The "plot" of Lotus in the Fire can be easily summarized: Bedard has what are, at first, inconspicuous symptoms-- perhaps an allergy--which are checked out in a hospital. He soon learns that he in fact suffers from AML, and is told that he has less than two weeks to live (without treatment,

presumably). Chemotherapy is begun. The first in a course of treatments already brings the writer close to the limits of suffering, and yet each successive treatment will be worse. Death is at hand many times. Fortunately, Bedard's brother is an ideal match for a bone marrow transplant. In this "trial by fire," Bedard examines and strengthens his Buddhist beliefs. His family and friends provide spiritual, emotional, physical, and financial support. Towards the end of the book, Bedard comes to believe that he is cured.

Bedard's illness takes the form of a particularly aggressive form of acute myeloid leukemia (AML), originating in the bone marrow. The term "leukemia," Greek for "white blood," was coined by the German pathologist Rudolf Virchow in 1845 when he observed massive accumulations of white cells in the blood of patients with chronic leukemia. Leukemic cells proliferate as a result of the malignant process, and the number of red blood cells, granulocytes, and platelets decrease reciprocally. Environmental factors (nuclear radiation, certain chemicals) and genetic propensities appear to contribute to the onset of AML. However, definite causal factors are rarely identified. The onset of AML is often inconspicuous: signs of tiredness or infections that may last for weeks, and perhaps increased bruising or bleeding. Initial blood tests shows high counts of white blood cells. Bone marrow samples confirm the diagnosis and provide information about the course and probable success of therapy. Untreated, AML spreads quickly; the average survival rate is only two months. Intensive chemotherapy can extend survival to 15 months. If remission is achieved, a bone marrow transplant can lead to long-term survival in about half of the transplanted patients. Allogenic transplants (that is, bone marrow provided by suitable, healthy siblings) are favorable. Many side-effects are possible, including kidney problems and infections, and require isolation in hospital. A bone marrow transplant is a very dangerous treatment for the receiver; it includes a high dose of chemotherapy that would be fatal, if not for massive amounts of fluids administered intravenously. However, this procedure has boosted survival rates and Bedard is one of the patients whose treatment

appears to be successful (see DeVita (1997), Rubin (1993), Buckman (1995), Glaus (1992) for more details).

At first, Bedard does not plan to write a book and there are no hints that he “takes notes” or keeps a journal during his ordeal, other than charting the ups and downs of his blood count and temperature (91). As already noted, the impulse for the book came from his spiritual guide and sensei (“teacher”) Sunyana Graef, after Bedard had recovered from his illness. Subsequently, he wrote Lotus in a relatively short time (i.e., approximately two years pass between Bedard’s release from the hospital and the publication of the book, while the average time is about five years).

Lotus in the Fire could not open more dramatically. The first two sentences of the preface immediately establish that all will be at stake in this book: “How serious is it?” “You have less than two weeks to live, Mr. Bedard” (ix). Self-reflective, the narrator notes that he had asked for the straight goods. There they were, presented to his audience in the same way they were presented to him. The narrative presentation of the exchange is recounted as a dialogue, introduced by an exact date (“Sunday, August 27, 1995”) and a medical diagnosis (“leukemia . . . an acute type”), lending the introduction further drama and, at the same time, credibility. Reassuringly, the first two sentences also tell the audience that the narrator has not only outlived his initial prognosis, but lived to tell the story (and, indeed, to witness the publication of his book). Nevertheless, there are no signs of closure and no claims to victory in these first lines or, for that matter, in the rest of the book. As Bedard says in a press release accompanying the book, “it would be a victory short lived. I know now, without a doubt, that this body will soon wither and die” (<http://www.amazon.com>). Readers familiar with central Buddhist tenets, such as the impermanence of all things, will realize that the statement “this body” refers not only to the writer’s body after cancer, but the body in general, that is, your body and mine.

After announcing the stakes, the narrator recapitulates the events of the night before his admission (a preliminary examination of Bedard's swollen joints for what he suspected to be symptoms of allergy) and the week leading up to his visit to the hospital. This narrative move introduces the reader to both the context and the questioning of that context in light of the diagnosis. Bedard, we learn, is a man who "was used to hard physical labor" who "always had energy to spare" (xi). He and three close friends had been clearing trees and cutting and splitting logs for firewood, and carrying them up a steep hill to their cabin near Algonquin Park in Ontario. He had felt tired from the work, but so did everyone else. Here we note his doubts concerning the reality of appearances, through his retrospective search for missed symptoms. Later, he and his friends enjoyed a mediocre vegetarian chili and observed a large meteor and a show of the northern lights. For Bedard, "without a doubt" this was one of the most extraordinary evenings of his life. The comment by the narrated self invokes irony, for without a doubt, every day of the coming year would be extraordinary. How would Bedard adapt to such a dramatic reversal from health to being near death?

The reversal presented is also a spatio-temporal one, as the narrator brings the action back from logs, sweat, earth and the infinite space and eternity of the night sky, to a bedroom in a hospital oncology ward. Bedard invites us into the action as it developed blow by blow, "Now, here I was, less than a week later . . ." (xi). Still, at this point, he continued to feel healthy. We witness his disbelief as he wondered if a mistake had been made: perhaps, he thought, his blood had been mislabeled? (xi). As readers, we share in the dramatic irony of which the narrating but not the narrated self is aware. We know already what the doctor would tell him, that there is no mistake. Aware of the irony, the reader pities the patient who obviously has no idea what he is in for as he says: "Well, then, let's get on with it" (xii). His response seemed to surprise even the narrator, who inserts a separation between response and speaker, as if the response had come without his conscious agreement: "Well, then," came my response, "let's get on with it" (xii).

What came was indeed horrendous. Bedard received four courses of chemotherapy and a bone marrow transplant, suffering many of the treatment's side effects. Every time it seemed as if things could not get any worse, they did. Bedard seems to inch closer to death as the story moves from one dramatic climax to another. Only ten pages from the end, the patient is reminded that "this fight's not over yet" (160), and wonders whether there is "light at the end of the tunnel" (161). Five pages from the end, Bedard is examined—for the third time—for possible signs of meningeal leukemia that fortunately turn out to be headaches suffered from an allergy to codeine (165).

There were also oversights and mistakes that occurred in the hospital, requiring Bedard to stay alert and in control of his therapy as much as he could. When breathing caused too much stress for his heart, he was connected to a respirator. However, a spasm in his jaw went undetected. It blocked the tube, preventing the flow of air. Held down by several people, heavily sedated, and about to lose consciousness, he fought for his life: he managed to kick with his free leg, drawing a nurse's attention to his face. Apparently, Bedard was receptive enough to listen to the nurse's instructions and to relax his jaw (one wonders why a rubber wedge had not been inserted between his jaws to prevent blockage, 24-5). One night, the nurse shut off the noisy infusion machine and adjusted the I.V. bag to drip by gravity alone. When Bedard awakened in the morning, the I.V. bag was empty and the I.V. line full of air (fortunately, the blood pressure is usually high enough, and in this case as well, and blood will move from the body into the I.V. line, preventing air from entering). The danger, then, is that the line will clot (138). Nurses in the small hospital did not know how to handle Bedard's I.V. catheter, and he and his wife took over the procedures before he passed out (137). At home, a home care nurse apparently drew two syringes full of air from the capped catheter and the effect required a visit to the hospital (most likely the end of the catheter was nestled into some tissue in the heart, and what the nurse withdrew was a vacuum).

Despite a roller coaster of sensations and emotions, Bedard managed not to drown in the events and the narrator manages to keep the audience from drowning in the action. First, there was the effect of Bedard's spiritual practice over many years; his Buddhist beliefs inspired him to understand his suffering as the accumulated effects of many lifetimes, abandonment to the senses and desires of the body and the mind. Buddhists call this accumulation "karma" and Bedard struggled to expiate his karma by "working" through his suffering and facing his mortality. This meant coming to understand the evanescence of the body and mind, an insight that the effects of contemporary cancer therapy certainly promote. The 42-year-old Bedard, who had taught martial arts for ten years, was startled to see "a pale, skinny old man with sunken eyes looking back from the mirror, bald as a cue ball" (68, 74). At the intensive care unit (ICU), his body became "their body," a neutralized and alienated body for the nurses and doctors to handle: "they tended to its needs, bathed it, fed it, inserted tubes, removed tubes, and took blood from its arms, Hickman line, and other lines. They swabbed its throat, ears, groin, and rectum to check for bacteria. I had surrendered my most prized possession to a team of experts . . ." (46). Yet Bedard never felt self-conscious or embarrassed: "I was far too helpless" (46). His introspective journey into the mind turned up evanescence, too: "States of mind would come and go, but there was nothing to grasp" (49). At times, when he was not in too much misery, he would notice, with a "sense of liberation and great freedom," that "there is nothing to know and no one to know it" (49). Then the patient would meditate on the question "Who am I?" (for example, 17, 49, 59, 67, 68, 83, 101, 119), stabilizing himself, and by extension the reader, in the chaos of events.

Bedard's theory of karma may also explain why we do not witness any outbursts of anger, as Zorn's in *Mars*. Eager not to cause any further suffering to others, Bedard in fact promised himself not to get angry with anyone (5). Only once did he, ever so carefully, express a hint of anger: when a surgeon hammered a needle through his liver while repeatedly admonishing Bedard to lie still: "I raised my voice to the surgeon . . ." (122). Bedard even tried

to keep his tears to himself, so as not to disturb his children. Many times he reminded himself to "stay positive" (35, 51, 82, 132, 155). However, in his case staying "positive" did not mean to feign happiness when he was miserable or sad. Rather, "positive" seems to denote an attitude towards his condition that is not defeatist and yet not a denial of his circumstances.

Bedard's attitude towards illness differed in fundamental ways from many other attitudes he encountered at the hospital. Some writers in hospital pamphlets pointed out that asking "why" regarding suffering only leads to anger and despair that can affect the relationship to loved ones and God negatively. In contrast, Bedard found that belief in karma and introspection could lead to "insight, acceptance and peace, even in the most difficult of times" (60-1). Christians often do not understand why God gives them cancer: nevertheless, they are expected never to doubt God's love for them. Bedard admired such faith, but it did not explain the fundamental issue of suffering, the "law of causation" (98). Some visitors meant to encourage Bedard by saying: "You'll make it" (87). But death was too real and Bedard did not want to ignore it. Some believers in popular Buddhism meant to comfort him by pointing out that life is an illusion anyway (63). That may be true, not only of life but of the realms of death as well. However, pain and suffering were too traumatic to dispense with so glibly and without compassion (63). Some of his friends felt that life had cheated Bedard. Others believed that he had renounced quality of life in favor of self-deprivation for the sake of living into old age. Regarding his spiritual practice, however, Bedard has no regrets: he felt then, as he apparently does now, that he lives "each day to the fullest" (67).

The emphasis of the book is on introspection and spiritual practice. Hence we learn little about Bedard's spatial surroundings, for example, the color of his room. In fact, there is hardly any color in the book at all, despite the glow of the glazed lotus on the front cover. Lotus seems to be pervaded by a range of gray tones, against which the occasional bright green of vomited bile or bowel movements seems particularly violating (62, 118, 159). Another notable exception

is the dark, ink-like blue of the chemotherapy, a blue that Bedard recoded metaphorically as the healing blue of the Medicine Buddha (85-6). If there is color, it is internal and belongs to visions, like the golden light that Bedard perceives when Sunyana-sensei initiates him (169). The imagery of color supports Bedard's spiritual division between the impermanent external world, subject to decay, and the internal world of transcendent spiritual practice.

Bedard, who had a room to himself in the hospital, set up an altar where he chanted prayers, sometimes with his friends. This ritual stabilized him, and it stabilizes the narrative. There is little in Bedard's book about alienating hospital routines or everchanging examination rooms and hallways, or complaints about the number of nurses or doctors that came and went. In fact, there seemed to be many more relatives and friends than health professionals. The focus to which Bedard consistently returns his narrative is the altar--and his bed. It is a bed in which he would sit alone, in silence, and feel gratitude (4). In meditation, he could feel connected with the whole universe (83). When not in a meditative state, he would often lie in his bed in misery (49)--a bed previously occupied by a person who died in it (106). One of the stabilizing images of the narrative, the bed will be on the reader's mind long after having read the book. It is a bed to which Bedard returned, and the narrative returns, a bed that, in fact beckons the reader. The patient noted to his wife: "This bed beckons us all. My trip away from this bed may be long or short, but someday I will again be returning to this bed" (68). This bed is a bed for life and death; and it is death that Bedard wanted to focus on squarely. In the beginning, after his diagnosis, he believed he was ready to die. His teacher, however, appeared to sense that there were still many things for Bedard to learn, for example, to go beyond what he referred to as his "stubborn self-reliance." Bedard would indeed have to learn to trust others to help him, his family, relatives, and, in the end, the spiritual community that would help, generously, with financial resources he and his wife no longer had.

Other stabilizing narrative strategies in Lotus in the Fire include literary tropes such as foreshadowing, retrospectives, and summarizing that keep a tight reign on the chaos of unfolding events. The patient lets everybody know, for example, that “the most difficult parts of this journey lie ahead” (76) and, “still, I was not prepared for what was to come” (122), at a time when the reader can no longer imagine how there can possibly be more. In other places the narrator sums up: “This was the break I was looking for” (79).

Bedard also keeps the reader involved in his jokes on his friends, and his joy over having recovered his sense of taste. Having ordered his favorite food and received it from his friends, he winked at Ian, a visitor who had arrived before the friends, not to say a word. For the next paragraph, the patient Bedard rejoices in the delights of being able to taste food again, before he “let the cat out of the bag,” for his visitors and, of course, the reader: coincidentally and unaware that the patient had ordered his friends to bring his favorite food, Ian had also brought the same food, which the patient had already happily indulged by the time his other friends arrive (195).

Some issues in Lotus are startling. For example, the enigmatic portrayal of Bedard’s wife, Margaret. Many of the book’s other characters (Bedard’s friends and relatives) are presented and developed enough to come alive for the reader (for example, Aunt Marg and his mother). However, we learn little about Bedard’s wife and their relationship. Although she arrives often, or must leave, because she looks after the children at home, she remains in the background. There is a sense of an unstated distance, perhaps because Margaret does not seem to share Bedard’s spiritual practice which, especially now, has become his “lifeline.” This is, however, speculation. After acknowledging Sunyana-sensei and his editors, Margaret is the first person to whom Bedard expresses his gratitude (187). There are other problems, too. For example, Bedard’s initial claim to be ready to die after his early prognosis lacks emotional struggle and depth and is difficult to comprehend. It is not apparent if this is a point Bedard wants to make in order to depict later changes in his spiritual development. In any case, it is his sensei who pulls

Bedard and the book back to earth, as she exacts his promise to fight for his life at every turn of his illness.

Several conceptual metaphors provide important structuring features in the book, notably the wheel of life, cancer as a journey, healing from cancer as work and a lesson, and finally the often prevalent one of cancer as a fight.

### **The Wheel of Life**

The central conceptual metaphor in Lotus in the Fire is that of life in general, and life with cancer in particular, as the Buddhist Wheel of Life. According to Roshi Philip Kapleau, a Buddhist master and Bedard's first teacher, the spokes of this wheel correspond to six realms of: hell, hungry ghosts, beasts, fighting demons, human beings, and divine beings. In a revolving circle of death and rebirth, our actions in past lives accumulate as karma and, as a consequence of the law of cause and effect, determine our station during each reincarnation. Our "ignorance of the true nature of existence," as well as our "craving for the pleasure of the senses and [ . . . ] our clinging to them" keep the wheel in motion (Kapleau, 378). Buddhists view the sensations of the body and the mind as impermanent. It is attachment to these sensations that leads to suffering, a suffering that we cause ourselves and others. Properly understood, suffering--and illness--can lead to the expiation of karma.

For Bedard, the metaphor of the wheel has several consequences for the way he deals with illness. First, he explains his leukemia as the inheritance of his past actions, for in Buddhism "all things have their cause" ("law of causation") and the body is "a memory of our past deeds" (61). Cancer may be only the end of a development that began "countless lifetimes" ago and encompassed "innumerable actions of body and speech, and states of mind" (65). Leukemia, it appears, is only one symptom of "the sickness of pain-producing behavior and habits" (60). Bedard strengthens the concepts of causation and development with the metaphor of

the seed: as we can tell from the leaves of a tree the seed that was planted earlier (61), an “open and honest look into our present circumstances can lead us to infer the seeds of suffering planted by our actions lifetimes ago” (60). Bedard’s past actions cause his present suffering but also contribute to the suffering of others, since in Buddhism, everything is interdependent. Hence, the expiation of his karma will help others too: “I was aware that my own past deeds had contributed to the overall suffering of all beings and that working through this karma . . . was a way of helping others” (120).

Second, since the next station in the wheel of life is determined by past actions and “our state of mind at the time of our death” (41), it is important for Bedard not to die in a state of anxiety. In fact, Bedard cannot regard death as a release, or the ultimate peace. In a vision of death, he experiences a peaceful and comforting transition between the end of life and death. His vision begins with “a boundless expanse of light” (41). However, as he moves closer towards the realm of the dead, he hears cries for help, emanating from a “sea of suffering,” a “horrendous place” that draws into it beings “lost in greed and desire” (113). There, Bedard encounters an old man in a tattered brown tunic, offering his compassion to the suffering (113). Much later, after finishing the manuscript of Lotus in the Fire, Bedard will find his vision authenticated, for he recognizes the old man in pictures of medieval carvings brought to him from Japan. The afterword of Lotus in the Fire tells us that the old man is Basusennin, a medieval Buddhist hermit and bodhisattva (172).

While Bedard accepts the law of cause and effect, and his responsibility for his actions, feeling guilty is no solution: “It is more important to focus on how we work through the karma that is ripening” (65). The metaphor of the wheel of life and death is a Buddhist image, however, it is one with affinities to other Eastern religions. Hindus, for example, also believe in reincarnation. Some classical Greek myths espouse similar concepts, such as the transmigration

of the soul, espoused by Plato in the Phaedrus. In its Buddhist context, the Wheel of Life imposes permanence (continuity) on the impermanence (chaos) of human life.

### **Cancer as a Journey**

Given Bedard's concept of the wheel of life, it is no surprise that the metaphor of the journey pervades Lotus in the Fire. For Buddhists, the purpose of life is to understand the law of cause and effect, to expiate karma, and to attain enlightenment in order to leave the wheel of death and rebirth. The metaphor of the journey, however, is only a construct along the path. For enlightenment, ultimately, is contingent upon having exhausted all purposes and all journeys, including the purpose and destination of enlightenment itself.

Life "on the wheel," and its different realms of existence, make for different stations throughout reincarnations, as well as during any one lifetime. Hence, Bedard can think of leukemia and its treatment as "a journey through this next period of life" (5). This journey has "starting gates" and different "phases," the most difficult of which lie ahead (76). They include visionary excursions into other realms of existence, in effect "confirmation journeys" of Buddhist teachings (31). There are dangerous "paths" that are difficult to commit to: the only certainty a bone marrow transplant can offer is greatly increased suffering (116), whether it can save Bedard's life is uncertain. Sometimes the experience turns out to be an "emotional roller coaster," and much of it takes place in a tunnel. Whether there is "light at the end of the tunnel" remains to be seen (160).

Bedard's journey through illness is a dangerous journey between life and death, and sometimes closer to death than to life. During those times, progress is slow and tentative at best, an idea captured in the metaphor of the "tightrope": Bedard feels as if he is "inching [his] way across a tight-rope. . . . A fall could come at any moment and death was waiting below to claim the broken body" (82). The walk across the tightrope is also a balancing act between his denial of

death and falling into a defeatist attitude (87). The metaphor of the walk on the tightrope is significant. It reduces the image of the journey to its most minute spatio-temporal fragments: Bedard “[breaks] the day into pieces” (125) and proceeds “one step at a time” (126). It is not only the work of a day (‘le jour’), but the work of discrete moment after discrete moment. One step, one split-second error, and a fall is inevitable. This is a most exhausting journey, one suspended in mid-air and without a net. After clearing the “next hurdle” (124), Bedard steps “onto the road to recovery” (125), only to find himself back “on a tightrope” (126). This time, the rope seems to lead nowhere; he feels he has reached “the end of [his] rope” (127). Obstacles take on the weight of heavy burdens and he feels the “crushing weight of the challenges that [lie] ahead. . . . they seemed insurmountable to me” (125). From here it is only one page to the Sisyphus model, “as if I were pushing a large stone up a hill” (126)

Bedard is well aware that the “road to recovery” is only a part of a larger road that has an end that many do not consider seriously: “Don’t you know what’s waiting at the end of the road you’re frantically running down? your coffin!” (13). This road may in fact be circular, leading back to the same hospital bed that Bedard occupies now and that another deceased patient has occupied before (106). The whole of the journey may be not only circular but condensed to a single moment in deep meditation. Sitting in his hospital bed, Bedard experiences the endlessness of the whole universe: “There was no death before me, no one to die. No birth, no beginning, no end to this Mind. The whole universe was encompassed in that one standing bow, in the sitting done in an inclined bed . . . ” (83). The metaphor of the journey, and its variations, express a great variety of meanings in Lotus in the Fire, ranging from temporal purposeful journeys in one life or through many lives, to circular journeys, to the journey where time and space vanish in the here and now, precisely because purpose and destination have been removed.

### Treatment/Healing as Work

For Buddhists, attachment to the body and the mind occasions suffering on the wheel of life through cycles of death and rebirth. Leaving the cycle of death and rebirth is contingent upon the understanding of suffering, the workings of body and mind, and merging with what Bedard calls “innermost consciousness” (33), the “One Mind of all beings” (82, 160), and Kapleau the “fundamental mind,” unlimited by time or space (in Bedard, 31). There is a part in everyone “that cannot get sick,” a “great tranquility that is not influenced by the comings and goings of this world,” an “inner peace that comes from not identifying too strongly with the passing states of the body-mind” (63). Bedard does not explain the paradox of merging with the “One Mind,” that is, detaching himself from his own mind and becoming that which is in all beings, while retaining an individual awareness of that merger.

According to Shabkar, a nineteenth-century Tibetan Lama,<sup>1</sup> these different labels are only a few of countless synonyms for the “true existential condition” of humans, known experientially as the here and now<sup>2</sup> (90). However, to move into the “true existential condition” is not easy: Bedard uses the metaphor of “work,” in which he sees himself as “the architect” of his own life and future lives (60). This “work” involves facing mortality, “to look death directly in the face and get to work on the essential” (3). That essential, and the purpose of “work,” is enlightenment. As Bedard remembers a Zen master saying: “If you carry on your Zen practice

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<sup>1</sup> The lama, Tsokdruk Rangdrol by name, gained his sobriquet “Shabkar” (“White Foot”) for converting “black,” or tarnished, worldlings into “white,” or refined, practitioners wherever he stepped. He is said to be an incarnation of the famous Milarepa (Dowman, 67).

<sup>2</sup> Shabkar Lama writes in Song VI of *The Flight of The Garuda* about the paradox of the “One Mind”: “When at rest the mind is ordinary perception, naked and unadorned; when you gaze at it there is nothing to see but light; as Knowledge, it is brilliance and the relaxed vigilance of the awakened state; as nothing specific whatsoever, it is a secret fullness; it is the ultimacy of non-dual radiance and emptiness. / It is not eternal, for nothing whatsoever about it has been proved to exist. It is not void, for there is brilliance and wakefulness. It is not unity, for multiplicity is self-evident in perception. It is not multiplicity, for we know the one taste of unity. It is not an external function, for Knowledge is intrinsic to reality. / In the immediate here and now we see the face of the Original Lord abiding in the heart center” (Shabkar, 91).

faithfully, even while dying, you will unquestionably achieve enlightenment in your next existence" (3). "Work" requires not giving in to death easily, as Bedard's spiritual guide repeatedly reminds him. On the contrary, Bedard must promise to "fight" and choose life at every turn for "[your] work here is not over yet!" (20). The "work at hand" (21) means choosing to "work through the karma" (65, 116, 120). Most of this "work" aims toward the acceptance of illness and suffering and much introspection. While this is hard work, coming from a place of denial of illness, it is work that needs to be done in order to gain more awareness of the self and the world. Then, "work" can turn into a "lesson" and even a "gift." Bedard notes: "[l]eukemia has left me with a gift for which I am immensely grateful: the resolve to examine my own thoughts, words and deeds carefully and to try to live each day in harmony with all sentient beings" (61). He vows "never to forget the wonderful lessons that I was learning through my tribulations" (83). He expresses gratefulness even "in the face of a ravaging illness," for in Buddhist thought the expiation of karma means that the suffering expiated need not be repeated in another life (91, 101)

### **Cancer Treatment as Fight**

Karma involves "pain-producing behavior and habit patterns" (60), is acquired in the body, may lead to symptoms such as illness, and must be expiated through the body. Karma that has been not expiated must be repeated in future lives, while expiated karma is forever resolved. Hence, according to Buddhist beliefs, Bedard must stay alive and "work" through his karma if he does not wish to go through the same suffering again. His spiritual guide apparently has a better sense of the "work" Bedard still has left to do, for she exacts from him the promise not to give in to death but to "fight" for life at every turn (and will remind him of it). Chemotherapy is an "assault" itself (79). Its effects are so devastating that they alone push Bedard many times to the edge, and do in fact kill some of his fellow patients (85). Experiencing chemotherapy, Bedard

writes, "is kind of like getting hit by a truck" (89) and then there are the side-effects: "I was again assaulted with several liver and gallbladder attacks" (134).

Understandably, there are many times when Bedard wants to "give up the fight" (52, 92, 123). He feels "like a prize fighter who knows he is not properly prepared for the bout. I was already defeated" (78) and "down for the count" (124). At those times it appears to Bedard that he is "losing the battle" (124). His family and his spiritual guide admonish him to "keep on fighting," Aunt Marg stands in the hall "with fist waving" (116), and Bedard promises that he will not "go down without a fight" (155). The metaphor of "fight" in Lotus seems to have different connotations and objectives than, for example, in Mars. Zorn assigns the responsibility for his cancer to the outside world and, in turn, takes on the whole world in battle. Bedard takes responsibility for presumed past deeds of his own that led to his cancer and has no reason to direct his fight against others. For Bedard, to "fight" means not to give in to misery and to stay alive so that he can expiate his past karma and will not have to encounter the same predicament in his next life again.

### Evaluations

Consistent with Bedard's view of illness as primarily a spiritual problem, his interest lies mostly in introspection. He uses the medical trajectory of his illness for chronological structure. Because of the acute nature of Bedard's leukemia and the staggered structure of the treatment and its severity, the medical trajectory alone would offer enough dramatic detail and ever increasing climaxes to keep the reader in suspense until the character is free to go home again. However, Bedard sees his illness also as a challenge for his spiritual practice and his views on life and death. Many narrators of cancer narratives use the time between treatments and after completion of therapy for reflections on and a reassessment of life. In Lotus there is no separation between hospital scenes and reflective down time, whether in the hospital or at home.

Bedard's life is in acute danger from the very beginning. Thus, the book's double drama develops in tandem: will Bedard survive his leukemia, and will his spiritual practice help him maintain a calm center in the eye of the storm, whether in the hospital or at home? As the medical trajectory rolls into (narrative) gear, so do the book's conceptual metaphors of life with cancer, namely the wheel of life, the journey, work, and the fight. All these metaphors are characterized by stations of engagement and impose a complex structural order on the developing narrative and the chaos of life with cancer.

Bedard, who used to take pride in his previously healthy body, experiences illness as an alienation from both self and body, the former constraining his spiritual development, the latter being an object of decay, most graphically described as producing green bile. This alienation is one that Bedard welcomes, for it is his spiritual belief through which he re-identifies himself, albeit on a more transcendental level. For a large audience of Buddhist followers, with their many denominations, as well as other followers of "New Age" spiritualism, Lotus can be said to perform very well because readers can identify with Bedard's process and view it as an example for their own spiritual practice. This large audience will take heart from Bedard, who transforms his hospital bed into a place of meditation, the last place one might imagine. Not only that, Bedard invites his audience right into his bed, "a bed that beckons us all . . ." While some readers may feel ambivalent about this beckoning, his struggles will allow many to accept him as someone who is "like us." However, while Lotus presents reversal after reversal and may elicit the reader's pity-fear, catharsis is the last thing Bedard seeks. While he loses himself in misery several times in the hospital, it is equanimity he seeks, not by catharsis but by introspection.

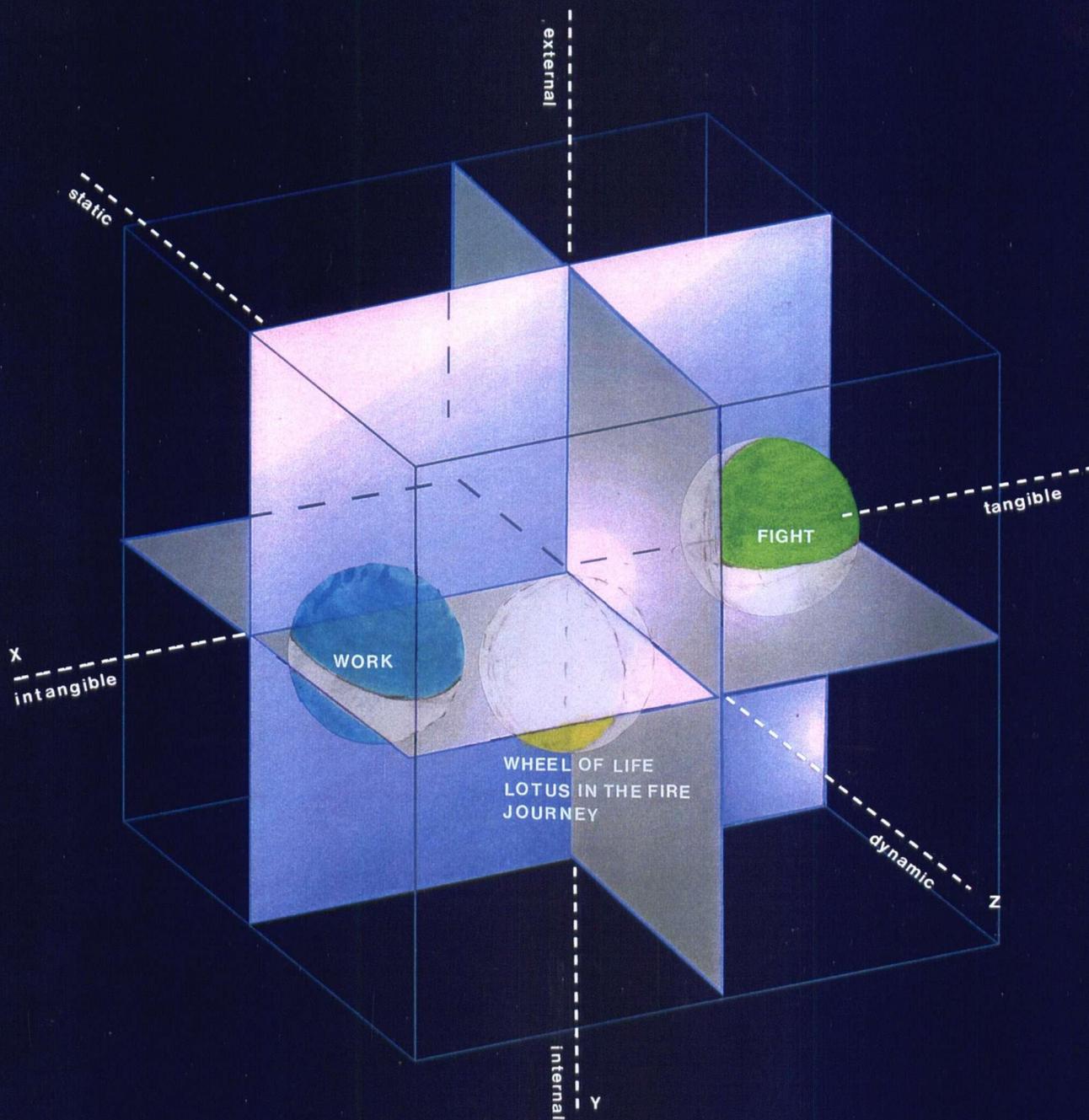
Audiences who have different (or no) spiritual beliefs may be put off by Bedard's occasional proselytizing, for example, his condescending attitude towards Christian ministers in the hospital. They may find Bedard's visions of other realms perplexing or even alienating, or his chanting in the hospital amusing, and may not wish, as he does, to be freed from "the

imprisonment of ego delusion." Such an audience will not easily identify with Bedard's spiritual pursuits, but his dramatic experience of life with cancer and survival against all odds may very well reduce them to pity and fear. Obviously, Bedard's objective was not to write a disinterested account or reflect self-consciously on writing as art. Thus, literary audiences who appreciate a narrative for its literary qualities would be disappointed and come to the conclusion that Lotus does not perform well in this respect. Such readers might miss, for example, the transformation of the metaphor of the Buddhist Wheel into structural narrative circularities in Lotus.

The psychological space of Bedard's metaphors presents a field of metaphoricity that does not accord cancer a particular internal or external representation, whether as a fearful internal growth or fearful external darkness. In fact, there is no dominant metaphor of cancer itself, but a number of metaphors for Bedard's engagement with cancer. These metaphors (for example work and fight) involve both body and the self, in an engagement in which he examines his relations between self and the world. The metaphor of cancer treatment as "fight" involves here a physical resolve not only to survive but to live. It appears more tangible than the metaphor of cancer treatment as "work," which involves a spiritual purification. Both these metaphors, and in fact the entire metaphoric space, are centered by the transcendent metaphors of life with cancer, and life in general, as a lotus in the fire, a journey, and a wheel of life. Since the main focus of these metaphors is on meditation, aimed at integration of all aspects of life, they appear to combine tangible and intangible, as well as static and dynamic aspects, but remain more internal than external in their striving for transcendence. Thus, Lotus in the Fire presents a balanced metaphoric space (see following page) with a strong center. Particularly, it lacks representations of intangible fear, whether internal or external. It also lacks representations of cancer as a static object against which one might be powerless. The dynamic aspects predominate, signaling the narrator's intent and confident ability to engage his condition.

JIM BEDARD

LOTUS IN THE FIRE



The metaphoric space, balanced and centered, translates well into a narrative view in Lotus that constructs a unified perspective of life and illness. From a caregiving perspective Lotus is of interest because it describes the narrator's experience in hospitals with a great deal of detail, unlike the writer of the BCCA cancer narrative, or Zorn in Mars. Lotus does not portray the world of the hospital in common stereotypes of alienation, and accords the medical staff acknowledgement, respect and, where appropriate, deserved criticism. For other writers, the image of Bedard's naked body in the intensive care unit might have invited a critique of dehumanized medical care; Bedard, on the other hand, acknowledges the many efforts through which his body was kept alive during periods of unconsciousness or helplessness. The reasons do not all have to do with Bedard's Buddhist detachment from body and self; initially, he was quite proud of his body's strength, steeled by decades of martial arts practice.

Regarding the therapeutics of the metaphors in Lotus, the metaphor of the wheel of life can be said to be helpful as it counters the feelings of isolation that are wide-spread among cancer patients, integrating them into a larger whole and purpose. It suggests that there is much that patients can do for themselves while in medical care. Given that karma has been accumulated over many lifetimes, the potential for inner work seems endless and may provide the only sense of control that a patient can retain, regarding an illness and a health care system that appears to take away all authority. The understanding of the impermanence of life and death entails urgency, responsibility, and a greater acceptance of death as a fact of life. The Buddhist attitude towards karma seems particularly helpful because it eschews guilt. In addition, the concept of karma can alleviate the despair felt over the common question "Why me?" and redirect it into spiritual practice. However, the therapeutic effects are contingent on the acceptance of this spiritual belief system, one that will not appeal to those who are more doubtful or critical of metaphysical realms. For such patients, it might prove helpful to make use of the therapeutic effects of being a part of a larger whole by turning to other contexts that are not

fraught with spiritual beliefs, for example, the larger context of nature, or being. The journey metaphor in Lotus seems therapeutic because of its flexible structure. Since its emphasis is on challenges and their 'mastery,' it may apply equally to a carefully laid out plan, or to the vagaries of life day by day. However, in common perception, journeys usually have ends. And while Buddhists, and Bedard, accept that there is a coffin waiting "at the end of the road" (13), and draw encouragement and urgency for spiritual practice from this insight, many others find the metaphor of the end of the journey, or road, to be frightening.

In Lotus, the etiological metaphor of cancer is decidedly spiritual, constructing cancer as brought on by negative karma in the past. Illness, however, is inescapable in a world of impermanence and death. For Bedard, these are given facts. Therefore, there is no need for either guilt or blame; in fact, such sentiments would be counter-productive, causing more bad karma. Thus, the chaos and changes in life with cancer are reinterpreted as "lessons" in transcending the self and the body while still being alive, to attain a transcendent spiritual order. Lotus is like the BCCA cancer narrative, in that it aims for a transcendent witnessing self. Bedard's effort, however, is more systematic and confident, perhaps because of his well-established spiritual beliefs, their historical lineage, and the support from a spiritual master and his community ("sangha"). The writer of the BCCA cancer narrative does not appear to have a spiritual background as well formed as Bedard, and receives her support mainly from her husband and a secular support group. Her fluctuation between fear, tentativeness, and confidence may appeal to a wider audience than Lotus. She discovers her love for her body, while Zorn fights it and Bedard seeks to transcend it. Zorn scorns death and the world, while the woman and Bedard acknowledge death and turn to the world in a relationship of care, whether out of love (the woman) or spiritual ethics (Bedard). Zorn, the woman, and Bedard all seek to distance themselves from their past, a past which both Zorn and Bedard perceive as carcinogenic. All three writers aspire to an essential concept of self, whether as a "true" self unpolluted by illness

(Zorn), or a transcendent witness (the woman and Bedard) that can remember the past and discern a truth that is not only subjective but objective. This metaphor of the essential self affects the narrator's position in all three narratives, aspiring to, or fashioning a unity in the narrating present that can mirror the past and integrate earlier stages of a non-unified narrated self or selves. Lotus is most like traditional, "simplex," autobiography in that it is written from a position in the present that represents the past from a uniform distance, though broken up with dialogue. Mars similarly begins with the distancing sweep of simplex autobiography, but the rapidly developing illness forces Zorn into the present and his account into the form of diary writing. The woman's narrative engages the past, but her main concern is the present. She does not have the sense of "cure" that Bedard assumes (169), and that allows for distance and the book's closure. Unlike the other two texts, Lotus in the Fire expresses a great deal of confidence in spiritual beliefs as a way of engaging illness. As such, it serves as an example of the spiritual struggles in many cancer narratives and is gaining acceptance not only as an account of life with cancer but as a spiritual narrative. In terms of its metaphoricity, Lotus draws on a harmonious complexity in its attempt to structure the chaos and changes in life with cancer.

Lorrie Moore (1998),

**“People Like That Are the Only People Here: Canonical Babbling at Peed Onk”**

“People Like That” is a short story, and an example of a partner narrative, since a mother writes an account of living with cancer in a loved one, in this case, her child. In contrast to the previously discussed narratives, the short story draws awareness not only to the contingencies of cancer, but also to those of the self, experience, language, metaphor, and the narrative itself, introducing a high level of reflexivity in the text.

Lorrie Moore is a professor of English at the University of Wisconsin, and a writer of short stories and novels. She first published “People Like That Are the Only People Here” in the New Yorker (Jan. 27, 1997) and it was reprinted, after she won the O. Henry award, in Prize Stories (1998). The title is a metaphor: its circular formulation announces the tension in the story between the desperate attempt to gain distance from the experience, and inevitably becoming a part of it. The story appears again with slight changes, under its full title “People Like That Are the Only People Here: Canonical Babbling at Peed Onk,” in Birds of America, a collection of Moore’s short stories (1998).<sup>1</sup> Moore extended the title, perhaps in an effort to convince the unattentive among her readers that, in the face of death, adults fare no better than babies: what comes out as language is canonical babbling at its most animalistic level. The words “Peed Onk” reduce medical terminology (Pediatric Oncology) to the basic level of excretions and animal honking sounds. This would make no sense outside of the hospital and reveals a flippancy possible only because of the overwhelming absolutism of death in the short story.

“People Like That” was brought to my attention by a friend who was a cancer patient, writer, and English teacher. She had found the narrative in Prize Stories (1998). Aware that the story was published in a yearbook of short fiction, she nevertheless felt that it could not be other

than autobiographical, given the writer's detailed knowledge of hospital routines and the alienation felt by cancer patients, or in the case of "People Like That," their relatives. When Moore did not return my message, I chose not to trouble her with requests to authenticate the story's dramatic events for the sake of speculating with less ambiguity about generic concerns, such as the writer's intentions and readers' responses. Whether the story is fictional, autobiographical, or some mix of the two, the experience it represents, or something similar may very well have taken place, and it makes use of metaphors that are common in cancer discourse.

In "People Like That," the narrator tells (in the third person) the story of a mother, whose baby is diagnosed with cancer. The narration is personal, making the reader privy to the mother's perspective and her thoughts. The mother is not named, neither are her baby boy nor her husband. Instead, the narrator refers to them as "the mother," "the baby" ("he"), "the husband." We learn from a first-person dialogue with her husband that the mother is a teacher and a writer who usually composes fiction, that is, stories that utilize her vivid imagination and do not require factual representation and research. Her husband suggests that she take notes about the unfolding events because her writing could help pay the medical bills. At first, she is hostile to the idea, protesting "moral boundaries of pecuniary recompensation in a situation like this," as well as a "convenient personal principle about artists not abandoning art" (222). The "whole memoir thing" annoys her (222). However, her husband points out, quoting her own words, that the fiction she usually writes is, after all, about "the unlivable life"; their experience in the hospital "is the kind of thing [she has] always written about" (235). "People Like That" ends with the parents and the baby leaving the hospital. To the reader's surprise, two more lines follow, after a gap:

"There are the notes.  
Now where is the money?"

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<sup>1</sup> All quotations refer to the complete version in *Birds of America* (1998).

Here, the narrator intrudes into the story, suggesting that she is selling the mother's notes for money. Moreover, the narrator may be identifying herself with the character of the mother who needs money and who apparently has given up her artistic principles and her reservations about "the whole memoir thing." We conclude that the mother has indeed taken notes and produced, rather than a book-length memoir, a short story about her experience. The very story in front of us consists of her notes, as the narrator tells us in the last line: "There are the notes." Presumably, the narrator fashioned the short story sometime after she, her baby, and her husband left the hospital. The narrator, who is presumably the mother and a writer, confirms that she has been taking "notes" and has written for money. Ironically, the "notes" were published, as the short story "People Like That" and even won the O. Henry Award in 1998, proving that moral boundaries are porous and the notes in fact eminently marketable, thus inserting several levels of reflexivity into the short story.

If the mother (who is a writer) shares her identity with the narrator, can we also conclude that the narrator and writer of the "notes" shares an identity with Lorrie Moore, the writer of "People Like That"? The ending of the story invites such considerations, but they cannot be conclusive. There are indeed many similarities between the writer in the short story (the mother) and the writer of the short story (Lorrie Moore). Moore is an accomplished writer of fiction, whose various novels and short stories could well be said to articulate "the unlivable life." Compared to the common theme of alienation between men and women in Moore's work, the mother's alienation experienced at the hospital and with her husband might well be "the kind of thing" Moore has always written about. At least, Moore seeks closeness with her story's narrator, not only professionally (both are writers of fiction and teachers), but also geographically: the action takes place in a hospital in America's mid-west (Moore teaches at the University of Wisconsin in Madison). Moore and the narrator are very close in age, too: the narrator remembers a certain song as "very 1967. She was eleven then" (238). Lorrie Moore was born in

January of 1957, making her ten in 1967. If Moore does share an identity with the narrator and character in "People Like That," she has indeed not written "the memoir thing," but has fictionalized her story--we may never know.

While many of the narrator's observations about the care of her child in the hospital are realistic, some details are startling. For example, the story's mother notes only little bald-headed boys on the oncology ward. According to a nurse in Moore's story, almost all patients are boys, a fact that is supposedly documented but little known (224). This is clearly fiction; I know of no pediatric oncology ward in Europe and North America where this is the case, neither with regard to cancer in general, nor to the baby's cancer in particular. The child of the mother in the short story has a Wilms' tumor of the kidneys which, in fact, is slightly more common in girls. I am also not aware of any clinical trial in which children with Wilms' tumor are spared chemotherapy before or after surgery, as is the case in "People Like That." It also seems startling that, in the story, surgeon, anesthesiologist, social worker and nurses congregate on the ward to pick their patient up themselves before the operation (232). This would be too good and caring to be true; it is not. Surgeon, anesthesiologist, and operating-room nurses have been undergoing lengthy preparations involving washing, scrubbing, and dressing in layers of sterile garb when the patient arrives in surgery. Some facts have been omitted, for example, the physical examination that any baby or child undergoes upon being brought to a hospital (213). This examination includes a routine palpation of body and belly. The fact that the baby is being sent for an ultrasound indicates that the doctors, who have heard from the mother that she has found blood in the baby's urine, have looked for, and very likely felt a sizable mass in the belly, a typical sign of Wilms' tumor during palpation. Other details are described with great accuracy, for example, the malfunction of a naso-gastric tube that is connected to a mechanical pump and functions as a suction device, keeping the baby's stomach empty after surgery. In the short story, the pump is left on too high and the tube's suction appears to have perforated the stomach lining, indeed a

cause for concern (in German pediatric care, such tubes are simply left open-ended, and never connected to a suction pump). Finally, there is no such thing as a pharmaceutical calm in pediatric oncology wards. On the contrary, they are sites of chaos and emotional roller-coaster rides for the nurses who go from one room with a momentarily happy child to the next where a child may await death.

There are other indicators of the story's fictional character, or at least, parts of it. Some of the other little patients at the pediatric oncology ward are named "Mort" and "Tod" (228). Should the reader miss the allusions to death in French and German, and the mother's sense of being closed in, brackets and exclamation marks spell it out for us--"(Mort! Tod!)" (228). The title of the short story itself, "People Like That," suggests a fictional mimesis, "like" being not "the real thing." Furthermore, Moore has fictionalized illness before: many of her short stories and novels include female characters who have to undergo examinations, for example, for widely metastasized breast cancer, or suspicious abdominal growths, and are uncaringly treated at the hands of doctors and ultrasound technicians.<sup>2</sup>

Furthermore, the mother (and narrator) herself has warned us that she does not like the gathering of facts because, essentially, "Life is unsayable": experience is always ongoing and overwhelming (237). Making sense of it and giving it voice, rendering it in language requires much "tidying up," inevitably turning experience into a "fake song" (237). The mother argues that it is not only difficult to write about cancer, but that it is impossible to render any real-life experience accurately in language. That is why she writes fiction and not memoir. The mother's expressed difficulties about rendering experience into language cast further doubt on the traditional separation of non-fiction and fiction, and the desire of cancer patients to represent the

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<sup>2</sup> For example, in *Self-Help*, Elizabeth, the first-person narrator, is examined by an uncompassionate doctor. Elizabeth suffers from breast cancer that "has spread through my body like a clumsy, uninvited guest" (67ff.). In *Like Life*, a close-lipped ultrasound technician (perhaps the same character as in "People Like That"?) examines Zoe, the main character, for a suspected growth in her abdomen (76)

"truth" of their experience. Language (in both the mother's view and mine) is, at best, a mimetic representation of reselected and combined experience, leaving a narrative and its readers forever at a distance from life and each other.

"People Like That" is a short story on the subject of life with cancer. On the surface, it is held together by a common medical story line: the detection and treatment of a tumor. However, its lines strain and splinter into many unfinished notes, not unlike journal notes, emphasizing the impossibility of making sense of an experience such as cancer. To some readers it may make a difference whether "People Like That" is designated as autobiography or fiction. If "People Like That" was autobiography, it would still be the greatest of fictions if its writer believed that writing about her life could mirror that life. If the story was fictional, it could still be more "authentic" than autobiography, possibly written by a mother who seeks to inscribe a therapeutic perspective on the events, the act and experience of inscribing an alternative which was authentic to the last detail. The ambiguity may be intended, to eschew the pity and fear of unreflected catharsis among readers and to sour critical thinking about the state of cancer care and the alienation that many patients and their families feel instead. Without any more speculation, I will turn to the text as a metaphor of experience.

#### **"What is the Story?"**

"What is the story?" asks the mother, upon finding a blood clot in her baby's diaper (212). The plot unfolds like so many other cancer narratives and can be summarized quickly. Tests reveal that the baby has a malignant tumor of the kidney. The child is hospitalized, accompanied by its parents. The illness of the baby and the alienating routines of the hospital place the parents and their relationship under enormous stress. Fortunately, surgery appears to be sufficient (chemotherapy and/or radiation are not required) and the parents can take their baby

home after a few days. From a medical point of view, this would be a story of a successful cancer treatment with a hopeful prognosis.

However, from a patient's perspective, the personal experience of cancer is often an entirely different story. What it is like to have cancer and to feel the uncertainty of survival and the terror of death cannot be told quickly, perhaps not at all. The story is even more difficult to tell for parents or relatives who speak for someone else who has cancer, especially when that patient is a baby. Babies cannot easily make themselves understood. The story, then, is that of the parents' struggle to understand the baby's signs, its movements, its facial expressions, its cries and all the other sounds that babies make. At the same time, the parents struggle to understand bewildering medical routines in a cancer ward where staff appear to care little about their baby's suffering. Life with cancer is a story of uncertainty and many irritations for parents and relatives and even more so for many patients. Cancer, writes the narrator, is a "Hieronymus Bosch of facts and figures and blood and graphs," a "nightmare of narrative slop" (223).

"What is the story?" (212). We ask for the story because we want to make sense. We want to know how things began, who was involved, how one thing led to another and to what purpose. That is, we ask about agents, actions, causes, beginnings, directions, and closures. The first questions that illness compels many to ask, particularly when it is life-threatening, is "Why?" and "Why me?" Asking for the cause implies a hope for understanding, control, and the overcoming of the threat. In cultures like ours, where being ill is frequently considered a personal weakness, this question often takes on ethical dimensions. Cancer, then, is often seen as a result of, and punishment for, personal or societal excesses, negligent behavior, or other wrongdoings. This common kind of ethical reasoning, however, appears to be challenged by the occurrence of cancer in newborn babies and children. What wrongdoings can they, or their parents, possibly have committed to "justify" their having cancer? More disturbing possibilities insinuate themselves: if babies who have not breached any ethical rules contract cancer, anybody

can contract cancer, for no reason. Who or what is responsible, then? Particularly irritating is the sense that there is no closure. Even in Moore's story, where the baby's cancer is diagnosed early and chemotherapy deemed unnecessary, there is the possibility of a relapse. Hence, stories of cancer struggle with causes and effects, and beginnings and endings. For how do we make sense if nothing else does? A part of the story in "People Like That" is about the problems of telling the story of a life-threatening illness. Therefore, when the mother begins her story by questioning beginnings and endings ("A beginning, an end: there seems to be neither," (212)), we may consider the question that follows, "What is the story?," to be a self-referential critique of narrative itself. That is, from the beginning we are drawn to the story as a literal account of an experience and yet held at a distance by its self-conscious use of language and the possibility, and indeed, the promise, that there will not be any salvific closures. The first sentences already hint at a tension-filled relationship between experience and language and its representation in narrative. A fundamental irony, then, underlies the mother's attempt to find words for writing the "unsayable" (237). It is a tension that erupts in the many shifts and breaks of the story, in its content and structure, language, and use of metaphor. However, even in its critique of language and narrative, the story never turns away from either. In fact, "People Like That" is a highly literary exercise in storytelling and style, from beginning to end, even as it questions the narrative conventions of beginnings and endings.

With illness, particularly cancer, stories appear to proliferate out of control. Patients, relatives, friends, and health professionals each offer different narratives with different and changing meanings. In "People Like That," all these different stories are juxtaposed, adding to a sense of irritating ambivalence. For example, the mother wants to support her baby but cannot understand it. She will fight her baby's death, but considers her own death if she fails. The mother asks for help from health professionals in the hospital, for whom death appears to be a matter of course. She seeks support from other parents, whose very presence and their moribund

children affirm the threat the mother wishes to escape. She wants to distance herself from the experience of cancer and find closure. Yet the threat of a relapse will remain with her for an indefinite period of time. In sum, the mother's need for proximity and support is consistently frustrated. Her experience, the story's incessant ambivalence, and its style both attract and repel the reader, involving us in the irritation that is pervasive in "People Like That."

### **Deictics and other Metaphors of Distance**

The narrated incidents in "People Like That" cover a period of about ten days, excluding a certain time lag that, presumably, enabled the mother to write up the notes she initially did not want to take. Except for the beginning, and another short interlude at home, most of the action during the few days at the hospital occurs in a bewildering variety of locations: the hospital's clinic, a radiologist's lab, one of a surgeon's many examining rooms, a fire escape "somewhere," an oncologist's examining room, the hospital's lobby, various hallways, the hall by the elevators, a playroom in the pediatric oncology ward, a lounge for the parents ("Tiny Tim Lounge"), the baby's little room in which both parents sleep, and different rooms and a lounge that are part of the surgery. However, despite its many locations the setting seems entirely bare, even antiseptic. The emptiness of the ever-changing external space, that is, its lack of description, intensifies the focus on the mother's internal space, her struggle with the life-threatening illness of her child, and her sense of alienation in the hospital.

Like so many other cancer narratives, "People Like That" begins in *medias res*, with the discovery of an unusual sign that presents itself where it is not expected. The medical fact is that there is a blood clot, but the place is strange: the blood clot is in a baby's diaper. "What is the story? Who put this here?" (212), asks the mother, because she wants to make sense of the unexpected problem. She imagines the blood clot to be the effect of some unknown cause. By personalizing the cause, she seeks to substitute, metaphorically, the familiar for the unfamiliar

and attribute responsibility. She imagines somebody who will explain why "this" has happened so that it will make sense. Misunderstandings and mistakes can be redeemed, and all will be well. The mother will have put a distance between the immediacy of the threat, the absolute reality of "this", "here," and herself. She will have made a story out of the chaos of experience. With words, there are beginnings, and the literary narrator knows how to use words well, and to effect distance: the blood clot, "this, here", on first impression "big and bright", now looks "like a tiny mouse heart packed in snow" (212). The simile reduces the fearful by minimizing it. To minimize something is to distance it. What is more, the blood clot is transformed into an object from the magical world of babies and young children--it is a world that adults find hard to understand because it seems alive and full of fairy tales and dangerous encounters, after which baby and mother will live happily ever after. Metaphorically romanticizing the assumed cause for the clot further distances a threat.

However, this story of magic is only a substitute for the story the baby cannot tell. For all it can speak is baby-talk, that nonsensical language that the narrator calls "canonical babbling" (217). Or is it? For one of the words the baby apparently says is "bye-bye, outside," at particularly poignant moments. What does the baby know, what is its story? The interpretation of its meaning rests with its parents. The baby's story will be that of others; its stories will be many stories, told by the parents, doctors, nurses, the parent, the author, and then the reader.

The mother imagines the blood clot to be, perhaps, menstrual, belonging to her or one of the babysitters. Transferring the sign from the baby's body to the mother's is another way of effecting a cause and creating distance: "This, here" becomes, metaphorically, "[t]here. Doesn't that make more sense?" (212). However, the doctors and nurses in the hospital's clinic, to whom the mother shows her baby, appear not alarmed at all, just perplexed. This calms the mother. She does not know, and the narrator does not tell us, that they are very likely considering a quite serious medical narrative. They will have palpated the baby's body and must be thinking about a

tumor. That is why they send her to the radiologist, who performs an ultrasound on the baby. His test confirms the doctors' suspicions as he knows that it might. He, too, will not tell her because the story in the hospital is that the surgeon will tell her. Why is this so? The mother never finds out. This story is left dangling and unfinished. She does not pursue it, probably because she senses bad news behind the technician's "broad, ominous smile" (214). What he will say, in answer to the mother's repeated pleas, is meant to cause distance: "There is something there . . . You don't know exactly what it is until it's in the bucket" (214). This aphorism is typical doctor talk, the technician admits, while its crudeness suggests that surgery is like a plumbing job that can fix everything. The mother, needless to say, does not want to see her baby, or parts of it, in a bucket. It is this kind of withholding of the full story that alarms and repels her, and soon distances her from the hospital staff.

The expectations about the story the surgeon will tell are quite high by now. The mother's first impression, her story of him, is that he seems to take good care of himself. His tan indicates that he plays tennis in Bermuda. His clogs, too, underline the casualness of his first words: "Let's see now" (214). These signs, and his stepping in and out of the room (probably to take a glance at the ultrasound pictures that he has not had time to look at before) do not convey the proximity of danger. Does he take good care of the mother? Without any further ado he informs her: "What we have here is a Wilms' tumor" (215). He does not withhold any information, he is blunt. In its naked presence, "here," the diagnosis comes as a shock. He could have prepared the mother for the shock, he could have said: "Please sit down. There are some difficult things we must talk about." He does not. Obviously, "the tricky emotional stuff is not to his liking," observes the narrator (218). The mother has misread him; his casualness actually conveys disinterest in the humanity of his patients. During the course of his medical training and the stress of preparing thousands of case presentations overnight for rounds and meetings, his initial sensitivity for his patients has been trained out of him. Medicine, to him, involves types of

illnesses and plans for surgery. On the operating table, his patients are anesthetized, their faces behind a curtain. And the present case before him is another medical story that does not even have a voice. Babies do not suffer as much as their mothers do, he says, dismissing the baby's mother's feelings (217).

The mother repeats the word "Wilms'." She asks how it is spelled; whether the apostrophe precedes or follows the 's' in "Wilms'." She is a teacher and writer. This is one of the stories of her life and she uses it to distance herself from the shock of the diagnosis. Similarly, when the oncologist explains the chemotherapy that is to follow surgery, namely Vincristine and "a little D-Actinomycin," the mother's literary life intrudes on the story. Vincristine, to her, means "wine of Christ," and "a little D-Actinomycin" invites the association with Mozart's "eine kleine Nachtmusik" (if the latter is pronounced with an anglicized, hard 'ch'). This is what the mother holds on to, her ear for language. This is her protection against the crisis, her metaphor as Blumenberg might have put it. It is also her release in the midst of a trauma, a release without which the experience would be unbearable. We see this in the narrator's play with words, when the parents of children on the ward share dinner: "Someone has brought in takeout lo mein, and they all eat it out in the hall by the elevators" (29). The sentence contains an unbalanced chiasmus, employing two sequences of verbs that play on the prepositions 'in' and 'out.' The first sequence is a balanced 'give and take' of 'in' and 'out,' using the two verbs 'bring' and 'take.' The second sequence is unbalanced, employing the two unrelated actions of 'eating' and 'sitting' (omitted), and the two prepositions 'out' and 'in' in a reversed order. It is the crossover of the oppositions 'in' and 'out,' and 'out' and 'in' that forms the chiasmus, a balance that is offset, however, by a third preposition, 'by' (the elevators). The unbalanced chiasmus emphasizes the incongruity of the mother's experience, not only because she must eat dinner in a hospital hallway, but the upsetting sense of having her child cared for in an uncaring

environment. The mother seeks refuge and humor in her literary skills, defying the antiseptic halls of the hospital.

Faced with a life-threatening illness and desperate to make sense of it, many implore God or some “frigid little philosophy” (219) to deal with their situation. The mother, true to her literary roots, conjures up a metaphysical interlocutor with whom she can strike up a dialogue, in a tradition begun by Boethius, Dante, and Petrarch. However, being a skeptic and, more importantly, a pragmatic and demanding bargain hunter (both when shopping and in life generally) she prefers the vision of a secular, Frango-mint-sucking Marshall Fields manager (220) to the sublime status of a Dame Philosophia, Virgil, or Augustine. The manager hawks the advice the mother has likely proffered in some of her literature classes, advice that now sounds as cheap as the self-help truisms that well-meaning, desperate people dispense in such situations. For it may well be true that “to know the narrative in advance” is to take the mystery out of life (221). It may also be true that

the whole conception of the story, of cause and effect, the whole idea that people have a clue as to how the world works, is just a piece of laughable metaphysical colonialism perpetrated upon the wild country of time (222).

Yet, in the face of suffering, pain, and death, these insights are difficult to maintain. The mother wants to know ‘what the story is,’ why there is a clot in the diaper or blood in the naso-gastric tube, and why her baby has cancer. She wants “fewer surprises, fewer efforts and mysteries, thank you” (222). There is nothing laughable in her questions and efforts to make sense, and to ward off death for her baby. However, her desire to save her baby and her pragmatic insights are at odds with each other. God or “frigid philosophies” are of no help.

While the mother considers suicide, her husband asks her to capitalize on her literary skills to help pay the medical bills, by writing a story (“take notes”). Obviously, the relationship between the parents is tense. Another story, unopened and unfinished, spills into the present story, the gendered story of the mother’s marriage. She works (as a teacher of English) and is

apparently left with the household and child-raising chores. When the baby's incredulous father implores the oncologist, without first consulting his wife, that "we (sic!) should keep going" with chemotherapy rather than watchful waiting, the mother "swats him angrily and hard" and takes over the negotiations: "we (sic!) don't want the Baby to have chemo" (242). However, the audience hears the father's story filtered through the mother's perspective. She imagines her life to be a feminine version of The Myth of Sisyphus, one that Albert Camus's wife might have written (217). The reader is well aware that Francine Camus's version of the absurd might have had a much more personal focus. Madame Camus raised their two children and often felt abandoned by her husband, having had to share him with Maria Casarès and many other women (Todd, 193, 261). She suffered from depression (257), for which she received electroshock therapy (321). Moore's unfavorable image of the mother's marriage in "People Like That" is an example of the writer's quick, evocative strokes with her literary brush, hinting at depths of experience that are left unexpressed, disordered, and unfinished.

A further story, implicit but unstated in "People Like That," lies hidden in its culturally coded stereotypes. For the mother's irreverence for health professionals is a particularly Western trait, unfamiliar to patients, for example, in and from most countries in Asia.<sup>3</sup> There, patients generally defer to doctors. Death is treated as a communal or family affair. In some countries, patients expect their doctors not to reveal fatal diagnoses to them, so that their last days are relatively free from worry and pain. The latter is particularly common in China (Lai 88) and Japan (Okabe 130, Ohnuki-Tierney 69-70). Japanese patients tend to turn away from serious illnesses whose outcome they cannot negotiate, waiting passively until fate determines their end (Ohnuki-Tierney 69). Similarly, Western-trained health professionals often have what the sociologist Waxler-Morrison identifies as an unrecognized but distinctive "culture of health":

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<sup>3</sup> See Galanti, Geri-Ann. Caring for Patients from Different Cultures: Case Studies from Different Cultures (1997).

they tend to attribute illness to individual behavior and believe that the individual is largely responsible for getting well. Therefore, patients are expected to comply with medical procedures (5). In the Northwestern parts of the United States and Canada, the growing Asian immigration and the presence of Asian medicine provide a growing impulse to study different health cultures: for example, the handbook Cross-Cultural Caring, edited by Waxler-Morrison, Anderson, and Richardson (1990), has been reprinted four times. Awareness of other cultures of health is also increasing across North America: Illness and Culture in Contemporary Japan (1984), published by Ohnuki-Tierney (a colleague of Lorrie Moore at the University of Wisconsin in Madison) has been reprinted six times. However, in "People Like That," there are no Asian doctors, parents and babies, and not even any person of color. Mothers are stereotypically blond and wear sweatpants and sneakers (225).

When Moore's narrator tells the mother's story in the third person, the narrative strategy underlines the temporal distance between the action in the hospital and the writing of the "notes." For example, we read that the mother feels calmed, at first, by the doctors' behavior when she presents her child. It is the narrator who comments, retrospectively, that it was stupid to feel calmed, further illustrating the mother's distance from the overwhelmingly alien reality of the hospital and its staff, patients, other parents, and even from her baby and her husband. Her narrative strategy highlights her fragile self, and her anger in face of the overwhelming threats lumped together in the anonymity of the third-person plural pronoun "they." In particular, the repetitive or, to use Moore's word, "canonical" opening of sentences with a third person subject makes the narrative action brittle; it appears to move haltingly like a clumsy wooden toy train over bumpy tracks. This narrative strategy results in the reader's irritation, while conveying, at the same time, both the mother's distance and her irritation with the events in the hospital.

The effect of irritation is even more apparent when the third person is augmented by the equally canonical use of the character's function, through the definite article: 'The Mother . . . '.

Devoid of smoothing transitions, the jarring narrative slows down, presenting the action like slides that incoherently follow one another. This strategy gives the reader a sense of the alienation the mother feels while, at the same time, keeping the audience at an anxious distance. The mother seeks no redemption in her narrative, she is critical of the concept of literature as salvation. Once again, she makes her point about the distance between experience and literature.

The narration is personal, that is, the narrator describes the world from the perspective of the mother, including her experience in the hospital and her subsequent reflections. This internal view is in close-up: the mother observes the minute details of another person's behavior. For example, the oncologist says that he, too, is nervous about deciding whether to give the baby chemotherapy or not. Or is he? Does he feel for the parents to whom he hands the responsibility for their baby's future? Does he care about their emotions? The oncologist leaves, "looking at his big black shoes as he does" (248). Apparently he dislikes the "tricky, emotional stuff" as much as the surgeon does (218). The story's personal view brings to light the impersonal behavior of the health professionals.

This example shows, too, that the narrative inner view is reserved for the mother alone and does not apply to the other characters. Their ambiguous signals are presented from an external viewpoint. This strategy again emphasizes the distance between the mother and everybody else. It prejudices the reader both towards and against the mother, for she revises her views too often, only to abandon them again. For example, she makes known her initial dislike for the other mothers, "with their blond hair and sweatpants and sneakers and determined pleasantness . . . she does not feel remotely like them" (14). Soon, the mother is wearing sweatpants and will, occasionally, respond with determined pleasantness, too. The mother of another boy, Ned, turns out not to be pleasant at all when the baby decides to play with Ned's medical apparatus (17). The mother's inner views may not be reliable beyond the momentary context; they change, as we would expect them to, in the traumatic circumstances of cancer and

the hospital. Again, the reader who wants to understand the mother in her ambivalent reactions is held at a distance, drawn in and thrown back. These constant changes convey and cause irritation. It is an irritation that many cancer patients feel regarding the ambivalence of their situation and that the story brings out well.

At times, dialogue is used. On the one hand, dialogue can carry the immediacy of action. However, in Moore's story, dialogue has a distancing effect, and often reveals the ambiguity of language and difficulties of comprehension. For example, the doctor points out that, for the baby, "of all the cancers he could get, this is probably one of the best" (15). The doctor can say this on the basis of his experience with many children, supported by statistics. The mother, however, has only this one baby; for her no cancer can be the best. We can understand her bitter irony when she responds: "We win" (15).

On some occasions, the narrator uses the second person outside of dialogues. This strategy serves different functions. On one hand, the second person explores the irony of platitudes in the many moments when the mother racks her brain with thoughts of guilt (as many parents do), concerned that she may have contributed to her baby's cancer. For example, she used to make certain jokes in the past that now, in the face of death, seem inappropriate. Does some higher power want to punish the mother by giving her baby cancer? "These jokes will kill you," she rehearses a common platitude (217). Are these words now coming true? Are words just "-ah, words" or are they "like blows"? (246). It seems to depend on the circumstances. We feel the irritation of the mother in her mixture of guilt and scorn for whomever she may have offended.

Elsewhere, the narrator appears to turn to the audience, at least at first sight. "Take notes. In the end you suffer alone. But at the beginning you suffer with a whole lot of others" (224). However, the turn is paradoxical, for suffering is said to be individual, not only in the end, for the story shows how the mother turns to other parents and yet feels distanced from everybody

else. She “never want[s] to see any of these people again” (250). Hence, the narrator’s musings are as much a cliché as those clichés she abhors, yet now, struggles to adopt: “. . . the bromides: Take one day at a time. Take a positive attitude. *Take a hike!*” (225). Hence, the turn to the audience turns into another distancing act. This is a familiar strategy for Moore. In Self-Help, her inaugural collection of short-stories, she explored the ambiguities of the second person. In an interview, Moore noted that, “[t]he second person stories begin, ostensibly, to tell the generic tale, give the categorical advice, but become so entrenched in their individuated detail that they succeed in telling only their specific story, suggesting that life . . . probably is remedyless” (Gale 330). The narrator writes her narrative so that the audience can share in her experience. However, cancer is a difficult experience to relate: “How can any of it be described?” Often, it is an exercise in ambivalence between seeking support from fellow patients or parents, and rejecting that support for being a reminder of possible death. It is often an irritating exercise to have to depend on and cooperate with health professionals who show little consideration for patients’ concerns. Because so much is at stake, emotions run high. Narrators have the choice to label these emotions descriptively and risk banality, or to use narrative strategies that involve the reader and recreate the emotions. In “People Like that,” the dramatic medical developments and metaphors of spatio-temporal constriction set the tone, the narrative strategies recreating in the reader the ambivalence and manifold irritations the mother feels. The reader comes to share the absence of a remedy and of closure in her experience.

### **Cancer and Identity**

Commonly, disruption of life and of the familiar sense of self accompany serious illnesses, raising the question of who and what we are in face of cancer. In “People Like That” the mother’s only concern is the life of her baby. Nothing else counts, not even the parents themselves: “We are nothing without you” (9). Death, and the threat of death, eradicate selves;

parents become hulls that somehow must carry on, for what else can they do? (219). The only form of control left would be to commit suicide, to cheat death by preempting it. The mother contemplates this. Life can be broken like a stick, she says. Indeed, the citizens who inhabit this land of death have become Giacomettian stick figures, anonymous, with no selves and no names. Persons are referred to by their functions alone, the canonical repetition of articles and capitalized titles epitomizing the impersonal: "the Radiologist," "the Surgeon," "the Oncologist." The mother is sent from one indifferent specialist to the next, and from one antiseptic examination room to another. There seems to be no end to this alienating procedure; she will have to wait for at least another five years to learn about the outcome of this trial of her and her baby.

The parents of the baby, too, have become mere bearers of their function ('the Mother,' 'the Husband'). It no longer counts what life they had prior to the diagnosis when the concern for death was absent: all we learn is that the mother is a teacher of literature, and language her only fragile thread into this new world. Now that the threat of death is present, the previous life is absent. We never learn who the father is and what he does for a living. We conclude, however, that this marriage is doomed; the narrator distances her partner doubly: although the baby's father, he is not referred to by name, nor as "the father", but only as "the Husband." Distance between the two prevails from the beginning, "abandoned as mothers can be by working men" (9). She cannot reach her husband to tell him of the terrible diagnosis and must leave a message on his voice-mail (8). When he comes home, his first concern upon hearing the bad news is the financial situation of the family; he asks his wife to use her writerly skills to supplement their income. Such desperate measures signal, to the mother, a sense of defeat, a premature giving in to death, an acknowledgement of its inevitability. During their ordeal in the hospital, the parents disagree on almost everything, exchanging blank looks of "disorientation and divorce" (26).

Indeed, only few marriages emerge strengthened from the test of their child's serious illness.

Many fail.

Strangely, the baby boy too has no name among Ned, Tom, Eric, Joey, and the other boys on the ward. It is given the same alienating anonymity as the surgeon, the social worker, the husband, and the mother. Her relationship with her baby is ambivalent, alternating between proximity and distance. She cares for her baby, she will follow it even into death (219). As they leave or, rather escape, the hospital, she "cups the Baby's cheek in her hand, kisses his brow and then, quickly, his flowery mouth" (250). However, in a moment of high drama filled with irritation, thoughts of suicide, and alienation from the husband and other parents, the "flowery" attributes of love seem strangely out of place. What would the baby say if it could talk? In fact, the imagery of the mouth recalls the mother's earlier thoughts about the difference between travelling and constructing a narrative of the journey (237). By analogy, the baby is like the traveler. It cannot talk, its mouth "hangs open," overwhelmed by experience. The mother wants to "make the mouth say, say, say," who "comes with her kisses and mimicry and tidying up"(237). She has spoken earlier about her ambivalence and the problems of communicating with her baby. At times, she has felt abandoned by her napping child (219) and often she has abandoned it to baby-sitters (216). The baby does not know the words to relate its "mortal suffering" (217-18) and the mother does not understand its language (216). How do babies experience pain and suffering: "They put it all no place anyone can really see. They are like a different race, a different species: they seem not to experience pain the way we do" (218). The mother's relationship with her baby alternates between motherly love and alienation and adds to the overall sense of irritation in "People Like That."

In the hospital, mother and baby are sent from one anonymous janitor of death to the next, that is, from the Radiologist, to the Surgeon, to the Oncologist and back to the Surgeon. Nurses are plentiful, and they "come and go" (27). They seem to have no minds of their own.

Then there are the patients, mostly baldheaded little boys, as well as their parents, blond mothers who seem to dress uniformly in sweat pants. At first, this too is deeply alienating. "The Mother," angry at the hospital, includes the other mothers in her anger, along with everybody who seems to have adjusted to this impossible world of the oncology ward. A few days later, she and her husband have adopted what she hates: they, too, now wear sweat pants. Sweat pants make it easier to jump out of bed in the middle of the night and preserve a shred of decency when nurses or doctors rush in to change solutions or check on the child. The mother befriends the father of one little boy and seeks out the dramatic stories of his experiences. This she finds consoling; however, she will berate her husband when he feels consoled by other patients' "brave stories." And although she finds the positive, hopeful endings in other parents' cancer and chemo stories strange, she herself will comfort other parents and say that all will be well. When they leave with their baby, she cries out that she will "never want to see any of these people again" (34). She is torn between seeking proximity and distance. She finds support in other parents' stories and yet spurns them, because the presence of their seriously ill children compromises the support the parents can offer.

"How can one make sense of it?" asks the narrator, and also the reader of the story. In the face of cancer, it seems, any sense is doubtful, at least provisional. Where survival is a matter not of individual effort but of statistics, consistency or principles may have little value. Under such conditions, language is crucial. Its meanings depend on the individual, the context, and the moment. Sometimes, words are just "ah, words," sometimes "words are like blows" (31). The same word can mean different things at different times, or to different people. It can convey comfort at one time, and alienation and distance at another. These observations are particularly true of the metaphors that the story uses to make sense of cancer.

### Metaphors of Cancer: Life as a Cruel Obstacle Course

In "People Like That," the mother's metaphor of life is that of a cruel obstacle course, and the hospital is merely an intensification of it (240). In this specific context, the obstacles are the plentiful dangers from which parents must protect their children: "look at all the things you have to do to protect a child . . ." (240). The metaphor of life as an obstacle course is a pessimistic variation upon the more general metaphor of life as a journey.<sup>4</sup> Like Susan Sontag (in *Illness as Metaphor*) and Robert Lipsyte (in *The Country of Illness*), the narrator speaks of life-threatening illness in the related metaphor of a country: ". . . it is a fierce little country abducting you; it holds you squarely inside itself like a cellar room, the best boundaries of you are the boundaries of it" (220). In the hospital, she meets "bandaged citizens" who "smile and wave back" (10) and their parents who tell terrible stories with strangely positive endings, and the country's emotionless keepers. The imagery of abduction suggests that the mother is a hostage on this journey, one that she would prefer to escape—if she could. Perhaps this is why "People Like That" speaks of a course rather than a journey. A journey suggests the possibility of choice, of planning this route or another, of taking on obstacles or selecting a different route, of meeting other cultures, and bringing home new experiences. The metaphor of the "cruel obstacle course" in "People Like That" does not suggest much choice. Maps are not required, and what is potentially at the end of the course (and in fact at everyone of its points) is already known: death. We do not see it, but "it is in [our] blind spot all along, until it is upon [us]" (220). This image is significant, since it suggests that the awareness of death is only a matter of perspective, and, apparently we do much to keep death out of sight, in our blind spot. In other words, death is a destination that we deny, the most cruel obstacle that cannot be overcome.

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<sup>4</sup> The narrator, in fact, never uses the word "journey." She speaks of trips and travels, perhaps because of her dislike of new-age rhetoric. The only person who uses the word "journey" is Frank, whose son Joey is dying, as mother, father, and baby are about to leave the hospital. However, it is almost all Frank says and it sounds like a helpless, awkward attempt to make meaning when, in the context, nothing does (33).

In "People Like That," death is the destination that overshadows all, whether it is death in the hospital "where you must watch your child die" (249), or when the baby does not make it through the five-year survival period (247), or dies at age sixteen in a car crash (221), or at another point along "life's cruel obstacle course." If death is the purpose of life's course, it is not a purpose that the mother agrees to, but one that she will dodge at every turn. If it takes luck to survive (242) she will gamble any time, if only to escape the absolute reality of death, particularly in the hospital. The metaphor of life as a cruel obstacle course suggests that the odds are already stacked against the living before birth. If they think of plans and maps and purposes and destinations, they will have these taken away from them without mercy when death "is upon [them]." The mother's chance is a "lucky break" (247), not planned, and she will choose "luck" over chemotherapy plans. Just as in shopping, where the mother seeks out sales and deals, life is a matter of "lucky breaks" in the face of the inevitable. However, if life and death, or health and illness, are perceived merely as matters of lucky breaks, then planning and concerted action in terms of destinations and purposes, or causes and effects, are of limited use. This is not a journey whose outcome can be determined or even planned.

Moore uses the journey metaphor elsewhere in this story, to illustrate the relationship between experience and literature. Experience is like a country to which travelers can go and from which they may return (8), but "the trip and the story of the trip are two different things" (24). Talking, and particularly writing, about the journey can only happen at a distance from the journey. Here, the metaphor of a "trip" suggests a temporary journey of choice from which one can return, to the (ir)regular "course" of life and, from a distance, report about the journey.

Moore's variation on the journey metaphor has little in common with classical or mythical paradigms. There is no reflection on starting points, destinations, and endpoints. The journey of the narrator in "People Like That" begins in medias res without beginnings and endings. We learn nothing about the mother's past (other than a song that she heard in 1967) or

about her plans for the future. There is no mention of cultural background or an awareness of the mother's own cultural setting. This is a strangely ahistorical journey, if one can call it a journey at all. Within the story, the mother appears to come from nowhere and probably will go nowhere—or at least there are no indications of destinations. Her present surroundings do not seem to be like a goal she has chosen, but perhaps they are one she has had to accept in order to find a teaching position. There is no sense of willingness to engage with her present destination, including the citizens at this station. We find her as if in mid-travel, “on the road,” the image emphasizing the contemporary American variation of the journey. Her present station, the Midwest with its “gentle undulations,” strip malls, lurid water, and poisoned potatoes means little to her (225). In fact, the area in which she finds herself for the time being seems to be in mid-travel itself, “with all its aspirations to be—to be what? To be Long Island” (225). Both mother and the landscape seem to be in transit, passing by one another. Detached from time and space, the mother surrenders herself to the contingencies of obstacles and lucky breaks. She must reject those whose support she seeks because they embody the greatest of the obstacles, that is, death. Hence, solidarity is not her choice, but bitterness and defiant frustration.

### **Cancer as a Dark Cloud**

The spatio-temporal indifference of Moore's American journey finds its most threatening expression in the simile that introduces “People Like That,” of cancer being like a dark, all-enclosing rain cloud: “[a] beginning, an end: there seems to be neither. The whole thing is like a cloud that just lands and everywhere inside it is full of rain” (212). Although the image is a simile rather than a metaphor, and differs in assertion, and hence in effect, in cancer discourse, both metaphors and similes serve the same interpretative purpose: to refamiliarize an unfamiliar experience. As Goatly notes, “similes and overt comparisons are ways of specifying

metaphorical interpretations, bringing to light the process of interpretation which is left implicit with metaphors proper" (118).

Introducing "People Like That," the image of the dark rain cloud sets, and confines, the spatial tone of the story. Clouds full of rain are dark, making it hard to see distinctions, hard to see any features at all. Everything has but one color: gray. Worse, the cloud is intangible. We cannot grasp and engage the cloud. It is outside of us and yet its grayness, its indistinctness, and the rain, can penetrate us to the core. Once the cloud has landed upon us, we cannot tell where the cloud begins and where it ends and which way we could go to leave the cloud. We must endure its rain and darkness until the cloud has exhausted itself. Dark clouds of rain are indifferent to us, their all-encompassing reality seems absolute, leaving us with no control.

The metaphor of the cloud captures not only the experience of cancer, or having a child with cancer, but also the experience of life on an oncology ward in the hospital. There, the daily course of life is out of patients' and parents' control. Their time and personal space are ruled by complex and impenetrable contingencies in the sequence of appointments, tests and other medical services. Boundaries between night and day blur, as machines and infusions must be monitored around the clock. Hence the sweatpants, the uniform dress of parents day and night: that enable them to jump up from their cots when health professional rush in.<sup>5</sup> Cancer, the threat of death, appears to have no boundaries but absorbs the self completely: "the best boundaries of you are the boundaries of it" (10). There is no stepping outside the cloud, or the experience of cancer, no possibility to gain a distant, "objective" vantage-point. Life with cancer is like life in a different world, impossible to explain to those who are healthy and outside the boundaries.

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<sup>5</sup> In North American hospitals, the doors into rooms are left open during the day and often at night, presumably for easy access. In European hospitals, room doors are strictly closed, to preserve privacy and quiet. However, cultural differences are the most likely reason for the ways we treat private space: Europeans close all doors even at home. North Americans are used to leaving all doors open, a practice that can be mutually confounding.

A metaphor related to the dark cloud is that of the nightmare. The experience of cancer is like a “nightmare” come true, one of the most used metaphors in cancer discourse. Moore uses this metaphor to describe life on the pediatric oncology ward: “[a] whole place has been designed and decorated for your nightmare. Here is where your nightmare will occur” (224). This experience is “a nightmare boat” from which she will jump overboard (249). The metaphor of cancer as a nightmare plays on darkness as an intangible yet dynamic threat that is external to us and, as we hope beyond hope, will lift like the rain cloud. It is a particularly frightening image because cancer is a nightmare that occurs in broad daylight.

The metaphors of water in “People Like That” and their accompanying imagery reinforce the loss of boundaries and the sense of an all-encompassing, overwhelmingly fearful reality. The “swirls of gray” of the baby’s abdominal ultrasound reveal to the mother only an indistinct “cavernous weather map,” turning in her imagination into “swirls of bile and blood, mustard and maroon” in a pail after the surgery (4). The room “starts to swim a little” as the mother bursts into tears (20). Mother and father lie “afloat in their cots” (25). When she waits and waits for the baby to return from surgery, the “synapses between the minutes are unswimmable” (23). She detests impromptu spiritual lectures that celebrate the “natural ebb and flow, how we all must accept that” (28f.). However, the water metaphor and its concomitant sense of a loss of boundaries have a positive meaning when the mother, upon talking to another father, feels “flooded with affection and mourning for this man,” and her gaze, for once, opens to the world and the sky outside the window (31).

“Afloat” in the experience of cancer, parents may chose individual life preservers over communal lifeboats to cling to. For many parents, talking with other parents provides the first sense that they are not alone and that there may be some patterns to their experience. “We are in the same boat,” says the husband, feeling consoled by the other parents’ solidarity. At times, the mother, too, has felt consoled by the other parents’ stories. However, consolation is ambivalent,

for any of these stories can also invoke coming terrors. For example, the mother thought that the staff had only once accidentally mismanaged her baby's naso-gastral tube. Now she hears from another father that such incidents are regular (31). And, what is more, she sees in the excruciating suffering of his son, Joey, what could happen to her baby. It is very difficult for parents and patients to absorb these constant reminders of worse suffering and death on the ward without feeling terrorized. Hence, the metaphor of being in the same boat evokes, at this point, a reaction in the mother that is diametrically opposite to her husband's: in her mind, this boat of desperate souls, a "society of suffering," is a "nightmare boat" because it is being steered towards death (34). Being in the same boat, as Lakoff and Johnson interpret this metaphor in Philosophy in the Flesh, means that the passengers are "subject to the same external forces that move the boat this way and that" (192). They will all go to the same final destination: either they all sink, or they all try to keep the boat afloat (192). The husband in "People Like That" values the solidarity in the boat. The mother, however, sees that this boat is sinking. There are children dying on the ward. "Woman overboard," she cries as she abandons ship, encouraged by a possible lucky break (34). She wants to make it to the shore--not the shore yonder, but to the previously receding shore here and now.

Moore's use of the metaphor for life with cancer as "being in the same boat" is a demonstration of this metaphor's ability to evoke opposite meanings and reactions, depending on the context. When we are healthy, these different meanings may not matter much; however, in face of death, they can be crucial, enabling and therapeutic to some, and even more traumatizing to others. For the father, the metaphor evokes a relationship with fellow patients and parents, for the mother a sense of distance. Meaning is momentary, and it may change.

The image of the dark, overhanging cloud appears to be a common metaphor for cancer, among cancer patients as well as those who do not have the illness. The image characterizes the external and dynamic nature of the threat. It is particularly frightening because of its intangibility

which limits any counter-measures. In terms of Moore's broader ontology, based on life as a cruel obstacle course metaphor, in "People Like That" the rain cloud is a contingent obstacle on the course. It emphasizes the lack of control and action, and the defiant frustration of a mother who can only sit and wait for a break in the cloud cover. In the story, the lucky break is a clinical trial that spares the baby several courses of chemotherapy.

### **Cancer as Darkness: Knowing as not Seeing**

Another metaphor of darkness and restriction of vision is Moore's use of the "Knowing is Seeing" image. Lakoff and Johnson argue that this metaphor is a fundamental conceptual one for attaining conscious knowledge (1980, 1989, 1998) and it confirms the experience of obtaining information through vision (1998, 53). For example, someone who is ignorant is "in the dark," and to enable people to know something is to "shed light on the matter;" when new facts "come to light" one may say: "I see what you mean" (239).

However, "People Like That" plays on the reversal of this metaphor: knowledge comes to light when one is in the dark; what is seen is not known, or it is concealed. For example, the mother sees a blood clot in the baby's diaper and suspects a serious problem. The doctor, the nurses, and the ultrasound technician see and examine the child and conceal their suspicions. Or the mother sees blood in the naso-gastric tube and, again, suspects a serious problem; the nurse and a doctor see the same gastric tube and do not share any concern (the suction on the tube is too high and will be lowered, apparently a mistake that has occurred before). What does the baby see? Its eyes are "two dark, unseeing grapes" (240). And the mother's students, what do they see? They look at different essays but cannot "see" that one essay is better than another. Recently, she has had to make one student stand in the hallway until he or she did "see" (239). Open eyes do not necessarily convey knowledge. What is seen may or may not be known. If it is seen and known, it may be hidden from others.

What is hidden, however, comes to light in the dark: the surgeon reveals the diagnosis and the malignant character of the baby's tumor while the baby has played with the switch and turned off the lights in the examination room. The mother realizes the full terror of the diagnosis while in the dark. When the light is switched on again, the room's walls seem immaterial, "big wedges of light" (216). It is night when Frank, another father, and the baby's mother exchange the stories of their experiences in the hospital.

Usually patients use the Knowing is Seeing metaphor when they say, for example, that they want to be "out of the fog," so that they can "see" what their options are (Gault 4). In "People Like That," knowledge and options are concealed or not recognized in the light. Especially the knowledge of death is hidden in our blind spot. Only when all light is turned off and the room is dark, knowledge comes to light and the full severity of the danger is revealed and known. In the dark, the knowledge of death and danger is overwhelming and the mother is at her most vulnerable; yet her tears are hidden from the eyes of the uncompassionate surgeon. The reversal of the "Knowing is Seeing" metaphor underlines not only the intangible otherworldliness of the threat that is suddenly "upon you," but also the failure of the health professionals to be caring and the diametrically opposite perceptions of a mother who sees and understands danger, when doctors and nurses seem oblivious. For the mother, this is a most irritating world of obstacles that she wants to leave as soon as possible. The reversal of the Knowing is Seeing metaphor also points out that the experiential base is much vaster than Lakoff and Johnson have the space to show in their generalizing investigation of common metaphors. While it may be true that conscious knowledge is often positively related to light and vision, Moore's examples show that the reverse is also true: light and vision do not necessarily lead to understanding. As well, matters of death and danger may be best understood in the absence of light and vision. Hence, as a metaphor for cancer, darkness suggests the intangibility of the threat

and the terrifying knowledge of it. It is close to the metaphor of the dark rain cloud, and also is widely used.

### **Revision of Cancer as War: Star Wars and other Invasions**

The world that we usually see with our eyes has a blind spot. When we change our perspective, and cancer and death are suddenly upon us, the experience may at first be overwhelmingly alien. We subject ourselves to colossal machines in hospitals, and yet the microcosmic cancer cells appear to grow out of control. As a result, metaphors of science fiction and invasion abound in cancer discourse and appear in "People Like That." When on seeing the bald-headed little boys at the pediatric oncology ward, the mother feels she has been "whisked away to another planet" (224). Only "celestial abandon" could explain why babies contract cancer (225). Each day on the ward evokes new threats of intergalactic proportions: "each day of this week has arrived huge, empty, and unknown, like a spaceship, and this one especially is lit an incandescent gray" (231). "This one" is not "Independence Day" as in the sci-fi movie by the same name but, equally incomprehensibly, "nephrectomy day," the day when one of the baby's kidneys will be removed.

The cancer ward is a place where doctors and nurses become unfeeling robots and robots humans, or so it appears to the mother when she watches the video of Star Wars in the hospital lounge: the robots seem like human beings who had terrible things happen to them (242). But none of the science fiction the mother knows can compete with what she sees as the science fiction of cancer,

a tumor, with its differentiated muscle and bone cells, a clump of wild nothing and its mad, ambitious desire to be something-something inside you, instead of you, another organism but with a monster's architecture, a demon's sabotage and chaos. Think of leukemia, a tumor diabolically taking liquid form, the better to swim about incognito in the blood. George Lucas, direct that! (230)

The science fiction imagery of cancer makes it possible to see the threat both as an external and an invading force, one that has breached the body's boundaries and is now spreading inside. Hence the image of every day arriving like a huge space ship: the invasion forces, by origin external, are now internal to the body. They are inhuman, like monsters, at the command of a demon or a devil. Their action is dynamic, and what makes them particularly frightening is that they act internally and are intangible, "incognito," "something inside of you" (229). There is hardly a more monstrous image than the internalized force that eludes control and wreaks chaos. Powerless, humans become subject to the dissolution of the body and the self, taken hostage by invaders whom they cannot identify, finding it difficult to launch a counterattack. Hence, the mother in "People Like That" feels a soldier's readiness "but it has the whiff of death and defeat . . . a failure of everything" (219). When it comes to the decision regarding chemotherapy, the father wants to take on the battle: "Shouldn't we stomp on it, beat it, smash it to death with the chemo?" (33). But the mother has seen the fragility of the defensive systems, she has seen Joey and other children wilt away. This is not a war that little bald-headed boys can win. For the father, the war metaphor offers encouragement, but for the mother it offers despair. She will not enter this battle, but go for the lucky break. She is defiant, defying cancer, but also life itself, a course that offers cruel obstacles at every point. She wants nothing to do with "collateral beauty" (248), another word borrowed from recent warfare discourse and its perverse imagery of collateral damages. In "People Like That," the medical defenses that have to be erected in cancer warfare exact too high a prize for life: suffering and death.

The metaphors of cancer as an obstacle on life's cruel course, as a dark cloud, as darkness, and as war, are not only the main metaphors in "People Like That," they are also among the main metaphors in cancer discourse in general. Moore uses metaphors from a wide continuum of experience, showing the ambivalent meanings of metaphor as well as the ambivalent feelings toward cancer as a highly dynamic threat. The mother in the narrative cannot

trust the soulless keepers of the hospital because they appear to treat death as a matter of business. She also cannot trust the other parents, for their presence and their dying children spell defeat. In the mother's ontology, cancer is another of the many obstacles on life's unmapped course, occurring by chance and outside of cause and effect. Externalizing the threat enables her to direct her irritation and anger against her surroundings. Imagining the threat as intangible and as another obstacle on a static, unmapped obstacle course of life, prevents the mother from confronting the obstacles. Rather, she takes evasive action, hoping for a lucky break. Fortunately, luck seems to be on her side for her baby's cancer was found early.

### **Evaluations**

In "People Like That," the etiological metaphor of cancer is ambiguous. Like many parents, the mother initially blames herself for her child's cancer, considering psychological factors in her search for meaning. However, there is no time to pursue these thoughts because the doctors press for immediate surgery. It turns out that the cancer has affected only one kidney. Usually, the treatment of Wilms' tumor in a child requires further treatment such as radiation or chemotherapy. Presumably, the child has been assigned to a clinical study that does not require further treatment. The mother interprets this random chance in terms of a universe that randomly dispenses not only obstacles and the final obstacle, death, but also the chances of a baby's treatment and survival in a fashion that undermines any logic, meaning, stable self, or structured narrative. From this point of view, any decision in life is reduced to a gamble and the mother's anxiety translates into both scorn for the contingency of the world and its acceptance, the "lucky break" that sends her home with her baby.

None of the characters in "People Like That" is entirely admirable, neither the mother, the husband, or the health professionals. The mother, often harsh and hostile, judges other parents for a scripted optimism that she will soon display herself. On the one hand, she seeks the

solidarity of fellow patients, on the other hand, she rejects it outright: she “never wants to see any of these people again” (34). She did not want to take notes and give testimony only for “pecuniary recompense,” yet when she does so, it is said to be precisely for money. The mother herself rejects the pity that fellow parents and friends of the family offer her. If, at times, she does seek solidarity, it is with scorn for her “nutso pal,” on-and-off-again friends, and Frank, the father of Joey. There is little real negotiation between the parents about treatment decisions for the child, and the marriage appears doomed. All of this would be painfully familiar to many other parents of children with cancer, even though not all will share the mother's metaphor of life with cancer as a gamble. If there were any consistency that this mother would claim for herself, in her predicament, it would be that of inconsistency. There is no sense of the self as a mirror, attempting to reflect a particular truth of the past or in the present. What makes an identification with the mother even more difficult is her ambiguous status in the story: does the character share her identity with the narrator, and both with the writer of “People Like That”? Lorrie Moore's objective in her short story does not seem to be identification, as a basis for the reader's catharsis of pity and fear. In contrast, many of the narrative strategies discussed work towards defamiliarization, forcing distance between the reader and the action, amplified by the story's many levels of reflexivity. “People Like That” becomes an exercise in questioning the foundations of story-telling itself. The use of language moves into the foreground and, thus, the artistic composition of the short story. It is a story of fragmentation in the face of cancer, disrupted by other narrative fragments that surface and sink away again, alluding to but leaving unfinished, for example, the story of a potentially doomed marriage. What remains, after alienation, is the enigmatic surface of the text that invokes a detached appreciation of its artfulness. Hence it can be said that “People Like That” performs well in terms of its defamiliarization and its artful construction.

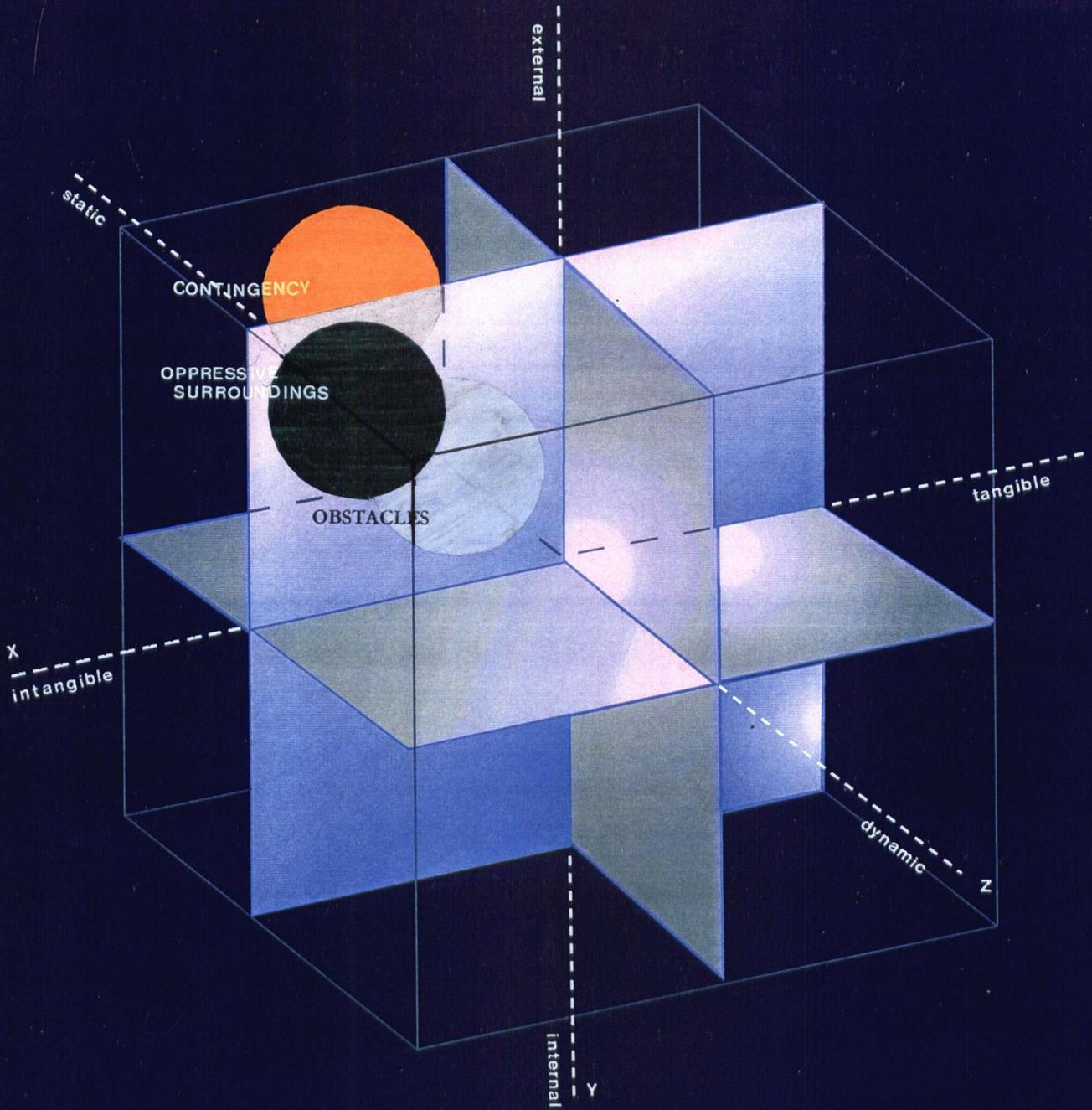
Even the metaphors in Moore's story are defamiliarized. Although it employs the metaphor of the journey, it is not a quest narrative, in Hawkins's (1993) wider mythological sense, or in Frank's (1995) narrower ethical one. "People Like That" does not seek a more universal purpose, by anchoring itself in mythological tradition of, say, Homer or Virgil, or the moral imperatives of shared testimony. The demand for financial redress at the end leaves no such illusions. Although metaphors of war and invasion are used, "People Like That" offers no coherent lines of defense; the mother's shifts in her many subject positions make sure of that. For the same reasons, the story is no novella of overcoming obstacles, even if the narrator speaks of life as a cruel obstacle course.

The psychological imagery of the story's main metaphors draws out a space that externalizes the threat of cancer and the strategies to live with it. The metaphor of the cloud presents the fearful image of an oppressive surrounding that is uncontrolled and highly dynamic, external, and intangible. The metaphor of life as a cruel obstacle course integrates this metaphor into a static vision where unexpected hurdles prevent a planned course of action. The metaphors of cancer, life with cancer, and life in general, as contingent are related, "lucky breaks" and random trials coming unexpected. As a whole, a very large space of metaphoricity has been left void. For example, there are no metaphors that could make the engagement with cancer more tangible and dynamic. All metaphors sample from a space in which choice is severely constrained (see illustration on following page). These metaphors are closely related, with little tension between them, contributing to the overall oppressive sense in the story. In this respect, the story's metaphors perform very well.

From a caregiver's point of view, "People Like That" shows the experience of a stay in the hospital from the position of a frightened mother. Her detailed observation of hospital care and its flaws is highly instructive, even if some of or all of the details are fictive. There certainly

LORRIE MOORE

PEOPLE LIKE THAT



are seemingly emotionless nurses and doctors in hospitals who have lost the sensibility for the lived experience of cancer patient and their relatives. However, pediatric oncology units usually have a high percentage of staff who care deeply for patients and parents, and struggle with parents over the fate of their patients. "Pharmaceutical calm" does not characterize such wards. It is because work at such a ward is emotionally stressful for health professionals that oversights, insensitivities and mistakes occur. Because "People Like That" articulates these problems well, it serves as a good reminder, even if it generalizes and alienates its readers. In addition, "People Like That" strays from the stereotypes of metaphors that are commonly in use, providing a different perspective.

For cancer patients who would like to identify themselves with another's experience, reading "People Like That" can be a shock, with its bitter attitude towards illness and life, and a language that is not just "ah, words" but "words like blows." While controversial stories often make for fascinating reading, this is not something that most cancer patients would seek out, for they are terrorized more than enough by their own experiences. If at all, they would seek some form of solidarity in counseling or support groups. "People Like That" offers none of that; instead, it entrenches the ghettoization that cancer patients fear. However, the story would speak to those patients who are skeptical about therapeutic optimism, find the exploration of mortality gratifying or necessary, and are well enough to deal with the bitterness of the story.

"People Like That" is flagged by publishers as fiction and appears to be fictional in many places, yet it cannot be easily determined whether the story is based on the writer's embodied experience or not. Even cancer patients who are literary scholars suspect "People Like That" to be autobiographical, though well aware of its public generic designation. This quandary raises doubts about ascertaining differences of reading based on the presentation of a text as fictional or autobiographical. The "novel" Fuss Fassen, by Maja Beutler, intensifies these problems, as will be shown below. Moore's text consciously blurs the distinction between fiction and "the whole

memoir thing." The character's ethics also offer no secure handle: one might deduce from the mother's qualms over writing about her child's tragedy for money, that a writer would not write a fictional story that is not based on her embodied experience about a baby that has cancer, demand money, and in fact receive awards. However, the story's character apparently did betray her ethical principles, marketing her "notes." It can be surmised that the story is indeed based on the embodied experience of the writer--a writer who is conscious of many readers' inclination (and sometimes desire) "to revel in fear, " enjoy from a safe distance a tragedy that has been verified through blood and death, thereby cheapening the writer's experience. This is indeed the case in Fuss Fassen. The alienation produced in "People Like That" counteracts catharsis and forces a conscious confrontation with an illness that can uproot any preconceived order and ethical principles. Moreover, Moore's short story forces a confrontation with language, the ambiguity of its meanings, and the contingency of the self and life in general.

Whether it is fictional or autobiographical or anywhere in between, it raises problems that are common to cancer patients and presents them in a way that prevents readers from stereotypical reactions, forcing conscious engagement.

The main difference between the three narratives discussed previously and "People Like That" is that its character and narrator do not claim a consistent subject position, whether as a transcendental witnessing self (BCCA narrative), "unpolluted self" (Zorn), or "true self" (Bedard). There is no claim to mirror the past or the present objectively. In fact, the story being a short story, there hardly is any past, nor does there seem to be much of a future, and the present is riddled with ambiguity. "People Like That" propounds no certainties, even about its own writing. As such, it can be said to be a postmodern presentation of illness that acknowledges the contingency of cancer and rejects, despite the mother's initial considerations, any psychologizing (Zorn) or spiritual theories (Bedard) about its etiology. Thus, the short story is closest to the medical model, where numbers confirm the statistical contingency of cancer. With contingency

being the main metaphor for life, there is no essentializing of the self, body, time, the others, and the world, and following from that, a suspicion towards communication and community with fellow patients, partners, even the baby, and the other in general. Despite all the alienation that Zorn felt, he thought of it as part of his illness and strove desperately to overcome it and establish personal relationships, in fact much like the bourgeois ideal he despised. In "People Like That," alienation is systematic, an inherent part of human life, and brought to the fore by a traumatic illness. There are no stable grounds in "People Like That," in either its content, its form, or its metaphors.

"People Like That" is not an introspective journey that becomes an occasion for life-writing, for personal lives appear to be of no consequence in the obstacle course. Concomitantly, "People Like That," though written for others, does not seem to be written for the sake of sharing experience. It is a self-referential literary exercise. This is not a journey that can structure a narrative, for the events described lack structure, causality, beginnings and endings. It is a journey without paradigms.

**Maja Beutler, Fuss Fassen (1980)**

I first read about Maja Beutler's book in Literatur als Therapie, by Adolf Muschg (1981). There, Muschg compared the "autistic" Zorn to an imaginative Beutler who, at the time, did not know if she would survive, and yet turned her book into a testimony for life. Whereas the cover of Fuss Fassen identifies the book as a novel ("Roman"), I read it as an imaginative autobiography, identifying the book's first-person narrator, an unnamed woman and writer, with Beutler. The astonishing amount of detail and the highly imaginative portrayal of alienation at home, at work and in the world, left no doubt in me that this book was written from embodied experience. Particularly its use of language, metaphorical complexity and allusions to philosophy and literary tradition made it stand out as a highly conscious, artful creation among the many cancer narratives I have read.

Beutler is a Swiss writer and dramatist well-known beyond her country. A trained interpreter, she produces and publishes regular radio features, theatre texts, and novels. The latter include Fuss Fassen, a fictionalized account of her personal experience with cancer, first published in 1980, only three years after Susan Sontag's Illness as Metaphor (1977), and now in its fourth edition. Beutler's book challenges Sontag's claim that life with cancer cannot be aestheticized. The German term "Fuss Fassen" suggests the process of finding a foothold. It is a most difficult process for a cancer patient since, as Beutler suggests, life and self all fragment into a myriad of pieces. Putting these pieces together anew is an arduous process, because of the uncertainty of cancer and the possibility of metastases. In fact, the novel's narrator is diagnosed twice with new growths after her initial treatment.

In early August 1997, I was able to visit Maja Beutler at her house in Bern, and to talk with her about her experience and her book. Although almost twenty years had passed since her illness, her body continues to be affected by her past treatment. In our conversation, Beutler

pointed out to me that she was not identical with the first-person narrator in Fuss Fassen, and that some of the book's other characters are real and others literary constructions. The "young woman," an alter ego of the narrator, originally a figure in Beutler's dreams, initially challenges the narrator. Over time, narrator and alter ego appear to merge. Similarly, Pedroni, another cancer patient (and in fact, a real figure, though not by the same name) challenges the narrator. Both Pedroni and the narrator struggle initially with a high degree of self-involvement, common among cancer patients, enforced by their constant vigilance over continuous changes and possible signs of illness in the body. Beutler also explained the narrator's changing relationship with nature. At first, the narrator seems angry that nature continues and will continue to exist around her while her own existence may be limited. In the end, it is the very continuity of nature that fills her with pleasure. As a patient, the narrator is not "compliant," as health professionals nowadays call acquiescent patients; rather, she confronts the others, wanting to draw them into her experience and break down the walls that separate the healthy and the ill. The point that Beutler wanted to make in Fuss Fassen was to emphasize the process of interaction and play of combinations between these different voices, for example, the fragmentation of her self into the voices and characters of narrator and alter ego, as well as the interlinkage of her self with the selves of the other characters. Though some of the characters and the action are fictional, Beutler asserted her strong belief that fiction and authenticity are not exclusive. Rather, she noted, artful writing can be as authentic as simple, unskilled diaries or accounts of events ("Erlebnisbericht"). In an earlier interview with Doris Michel, Beutler had noted that the form of the novel, the fragmentation of inner voices and their personalization, were indeed crucial for her in order to represent her personal experience (49).

In recent communications with me (7 June 2000), Beutler describes Fuss Fassen as a developmental novel ("Bildungsroman") whose first-person narrator seeks to develop her self-assertion and resistance against her illness by inscribing these strategies into her account. Though

this account is labeled as a novel and much is fictionalized, Fuss Fassen is nevertheless authentic in every detail ("authentisch bis ins Detail"), in terms of the achieved development. Beutler designated her book as a novel to show that she had given shape to what had affected her, indicating her professional intactness. This was important also with regard to those readers who take a secret pleasure in the victimhood of others, especially if the truth of these "victims" is substantiated by their death, verified on the book cover by the publisher. With the term "developmental novel," Beutler returns to the interaction of the novel's characters and the process of combining their voices, for example, between narrator and the character of her alter ego, in a process from a fragmented to a more integrated self. This process is authentic in Fuss Fassen, in every detail, inscribed into the form of a novel. This then is Beutler's metaphor for her experience: a developmental novel in which fictionalization gives voice to mental and physical states in illness that otherwise cannot be rendered adequately, that inscribes her developing self-assertion into her life, and prevents its appropriation by readers eager for others as victims.

Beutler's narrative is the most literary among the book-length German and English cancer narratives that I have surveyed. Most cancer narratives remain on a descriptive level as they portray a changed reality and its fragmentation into an overwhelming number of pieces and details: the segmentation of self, the instability of the body, the isolation, the fear of mortality, and the struggle for signs of hope amidst sustained uncertainty. It is very difficult to express such existential experiences in adequate language and those who try are the exceptions. Moreover, many writers do not want to explore the countless frightening details of emotional trauma, but seek to demonstrate that one can make it "through the tunnel" and life will continue "on the other side." These accounts often adhere to the medical trajectory of the illness and its treatment and close with the "return to normal life." However, the desire for an ending, for closure in illness, quite predominant in contemporary culture, is rarely realized.

Fuss Fassen departs from these common narrative practices. The novel involves medical records but their clinical tone and brevity provide only a small, albeit stark, contrast to the narrator's personal account of her experience. In particular, Beutler succeeds in bringing into language the workings of a frightened mind, sensations from dreams, and fearful, almost schizophrenic episodes that elude description. She projects these intractable interior states through fictional characters and philosophical and literary allusions. Beutler finds a rich resource for language in Hasidic mystery tales and Romantic literature, including Grimms' fairy tales, the Italian writer Alessandro Manzoni, adaptations of Heraclitus via Giordano Bruno, and allusions to Goethe and Novalis. A Romantic fusion of philosophy, spirituality, and poetics, shapes the novel's form and content and provides cautious hope at the end. Although terrified of cancer and dying, Beutler's narrator is not obsessed with the elusiveness of death, but with the life she has and can shape. She hopes to write regeneration into destruction and continuity into change, turning to the Romantics for the literary and philosophical adaptations of this Heraclitean concept. Thus, Beutler attempts to put the pieces together anew, in a play of combinations that covers a vast ground of literary and philosophical allusions. This is a difficult task because the many details, spread throughout the book, are overwhelming. But that is Beutler's experience and her point: the details are overwhelming and the reality composed of these details becomes overwhelming, too. It becomes difficult to find one's footing in such a world. As a result, Beutler's book does not follow a linear plot structure but rather jumps about from episode to episode in a fragmented way. Nevertheless, a complex interplay of metaphors weaves through the narrative. The novel's opening quote by Giordano Bruno announces the Heraclitean metaphor of continuity as change as the novel's main conceptual metaphor, reflected also in the design of the cover and the novel's final sentence. This metaphor gives meaning to the manifold changes to body, self, and personal relations. The organization of this experience is played out in another central metaphor, that of life with cancer as a "play of combinations" ("Zusammen-

setzspiel”) that can arrange and rearrange the abundance of detail in patterns or plans. For her, several metaphors capture the experience of cancer and healing. Generally, cancer and the concomitant threat of death are left unnamed or alluded to by ellipses. One metaphor, however, stands out: the metaphor of cancer, and death, as a black bird. On the other hand, a pervasive imagery of nature and the symbolism of fire serve as potentially therapeutic metaphors. Beutler shows that artful, literary construction perhaps comes closest to approximating the reality of cancer. It makes for a novel that is particularly painful to read, especially for cancer patients who are still threatened by their experience, for Fuss Fassen is open-ended. It offers no redemptive conclusion except the hope that all the changes make sense in the universal continuity of change itself.

In addition, Fuss Fassen addresses an important ethical concern: many healthy people do not know how to talk to a person with a life-threatening illness, thus exacerbating the latter’s fears. Either they avoid the subject altogether, or they do not listen to the patients’ story and smother the ill person with obsessive compassion. Such reactions may contribute to the patient’s isolation by foregrounding the illness and disregarding the patient as the whole person he or she continues to be. The insurmountable boundaries between the healthy and the ill may extend to those between the narrator of Fuss Fassen and the reader of the novel. Beutler’s narrator works hard at breaking down the barriers between herself and her family, friends, and colleagues, and Beutler works as hard at breaking down the barriers between the book and its readers. However, there are no simple solutions and the narrator does not exempt herself from these problems; she herself did not know how to speak to her father when he was dying.

The complexity and abundance of narrative voices, metaphors, and details convey the novel’s overall commitment to change. This makes a critical study of Fuss Fassen a rewarding and very challenging project. It is no accident when a young woman [the narrator’s alter ego] admonishes the narrator, “Watch for the details,” (“Pass auf die Details auf,” 50). This advice

applies as much to the reader. Failure to do so can easily result in misreadings. For example, the reviewer Peter Zeindler mistakenly identifies the narrator's childhood friend Anna as her daughter (Zeindler 14). Many of the details that contribute to particular images or figures are separated widely throughout the novel and interweave in different and changing ways with each other. For example, the meaning of the actions between the narrative voices is not separate from the language and metaphors that these actions describe. For the sake of structure in what is a study of continuous change, I adopted the following outline. I will begin my discussion of the novel with an overview of reviews and studies of Fuss Fassen. A discussion of the novel's complexity and detail will provide the context for a separate analysis of the novel's narrative voices, use of language, and choice of metaphors. A conclusion and evaluation will put the pieces together again, combining the aspects of voice, language, and metaphor in a discussion of the novel's ending. In this way, my analysis mirrors the experience of reading a play of combinations that suggests continuity in an abundance of change.

### **Reviews and Studies of Fuss Fassen**

Early reviews in Swiss journals and newspapers celebrate Fuss Fassen for the ruthlessness with which the protagonist portrays her struggle with cancer and her environment, in particular, her vulnerability and commitment to personal exploration (for example: Stössinger-Fellmann; "Auch Maja Beutler . . ." (review of Fuss Fassen); or Huber). Most reviewers agree that Fuss Fassen is more than a document of illness. It departs from the medical narrative of cancer as its central structure and turns towards a more general consideration of life in the face of death (see review "Leben gegen den Tod"). However, reviewers disagree widely on the form and its rationale. Zeindler believes that Beutler "flees" into the form of a novel ("Roman") to achieve distance from her experience and her audience (14). In his view, Beutler avoids the identification of writer and narrator so that the reader can be more objective (14). Eichmann-Leutenegger, on

the other hand, finds that Beutler's autobiographical intentions are strengthened by her literary techniques. Pulver goes even further: the artistic composition of Fuss Fassen shows an "uncompromisingly radical realization of a personal experience into a literary work" (437). Some reviews treat Fuss Fassen as a critique of social evils, such as the ghettoization of the sick and elderly (Pulver) or of those who are unable to earn their living (see review "Wo liegt der Sinn der Krankheit?" ("where is the meaning of illness?")).

Beutler's novel has also become the subject of scholarly research. In "Fuss Fassen: Worin?" (1984), Doris Michel explores the difficulties of portraying the existential threat of cancer, as shown in Beutler's novel. Interviewed by Michel, Beutler noted that her novel's complex perspective seeks to present a more convincing view of the discontinuous, almost schizophrenic states of experience that many people have when living with cancer (51). To this end, fictionalization is in the service of experiential truth (52). Beutler writes for dramatic effect, that is, she seeks to involve the reader in her experience (56). She acknowledges the variety of her readers' reactions. These range from feeling encouraged to being frightened and may include a new awareness of the deadening routines of everyday life (56). Writing about illness, Beutler asserts, cannot cure a life: in fact, writing may worsen a crisis if a writer works herself into states of anxiety (50-1).

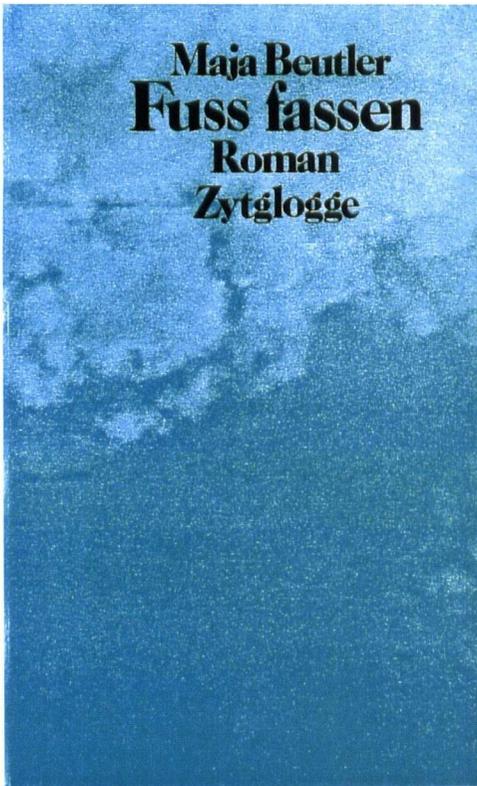
In "Is Illness Metaphor," Sara Borella (1992) examines metaphors of illness in the narratives of three Swiss women writers, including Maja Beutler. Sontag's claim that illness should be free from metaphor provides a point of departure. Borella, in contrast, establishes the importance of metaphor in coming to terms with illness and its writing (6). Literally, the examined narratives tell of the pain of illness. However, illness itself may be read metaphorically as the struggle to find a voice with which to speak (12). Much of that voice is stifled, silence and alienation being inflicted by the failure to conform to the ways of healthy society (8).

Linda Hess-Liechti's doctoral thesis "The Prison Goes on Next Door" ("Das Gefängnis geht nebenan weiter," 1994), provides a cultural critique of Swiss society, in particular of the reluctance with which Swiss women have reclaimed their power, status and identity from men (265). Hess-Liechti traces images of mental imprisonment and liberation in the writings of three Swiss women writers, including Maja Beutler. In Fuss Fassen, the narrator's illness is said to bring about feelings of inferiority, making a critical examination of her circumstances impossible (78). However, her inner monologues reestablish a more objective balance (79). Different strategies such as writing, speaking, retreating behind closed doors, and active resistance seem to engage a society that treats the ill differently from the healthy (193). For example, the narrator's act of extinguishing a cigarette on the office walls of her boss signals to Hess-Liechti that she succeeds in leaving traces of herself (256). It is a matter of survival to break down the walls erected by the healthy (112). For this critic, Fuss Fassen ends on a hopeful note (144), telling the Swiss, like the other novels examined, that they have yet to revolt against their cultural prison (265). Hess-Liechti, who is aware of Michel's interview with Beutler, upholds the separation between writer and narrator and sides with Pulver's early review (110). She reads the localization of the cancer as a metaphor for the difficulties of expressing emotions and fears (120). This interpretation recalls Zorn's cancer autobiography Mars. However, neither Beutler, (who proclaimed in her interview with Michel the proximity between aesthetic and literal levels in Fuss Fassen), nor the novel's narrator invite psycho-oncological speculations.

### **Fuss Fassen's Opening: Setting the Stage**

The mysterious cover of the novel identifies the writer's name, the type of narrative ("novel"), the publisher and, most importantly, the title, Fuss Fassen, signifying the effort of (re)gaining a footing on the ground. As a background, the reader might expect the image of something stable, such as a path, a field, or a street. The shifting sands of a beach would have

suggested the precariousness of a secure footing. The book cover, however, shows the edge of a white cloud against the sky, breaking up into smaller pieces. The contrast could not present a greater paradox: gaining a footing in the ephemeral clouds. While the resolution of this paradox may seem impossible and foster doubts about the title: the green color of the cover invites hopeful expectations. On the back cover a comment from a reviewer (Marianne Vogt) adds a further paradox that parallels the image of the cover: "Reality continues to retreat further and further. Yet, the narrator comes alive, for she discovers life anew in herself".<sup>1</sup> Perhaps the image



of a retreating reality matches the dissolving cloud, while the process of coming alive alludes to the process of finding a footing. Opening the book, we notice first a prefatory quotation from Giordano Bruno, "Change is the cause and purpose of motion, not only so that everything will at one time have been in every place, and will have passed through all states and forms" (5).<sup>2</sup> This announcement about the fluidity of motion and the pervasiveness of change appears to pick up on the fluidity of the clouds on the cover. However, the process of change appears

to be not erratic but orderly. Citing the 16<sup>th</sup> century Bruno, the narrator appeals to a philosophy that has an even longer tradition, beginning with Heraclitus. In fact, this introductory quote sets the novel's main metaphor, of continuity in change.

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<sup>1</sup> Unless identified otherwise, all English translations of German quotations are mine. "Die Wirklichkeit zieht sich immer weiter zurück. Und dennoch kommt die Erzählerin zum Leben, weil sie es neu entdeckt in ihr selbst."

### Importance of Detail

Fuss Fassen is a book with myriad details and many levels of meaning that begin to make sense only after careful and repeated readings. An abundance of sense-impressions overwhelms the narrator and the reader, as Maja Beutler takes us into an experience that proceeds like the movements of a jarred film. The headline of the first chapter announces the narrator's changed reality: "Ausser Programm" ("Not Scheduled," 7). The term is borrowed from the jargon of radio or television production. As we will find out, it refers, on the most literal level, to the fact that the narrator will not be rehired in her old job. On another level, however, the term captures her difficulty in communicating her experience, and her changed sensitivity towards colleagues, family, and the reader. It affirms her sense that she is "out of the loop" ("Weg vom Fenster," 29) and announces the narrator's difficulty of finding her voice. Finally, the headline prepares the reader to expect a narrative whose structure and content challenge literary conventions. An introductory, italicized quotation further confounds the reader:

The experiment proper should commence only several weeks after capture. Conclusive observations about eating dynamics etc. are possible only after the experimental animal has become familiar with its changed life conditions and has resumed the exhibition of spontaneous behavior (7).<sup>3</sup>

This passage echoes the language of a manual for experiments with laboratory animals. Common in behavioral psychology, such experiments are used to make inferences about human behavior. The passage invites a parallel between lab animals and the narrator's experience with cancer and may draw a compassionate response from readers. At the same time, readers find themselves in the perhaps uncomfortable, voyeuristic role of the observer under whose gaze the narrator will unfold her life and the ambivalent meanings of her experience. More importantly, the passage

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<sup>2</sup> "Ursache und Zweck der Bewegung ist der Wechsel; nicht nur, damit sich alles einmal an jedem Ort befinde, sondern auch, damit auf diese Weise alles einmal alle Zustände und Formen durchlaufe."

<sup>3</sup> "Der eigentliche Arbeitsversuch soll erst einige Wochen nach der Gefangennahme gestartet werden. Schlüssige Beobachtungen über Fressdynamik usw. sind erst möglich, wenn das Versuchstier (VT) mit seinen veränderten Lebensbedingungen vertraut ist und wieder eindeutig spontanes Verhalten an den Tag legt."

suggests that cancer patients have little control over their lives, that there are invisible walls between themselves and their surroundings, and that they may feel under the constant scrutiny of an outside world that cannot possibly know what it is like to have cancer. In particular, their voice may be influenced or even determined by their surroundings. Beutler writes to draw the reader into the narrator's experience, as much as the reader will permit. The reader must "watch for the details" (50),<sup>4</sup> pick up the myriad pieces, and put together an open-ended "play of combinations."

No transition eases the change from this impersonal, clinical tone to the first paragraph of the personal narrative:

Pierre slows down the speed, I turn my head, no, there are not any no-parking signs, "you can let me out over at the parking lot," I point with my finger to where he can stop, he shifts down into first gear and stops right under the canopy. "Good," Pierre sighs, he turns the ignition key. At the first moment everything seems quiet, then traffic noise seeps into the car again, a streetcar rings out.

"Good," I say then, too, but I remain seated and look through the window . . . (7).<sup>5</sup>

Immediately, and without any introduction, the first-person narrator draws the reader into the action and towards Pierre. The latter is her husband on whom she depends as she is driven to work. As the husband slows the car down, so does the reading of the action. Sentences, clauses, and words slow down and break against each other without connecting conjunctions. A disjointed reality unfolds, holding up one discrete moment against the next. The narrator's every perception, thought, word, body movement, and observation are externalized and described with acuity, evoking a sense of experience that seems to unfold like beads on a string but without context. The small space of the car strains under the anxiety of its two occupants, under the little

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<sup>4</sup> "Pass auf die Details auf."

<sup>5</sup> "Pierre verlangsamt die Fahrt, ich drehe den Kopf, nein, es steht nirgends ein Halteverbot, "du kannst mich dort drüben bei den Parkplätzen aussteigen lassen", ich deute mit dem Finger, wo er anhalten kann, er schaltet in den ersten Gang und hält genau unter dem Vordach."Gut", seufzt Pierre, er dreht den Zündschlüssel. Im ersten Augenblick scheint alles still, dann dringt der Verkehrslärm wieder in den Wagen, ein Tram läutet. "Gut", sage auch ich, aber ich bleibe sitzen und schaue durch die Scheibe . . . "

that is said, and even more under the silence of all that is not said. At first the outside world seems far removed, until traffic noise seeps into the car again. The noise, appearing like an intrusion, also provides distraction from the strained silence within the car.

“Good,’ I say then, too,” writes the narrator. Across a gap of silence, a paragraph break, and in reverse word order, it emphasizes that the couple’s conversation is not fluid but highly self-conscious (7). Usually, adjectives such as “good” modify nouns but, here, the word is a predicate adjective. Apparently, what is being modified has been said before, perhaps many times, and has not led to an agreement. As the chapter develops, the reader will be introduced to the disagreements between them. In fact, the word “good” appears to mean different things to husband and wife. Pierre’s “good” is resigned (he sighs); he would prefer that his wife stay at home and enjoy life after her bout with cancer. He knows that returning to work will be hard on her. The narrator’s response, on the other hand, is filled with ambivalence. She is anxious about possible changes at her old work place, but she looks forward to working for a prestigious radio feature again. In addition, “good” asserts her identity apart from her husband, even in the better knowledge that he might be right. For the moment, the word “good” signals a fragile stalemate between the partners but it only thinly covers their differences. In fact, the adjectival “good” generates the expectation that what is modified is not “good” at all and will reveal itself as a disaster. There are many changes at work. The narrator will not be offered her previous position again and she will storm out of the building. However, enjoying life at home will also turn out to be a dramatic struggle.

One word, “good,” reveals both the caring and the tension between husband and wife. As well, it reveals the tension between the narrator and the outside world, including the reader. One word unfolds a complexity of ambivalent meanings across a gap of silence. It tentatively stretches across the divide between the two figures in their mutual effort to protect a future that will offer no protection. “Good” strains to bridge the unresolved conversations and experiences

of the past and an unknown future across a precarious, disjointed, and momentary present. One word aims to hold time together and the pieces of life that have fallen apart.

It is not that the narrator does not know all the arguments that speak against returning to her work. Financially, it makes no sense; taxes will eat up most of her income. Pierre has told her all of this before (she acknowledges in an inner monologue), and she struggles to assert her own voice against all his rational persuasion. In fact, his voice will not leave her even as he drops her off at the radio station. Internalized like a Freudian super-ego, Pierre's admonitions to remain "objective" and to keep her humor impose themselves onto her thoughts, exacerbating the chaos of her self-conscious perceptions in the developing narrative. Other interruptions further jar the narrative flow. They include more echoes of lab manuals, regarding the conditioning of captive lab animals; notes in capitalized letters on the company notice board, and news from the company journal. Words in capital letters frequently interrupt the narrator's stream of thoughts, indicating the frantic workings of a mind that is racing on different levels, at the same time struggling to hold on to particular images. Each word and its meanings appear as if under a magnifying glass, revealing "greatly enlarged details" (19), and drawing attention to every raw letter of the word. For example, the narrator enters the canteen to look for Benz, her boss, but sees a crowd of people: ". . . Benz, my eyes should look for Benz only, LOOKING PAST EVERYTHING, who else counts but Benz . . . ?" (23).<sup>6</sup>

The opening paragraph of Fuss Fassen introduces the importance of detail, voice, language, and the writer's dramatic style in the novel (7). On the one hand, the first-person narrator draws the reader into the midst of the action, on the other hand, the agent of this action is dispersed into competing voices. While the first-person "I" invites proximity with the narrator, she struggles to find her voice. The reader is drawn into the anxious mind of a fragmented self

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<sup>6</sup> ". . . Benz, nur Benz müssten meine Augen suchen, ÜBER ALLES HINWEGSEHEN, wer zählt denn, ausser Benz . . . ?"

that wavers between proximity and alienation. However, the narrator's alienation is not only of her own making. The reactions of colleagues, friends, family, and health professionals deny the narrator her experience and her voice.

### **Colleagues and the Problem of Compassion**

The narrator arrives at the radio station with plans to use her experience to create projects. All her colleagues know that she has cancer and are very well aware that such a diagnosis is traumatic. Parko, one colleague, even vomited with the shock when he first heard about her diagnosis (33). The narrator has had major surgery to her lower abdomen and her neck and still feels quite ill when she returns to work (“. . . yes, I know, even my hair looks ill,” 11). In light of these circumstances, their reactions seem grotesque. The receptionist Carla, Parko, and Elisabeth, another colleague and her best friend at work, greet and compliment her on her looks (“super,” “better than before, lady of leisure,” “fantastic”), each insisting that they never pay compliments and would never lie to her (11, 24, 30). Parko follows up with a rhetorical question, “And? I mean: how are things otherwise?,” only to provide the answer himself: “Everything o.k., why am I asking; I can see it for myself” (24). Elisabeth even thinks she knows how the narrator feels and suggests that they not talk about it: “You know, I know how you feel, let's not talk about it . . . Clean break . . . I would not want it any different if I was in your position” (30). The narrator has been silenced, even before she has had a chance to return the greetings, let alone answer about how she feels. The colleagues are not prepared to listen, they effectively deny her experience and the possibility of compassionate support. When she voices her intention to use her experience for upcoming radio projects, Elisabeth immediately rejects the idea: “Certainly it was an unfortunate experience, certainly, but now . . . you must leave the matter behind you” (33). Apparently, illness has no place at work. Her colleagues effectively demand closure, for an illness that knows no closure.

Ironically, even the health professionals in the hospital dissociate themselves from the patient's feelings. After surgery for a relapse, the doctors reawaken her. Their concern is to make sure that the patient breathes well on her own again after having been taken off the anesthesia.

They shout their commands at the drowsy patient:

“Can you hear us? Open your eyes. Try to breathe . . . And now look at us . . . Move your lips backwards, for a test, yes, smile, everything functional, wonderful, the muscles. Stay awake now. You must understand what we tell you: You cannot speak, for the time being. Only FOR THE TIME BEING you cannot speak. FOR THE TIME BEING. Don't you understand us? . . . Your chances could not be better, I would say 100% if there was such a thing in medicine. Unfortunately we don't have such rates. Do you understand? But there is no reason to be upset. Simply breathe regularly . . . “ (78).

There is no response from the narrator. To be sure, she could not say how she feels even if she wanted to. She is returning to consciousness, in the liminal state between sleeping and waking. Where there was a tongue she feels a strangely immobile body in her mouth, like a lifeless piece of wood, or a stone. From her subjective point of view, she feels that “they” have protected themselves from her and have silenced her: “I have been walled in” (78). The doctors think in terms of medical prognosis; from their perspective, the paralysis of the tongue nerve is only “temporary,” or most likely so. The patient perceives her state phenomenologically: she can no longer speak, she cannot make known her fears, concerns, or needs, she cannot correct misunderstandings. She wants to drink and the doctors misunderstand: believing she is upset they administer a sedative so that she falls asleep. Her body becomes sedated but she continues to hear what is said, adding to the powerlessness of feeling walled in (89).

After being silenced by her colleagues at work, the narrator is then silenced literally. Fortunately, the paralysis is indeed temporary and she can recover at home. The only person who acknowledges the narrator and takes her seriously is another cancer patient, Pedroni. When he introduces himself, he says: “My name is Guisepppe Pedroni, you excuse, Signora, that I simply talk to you, this morning. What is it with your eyes, suddenly, Signora? And it is the first day since we are receiving radiation treatments that you did not nod at me. Perhaps you have . . . let

us say: a black day." Pedroni invites her for coffee and they have a talk (165), but Pedroni appears to love talking so much so that the narrator does not get to say much herself. However, he speaks from his own experience. He does not belittle her and always acknowledges her feelings and admits his own bitterness and all-consuming fear.

At home, Pierre too does not know how to talk to his wife about her illness. He is consumed by his fear for her and his fear acts like a thick wall separating the two, even when they lie in bed next to each other (27). When they and their three children sit at the breakfast table in silence, Pierre gets up and looks out of the window, contemplating the falling leaves. His wife knows what he thinks, "EARTH TO EARTH," but when she asks him, he says "I am not thinking anything" (58). It is the same way she responded five years earlier when her father was close to death. Then she stood in silence at the window, watching the leaves fall, and she did not know how to talk to her dying father.

Only at the very end will the narrator be able to break down the wall between herself and her husband, after she makes an abortive visit to her friend Anna, and Pierre has to pick her up. At the end of his nerves, he acknowledges his feelings of fear: "I am afraid, for you, or afraid for everybody, I don't even know anymore, I am just afraid. . . . Help, dear" (228-229).

Many cancer patients share the narrator's experience of being silenced and ghettoized. When a patient talks about cancer, healthy people become self-conscious and helpless, perhaps because of the many myths that are still connected to cancer, perhaps because of the suffering involved with cancer and the fear of death. They fear to ask how cancer patients feel, are afraid to acknowledge their own uncertainties and fears, and are even less prepared to listen to the patient's response. In my conversation with Maja Beutler, she referred to the difficulties of showing compassion as a form of the "Mitleidsfrage" ("problem of showing compassion"), a German literary theme, particularly since Richard Wagner's adaptation of the medieval Parzival. In the medieval epic by Wolfgang von Eschenbach, Parzival fails to ask his uncle, the gravely ill

king Anfortas, what ails him (Is. 240:3-9). His question would have demonstrated the prince's compassion and in fact cured the king. The prince embarks on dangerous journeys before he can return to the court. When, finally, a humbled Parzival asks the important question, "Uncle, what ails you?" ("œheim, waz wirret dier?", l. 795:29), Anfortas is cured. Richard Wagner romanticized this question in his opera, extending it to the compassion for all living things and nature. Uncertain how to talk about illness, like Parzival many healthy people avoid the subject, and even avoid the sick person. Others, however, smother the person with overabundant compassion, as a cancer patient from the Vancouver cancer clinic noted. One of her friends would ask how the patient was and when she responded "fine," the friend continued: "Are you sure?" Maja Beutler makes the same point in her essay "Was du nicht willst, das man dir tut" ("Don't do as you do not want to be done by"), in her book Tagwärts. However, she points out that those who are ill and experience the lack or overabundance of compassion may have behaved in the same way when they themselves were healthy (222). In Fuss Fassen, the narrator acknowledges that before she became ill she spoke in the same superficial language that she now criticizes in her colleagues.

Examples from cancer patients, and in Fuss Fassen, show that compassion for the ill, or lack thereof, continues to be an important theme. Not asking how the person is doing, or overindulging the person with forced sympathy, contributes to the silencing of cancer patients. Having been told by her healthy fellow citizens what to feel, or rather what not to feel, the narrator in Fuss Fassen asserts her subjectivity. Finding her voice, however, entails a re-examination of her relationships with herself, her family, friends, colleagues, and fellow patients, and a combination among the different narrative voices in Fuss Fassen.

### **Disentangling Voice: Characters in Fuss Fassen**

Fuss Fassen presents a complex play of narrative voices, showing the crisis of voice many cancer patients experience. This crisis includes the fragmentation of voice, difficulties of communication, the relational aspects of voice, and the inclusion of all levels of the body, body language, and self in voice, as well as a reorientation in personal space and time. The different levels of voice are played out in an overabundance of detail, typical for many patients whose world is shattered into pieces.

The fragmentation of voice is already apparent in the novel's first chapter. The novel opens with the first-person narrator being driven to work by her husband. He encourages her to remain "objective" and keep a sense of humor when she meets her colleagues again after having been away because of illness. However, her visit is deeply unsettling. Frantic thoughts flash through her mind, including a voice that alludes to her husband, inserted into the text and identified as "objective." This particular voice is italicized: "Objective: *that will be over with soon*" (11).<sup>7</sup> She remains unsuccessful, not only in her attempt to remain "objective" and humorous, but also in adapting to her colleagues' voices, as she struggles to fit into her old workplace again. Later, at home, the narrator meets a woman who turns out to be her alter ego, whom she calls "the young woman" ("Die Junge"). As the novel develops, further voices are incorporated into the novel, including her parents, a childhood friend ("Anna"), and fellow patients (notably "Pedroni"), constituting a complex "play of combinations" ("Zusammensetzspiel"). The first-person narrator begins to define herself, by identifying herself with or against the positions represented by other voices. This play confronts the reader with ambiguity. On the one hand, the narrator invites the reader into proximity with her first-person perspective. However, the refraction of her voice into other characters purveys turmoil and fragmentation and suggests distance. As Beutler plays out different characters, the reader

becomes involved in the narrator's turmoil, torn between proximity and distance. The writer thus provides a close-up view into the terrified and frenzied mind of a cancer patient who struggles desperately to put the pieces of her life into some resemblance of order again. By the end, the narrator has made great strides in asserting her own voice.

First of all, however, it is important to note that the narrator has no voice at all, in the most physical sense. For her illness and its treatment affect her neck and mouth and lead to paralysis of the tongue, in effect silencing the narrator but not impeding her fearful thoughts. The narrating self, as she awakens from anesthesia and realizes her paralysis, cannot know for sure that her paralysis will diminish in time, that her silence will be temporary, and that she can regain speech. The relapses continue to threaten her ability to speak. These fears dramatically contribute to the quality or shape of the narrator's voice in imagined dialogues with her alter ego, her correspondence by way of letters, for example with Pedroni, and the sublimation of her fears in the literary character of her narrative account. The novel's characters, on the other hand, serve to externalize the narrator's reflections and fears and, in effect, counterbalance the narrator's subjectivity. Thus the second characteristic of Beutler's narrator is the relational aspect of her confrontation with cancer and its implementation in the interplay of narrator and the novel's other figurations. The figurations are externalizations of the stages and changes confronting the narrator with regard to her illness.

Beutler's narrator refers to the body and uses body language as well as spatial relations between herself and the novel's other characters. As with all cancer patients, the illness affects body and self on many intertwined levels. Often the fear of cancer can (re)invoke a Cartesian split between body and mind, where the patient feels betrayed by his or her body. The response to such feelings may be denial, disgust, or disapproval of the body. However, in some patients, cancer can initiate a (re-)evaluation, heightened sensitivity, and acceptance of the body. Whether

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<sup>7</sup> "Objektiv: *Es wird gleich überstanden sein.*"

or not the ill body is denied or accepted, the absence or presence of its voice is a characteristic of every cancer narrative. In Fuss Fassen the awareness of the body is quite prominent. The narrator uses her acute awareness of the body's language and the space that bodies negotiate as a reference for interpreting the (in)sincerity of her interlocutors' verbal messages. While the critic Barbara Korte (1997) has noted that body language and details of space are easily omitted in narrative literature (83), Fuss Fassen abounds with body language and spatial relations.

### **Standing Up for One('s) Self**

Beutler explores the possibilities of developing, out of the fragmentation of her experience, a voice that can find a foothold in the midst of continuous change and an unpredictable prognosis. As a writer, she externalizes different phases and fragments of experience by casting them into figurations of imaginary and real voices. The novel's narrator engages these figurations and, over time, the voices of both the figurations and the narrator change. These different voices and figurations include the narrator, her parents, her husband and children, a rebellious alter ego ("the young woman"), the narrator's childhood friend, Anna, and various other patients, notably the Italian tailor Pedroni. Over the course of the narrative, the narrator discards some or parts of these voices and assimilates others, in a play of combinations that leads from fragmentation, anger, and unmitigated subjectivity towards co-existence with nature and a hopeful, open-ended, outlook. As the narrator disentangles herself from the conditioned voices of order, she begins to interact with and adapt voices of change. She enacts a Heraclitean dialogue of contrasts in which she finds her voice, and her footing, not on the shifting grounds of life with cancer but in the midst of fire, symbolic for both its destructive and its regenerative forces.

In a metamorphosis brought on by cancer, Beutler's narrator does not appear to become an entirely different person but rather the person she presumes she has always been. She writes

in a letter to her youngest son that character is individual, immutable, and different for every person. Character is like a lattice of molecules that determines how thoughts and emotions form. It is not subject to will and reason. Reason, however, enables her to conceive innumerable other possibilities of formation of thoughts and feelings, in other persons, and she is eager to learn about, understand, and accept them all (71). The narrator compares this formation to a process of crystallization. Beutler's metaphors are significant in portraying both the potential and the limits of personhood, for crystals are bodies that are stable, regularly formed, and bounded by even surfaces. An examination of their molecular structure requires the aid of an electron microscope. Similarly, the narrator's exploration of character, of her thoughts and emotions, involves great attention to detail. Only then can one identify molecular lattices, or voices of other people, parents, and friends that are part of, or have superimposed themselves on their own structure or voice. Beyond the individual life however, the personal has no function. It is merely a part of a larger entity, "life itself" ("Leben"), that is subject to impersonal laws. According to the narrator, "Life longs only for itself, not for the individual person. It erases her as you erase your drawings but it always drafts new ones, different ones" (71).<sup>8</sup> The narrator's language emphasizes the immersion of individual lives in the whole in a long sentence that encompasses her thoughts and emotions on this subject over the course of seventeen lines. She seems to suggest, in the act of writing, that there is a larger context that contains all details, differences, and contrasts. Nevertheless, the larger context appears not to be in conflict with the individuality of personhood. In a letter to her son, the narrator notes: "All things considered, I am giving back to you what I have learned from or together with you: being true to myself" (71).<sup>9</sup> Pedroni, the Italian tailor and patient, suggests the same when he links the experience of having cancer to being in a war: "One does not become somebody else; rather, one finds out who one really is"

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<sup>8</sup> ". . . das Leben sehnt sich immer nur nach sich selbst, nicht nach der Person, es löscht sie aus, wie Du Deine Zeichnungen, aber es entwirft wieder neue, wieder andere" (71).

(165).<sup>10</sup> For a cancer patient, however, the challenge “to be oneself” is immense. The body may no longer function in the patterns we have come to take for granted. Health commonly means that the body’s functions are no longer noticed. However, cancer can upset these functions and produce constantly changing signs that patients find themselves unable to understand or control. Without an explanatory distance from these constantly changing signs, people can become helpless subjects of visceral terror. An unstable body affects not only the image of the body but concepts of self in general. The sustained uncertainty of cancer requires nothing less than adapting to constant change. Finding one’s voice in change involves a re-evaluation of all aspects of life on every level. The return to the workplace presents the narrator’s first major challenge in adapting to her changed reality, forcing the issue of developing a new voice.

### **Problematic Relations at the Workplace**

The first chapter traces the efforts of the narrator to pick up her life where she had left off before her diagnosis and treatment. She returns to work, hoping that she can resume her relationships with her colleagues and fit into what Parko, a colleague, calls a “play of combinations” (“Zusammensetzspiel”). In particular, she expects to be employed again in her previous position as a free-lance journalist for a prestigious feature series. The experience with cancer has changed her and she arrives with proposals for stories based on her reflections.

The colleagues meet her with furtive glances and awkward compliments on her “fantastic” looks but resist being drawn into her experience. On the contrary, they suggest a “clean break” and offer humorous, light work in a much less demanding arts program (“Feuilleton”). Her old position is no longer available but if she must, she may “flog” her experience in the arts section

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<sup>9</sup> "Wenn ich es recht überlege, gebe ich Dir . . . zurück, was ich erst bei Dir gelernt habe, oder mit Dir zusammen: Zu mir selbst zu stehen" (71).

<sup>10</sup> "Es ist wie im Krieg, Signora. Man wird nicht ein anderer, aber es zeigt sich mehr, wer man ist" (71).

(36). This disappointment brings to a head the narrator's struggle between wishing to partake in her colleagues' superficial conversations as she used to, "always close to a lie" (27), and the language of her experience that she speaks at home. This personal language is infused with meaning and suffering, and words are like "weights of lead" (27). To be sure, it is not the workplace and its superficial and uncaring relations that have changed, but the narrator's sensitivity that brings about unmitigated subjectivity. Attempts to stay "objective," as her husband's voice inserts itself into her endless self-reflections, are in vain. Unable to draw her colleagues into an experience that has become the center of her life, she interprets their resistance as a personal affront and a sign that she is no longer wanted. The narrator's frustration erupts in anger and she quits her job, initiating a retreat from the outside world into a subjective world at home.

The following passage demonstrates the narrator's use of voice, body, and space in detailing her healthy colleagues' hurtful insincerity. The Narrator has arrived at her old workplace, and is met by the receptionists Carla and Ms. Zaugg:

"By the way, you look great," says Carla, without turning around, "hopefully you've known me long enough to know that I never pay compliments. No, it's really true: you look great."

I say "Thank you."

Objectively: *That will be over with soon.*

I follow her slowly, on the counter I put my arms on the wood, I step from one foot onto the other, as if to run away. However, without any hurry, Carla explains my circumstances to Ms. Zaugg:

"lower abdomen first, then neck, she was not able to work for four months, or even . . ."

"It was only three," I say, "and do you know what I said to Pierre: 'At age forty it is time for a major tune-up.'" No, Pierre and I don't talk that way, laughable to imagine it that way. But I continue . . . (11).<sup>11</sup>

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<sup>11</sup> "Du siehst übrigens prima aus", sagt Carla, ohne sich umzudrehen, 'du kennst mich ja hoffentlich lange genug, um zu wissen, dass ich nie Komplimente mache, nein, es ist wirklich so: du siehst prima aus.'

'Danke', sage ich.

Objektiv: *es wird gleich überstanden sein.*

Ich folge ihr langsam, an der Schranke lege ich die Arme aufs Brett, ich trete von einem Fuss auf den andern, als ob ich fortrennen müsste. Aber Carla erklärt Frau Zaugg ohne Hast meine Zusammenhänge: 'Unterleib zuerst, dann Hals, vier Monate hat sie nicht kommen können, oder sogar . . .'

'Es waren nur drei', sage ich, 'und wisst ihr, was ich zu Pierre gesagt habe: "Mit vierzig ist eben der grosse Service fällig"'. Nein, so reden Pierre und ich nicht zusammen, lächerlich, es sich überhaupt vorzustellen. Aber ich fahre fort . . ."

As Beutler imagines dialogue and writes in the present tense, the action slows down. The writer's attention to detail, her description of what is being said--and what is not--creates nuances, enabling us to feel the narrator's self-consciousness and awkwardness. We come to know what it is like to be in her shoes, nervously stepping from one foot onto the other, without the writer being descriptive, or having to tell us: "I felt very self-conscious. It was awkward." In particular, Beutler achieves these effects by showing the difference between verbal messages, body language and spatial relations between the figures. If the verbal compliment were heartfelt, especially after a diagnosis of cancer, we would expect Carla to face the narrator. However, Carla herself knows that her compliment is awkward. She feels the need to reinforce her words, appealing to her past relationship with the narrator and the claim that she would never pay compliments, and then reiterating the compliment. Finally, she makes a false claim false to knowledge, only drawing further attention to her insincerity. Carla is not the only one: her colleague Parko and the narrator's best friend at work, Elisabeth, will use almost the exact same words.

Nevertheless, the narrator tries hard to fit in. Following her husband's admonitions to stay "objective" and detached, she not only disguises her growing awkwardness but tries to beat the receptionists at their own game. Her apparent humor is belied, however, by her body language, stepping from one foot onto the other as if wanting to run away. The counter, which separates her spatially from the secretaries, is also a symbol for differing sensitivities and perceptions of illness. Carla feels no compunction in informing Ms. Zaugg about the locality of the narrator's illness, which apparently began in her reproductive organs, referred to in German by the charged euphemism "Unterleib" (lower abdomen). Carla, who refers to the narrator (who is present) in the third person, describes her illness as if reading from a shopping list: "lower abdomen first, then neck, for four months she could not come . . ." (11).

It is notable that the narrator's colleagues perceive her "circumstances" as a short shopping list of organs. This passage is, in fact, the only incident where the original localization of the illness, the lower abdomen, is mentioned. We see that the narrator's perception of her circumstances assumes a much more complex form, including her relations with the people around her and their reactions to her. First, however, when she leaves work, she resolves to act, and to act fully and without restraints, rather than to react to her environment. This resolution, however, will involve a reflection on the past.

### **Disentangling the Past: From Order to Rebellion**

The narrator's friends, too, seem not very helpful. Her childhood friend Anna means to be supportive when she urges the protagonist to forget the threat of a relapse, using the metaphor of a black bird that rises too high to be detected. However, the protagonist associates a fearful menace with this image. It will pursue her throughout her narrative, for there will indeed be relapses. As the narrator ponders the unspoken meaning of the image, at home, her door appears to open and it seems to the narrator as if she herself is entering the room. The doubling of her voice externalizes her desire for a more unrestrained self, in the figure of a (junior) alter ego, referred to as the young woman ("die Junge"). The adjective "Junge" takes the place of the omitted noun "Frau," ("woman"), and the article "die" also signals the female gender of the adjective turned noun. However, the term "Junge" functions also as a German homonym for the noun "boy" ([der] Junge), suggesting perhaps androgynous qualities.

The head of the young woman is covered with a wine-red headscarf lined with tinkling little metal plates, in the manner of Near-Eastern Bedouin women. She wears a long, frayed wool coat and dirty leather boots and shows unrestrained vitality. Her exterior and behavior draw forth, in the narrator, the scolding voice of her (dead) mother. The mother had demanded an orderly appearance, suggesting a direct correlation between the exterior and character. For

example, clean shoes were said to reflect a person's good heart. Hence, the dialogues between the figure of the young woman and the narrator serve to externalize the narrator's rereading of her past and her liberation from her mother's conditioning. This rereading and liberation, in turn, affect her relation with the present. They free her to meet a changed reality, not with ossified behavioral patterns, but with an unrestrained vitality that the narrator perceives as having been originally hers.

The young woman repeatedly insists that much "work" has to be done. The work of the young woman and the narrator is to challenge the narrator's long-established patterns. These patterns have also become part of her life's work as a writer and, ossified on paper, in words and sentences. What is needed, apparently, is to free words, sentences, and maxims from traditional meanings and to fill them with new life. The narrator needs to turn from a "paper tiger" into an assassin who both spells and spills blood with her words. Expression is to become an embodied activity, and the typewriter an organic instrument of artistic sublimation. The imagery involves themes from nature, the fertility of the earth, the green of the leaves, a musical composition of language and the text, and the consummation of the present moment. Asked by the narrator whether she feels any fire in herself, the young woman notes that the future is not her concern (48). The metaphor of fire announces, for the first time, the consuming imagery of fire at the conclusion of Fuss Fassen. In the present context, however, it draws attention to the young woman's conviction that means are more important than ends: "I am not interested in ends" ("Das Ende ist nicht meine Sache," 48). The present is more important than a tenuous future.

Importantly, the alter ego is not interested in the narrator's uncertain prognosis and the possibility of death in the future. However, she is very much concerned about how the narrator is confronting death in the present. For her healthy friends, family, and caretakers treat her as a dying person and do not know how to talk to her. They leave sentences incomplete, or use ambiguous imagery that raises the frightening specter of death. Anna's metaphor of a relapse as a

“black bird,” flying high in the sky, is one of these sinister, irritating images. The young woman, however, suggests a kind of imaginative shock therapy. She fashions sharp willow rods for capturing her fears of relapse or death, symbolized by the imagery of black birds. And she challenges the narrator to beat her head with these skewered black birds until the narrator screams in horror, for then she will be “weaned” from her fear (150).

The “work” that needs to be done involves writing, the discarding of fixed phrases and filling stale language with new life. What is at stake is a new poetics for writing about life with cancer, the issue addressed in a section on the function of language below. To those who are familiar with German Romanticism, the figure of an exotic young woman with Near-Eastern dress who inspires the protagonist towards poetry, will revive the memory of the Arabian woman Zulima in Novalis’s novel Heinrich von Ofterdingen. What we have here may well be a symbol for Romantic poetry.

When the two go to work, the alter ego dictates a short fairy tale into the typewriter for the narrator (151-154). This tale involves the story of a woman who wears a “rose” on her neck, covered by a scarf. The “rose” is a poetic euphemism for a tumor. The woman, shunned by her fellow citizens, searches for a cure. However, she finds that it is really some kind of “lack” (“Mangel”) she is suffering from. The woman is healed when she sits down under a tree and looks at nature anew, as if for the first time. Allusions to mysticism and Buddha’s enlightenment under a tree are not accidental. Fuss Fassen also abounds with references to Hasidic mystery tales and romantic images of an animate Nature. The short story is, of course, an allegory of the narrator’s own story. When the narrator finishes typing, the young woman is no longer present (154). Apparently, the work has been successful, suggesting that the two voices of narrator and alter ego have become one, at least for now. The development of both voices throughout the narrative suggests that their dialogues have led from an initial opposition to integration of both voices in the narrator.

The alter ego appears one more time in the novel's final fiery inferno. She now looks like the narrator, her face red, bloated, and dissipated, apparently from much weeping. However, the doubling of the voices is required once more, for the narrator is about to give up and is in danger of being consumed by the surrounding flames. The alter ego asserts that she will not be destroyed and reminds the narrator to walk upright and not relinquish the freedom she has gained ("Remain free," "Bleib frei," 231).

### **"I have already lived a long life today": the Voice of Pedroni**

In my talk with Maja Beutler, the writer revealed that the figure of the narrator's alter ego is an externalization of a figure that recurred in the writer's dreams during her treatment. The figure of Pedroni, however, is modeled upon a real person, one of Beutler's fellow patients.<sup>12</sup> Pedroni is presented as a worldly Italian tailor whom the narrator meets in the hospital. She had just suffered her first relapse and the new growth has been surgically removed from her mouth. However, a series of radiation treatments has also become necessary. Radiation clinics are often the dreariest part of a hospital. Because of the danger of radiation, these clinics are usually located in basements behind thick walls. Patients are fixed on tables under giant machines, their only contact with the outside world being intercoms to the assistants. Patients usually have to wait in line for their treatments, confronted with other patients whose illnesses are in all states of progression. They will observe that other gravely ill patients have not returned for their treatment and will draw their own conclusions. Usually, nobody talks in these places, for the state of the other patients is a reminder of ambivalent thoughts: jealousy for others who seem to fare better and terror at the sight of those who embody the possibility of death. Feelings of isolation and

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<sup>12</sup> Personal communication from the writer.

being out of control, common among cancer patients, are strongest in these windowless clinics with their giant machines: such a setting is conducive to impressions of hopelessness.

This is the narrator's situation when she first meets Pedroni. Accompanied by his daughter, he stands out from everybody else in his attire and behavior. Italian by birth and a tailor by profession, he exudes charm and carries himself with worldly elegance, dressed in a camel hair coat. Only his persistent cough is a sign that he is indeed gravely ill. Although his illness is not identified, all signs point toward metastatic lung cancer. He has had to give up his business, knowing that he has no chance of survival. Pedroni dies less than half a year later.

While he is still alive, however, he befriends the narrator. He waits for her after treatments and takes her out for dinners at restaurants and even invites her to his home. He does not speak about "that other," his illness (165) and, like the narrator's alter ego, does not want to concern himself with death: "death is not our concern. We should not give death anything of ours" (162). The tailor cautions against careless thinking, for one might find oneself in a vicious circle, seeing death everywhere. Thought can be like "a loaded gun" (166). Instead of thinking about the future, as healthy people do, Pedroni defends the enjoyment of the present: "today, that is your concern" (166). In that way, illness is not only illness, he notes; from time to time a "radical health" strikes, an intoxication with the present as never before (131). He continues to enjoy his life as much as he can, consuming beer and ice-cream, dining in expensive restaurants, and watching his care-free fellow citizens walk by.

Pedroni takes on his illness, neither lamenting his fate nor downplaying it. He refrains from assigning blame and does not treat life as his enemy, "just because I don't understand it" (168). Although he is bitter at times, and often afraid, he does not let the outside world know about the advanced state of his illness. He has found that sharing his fear scares others. Hence, he believes that cancer patients must learn to keep their experience to themselves, out of love and compassion for their families (160), although he is happy to talk to the narrator. Pragmatic, he

concentrates on the things he can change (133). Pedroni has few regrets. He has lived his life fully and misses only one sense: the sense of a larger unity. Sicily symbolizes this “immense unity”: the intensity of life, sense of family, talks, kindness, the wind, images of his uncle (a priest), and herbal remedies that help if one believes in them hard enough. In this simple life where humans become one with nature again, “. . . nature can carry us again like plants” (159, 171).

In the beginning, the narrator reveres Pedroni almost as a disciple would her master. She has taped his talks and listens to them at home, embarrassed only when the alter ego switches the tape to fast forward and Pedroni’s scrambled voice sounds like Mickey Mouse. In fact, except for the initial meeting, Fuss Fassen never depicts an actual meeting between the narrator and Pedroni. We learn about the bulk of their talks in retrospect, as she sits in a chapel, across from his body. Again, it seems as if Pedroni speaks from a tape, his thoughts interspersed with the narrator’s retrospective comments. Reflecting on Pedroni’s talks while in the chapel, the narrator appears to find her own voice, disagreeing with him on some issues and agreeing on others.

The differences are indeed considerable. Pedroni believes that compassion means keeping his illness and his feelings to himself. The narrator, however, wants to confront her environment and draw it into her experience or, from a different perspective, draw her fellow citizens out of their complacency and defensiveness. Pedroni and the narrator are different in character, too: while he cultivates a serene detachment from his illness and troubles, the narrator desires to express her every emotion. Pedroni, who has lived his life fully, says he feels at ease with his fellow beings, for their carefree lives remind him of his own life before his illness. He does not mind other persons’ superficial, unreflective prattle which, in the case of her caretaker Mrs. Berger, drives the narrator crazy. The narrator knows: “Pedroni could deal with it, he enjoyed every day . . . Pedroni was different from me” (145). The tailor sums up their differences: “I am practical. I believe in the human and that is why I have trust and you don’t”

(162). The narrator, on the other hand, sets out to learn to trust in herself, on her own, while confronting her fellow human beings.

There are shared similarities, too, between Pedroni and the young woman. In fact, the narrator notes that the two talk alike, examining what they can change, pragmatically. The alter ego agrees: "Yes, I am like him; I think of the things I can change" (131). Both share a concern for the present and disregard for the uncertain future. However, the young woman, at least initially, is a confrontational, impatient figure. The tailor, on the other hand, plays on his worldly charm, and is acceptant of the narrator and able to transform any of her moods into a celebration. The attitudes of confrontation and acceptance provide a full scale of human reactions, demonstrating compassion in contrast to the indifference or denial shown by the narrator's healthy friends and colleagues. The figures of the young woman and Pedroni share their joy in life; they are alive, while the narrator's colleagues and friends, mired in their daily routines, are already dead.

The narrator enjoys spending time with Pedroni because his talk calms her fears and she can laugh with him and enjoy the present. Her colorful flowers on his deathbed celebrate their joy in life. Reminiscing about their talks, the narrator has an epiphanic moment. She asserts her desire to live fully and without any reservations, to live for the moment, to enjoy what she eats, the time of the year, and even "hearing" the clouds. Her words and, now her experience, echo Pedroni's words that head one chapter: "I have already lived a long life today, Signora" ("Ich lebe schon lange heute, Signora," 159).

The experiences of both Pedroni and the narrator show how illness has changed their relations with other people. Talking with him provides the narrator with the perspective, sensitivity, and support of someone else who knows cancer, the threat of death, and the importance of life, from his own experience. Unlike the healthy people in the narrator's life, Pedroni does not feel self-conscious and does not avoid the narrator. He accepts her for who she

is. The narrator, on the other hand, learns to accept their differences and to find her own voice over time.

While the narrator shares these insights as they occur at the chapel, her view is in fact retrospective. She reconstructs these lines from a distance, at home at the typewriter. In fact, it is the writer who constructs this scene a few years after her own experience. What the writer has shared with the reader through an earlier medical report, but the narrator does not yet know, is that the doctors have already detected another growth on the bottom of her mouth. They have chosen not to inform her because another operation would be impossible, so shortly after her most recent treatment.

### **Confronting Friends**

Besides dialogues and audio-tapes, letters are another important medium in Fuss Fassen for engaging the past. In her letters to her best friend Anna, the narrator seeks to invoke the understanding of their childhood friendship. As children, they talked about everything in a language only they could understand. Anna used to be the single most important friend in the narrator's life. The young woman even shares some of her features, and the narrator's daughter carries her name, "Annina." Lately, however, Anna seems no longer able to support her sick friend. As healthy persons often do when dealing with cancer patients, Anna builds a wall between herself and her and the narrator. From a distance, she often offers ambiguous advice. For example, what is the narrator to make of the following "encouragement" from Anna:

In winter the black bird will have already ascended high, you must believe it. He will circle above the clouds, you won't protect yourself anymore under trees and rock ledges because you won't see him anymore, you have to forget him. Because, even if he should swoop down out of the blue . . . (41).<sup>13</sup>

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<sup>13</sup> "Im Winter wird der schwarze Vogel längst aufgestiegen sein, glaub es doch endlich. Er wird hoch über den Wolken kreisen, du wirst dich nicht mehr schützen unter Bäumen oder Felsvorsprüngen, du wirst ihn ja nicht mehr sehen, vergiss ihn endlich. Denn, sogar wenn er herunterstechen sollte aus heiterem Himmel . . ."

But Anna did not complete the sentence, likely sensing the ambiguity of her image, and now the narrator is faced with the silence.

The narrator, however, struggles to break down the invisible wall between the healthy and the ill; she sees herself primarily as Anna's friend and not an ill person. She wants Anna to know what her suffering is like and what it is like to see the world with new eyes, again, as they did when they were children. Hence, the narrator appeals to their shared childhood. But Anna does not have the narrator's experience of life with cancer; nor does she know that she sees the world with eyes that have settled and grown old too early. In fact, she actively resists being drawn into her friend's experience. The literary form of the dialogue, mostly through letters, emphasizes the distance between Anna and the narrator. The friend seems eager to leave quickly after her visits and has, lately, not even answered the mail, apparently feeling the need to insulate herself from her friend's suffering (99). Finally, the narrator gathers up her courage and sets out to visit Anna at home to confront her directly. However, Anna has placed strict time limitations on the visit and her husband will join what Anna plans to be a light conversation over cookies and a cup of tea. Feeling betrayed by her friend, the narrator bolts from the scene. This turn of events finally breaks through Anna's guard and leaves her behind in shock.

Does Anna change? We do not find out. The narrator's attempt to challenge her distanced friend in her own house, however, shows the risks the narrator is prepared to take to break out of her isolation and establish communication with her friends.

### **Voices in Combinations: Conclusion**

Maja Beutler emphasizes that the fictional construction of Fuss Fassen is in the service of a better representation of her experience. While some of the figures are real (for example, the Italian patient Pedroni), others are embodied images of dream visions. Their voices interact and partially merge with the narrator's voice and contribute to a play of combinations from which the

narrator continues to develop and emerge. The changing interplay of the novel's voices within a larger whole is suggested by a metaphor from music that provides the headline and theme of an entire chapter, "Symphonic Piece" ("Sinfonischer Satz," 77). Typically, a symphony arranges a harmonic interplay of contrasting voices, around themes and contrasting movements. The voices in this chapter include those of various doctors, the narrator, and her husband. The first theme, performed by doctors, announces the temporary paralysis of the patient's tongue that will prevent her from speaking for a while. The second theme presents the patient's fearful recognition that she can no longer speak. Her tongue feels like a stone in her mouth, leaving her with the frightening sense of being "walled in" (78). The only sounds she can produce are guttural hums. The third theme presents the husband's helplessness in the face of his wife's predicament. These themes are developed within a musical structure, including exposition, implementation, reprise, and cadence. The health professionals' scripted optimism and the infantilizing nature of their talk, the narrator's paralysis and sense of powerlessness, and the husband's helpless attempts at mediation generate a piece of high drama. The drama is shared, but not the communication. Its voices cannot communicate with each other but must perform together nevertheless. Usually, symphonic interplay is concordant and harmoniously pleasing. Beutler's reinterpretation of symphony as cacophony picks up again on the theme of oppositions in a paradoxical unity, suggested already by the novel's front cover.

The German wording of the chapter heading is of interest, since the significance of "Sinfonischer Satz" turns on the double meanings of "Satz," signifying both a musical piece and a sentence. In the present case, the musical piece is in the writing of the chapter. Indeed, it is possible to read Fuss Fassen as a dramatic Wagnerian opera with many voices. Musical metaphors and allusions abound in the novel. The allusion to a musical organization of writing emphasizes, once more, the sense of a unity in Fuss Fassen.

### How can we speak or write about Cancer?

“Watch for the details,” the narrator and, by extension, the reader, are admonished by the narrator’s imagined young, rebellious double (50). Putting the pieces together again involves attention not only to the dynamic interrelations between the narrator and other figures, but to the novel’s language and its metaphors.

Earlier, I showed how communication between the narrator and her colleagues, friends, and husband becomes problematic. The words, sentences, silences, and gestures exchanged often have radically different meanings for speakers and recipients. What colleagues mean to be uplifting encouragements to “move on” are perceived by the narrator to cheapen her experience. The colleagues are not necessarily aware of their insensitivity. The current cultural context in Europe and North America tells them that illness, and everything else, needs “closure.” However, simplistic scripts of trauma management often do not contain the emotions, thoughts, and fears of mortality unleashed by traumatic illness. Moreover, colleagues, friends, and family may feel helpless in talking about the reality of death which, to many people, is as frightening as it remains elusive. Beutler’s narrator herself knows this very well; she did not know how to talk to her dying father. Hence, she feels doubly desperate. She knows the ignorance, helplessness, and/or fears her colleagues’ scripted responses, half-sentences, or silences mean to hide, because she has said it all herself when she tried to look after her father. The chapter “Father Tongue” shows how irritating and, at the same time, paralyzing her experience is, even more so because the narrator realizes now how forgiving her father was with her.

Compassion, however, can have different meanings. To some, it may mean patient acceptance of other’s injustices, offset perhaps by a questionable sense of moral superiority. However, compassion can also mean a fierce commitment to educating the other about perceived injustices, grounded in the importance assigned to human relations and the knowledge of one’s own failings. Especially in the latter case, language as a means of communication is crucial. The

difficulty, however, is to find means to externalize the often unspeakable trauma of cancer and its fears and near-schizophrenic states, delusions, visions, and raptures. A language must be found that can be understood by the other, so that the self can anchor itself in its relations with the other and itself. With cancer, especially if the illness becomes chronic, the search for language may be an excruciating ongoing project, thwarted again and again by new crises. The language that Beutler looks for in Fuss Fassen is one that draws the other into the frustrating and fearful experience of being overwhelmed by an incoherent and continuously changing reality and the inability to share the experience. Descriptive language will not do; instead the reader is flooded with images, gestures, and ellipses that attempt to evoke an experience that descriptive language cannot capture. The experience of life with cancer forces excessive self-involvement and Beutler's use of language succeeds in providing a sense of this experience. Beutler also shows, with experienced sensitivity, how the breakdown of past, present, and future in the narrative organization of our lives may produce epiphanic raptures--but not without their opposite experience, the abyss of darkness, fear, and despair. In fact, the appreciation of life is conditioned on the awareness of death. Life and death seem inextricably intertwined. Hence, the narrator longs for philosophical and literary models that attempt to explain the relationship between life and death within a larger, albeit elusive whole. She finds these models in Romanticism. Particularly, she is drawn to Romanticism because it is a language of subjectivity that combines philosophy, spirituality, and poetry into an imaginative attitude towards life, with a respect for mystery. Fuss Fassen contains many allusions to Romantic imagery, and its form can be said to replicate that of Romantic novels. However, Beutler does not romanticize her experience. She uses Romantic allusions to draw out her experience, or parts of it, so that she can draw her audience in.

### Words like Shards of Glass

Fuss Fassen begins with the problems of language and the multiplicity of its meanings. The narrator and her husband do not know how to talk to each other about her illness and their fears and hopes. When his wife wants to take up her old position again, her husband insists that “enjoyment must be guaranteed” (27). Such words hide what Pierre thinks but will not say: you are running out of time; do not burden yourself anymore; I want to protect you (27-8). Pierre also says: “You are healthy now,” and his wife responds, “Yes, I am healthy now” (27). However, she knows that he is lying awake at night fearing for her; she knows because she herself cannot sleep. They lie next to each other, in silence, “our sentences carry us no longer, we fall through them” (27). Here, Beutler introduces the image of language as a safety net, or web, that supports life and builds bridges to the other. Its lack, however, forces isolation. For example, when the narrator tells her best friend Anna that she has found a new growth on her neck, Anna can only utter, repetitively, “My God” and fall silent (179). Her response suggests that she is giving up on her sick friend. However, the narrator is alive, looking for ways to survive, and does not want to be written off. Anna’s words, or lack thereof, conjure up the threat of death, albeit on a liminal and, hence, more threatening level. From the point of view of the narrator, such language stifles thought (179).

The narrator, however, resists the role of a mute victim. Instead of giving in to the uncertain prospect of death or “guaranteed enjoyment,” her focus becomes to live the life she has, and to live it unrestrainedly. This change in focus requires a review of meaning, including the painful ambiguities of language, for inconsiderate and ambivalent words such as Anna’s can hurt, like “shards of glass,” or “splinters of ice” (196). Yet Pedroni’s talks, or the observation of natural processes, lead to epiphanic exhilaration. Moreover, imagery turns out to be inherently ambivalent. The green leaves on the maple tree in front of the narrator’s house may signal life, while the leafless tree’s black skeleton in November is a reminder of death. And while the leaves

on evergreen trees never fall and subvert hope, their endurance may seem indifferent and much more maddening. For they will continue to stay green long after the narrator's death.

### **Refiguring Language**

The narrator finds that the words and images she turns to for support are no longer helpful. Their meanings have become stale, and need to be exploded and filled with new life. For example, what does the narrator's former favorite image of "the inner man," and "building up the inner man" mean, now that her reality has been turned on its head (43). Her alter ego, "the young woman," states dryly that this image is just a fixed phrase ("stehender Ausdruck"). The German verb "stehen" (literally, "standing"), here used as an adverb, emphasizes the static, tradition-laden, arrested nature of its referent. The young woman demands that the narrator make herself available to change, to new meanings and interpretations, at a time when "nothing is fixed" ("nichts steht fest"). The alter ego asks: "Is everything still possible? . . . are you free?" ("Ist alles noch offen? . . . bist du frei?," 49). To the narrator, these sentences have explosive meaning. They question the fundamental assumptions behind her ordered, bourgeois life. The German term that Beutler uses for the phrase "explosive sentences" is a clever pun on words: while "Sprengsatz" refers, in common usage, to an explosive charge, "Satz" also means "sentence," and the meaning of "explosive charge/sentence" unfolds in the images which the narrator's double assembles. These charges will blow up the traditions, images and words the narrator holds onto and fill them with new life. They are not explosive in the sense of pyrotechniques, but are constituted out of green leaves, moss, small metal bars, and small cardboard boxes. Their imaginatively destructive power builds up and leads to the book's fiery conclusion, suggesting that language, and the meanings we invest it with, may have as much destructive-and regenerative-force as dynamite. Hence, the meanings of "Sprengsatz" multiply as sentences that

are to be exploded: the meanings of language can both be destructive and provide fertile ground for new semantic life.

### **Language in Labor**

Images of (re)generation pervade Fuss Fassen, in particular with regard to language. Beutler likens the difficulties of finding words, connecting them in sentences, and bringing them to paper, to the labor of giving birth to words ("Worte gebären," 79), and having to raise them (Wörter grossziehen," 31). Connected in sentences, the words extend from her like an umbilical cord ("Nabelschnur," 31, 132). The image of the umbilical cord reverberates in the novel's images of sentences as "cords," as links which may be taught, generating distance as well as connection between the narrator and her husband ("die Sätze sind gespannte Schnüre zwischen uns," 58). When Pierre looks out the window, observing the falling leaves, and no doubt contemplating their symbolism, his wife asks what he is thinking. He responds, "I am not thinking about anything" (58). However, cords also can be cut to provide freedom and survival. Perhaps this is the reason why Pedroni talks so much: so that the narrator can live on after his death (173). Some cords may be tentative and provisional. As the narrator contemplates her neediness for love, her alter ego "throws her a cord," the fragment "your lack," instantly recognized by the narrator as an "umbilical cord" (132). In the course of the novel, this fragment will be woven into an entire web of cords, the fairy tale of "A Lack Resolved" (151-54). The narrator applies the labor of generating language not only to her communication with colleagues and family, but to her writing. Moreover, she refigures the act of writing as the practice of traditional handicraft, by turning to traditional Romantic language.

### New Life in Archaic Language: “Klöppeln”

Interestingly, Beutler turns to archaic language to fill words and writing with new life. One of the particularly evocative words and images in the “play of combinations” (“Zusammensetzspiel”) of Fuss Fassen is the verb “klöppeln.” It first appears in the second chapter, “Sprengsatz” (48). The narrator’s imaginary double, the young woman, begins to assemble explosive charges from the contents of four boxes. One box appears to contain little metal pipes, perhaps made of gold or brass. As the metal bars bounce into each other, they produce a metallic sound, not unlike marbles clicking against each other. However, she arranges them in a certain order, producing a sound reminiscent of the traditional art of bobbin-lace or pillow-lace making. In fact, she seems to take on the appearance of an ancient lace-making woman. Working with deep concentration, or like a sleepwalker, the young woman appears to lose herself in a larger image or plan (48). The concentration of her body and mind indicate that both have become united in pursuit of an activity larger than herself. She fills the boxes with layers of moss, leaves, and the metal pipes, producing clanging sounds, leaving the narrator (and the reader) wondering what she is doing. The protagonist asks whether she “feels any fire” but the double ambiguously responds that the end is not her aim (a turn that the reader will understand after the novel’s fiery conclusion). She is fighting against something that is left unspecified, apparently preparing “assassinations.” What she assembles will become the protagonist’s story (49). Considering all the details, it appears that the young woman demonstrates a living example of how to write, body and mind in a state of rapture, with no concern for the future results of the action.

According to the chapter heading, explosive sentences are being produced. The young woman’s activity, and the metallic sounds of her production, resembling the clicking sounds of marbles, are an elaborate metaphor for working at a manual typewriter. This interpretation is substantiated in the later chapter “King, Pope, and Pauper” (125). There, the narrator inserts a

sheet of white paper and the young double dictates a fairy tale. The narrator herself is “producing lace” (“klöppeln”) industriously.

What is the significance of the use of the term “klöppeln” for the act of typewriting? Etymologically, the verb “klöppeln” derives from the Middle High German noun “Klöppel,” English “clapper,” also “Klopfer” (“knocker”) or “Knüppel” (“cudgel”). The artful production of lace began during the sixteenth century, employing wooden sticks with spherical heads. Because of their similarity to bell clappers, these sticks were named “Klöppel” (“clappers”). The activity of the young double in the chapter “Sprengsatz,” adapted by the narrator in the later chapter, evokes an activity that is both modern and traditional. It is modern as it uses the metal rods of typewriters, but it evokes the artful, traditional production of lace. More importantly, the appearance of the double as an ancient lace-maker, who has lost herself in her work as if in a trance, seems to indicate a dedication to artistry that is no longer found. Indeed, lace-makers no longer exist. As the image of lace-making suggests, like weaving or knitting, common images of writing in women's texts, writing is very much an embodied activity. The etymology confirms what onomatopoeia suggests: the image of lace-making reflects the act of writing, which pieces together different experiences.

The notion that the young woman appears to have surrendered herself to a vision recalls the integration of the individual into a larger whole. Her activity is described as both filled with deep commitment and concentration and yet empty of herself and of any concerns for the end results of her activity. The image is almost one of mystical rapture. As the narrator notes, the double's appearance and behavior bridge and contain the oppositions of either/or (“... alles ging vom Entweder bis zum Oder,” 46). Here Beutler alludes to, and criticizes Kierkegaard who, in his book *Either/Or* (1843), felt he had to decide for the ethical life over the life of aesthetic pleasure. The young woman's action is subject to no restrictions; however, it integrates itself into a larger whole of life and death. This action, combining both abandonment and structure,

perpetuates the imagery of change and motion within the larger context of the universe, as indicated in Bruno's quotation. To the narrator, this mixture must seem attractive. In need of adapting to the chaotic changes of her health, a larger structure promises stability in change. The narrator locates both structure and rapture in metaphysical origins, through the traditional practices of work and the uses of language.

References to the use of language in Fuss Fassen do not limit themselves to a purely descriptive lament about healthy people's insensitivity (including the narrator's own insensitivity when her father was dying). Rather, Beutler crafts every detail to draw the reader into her fictionalized experience. Every word is carefully chosen, beginning with the novel's chapter headings. The term "Sprengsatz," the heading of the novel's second chapter, introduces and lays the groundwork for Beutler's semantic "fireworks." The novel's other headings are crafted with just as much care and as many layers of meaning, such as "Symphonic Piece/Sentence" ("Sinfonischer Satz"), "Winter Seed" ("Wintersaat"), "Father Tongue" ("Vatersprache"), and "Trumpets of the Last Days" ("Endzeitposaunen). I shall limit my discussion to one more heading, "Green Album Page/Leaf" ("Grünes Albumblatt"), which demonstrates the importance of nature imagery in Beutler's novel.

### **From Leaves of Green to the Universe**

Like the other headings, "Grünes Albumblatt" hinges on a play on words. The German term "Blatt," like the English "leaf," can refer to both a plant leaf or a page of paper. By itself, the term "Albumblatt" ("Album leaf") leads us to expect pages of paper in an album, but the adjective "Grünes Albumblatt" ("Green Album Leaf") introduces the possibility of a green plant leaf in an album. The imagery of writing on green leaves pieces together the healthy notions of green growth, the sense of a future, and the act of writing, in the regenerative, hopeful image of

therapeutic writing. "Grünes Albumblatt" is the final and most hopeful chapter heading in Fuss Fassen.

Earlier in the year, the narrator had suffered a second relapse and was scheduled for surgery in November. Her surgery and radiation after her first relapse had also occurred in the month of November, during the previous year. Since she was diagnosed with cancer during winter two years earlier, the narrator has developed an aversion against this season. The month of November is the time when the maple tree in her garden is bare of leaves, its black trunk bare like a skeleton. At the end of the summer, the leaves will begin to fall, each leaf acting as a reminder of how little time is left until the trees are bare and it will be November. Beutler heightens the associative link between leaves and time by using the German term for the face of a watch, "Zifferblatt." As in "Albumblatt," the term "Blatt" unfolds its meaning on many levels. In "Zifferblatt" it refers to the common usage "watch face." However, in the context of Beutler's nature imagery, it signals the connection between natural seasons and the human life span. Finally, "Blatt" refers to the pages on which the narrator is writing her account, writing against time, as it were. Watching the leaves fall from the trees, however, is a constant reminder of the novel's unspoken course, that is, the frightening possibility of moving closer to death. During the summer, the narrator has moved with her family into an inn in the forest. Its evergreens, as well as its green moss, provide a regenerative, healing image of health that will not wane. Forest vegetation does not threaten seasonal changes as much as the deciduous growth in the city does; its leaves will not exhibit the first signs of fall in August but perpetuate the impression of summer. Hence, time promises not to move ahead so abruptly. November will come, but it is still some time off. Every look at their evergreen leaves reassures the narrator that time does not move, just like the saying that time does not move when one scrutinizes the face of a watch.

Nature, then, is the field in which the narrator grounds her writing, in both its destructive and generative connotations. When Pierre contemplates the falling of the leaves, thinking "earth

to earth," the image suggests death (57). After learning about a relapse, the narrator dreams that the earth gathers around and in her. It fills her belly and her lungs until it emerges through the windpipe and vocal chords and she sings, sings the earth, out of her (182). The language of the earth is primal, spoken by simple people, peasants such as the narrator's fellow patients. Mr. Fischer's words are "like earth from his fields, old and dusty, the sentences are ruffled by the wind but I can feel their warmth . . ." (113). It is this primal imagery of earth and leaves of grass in which the narrator seeks to anchor herself as she writes her life against the vicissitudes of her illness, another relapse, more treatment, and the threat of death. In a letter to her friend Anna she writes:

. . . Help me dream against the bad premonition, a final, enormous dream, yes, I am still awaiting the final rapture,  
 Anna,  
 dying is living;  
 . . . a leaf of grass,  
 on which I will tie my webs of words, I will pull them slowly across fields and forests, the cities will become enmeshed and I will not stop before mountains, no, Anna, I will climb up high, to the top, and throw my webs of words into the infinite reaches of the universe, I will catch our whole world, Anna, I always dreamt I would feel the force of the earth while writing, in my hands, feet, legs, breasts, tongue . . . (193-194).<sup>14</sup>

In her letter, the narrator takes up again the themes she has developed throughout her narrative. She hopes to write herself into a unity of body and mind, longing for a rapture that continues to elude her. Moreover, she hopes to build an aesthetic arch between her life, her world, and the infinite universe, to link all in the unity of a web of words. Her all-out effort is predicated on a "bad premonition," that is, the proximity of death. It is the enormity of death that invokes the

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<sup>14</sup> ". . . Hilf träumen gegen die böse Ahnung, einen letzten, gewaltigen Traum, ja, der Rausch steht noch aus, Anna, Sterben ist Leben . . . der Halm, and den ich die Wortnetze knüpfen werde, ich ziehe sie von dort aus langsam zwischen Äckern und Wäldern durch, die Städte werden drin hängenbleiben, und ich mache vor dem Gebirge nicht Halt, nein, Anna, ich steige hinauf, bis zuoberst, und werfe meine Wortnetze in unermessliche Himmelsweiten aus, ich fange die Weltkugel drin, Anna, ich habe immer geträumt, die Wucht der Erde zu spüren beim Schreiben, in den Händen, den Füßen, den Beinen, den Brüsten, der Zunge . . ." (194-95).

totality of life. This paradox is reflected in the act of extending the self into the infinite universe—and its dissolution in the final rapture. Hence, the narrator is confronted with a paradox: that which is going to kill her will save her. In other words, she owes her turn towards life to the threatening reality of death or, in her words, “dying is living.” Literary scholars will note that these words echo Goethe, who wrote “Die and become!” (“Stirb und werde!”) in his Romantic poem “Selige Sehnsucht” (“Blissful Longing,” 170), which celebrated the life that longs for the fiery death of rapturous insight (169). In fact, the imagery of longing for the infinite and unity as the end of life and art is central to Romantic writing. Destruction and regeneration predicate each other, a theme that builds up to the fiery conclusion of Fuss Fassen.

A fairy tale is also included in Fuss Fassen, dictated to the narrator by her alter ego. It begins with the traditional opening of a fairy tale: “Once upon a time . . .” (151). It traces the quest of a woman who has lost everything but a dark red rose on her neck. She hides it under a dark red scarf, believing that it is a sign of death. Shunned by her fellow citizens, she travels by night, seeking a cure. However, she cannot heal until she understands a certain kind of lack she is suffering in her heart. Finally, she sits down under a tree in the midst of a village. She longs to become as beautiful as the day, unravels her flaming red scarf, combs her hair, and rubs her lips until they are red like fire. When she looks at the world around her, her once lifeless eyes light up again:

As if for the first time she saw the world; “lovely you,” she cried: in the dew drops the sun shone, the grass stood fresh and young around the tree, the window panes along the rows of houses sparkled, and the chimneys rose toward the sky like flower vases. “I should put my dark-red rose in there,” the woman thought and folded her red scarf and put it in her pocket. . . . Happily she went home, unlocked her house and hurried to the mirror: in her eyes shone the sun (154-55).

The tale is written in the simple past tense, the usual tense for fairy tales. Its style is that of a traditional Romantic fairy tale. The sequence of subject, verbs, objects, and adjectives is rearranged as is often seen in fairy tales. For example, many sentences begin with the adjective,

followed by subject and verb: "Happily she went home." The woman's new view of the world is the romantic view of a person who has fallen in love, seeing everything around her anew, with new intensity, and without distance. Like all new love, it is indiscriminate, a love of both the other and the self. This synthesis of self and other in love is reflected in the image of the sun, shining both in the dewdrops on a leaf of grass and the woman's soul, for eyes are, symbolically, a window to the soul. Her transformation resolves her previous lack in her heart, symbolized by the red rose veiled by the scarf. Now that the lack is resolved, the scarf is no longer necessary. The symbolism of the rose has shifted; it is no longer a sign of death but the life of her soul, shining in her eyes, and the life of the world and its people. The magical synthesis of inside and outside, of heart and the universe, a soul afire and a world magically enlivened, reiterates, once again the Romantic longing for unity and spiritual insight. The fairy tale of a woman with a death- and life-bringing rose on her neck recalls the Heraclitean union of contrasts, here of destruction and regeneration.

These themes, and, particularly the symbolism of the red flower and the red scarf, allude to the novel Heinrich von Ofterdingen, by the German Romantic writer Novalis, where a foreigner tells the novel's protagonist, Heinrich, about a magical blue flower ("Blaue Blume"). In a dream, Heinrich observes the transformation of the blue flower into a blue collar and, embedded in it, is the image of a woman. Filled with longing, Heinrich will eventually find love, the blue flower, and engender a golden era of poetry. In Beutler's tale, flower and scarf are related, too, and what the woman finds is love for, and understanding of, herself. The journey inwards is another important theme in Romantic writing. Novalis lays out this path towards insight in one of his fragments: "The magical path leads inwards. Within us, or nowhere, are eternity and its worlds of the past and the present" (Blütenstaub Nr. 8). Earlier, I noted the similarity between Beutler's alter ego and the exotic Arabian woman Zulima in Heinrich von

Ofterdingen. The young woman seems to function as a muse who inspires the narrator with Romantic imagery.

In addition to emulating Romantic language, Beutler quotes liberally from Romantic sources. She refers to Romantic fairy tales such as "Rübezahl" by Schenke (99, 101, 113, 120), and the tales by the Brothers Grimm, including "Hansel and Gretel" (215), "(t)he Brave Little Tailor" (78, 99), "Rumpelstiltskin" (87, 219), and tales of the wolf (78, 82). In addition, we learn that the narrator's favorite text, at least at the time of her training, was the Italian late Romantic writer Alessandro Manzoni's historical novel The Betrothed (111). An excerpt from Manzoni's novel appears halfway through Fuss Fassen, as an ambiguous Christmas present bestowed by Anna on the narrator. The passage depicts a mother placing Cecilia, her dead nine year-old daughter, with dignity on a cart during the undignified chaos of the plague. The mother knows that she herself and another little daughter will die shortly thereafter (Manzoni 639-40; Beutler 116-18). Anna means to encourage the narrator with the story, suggesting that Cecilia is stronger than death (111). Whether Anna achieves her goal remains ambiguous. She may be suggesting a Christianized version of Heraclitus' union of life and death, with Manzoni preserving a memorable death for eternity.

However, the narrator's attempts at rapture, whether through the aesthetics of her writing or the enjoyment of Pedroni's company, seem to alternate with setbacks in her health, undermining her trust in her aesthetic project. She writes to Anna, ". . . if I could anchor my sentences somewhere, Anna . . . Anna . . . it is all just paper."<sup>15</sup> The narrator doubts the foundation of her web of words in the embodied world of grass and the earth and fears that, after all, her attempts are just words on paper. In addition, she doubts her ability to convey her thoughts to Anna. The movement between the generative, therapeutic work of language and the destructive process of the narrator's illness continues throughout the book in a dialectical

fashion. Processes of both destruction and regeneration predicate each other, reaching a fiery resolution in the novel's conclusion.

**Metaphors in Fuss Fassen: "Continuity in Change," "The Play of Combinations"**

For cancer patients facing disintegration, putting the pieces together again is often complicated by the sustained uncertainty of life with cancer. Cancer autobiographies reveal how advances in medical knowledge can lead to multiple reclassifications of the cancer over the years, thwarting initial expectations for early closure and making additional treatments necessary (Wadler 1992, 1997; Rich 1999). The threat of a relapse and the possibility of death loom over many autobiographers, even when their illness has been detected early and the prognosis is good (see, for example, Sternbach 1999). In addition, cancer treatment itself may lead to continuing changes in the body's tissue and functions and destabilize body images, provoking problems of self-experience (see, for example, Grealy 1994). With cancer, change is pervasive.

Adjusting to change, however, is difficult and frightening. Fuss Fassen opens with the narrator returning to work, hoping to pick up again where she had left off more than three months earlier, before her diagnosis and treatment. The office building looks the same, the easy-care rubber plants still sit under a spotlight (7), there is the cigarette machine, and the floors smell as they always did (19). The colleagues are having their regular noisy meeting in the canteen, behaving as obnoxiously and obliviously as ever (21). However, while all of this could be reassuring, the narrator feels deeply unsettled. She can no longer fit into the superficial work relations. She feels rejected and alienated at the same time, unable to integrate her deepened sensitivity and her changed outlook on life into the work place. It is not the colleagues who have changed; the illness has changed her and her attitude as she asks, rhetorically: "... have I not

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<sup>15</sup> ... wenn ich meine Sätze noch irgendwo vertäuen könnte, Anna ... Anna ... alles Papier (194).

become a different person?" ("... bin ich nicht eine andere geworden?", 29). Every attempt to settle into her changed reality is upset by another return of her cancer.

For most cancer patients, the experience of constant, unpredictable change is catastrophic. It subverts the basis on which life is cast into narratives. The review of the healthy past, spurred on by cancer, incites doubts about previous perceptions of well-being, while the changing present makes the prediction of the future and the planning of goals impossible. Each new symptom can set off existential crises, again and again. With nothing to hold on to, many cancer patients ask whether there is any "meaning" in their experience. Some may make a provisional, aesthetic "sense" of it by writing. Some may find, paradoxically, that life's meaning is that it has no meaning.

Maja Beutler responds to the continuous changes in life with cancer by making the experience of change the narrative's central conceptual metaphor. It guides the narrative's movement from orderly life before the diagnosis through successive adaptations to change, culminating in the final image of the narrator as a traveler walking through fire. Moreover, Beutler suggests that there is meaning in the very continuity of change. The novel's opening quotation from the philosopher and writer Giordano Bruno (1548-1600) suggests that continuity and change are part of a larger order. This quotation is significant for a number of reasons. Philosophically, it refers both back to antiquity and ahead to the Romantics whose images of continuity in change permeate the language of Beutler's novel. Bruno reinterprets a tradition begun by Heraclitus (cf. Bruno 64, 93), the Pre-Socratic philosopher from fifth-century Greece who had asserted the continuous flux of existence in his aphorisms, particularly in aphorisms B 92, "That which is disperses and comes together and comes close and departs (nothing is stable)," and in the famous "panta rei," "everything is in flux" (65 A 3, Heraklit 28, 39). Heraclitus' image of continuous flux, however, is not one of chaos, for everything in his world is

organized by the “logos” (fragments B 1, B2). For Heraclitus, “logos” is the universal meaning, or law, of the universe (Fränkel 424).

Heraclitus’ imagery has left many traces in Bruno's writings and in Romantic poetry. The quotation from Bruno stresses the organization of change, and Goethe makes that a more personal theme when he talks about the permanence of aging in his poem “Permanence in Change” (“Dauer im Wechsel”). The chaos of change and the sense of dissolution of self and the body in life with cancer are traumatizing. However, the narrator attempts to find meaning in change. While chaos may present dissolution, it may also indicate new beginnings (65). Beutler seeks these new beginnings in the affirmation of change in its continuity. Paradoxically, the very continuity of change can provide hope for meaning in terms of a larger order, containing both continuity and change, as well as dissolution and creation. The challenge will be to put the pieces of life together again in new and ever-changing combinations. As the novel’s central conceptual metaphors of life with cancer as continuity in change and a play of combinations suggest, the challenge requires a dynamic response. Hence, when the young woman goes to “work” with the narrator, she asks: “Is everything still open? Are you free?” (49).

In Fuss Fassen, the unpredictable nature of cancer sets in motion continuous changes in the narrator’s life, culminating in the hope that these changes make sense as part of a larger whole. The novel’s last words, spoken by the young woman, entice the narrator to this hope:

Remain free; carry everything with you. Perhaps you will have the faith that somebody will have stayed with you. Really (231).<sup>16</sup>

We note the imagery of change in movement (“Remain free, carry everything with you”) and, in contrast, the hope for continuity (“somebody will have stayed with you”), reiterating Heraclitean themes. Who is “somebody?” The novel does not hint at a particular person. Cancer patients in my audience identified very much with this sentiment, noting that “somebody” may be one of the

voices the narrator had come to live with during her illness when everything else around her had fallen into pieces.

In a letter to her son, Beutler's narrator writes that destruction and creation are part of "life itself," an entity that is larger than individual human lives and human life as a whole (71). Here she alludes again to Heraclitus, who asserted that the logos integrates the "coincidentia oppositorum" (Fränkel 425), or two-sided unities, as some fragments demonstrate: "What is cold warms up, what is warm, cools down; what is humid, dries up, what is dry, moistens" (B 126), ". . . day and night are one" (B 57); and "Illness makes health sweet and good; hunger satiety, and exertion rest (B 111). The reference to Heraclitus lays the groundwork for these images of order in supplementary contrasts, most notably the forces of death and birth, destruction and regeneration, and its application in Bruno. The latter takes the matter one step further, explaining in Cause, Principle and Unity that the parts and the universe are made up of the same substratum. There is no hierarchy; even the smallest part carries in it the make-up of the infinite whole (Bruno 87ff.). Bruno's extension of Heraclitus' thought introduces the Romantic notion, particularly held by Novalis, that humans could approximate the meaning of the whole universe in an inward turn (Blütenstaubfragment Nr. 8). In Fuss Fassen, Beutler emulates this inward turn in many instances: in her fairy tale and in the narrator's desire to enmesh the infinite universe in her writing and, finally, in her stance of self-reliance, her ability to "help herself" (229).

Furthermore, Bruno asserted that all matter is ensouled by God, there being no division between matter and spirit. This hermetic tradition in Bruno's thought has been explored by Yates (1964). The Romantics, in reaction to the zealous categorisers of the Enlightenment era, reinterpreted Bruno for their own ends. The philosopher F. W. Schelling celebrated the infusion of nature with God's universal "world spirit," or "world soul" ("Weltgeist," "Weltseele,"

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<sup>16</sup> "Bleib frei", sagt sie, "trag alles mit dir, vielleicht wirst du glauben, dass einer bei dir geblieben sei. Wirklich" (231).

Gaarder 411). Nature appeared animated and saturated with the divine, and even more so the soul. Hence, Novalis argued, the exploration of the human soul could provide insights into the secrets of life itself (Gaarder 412). Romantics such as Friedrich Schlegel fused philosophy, poetry, and the exploration of nature into a unitary attitude of eternal longing for life, investing writers with a poetic liberty as infinite as Bruno's universe. As Wilpert notes, many Romantic works dispense, for the above reasons, with formal structural principles. The use of style, that is, choice of words, syntax, and archaic language is meant to invoke a long-lost harmony of bygone eras (793f.). Beutler's novel appears to pursue the same project, fusing philosophical thoughts, nature, and aesthetics into an all-inclusive attitude towards life, its narrator longing to be consumed in the oppositional forces of destruction and regeneration. The themes of eternal change and the interrelation of generation and destruction, that is, life and death, inform Goethe's poem "One and All" ("Eins und Alles"), particularly the following lines: ". . . everything must vanish into nothingness if it wants to remain alive,"<sup>17</sup> which recalls the previously noted "die and become" in his poem "Blissful Longing." In a similar vein, Novalis laments, in his poem "Longing for Death" ("Sehnsucht nach dem Tode") the passing of bygone eras where human senses were still alive, burning in towering flames.

Beutler's imaginative reinterpretation of continuity and change, as well as the oppositions of dissolution and creation as part of a larger whole, pervade Fuss Fassen. In moments of despair, the narrator cries out that nothing fits together anymore ("nichts ist mehr ineinander gefügt," 61), or that she no longer fits into the play of combinations, referring to the relations at work (21, 27): "How does everything fit together?" she asks, her question taking on a more existential dimension (49). For example, when the narrator rises from her bench in the radiation clinic's dreary waiting room, her eyes temporarily lose focus. When she sees clearly again, discerning the other patients, the metaphor of a kaleidoscope comes to her mind. It suggests the

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<sup>17</sup> "Alles muß in Nichts zerfallen, / Wenn es im Sein beharren will."

arrangement of shards in a creative order: “kaleidoscope: all shards together” (“Kaleidoskop, alle Scherben beisammen,” 120f.). Many times, the narrator or the other characters evoke the concept of a large, albeit elusive, whole. Pedroni reminisces about country life in Sicily, missing the sense of a “major unity” (171ff.). The young woman, absorbed in her work, appears to have a plan, despite her assertion that ends are not her concern (48).

During the scary times of illness, many patients long for tangible proof of certainty and signs of closure. Beutler removes the hope for closure and re-offers it in its very removal, anchoring the individual experience of chaos in the unity of a larger whole. She can rely on a tradition that stretches over two millennia, but her hope requires arduous work; it requires taking on both regeneration and destruction, life and death, without closure. Her project may provide moments of rapture, but not without moments in the abyss of despair. As the novel’s end shows, this is a continuing process.

For many patients, especially those who see cancer as a tragic interruption after which they hope to rejoin life again, the concept of embracing destruction and regeneration will be upsetting. On the other hand, many cancer patients feel isolated in the subjectivity of their experience. The experience of cancer support groups shows that the image of the individual fitting into a larger whole may be calming. Relaxation groups feature the regenerative images of a larger whole, balancing their patients’ experience with a destructive illness. Perhaps living with cancer as a chronic illness may prepare some patients, like Beutler’s narrator, to attempt the arduous work of confronting life and death as a whole.

It is interesting that there are hardly any battle metaphors in Fuss Fassen. This may have to do with the fact that the narrator does not name her illness, the threat of metastases, and the concomitant threat of death, other than referring to them by ellipses, or references to “that other.” In addition, her fellow patient Pedroni and her younger alter ego assert the futility of blaming

anyone for the illness, and insist that “Death is not our concern; today is.” The dominant metaphors of cancer in this novel are regenerative ones.

### **Cancer as the Unnamed**

Although some reviewers of Fuss Fassen identify the narrator’s illness as cancer (“Wo liegt der Sinn in der Krankheit?”; Eichmann-Leutenegger), neither the narrator nor the medical reports in the novel offer an actual diagnosis. The word ‘cancer,’ in fact, is never spoken. It is through others that we first learn about the seriousness of the illness. The husband’s insistence that his wife use her reserves of strength economically and that their life together is all that counts, provides the first hint that the narrator is or was ill (10). Secretaries at the radio station fill each other in on how the protagonist was affected: “lower abdomen first, then the neck, she could not come for four months . . .” (11). A notice in the hallway strikes the protagonist’s (and the reader’s) eyes: “MUTATIONS” (“MUTATIONEN,” 13). In the context of the Swiss business world, this term refers to job changes. However, the protagonist’s comment, “mutations are not an illness,” and the capitalization of the letters, draw attention to the term and what is not said: in medical terminology, “mutations” often refers to the genetic etiology of cancer. The medical reports note that the patient has a “tumor” (39). We infer that the “tumor” is not benign but malignant, that is, cancerous, because the protagonist’s father died of a “tumor” of the neck (although of a different kind), and subsequent medical reports in Fuss Fassen note recurrences of lumps in the region of the neck.

The novel provides no further details that might substantiate the illness in the lower abdomen (German “Unterleib”) and its apparent connection to the tumors of the neck. The term “Unterleib,” when associated with tumors, is a euphemism for cancers of the reproductive tract (“Unterleibskrebs”). In such cases, invasive surgery terminates the ability to bear children and may challenge concepts of gender identity. The image of giving birth is quite prominent in the

novel, albeit sublimated on the literary level. Difficulties of communication appear to the protagonist like the process of giving birth (33, 79), and are associated with the birth of her youngest son (74).

Perhaps the writer has chosen not to identify her illness more closely for personal reasons, or in order to generalize the protagonist's experience. Even in her interview with Doris Michel, the writer will only mention "the illness" ("die Krankheit," 50, 57). Similarly, the novel's narrator, her family, and other patients never directly address the possibility of death. However, their evasions, often indicated by ellipses, make the possibility of death even more frighteningly real. The reasons may be ambivalent. On the one hand, not naming the illness can make the prospect of life with cancer even more terrifying. As the protagonist says herself, descriptions are calming and foster distance (207). On the other hand, if language can shape reality as Fuss Fassen appears to illustrate, the commonly fearful terminology of cancer could produce an obsession with dying and death that would detract from focussing on the life to be lived, however uncertain it is. The following metaphor illustrates this danger.

### **Cancer As the Black Bird, and Other Birds**

Bird images play an important role in cancer imagery, in particular for healing and relaxation therapy. For example, Lis Smith and Michael Boyle make use of the image of the dove in guided relaxation groups for cancer patients in Vancouver.<sup>18</sup> Since early Biblical

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<sup>18</sup> Lis Smith's relaxation narrative (available on audio tape) is used in many variations in cancer support groups throughout British Columbia:

. . . and now you might want to look up, perhaps just a little way up  
to where framed against the dark of the blue sky  
a lovely white dove is flying  
maybe you can see the soft gentle glow in the eyes of the dove  
the soft whiteness of feathers  
perhaps you can hear the gentle call  
allow everything in you to respond to this free and lovely creature  
and if you wish you can follow the flight of the dove as you watch  
or you can experience yourself as the dove  
now you can look down on the meadow glow

symbolism, the dove has been seen as a sign of spring, peace, guilelessness, love, and the Spirit in Jesus' baptism (McKenzie 203); in the *Physiologus* it is associated with healing (Ladner 120). In Lis Smith's narrative, the flight of the dove suggests unrestricted space, freedom of movement, detachment from earthly burdens, and a bird's eye view of reality, presumably seeing everything in perspective, from a distance. The "soft gentle glow" in its eyes suggests wisdom, love and serenity, and its white feathers softness and purity. Other cancer patients, however, prefer the image of the eagle, for its freedom of movement and its royal status among the birds, but, mainly for its sharp beak, sharp eyes, and single-minded focus in hunting down food. However, patients who prefer the dove are wary of the image of the eagle, because the latter has also been seen to devour doves. Some patients use the image of the snow-owl, combining the outer appearance of the dove with the eagle's hunting habits. The bird's hunting translates into the image of hunting down cancer cells.

In contrast to the healing images mentioned above, the image of a bird in *Fuss Fassen* serves as a reminder and metaphor of metastases and death. The image is first brought up by Anna, the narrator's friend. Anna likens the threat of death to a black bird:

In winter the black bird will have already ascended high, you must believe it. He will circle above the clouds, you won't protect yourself anymore under trees and rock ledges because you won't see him anymore, you have to forget him. Because, even if he should swoop down out of the blue . . . (41).<sup>19</sup>

The bird's circling high above and its swooping flight suggests that it is a bird of prey. In this case, however, its prey is not cancer cells. The bird itself afflicts cancer, preying on patients. Its black color, hence, is symbolic of death.

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and feel the wonderful path of flowers you have created  
and as you fly higher all the colors seem to merge into each other  
do you fly perhaps over high mountain peaks  
maybe it is easy for you to count the peaks . . . (Smith and Boyle)

<sup>19</sup> In German, both the nouns "death" and "bird" are masculine.

Anna's image is highly ambiguous. While she wants her sick friend to forget the threat of a relapse and death, Anna's image introduces the much more fearful possibility that death is waiting above, intangible, out of sight and control, and ready to attack at any unguarded moment. However, Anna appears to become aware of that conclusion, and does not finish her sentence. Not wanting to frighten the narrator, Anna confounded her even more. Now, still annoyed about Anna's "prattle", the narrator sits at home, trying hard to rewrite Anna's story by casting herself as a markswoman who will shoot down the bird (50). Her alter ego, the young woman, prescribes a more medieval method. She cuts and sharpens willow rods for catching black birds (130). The latter come soon enough, in the form of the simplistic caretaker Mrs. Berger. She has been hired to help the narrator back to life after surgery for her first relapse. Over breakfast, however, Mrs. Berger obsesses about her own little complaints, imagining that they are malignant. Surprised by the narrator's lack of response, Mrs. Berger says: "you don't say anything but considering how you look, or . . ." (142). Just before, she had noted how swollen the narrator's face looks (140). Here, too, the ellipsis substitutes for the unspoken, that is, death. The narrator suddenly sees Ms. Berger in the image of a bird of prey, a sparrow hawk ("Frau Berger sperbert zu mir herüber," 139); the caretaker's talk seems like a black bird caught on one of the willow rods. When the narrator retires to her room, three black birds hang on willow rods on the wall, wings stretched wide, representing three unwelcome reminders of death alluded to by Ms. Berger ("By God, you can still laugh? How do you do that?," "You say one can get used to the fear of metastases? I could never get used to that," "Everything I say seems stupid to me. Of course you are fully aware of . . . but do you actually want to talk about it, or . . . I really don't know how I am supposed to relate to you" (147)). The young woman apparently put them there to function like a scarecrow. She suggests that the narrator slap her head with the birds; the horror would wean her (supposedly, from her sensitivity to other people's ignorant talk, 150).

The young woman reminds the shocked narrator that they are playing with the narrator's own images "or have they become your world?" (150).

Beutler's use of bird-imagery shows the narrator's efforts to identify the threats of relapse and death left intangible and unspoken in her interlocutors' ellipses. The medieval imagery of catching these threats with willow sticks suggests a return to traditional methods, perhaps to engage these threats more directly and personally. The shooting down of the birds, considered initially, may have been too impersonal, not offering the transformative work the young woman is suggesting. The unreflective talk of the narrator's friend and caretaker shows the importance of metaphors for the unspeakable.

### **Healing Metaphors: Nature**

Nature images plays a central part in Fuss Fassen. They include images of inanimate nature, from the earth under our feet, stones and gravel, fields and forests, riverbeds and water, to the mountains and their tops, the clouds and above, and from there to the stars and the infinite reaches of the universe. The plant world stretches from the roots in the brown earth through green moss, leaves of green and yellow grass (194), roses and other flowers, and easy care rubber plants in office buildings, to trees both deciduous and evergreen, including beeches, maples, and willows, their canopies of leaves, and reddening leaves falling back to the earth, leaving black tree trunks behind. The animate nature is populated with mice running for their lives (50), captive mice under observation (for example, 7, 9), one-eyed pet dogs (15), copulating dogs in Palma (70), wolves, captive lions (69), birds of prey that hunt mice, and black crows that spread the fear of death (150).

In the mind of the narrator and the novel's other narrative voices, these images fulfill different and changing functions. At first, there is a difference in focus. The narrator's alter ego, the young woman, focuses on nature at hand, in a traditional way. Arranging moss, leaves, and

flowers for her explosive charges, she notes that, “perhaps, we women always build the garden from the old days” (“Vielleicht bauen wir Frauen immer den Garten von früher,” 51). The narrator disagrees, she wants to build the sky (“Ich baue den Himmel,” 51). However, she cannot escape the changing seasons in her garden, especially as her initial illness and her subsequent relapses are regularly treated in the fall and winter seasons. Thus, the process of the narrator’s illness seems to be intimately related to the natural seasons of life and death. As the months lead up to each further surgery, leaves fall and the maple tree in her garden turns into a bare black skeleton (57). In addition, Anna had noted during the summer that the black bird would be flying high in winter, ready to swoop down, as on a mouse running for her life. With her time seemingly running out, the narrator imagines herself devouring the whole earth and all its plants (58). Like the wolf in fairy tales, she has a voracious appetite; she would even devour stones to feel a sense of substance and permanence in midst of all the changes (82). On the other hand, wolves that ingest stones usually suffer deadly cases of indigestion.

Over time, the narrator discovers a sense of safety in living in the forest. She comes to appreciate the edenic image of evergreen trees that do not seem to undergo seasons. At the end of the novel, the narrator has moved with her family into the forest, now able to co-exist with nature around her. She understands that the permanence of the edenic forest may not reflect on the (im)permanence of her health; nevertheless, the forest imagery provides an image of the continuity within which she must grapple with her changes. In the end, the narrator and her alter ego are united in building traditional gardens, albeit under a sky that continuously changes.

It appears that the importance of nature imagery in the understanding of illness changes over the course of the illness, with the narrator’s attitude toward her illness, and her sense of her present and future life. Many patients and writers of cancer autobiographies celebrate a turn to gardening and appreciate the seasons (for example, Butler and Rosenblum); they emphasize the cycles of nature as a fundamental recurring stability that promises to embrace the vagaries of

human life. However, seasons of spring and summer are generally preferred as signs of renewed life. The modalities of fall and winter imagery are different; what is attractive about fall is the colorfulness of leaves, not the decay within the plant cycle. Similarly, the season of winter is not appreciated for its cyclical modality in the life and death of plants, but the peaceful white of snow that, as it were, covers up the signs of bleakness.

Beutler's eye, however, is sharp and literal regarding the power and danger of imagery. Trees in November are signs of decay and death and not bearers of peaceful snow that may cover up the ambivalence of seasonal change in the narrator's mind. On the other hand, the narrator finds life within the evergreen forest therapeutic, for the leaves will remain green in August, September, October and so on, and remove the continuous reminder that time may be running out. In terms of the novel's Romantic imagery, nature does speak to the narrator and with different voices. Deciduous trees speak with ambivalence; while the moss of the forest and its evergreens sound out the deep voices of the earth, resonating in the infinite reaches of the sky. The imagery of seasonal change is not therapeutic for everybody, but for its narrator it is.

### Fire

Another important image in Fuss Fassen is the changes between stagnation and unrestrained movement, metaphorically associated with changes between solid, liquid, and gaseous states, that is, earth, water, and air. Beutler's sees "fixed phrases" in language ("stehender Ausdruck", 43) as needing to be exploded and filled with new life. As discussed earlier, such "fixed phrases" are contrasted with "explosive sentences," or "umbilical cords." In addition, we have seen the link between death and earth, particularly in the saying "earth to earth" (57). However, death is also associated with frozen ice. When Anna tells the narrator that, regretfully, nobody, not even Anna, can help her anymore (implying that Anna needs to move on with her own life), the narrator responds: "I sense that other, yes, I sense how the moving water

freezes. Ice to ice" (196).<sup>20</sup> "That other" is death, left unnamed but intimated in Anna's words, transforming her words into ice. The narrator expresses this transformation: "I slip, I fall, Anna, again and again I fall with my face into your words, into all the shards of glass or splinters of ice" (196).

There are also images of water in Fuss Fassen, associated with movement. Most notably, such images occur in the last chapter, when the narrator leaves the safety of her house in the forest and walks towards the city to visit and challenge Anna in person, not via letters. Pierre, who sees the narrator off, watches her until she reaches the half-way mark of her walk, a bridge that crosses the running waters of a creek. As she looks from the bridge into the green waters and the floating tufts of grass, the rippling waters seem to wash away the differences between her and Anna. They recall care-free days of childhood when the narrator and Anna seemed to speak the same language (205). However, while the narrator is contemplating their comfortable past relationship, Anna is setting up the tea service reserved for Sundays, preparing a formal tea party in her living room (205). The imagery suggests unbridgeable differences. The narrator contemplates diving from her bridge into the running waters, to relieve the intensity of their childhood lives. Anna, on the other hand, discerns bridges and water from the discourse of her living room, in the imagery of red bridges over red water featured on her Chinese teacups for special occasions.

The most active element in Fuss Fassen, however is the element of fire. It is also, significantly, the most active in Herculitus' view of the elements. Fire introduces dynamic and spatial metaphors into the novel. Usually, solid matter is conceived as static while liquid and gaseous matter (water and fire) have fluid boundaries. When air condensates into water, its atoms start slowing down. When water begins to freeze and becomes ice, its atoms are arranged into

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<sup>20</sup> "Aber ich spüre das andere, ja, ich spüre, wie das fliessende Wasser zufriert. Eis zu Eis" (196).

lattices and all movement stops. The end of all movement signifies death, while the amount of movement projects a direct relationship to life. In addition, physical states and their metaphorical associations represent spatial metaphors. Predicated on the gravitational parameters of our planet, solid matter will fall “down” while liquid matter will rise “up” when it is heated enough. Earth will move “down” and water, if we boil it, will move “up.” Fire will rise highest. It signifies dissolution, evaporation, and reaching “up,” towards the universe. It is both regenerative and destructive. As it does in Lotus in the Fire, it can symbolize purification and rebirth, for example in the image of the Phoenix rising from its ashes. On the other hand, the fires of hell provide the damned with eternal pain and reflection.

In Fuss Fassen, the image of fire suggests both dynamic and spatial movement. It is dynamic in the outbreak of joy and unreason that the narrator feels when she visits Pedroni’s casket to celebrate the times they could inspire each other: “Joy. Joy, that is how it was, Pedroni, that is why I came here, in spite of everything; unreason has broken out like fire held back” (173). She has brought fire lilies, to reflect the fire she feels and her sense that Pedroni was “fire to fire.” In contrast to the image “earth to earth,” it represents not stagnation, decay, illness and death, but the fire of life, and life in the world (174). When the narrator dreams that she is walled in by earth, and filling up with it, it is fire that erupts from her mouth, turning into the sound of a trumpet (182). In the narrator’s fairy tale, the woman unravels her flaming red scarf and, caring for herself, transfers its fire onto her face (154).

On the other hand, fire can also signal destruction. The narrator fears to appear like a fiery sign (“Feuerzeichen”) of death to her children: “I myself am its fiery sign on the wall in our living room, I see how the children stare at it . . .” (64). Perhaps, the narrator wonders, she appears like a threatening fire to Anna who is avoiding her: “Anna, has fire been poured all over me? Do I set fire to others’ houses?” (196).

In the novel's final scene, fire breaks out and engulfs the forest home. Explosive sentences fire off, jets of flames erupt on the horizon, fire lilies rise up, and a sea of fire breaks out among the evergreens, engulfing the narrator and her house. Having sent her husband and children away, "through the wall," she is surrounded by the fire. Just as she is about to give up, her alter ego appears one more time. Unhurt by the flames, the alter ego hands the narrator a suitcase, encouraging her to rise up from her knees and walk upright, for then she will not be destroyed. The suitcase suggests the movement of a traveler, and harks back to the young woman's first "explosive sentence": "Is everything still open? Are you free?" (49). In addition, the difference of posture in relation to the elements signifies the proximity to the earth and death: rising up and walking upright in the midst of fire lilies and flames is hovering between death and life. At its end, the novel returns to its opening theme, the continuity of movement and change in the universe.

Now we can return to the mysterious cover of Beutler's novel. Its title speaks of "finding a foothold" (Fuss Fassen). The words float above an image of what appear to be clouds. Clouds represent the element of air. It is impossible to gain a firm footing on air or on intangible and ephemeral clouds. Yet the clouds on this cover are not gray and dark, surrounding the narrator, but white and floating high in the sky, suggesting floating freedom and movement. The sky, however, is an even green, mirroring perhaps the continuity of green moss, grass, and the evergreens in the forest. Hence, the substance and movement of the clouds and the pervading continuity of green combine and produce an image of change in continuity.

The narrator writes from within, against the external threat of disease and death, anchoring herself in the timeless, static, and tangible texture of the earth, moss, and grass, yet rising to meet the intangible clouds above. She writes from the ground up, to fill herself with and sing the earth, as one of her dreams suggests. From there she can throw webs of words even beyond the clouds, fill the great void with words, and make the unspeakable spoken. The

opposing voices of destruction from without and regeneration from within are resolved in the fiery regeneration of the novel's final scene.

Writing cannot cure cancer, but it can enable life to hold out against death and is a reminder of the life that is and that can be communicated beyond death. Language can be traumatizing or regenerative. In Beutler's novel, it is perceived and conveyed as crucial in coming to terms with life-threatening illness.

### **Evaluations**

Beutler used her experience, fictionalized it and created different characters for the fragmented voices of the narrator's self and her involvement with fellow patients and family. While the events are quasi-realistic, the main characters that accompany the narrator are realized with mythic qualities, such as the young woman and Pedroni who function as guides, and fellow patient Eggimann who plays the trumpet in one of the narrator's visions. This interlinkage between a quasi-realistic world and a mythic vision is deeply influenced by Beutler's Romantic sensibility. The writer's exploration of language, her search for a more embodied, natural form of expression has decidedly Jungian overtones in its allusion to eternal archetypes such as the death-dealing black bird, the plague (in ever-changing forms), a "true" inner self, illness, death, and its celebration of the Germanic evergreen forest as a source of revitalization and mythic unity with life. While human life is finite, its archetypal forms appear to continue on. Thus, they are not only part of life but also of the human shaping of life, for example, in the literary work of art. It is this shaping of life that can transcend death, and thus Alessandro Manzoni's Cecilia in The Betrothed lives on, as well as Beutler's narrator, her alter ego, and the other characters, eternally developing and perfecting the romantic notion of self by recourse to the Heraclitean metaphor of continuity through change. In Beutler's novel, the conscious artistic creation meets the unnamed threats of life, both by inscribing umbilical words into the unspeakable and by

sublimating her own experience. Among the more than two hundred English and German cancer narratives I have read, Beutler's book performs by far the most artfully shaped embodied experience of life with cancer.

Fuss Fassen also offers the most consequential exploration of the metaphor of continuity in change, the Ur-metaphor invoked by Olney and Blumenberg as the most basic image of human life exerting itself in the world through its life work, or "autobiography." The psychological imagery in Fuss Fassen draws on a balanced metaphoricity (see illustration of following page). It articulates and externalizes the fear of the unnamed and sudden change as oppressive surroundings, namely the black bird concealed by clouds and ready to swoop down at any moment, thus presenting cancer and death as an external, intangible, and highly dynamic threat.

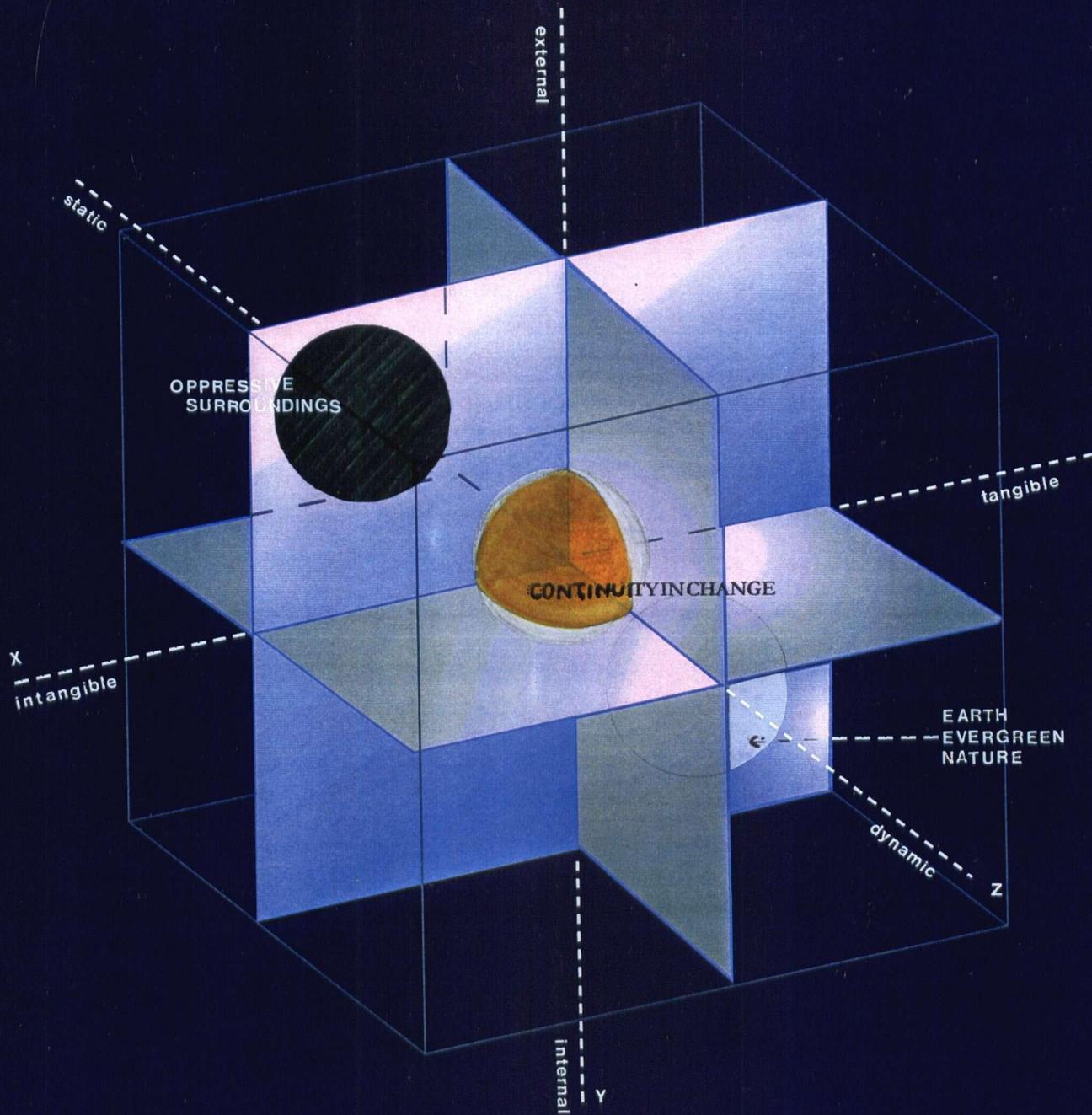
It is externalized also in the unreflected behavior of many characters in the novel, for example, at work or at home (Ms Berger). The novel negotiates these threats in a number of ways, for instance, by inscribing and internalizing the imagery of continuity in philosophy, art and nature into a stable, tangible basis. The tension between change and continuity is integrated by Heraclitus' metaphor, anchoring the metaphoric space of Fuss Fassen. Thus, the external threats can be brought down to the plane of engagement where the internal and external meet. There, the death threats, in the form of black birds, can be pinpointed on sharpened rods and engaged.

Beutler's metaphors cover a wide range of metaphoric dimensions and offer a plan for action.

The main difference between the first three narratives I have discussed and both Moore and Beutler is that the writers in the earlier group attempt an identification of self that invites the audience, in turn, to identify with the writer, preparing the basis for a catharsis of pity and fear. The last two narratives consciously subvert stable subject positions and the identification of writer and narrator or character. This difference also plays out in the conscious fictionalization of

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the narratives. While autobiography is necessarily to some extent fictive, there is no sustained, conscious effort by the writers of the first three texts to fictionalize their narratives or to reflect on the inevitably somewhat fictional character of their accounts. The last two narratives are entirely conscious of and self-reflective about their production. These differences do not allow conclusions as to whether the experience of any one of the writers is more embodied than the others'. While "People Like That" is conscious of its production, though much in retrospect, spurred on by its last lines, Fuss Fassen is most conscious of writing as a strategy for confronting cancer, articulating the difficult process of writing the present.

## CHAPTER V

### CONCLUSIONS AND DIRECTIONS FOR FURTHER WORK

Because of the necessity of acknowledging the possibility of imminent death, cancer is a frightening, traumatizing illness that disrupts all patient's lives, but affects each patient's construction of a life story in different ways. Many patients find it difficult to give voice to their experience. Healthy people feel uncomfortable, often seeing a patient as a reminder of potential and actual illness, suffering and death. They do not see the patient as the whole person he or she continues to be. Other illnesses may also be accompanied by sustained uncertainty, considerable or even complete loss of control, hopelessness and visceral terror, but cancer induces a distinct sense of isolation which sometimes borders on ghettoization. For all these reasons, a relatively small proportion of cancer patients publish books about their experience and even fewer patients want to read these works.

Living with cancer presents patients with a situation where previous patterns and expectations no longer apply. It is not surprising, therefore, that a large majority of cancer narratives take refuge in and adopt the structure provided by the medical trajectory of the illness, including its timeline of diagnosis, consultations, treatments, recovery, and follow-ups. Nevertheless, each individual patient's cultural and personal history; philosophical and/or religious beliefs; attitudes towards life, illness, the body and self; and relationships with partners, family, friends, colleagues and the public at large invest the medical structure of cancer narratives with personal meaning. These beliefs and attitudes often change over the course of the illness. Patients who have reason to believe that their cancer has been successfully treated nevertheless experience life as if in limbo, aware that their illness may strike again at any time. There is even less closure for those who live with chronic or progressive cancer. The hope for a positive outcome may well be the only expectation that will get them through harsh courses of

treatment, and yet the return home opens up new uncertainties. These patients' narratives reflect their deep sense of ambivalence. In fact, the uncertainty of living with cancer may make conventional narrative plot lines difficult or impossible to sustain.

A certain number of generalizations can be made about the structure of cancer patients' narratives. Because of the difficulties with plot and structure, the wide variety of narrative forms, and the ambivalence of meaning, the interpretation of cancer narratives in terms of genre-- expectations, for example, in terms of autobiography or fiction, "high" or "popular" literature -- can be problematic. I have found it helpful to analyze the construction of the narrating or narrated self by beginning with narrative metaphors of self, and assigning genre distinctions if they happen to coincide with these metaphors. Literary scholars like Olney, Goatly, and Turner, and linguists and philosophers such as Lakoff, Johnson, and Blumenberg, recognize that metaphor is fundamental to the organization of experience and the representation of the self in and through narrative. Metaphor is pervasive in language, not only adding to rhetoric and style but carrying important ontological and conceptual functions. All of these functions come into play in the personal narratives with which we try to organize our lives, in particular, when our lives are threatened. The meanings of particular metaphors, however, can be highly individualized with what seems therapeutic to one person, and traumatizing to another. Three major issues arise from my research: the problems of genre definitions and expectations; problems of my evaluation in determining and comparing narrative prototypes; and the (in)commensurability of literary and social science research methods, which I have tried to combine.

### **Problems of Genre**

The examination of the uses of metaphor in cancer narratives in relation to "genre" presents a number of avenues for further research. To begin with, the designation of a narrative

as "autobiography" or "fiction," whether established with the help of Lejeune's autobiographical pact, based on the context of publication, or identified on a front cover, does not necessarily make a difference in the reading of these texts. What looms behind these ambiguous distinctions is the question of the "authenticity" or "embodied experience" behind these texts. These criteria cannot be easily applied. Autobiography theory has long been aware of the "fictional" construction of autobiography, since any "account" is inadequate to represent "life as lived," and "fate" rather than the writer may control the pen (Beutler, personal communication).

Authenticity, as a claim to represent not an objective but a subjective truth, has been observed by both literary critics and qualitative social science researchers. The issue of "embodied experience," is more topical, with the number of works on "writing (from) the body" still proliferating. One of the underlying assumptions in the discussion of "autobiographics" is that readers do not approach novels in the same way as "life-writing," and do not expect "embodied experience" in the same way. This assumption is further complicated by postmodern concepts of the self as fragmented and its constructions as a play of combinations, where the body functions as metaphor as well as reference, and the physical is recognized as culturally constructed.

However, there are more problems: how can "embodied experience" be represented, in written narrative, if there is no adequate language? How can fleeting explosions of images, quasi-schizophrenic states, and the fragmentation of voices of the self be communicated to the reader, especially if the latter has not encountered or personally experienced such states typical of traumatic experience? Many cancer patients and writers note that they have no words for what happened during states that may last for days and even weeks. Some writers, however, fictionalize their experience by representing the fragmented self as the voices of more than one character. Thus, they hope to make meaning out of the unspeakable, and to draw the reader into the embodied experience of fragmentation. As Beutler shows in Fuss Fassen, it is possible to reconstruct such states, through conscious fictionalization. In fact, the fictionalization of such

experiences may be a successful way to involve an uninformed audience, and to represent unparalleled traumatic experiences. It could be claimed that autobiography of trauma is at its most "representative" if it uses conscious fictionalization, making the individual experience more distanced and more communicable.

In addition, writers may chose the genre designation "novel," not to indicate that the experience described is not a lived one, but to declare that, in the process of writing, they have consciously inscribed the novel's meaning onto their fragmented lives. In doing so, some declare that they are not "victims" but have elected to give shape to their condition. Thus, they rebuke that part of the audience that reads illness narratives to "revel" in the writer's victim status, albeit from a safe distance. Writers like Beutler, and in fact many cancer patients, suffer from this very distance. They wish to break it down and are forced to work, beyond being already unsettled with the trauma of their illness, on the distancing mechanisms that many of those who are healthy hold up with a great investment: their own fears of illness, suffering, and death. Beutler's book, as well as my experience in cancer support groups, shows that this is hard work indeed.

Finally, when readers, including cancer patients well informed about traditional literary conventions, read short stories like "People Like That," and novels such as "Fuss Fassen," (which are clearly identified as "fiction"), with the sense that these accounts represent or may represent the writer's "embodied experience," then the generic distinctions between autobiography and fiction become very blurred. Beutler notes that her book is "authentic" down to the last detail. She is not identical with the narrative's first-person narrator, but the experience of fragmentation and the development of a therapeutic perspective in the writing of her book are "authentic." As such, the book's voices of the self are part of Beutler's developmental play of combinations, as she writes her own future and order, against the chaos of her condition. While Fuss Fassen may

be called "experimental" in comparison with other illness narratives, it is part of a rather well established trend to critical, self-conscious autobiographical writing in the twentieth century.

As genre definitions become fluid, so do other distinctions. For example, the gender differences in the narratives by an anonymous female patient from the British Columbia Cancer Agency and Mars, discussed in Chapter IV, are almost stereotypical: Zorn sets out to wage war on his world, while the anonymous woman wants to shower her world with love and care. However, these individual differences are not consistent on the general level and thus I do not want to generalize. Other researchers have corroborated the view that gender differences are not important in trauma writing (Heuser 1996, Engelhardt 1996). What is different, however, is the variety of meanings with which patients invest their metaphors, independent of their gender. Does it make a difference in reading whether we know if the writer is alive or dead? As Beutler has noted, some of the readers of illness narratives enjoy the victimhood of the writer best if his or her death is noted on the book's cover and authenticated by the publisher. While we are assured that Zorn and others have died, we cannot know the writer's fate in most cancer narratives and are perhaps left with an anxiety that may inform the reading of a book and the assessment of possible dramatic ironies. Does it make a difference if the reader has cancer? It depends: as Christina Middlebrook reveals in her autobiographical narrative Seeing the Crab, she began to lose her heightened sensitivity to the state of illness again after having rejoined "normal life" for a while, committing the same insensitivities towards other sick people that she had experienced.

Many of the solicited cancer narratives appear like miniature versions of book-length autobiographical writings, particularly of the kind that Olney calls "simplex," involving a consolidated view from the present across past chaos, narrated in the simple past and constructing a unified quasi ahistorical self in the present. However, some of these short narratives show a diary-like immediacy in their writing, alternating between past events and

present comments, and offering more immediacy than most of the book-length simplex autobiographical writings. Here, too, the boundaries may be blurred: Zorn struggled against great resistance to have his manuscript published. It could as easily have remained unpublished.

One interesting issue for further research would be to build on what I have learned in my experience from working and talking with cancer patients in Germany and Canada, to try to find out why patients refrain from reading other patients' accounts (whether these readers are literary scholars or not) and what kind of accounts some patients do read, if any. At this point, the selection in cancer hospital libraries offers one answer: those patients who do read chose mainly success stories that do not delve into graphic details about the illness, but explore "positive thinking" and humor. This research question could provide knowledge on the degree to which currently wide-spread beliefs that writing and talking about illness and trauma are necessarily healing are or are not well founded, from the point of view of readers who are fellow-sufferers.

### **Comparative Evaluations**

Among the narratives that I have examined, the first three narrators (the anonymous woman from the BCCA, Zorn, and Bedard) view their account as an opportunity to "identify with themselves," whether the identified self is the transcendental witnessing self (as in the anonymous woman's or in Bedard's narrative), or an "unpolluted" self (as in Zorn's account). This identification invites the audience, in turn, to identify with the narrators and provides the basis for achieving catharsis. The anonymous woman sets up a good basis for catharsis in the immediacy of her diary-like meditation on the present. She writes herself into her experience, her history and the acceptance even of her severely mutilated body as both object and subject of love, and into a determined turn to the world in hope and care, against probably insurmountable odds. Pity and fear are released and reframed under the agency of love. Zorn, on the other hand, writes himself into a catharsis so that he can write himself out of the experience of cancer, away

from the feelings of much pity, more fear, and incredible rage. Similarly, Bedard writes himself out of the self and the body, though not from a position of rage but adopting a transcendent view in which the world, the self and the body are vessels of decay. Both Zorn and Bedard produce visions of decay, although Zorn hopes to overcome it in this world, and Bedard in another. While Bedard wants to transcend this life, based on his metaphysical constructs, the anonymous woman and Beutler share a confidence in this life, supported by metaphysical constructs that are more life-affirmative. Beutler, too, writes a catharsis, building up throughout Fuss Fassen, invoking various voices and emotions, and driving the action to a fever pitch in the novel's fiery conclusion. Feelings of pity and fear are occasionally evoked, but are less submerged in rage than in Zorn's Mars. Beutler, too, evokes decay, but balances it with growth, as the anonymous woman seeks through love to write herself out of destruction and past unconsciousness.

A story of a mother whose baby is diagnosed with cancer seems almost guaranteed to evoke feelings of pity and fear; however, the almost hyper-real presentation of this experience in the vignettes of "People Like That" and its self-reflexivity continue to return the reader to the surface of the text, leaving the audience hanging and effectively blocking catharsis. The clever ambiguities evoked by the relationship between character, narrator, and possibly the writer, affect distance and detachment. In contrast to the first three narratives, Moore and Beutler consciously aestheticize life with cancer; Moore's aestheticization affects alienation and a mainly literary response, while Beutler's aestheticization reflects alienation but seeks communication, providing for a personal, cathartic response, as well as the appreciation of the novel's literary merits. The anonymous patient narrative seeks to persuade its audience of her love for life in the present; Mars promotes a fight for life in an unconscious world; Lotus seeks followers to prepare for a world beyond; the skeptical "People Like That" both scorns and adopts the contingent play of a postmodern world; and the narrator in Fuss Fassen negotiates all of these, caring for and

being skeptical of others, asserting herself, seeking a metaphysical world, but growing roots in the earth.

The psychological imagery offers additional similarities and differences between the narratives. Not surprisingly, Mars reveals a strongly one-dimensional image, integrating the earlier metaphors of cancer as a growth inside, or repressed tears, into the metaphor that comes to dominate the book: total war. Muschg found Mars autistic; this autism is reflected in the vast space of metaphoricity that Zorn leaves unsampled. There are no conjunctions or oppositions that provide for creative tension; Zorn's book is a single, all-out war effort. Bedard, too, goes to battle. However, unlike Zorn, he does not battle the world or even his illness, for that matter, but he fights for life, to expiate as much of the illness in this life as he can. Zorn's battle occurs mainly internally, in the introspective and philosophical engagement with his cancer and bourgeois society. Bedard's battle is both internal and external, in his efforts to stabilize his body and to keep himself in this world for a while longer. Informed by his metaphysical world view, his fight is both identified with survival, so as to expiate karma, and ultimately detached from this world, hence it straddles a space that is both static and dynamic. The centering metaphysical metaphors are more internal than external, indicating the disembodied transcendence Bedard seeks. The metaphor of fight is related to the metaphor of "work," depicting the introspective focus of his efforts. "Fight" evokes the tangible need to stay alive, and "work" the more intangible effects of meditation. These two metaphors, in neighboring fields, are integrated in the metaphysical metaphor that encompasses the wheel of life, a lotus in the fire, and the journey. Except for the complementary opposition of "fight" and "work," the limited range of metaphoricity coincides with the linear development in Lotus, one that never evokes the extremes of internal or external metaphorical imagery, unmanageable obstacles, or a contingency of life, but a confidence in its transcendental spiritual aims.

Moore's imagery, too, is limited in its metaphoric variety, its metaphors closely related as they all externalize the threat of cancer as a matter of contingency, oppressive surroundings (the cloud), or as one of life's many obstacles. The metaphor of oppressive surroundings seems to be more subject to dynamic change, while the metaphors of contingency and obstacles seem more inherent in the narrator's worldview. All three seem rather intangible, not permitting an active engagement with the illness but a constructing of an experience that is suffered, albeit with scorn. In contrast to Zorn, Bedard, and Moore, the anonymous woman's narrative and Beutler's novel feature oppositions that involve all the dimensions of the metaphoric space. In the patient narrative, the fear of cancer as an internal, intangible phantom is overcome by externalizing and transforming the threat in the intangible image of gray clouds. Their opposition involves two dimensions, both metaphors sharing dynamic characteristics: the phantom opponent is on the move as are the clouds. The healing metaphor of life with cancer as life in the present, however, opposes cancer through all three dimensions. It provides a grounding (static) meditative stance in the external world that is tangible in its recognition of its surroundings and its determination to love. However, the opposition seems dialectical, alternating between initial uncertainty, meditative stability, and a return to a somewhat more tentative space. Hence, the metaphor of time does not center the metaphorical space as the metaphysical metaphors do in Lotus or in Fuss Fassen. In the latter, the metaphor of continuity in change holds in balance the metaphors of cancer as oppressive surroundings and the healing metaphor of life with cancer as one grounded in the earth and immersed in nature. The opposition between the last two metaphors also cuts through all three dimensions of the mapped metaphorical space. The healing metaphors originate in the efforts of the narrator to write life against cancer from the inside out, stabilizing herself in the creation of a tangible world and holding out against the intangible threat above (the black bird) that may swoop down at any moment. Thus, the metaphoric space in Fuss Fassen is the most complex of all five narratives, followed—despite its brevity—by the anonymous woman's

narrative. In this respect, both writers draw on a more diversified space, approximating the variety of metaphoric imagery in cancer discourse more closely than the other three narratives.

Are there connections between literary merit and the deployment of the culturally available metaphoric space? It is of interest that of the narratives that arguably have the most literary merit, the anonymous narrative and Fuss Fassen also offer the greatest complexity, distribution, and range in the culturally available metaphoric field. The fragmentation of self, if sustained throughout a narrative, may be reflected in the diversity of metaphors, thus privileging the various levels and developments of split selves in the patient narrative and in Fuss Fassen. However, I have not been able to relate the performance of a narrative, in terms of catharsis, defamiliarization, or the artfulness of the narrative, directly to the range of metaphoricity.

Discussion of the therapeutic nature of cancer narratives must remain less specific than the previous comparisons of literary and metaphoric properties, for readers differ widely in their conclusions about any of these narratives. It would be problematic to recommend "People Like That," or Mars to patients who seek certainty in a spiritual world like that of Bedard's. In fact, Mars could be a shock to such a patient. Similarly, a patient who identifies with Zorn's cynicism and rage will scoff at the anonymous woman's narrative or Lotus. Those who seek a promising success story will certainly be happy with Lotus, although the graphic representation of bodily decay and the sheer accumulation of medical problems (as in "People Like That") will be much too upsetting for patients who are threatened by their own experience. Mars offers the simplest, most one-dimensional view, but at the cost of alienating the writer and everybody else. Moore, too, does not offer a hopeful identification. Fuss Fassen balances threats and hope, as does the anonymous woman's narrative, although the demonstratedly uncertain odds of the patient narrative are even less encouraging than in Fuss Fassen, whose hopeful ending seems more grounded than in the patient narrative. Obviously, all these narratives differ quite dramatically from each other, presenting types that can be usefully identified by their various metaphors.

A knowledge of these various types of narrative could be useful in understanding the widely differing stories cancer patients tell when trying to make meaning of their experience. While I have discussed five "typical" narratives in my thesis, there are many more which future research could analyze in an effort to establish "prototypes" of patient stories that could help both health professionals and literary scholars to understand the crucial variety of meanings in these narratives and in patients' narratives in general, whether they are written or oral. My conclusions are not only helpful with regard to understanding the language in which we speak about cancer, or what we read in these narratives, but also apply, for example, to the difficult choices that must be faced when recommending a text to a patient. Such recommendations must be made with an understanding of the literary and conceptual metaphors in a particular text and the circumstances of the patient. Here, my examinations of literary and conceptual metaphors in cancer narratives have in fact come to complement each other. In addition, my study opens a field of research that could examine the metaphorical construction of other illnesses and perhaps lead to determine a general inventory of metaphors in the construction of fear.

### **Different Methods in My Research**

There is a common conception that literary and scientific methods are incommensurable, that the sciences are objective, concerned with facts and quantity, and dissect knowledge, while the arts are subjective, concerned with aesthetics and quality, and intuit knowledge. While this may often be the case, I argue that these differences are not inherent to the disciplines. The complementary use of literary and conceptual metaphors in my thesis confirms my belief that arts and sciences can be commensurable, particularly in the study of metaphor in illness discourse. This belief is based on my understanding that science and literature use different kinds of language, with different conventions and for different communities; whether they constitute symbols and numbers, or narratives and metaphor, they are language nevertheless. If we grant, as

Blumenberg, Goatly, Lakoff, Johnson, and Olney do, that language is fundamentally metaphorical, it may make little difference if we represent the world in a scientific treatise or as a personal story. In fact, scientific equations may prove to be as aesthetic to their beholders as a narrative to a literary scholar, revealing structure, proportionality, economy of language, and the attempt to determine order in chaos (Baeyer 3).

Of course, there are many scientists who claim that scientific language is objective, as there was a long tradition in literary scholarship that claimed that language functions like a mirror of reality. I define science, according to the mathematician and poet Jacob Bronowski, as a human, dynamic, and fallible activity where each judgement stands on the edge of error, is personal, and where insights change (Bronowski 374). There is ambiguity in science research, as there is in literary studies. Bronowski quotes Werner Heisenberg as saying: "all knowledge, all information between human beings can only be exchanged within a play of tolerances. And that is true whether the exchange is in science, or in literature . . ." (365).

In this study, I used statistical research methods common to the natural and social sciences and generated a cultural and psychological image of cancer metaphors. The particular methods, namely hierarchical cluster analysis and multi-dimensional scaling, are largely interpretive ones. They are not primarily used to reduce the meaning of large amounts of data, but in an attempt to stake out the unspeakable, to make the metaphorical space of cancer more accessible in its various dimensions, so that those who are healthy and those who are not may better understand the implications of the language they use and the wide variety of its meanings. The conclusions apply to caregivers as well as literary scholars. As cancer patients' narratives tell us, most healthy people, regardless of whether they are caregivers or not, do not know how to speak to people with a life-threatening illness: these difficulties reflect many individuals' attitudes towards life, illness and dying. It is important that caregivers become more sensitive to the different meanings of metaphors that are commonly used in the discourse of cancer, in order

to interpret their patients' language, both verbal and physical, more fully, and respond more adequately. In attempting to understand cancer discourse, it is essential not to take refuge in any one explanation and over-generalize, turning patients' stories into myths, tragedies, or testimonies. It is important, also, to understand the range of metaphors in cancer discourse. Cancer is not only a medical, psychological or literary story. Narratives like Fritz Zorn's Mars have a much broader cultural impact. Because of this, for the sake of our health and that of others, we must think across disciplines. Language can be traumatizing and it can be therapeutic. Its use is crucial.

## BIBLIOGRAPHY

- Ackerknecht, Erwin H. Geschichte der Medizin. 7th ed. Stuttgart: Ferdinand Enke Verlag, 1992.
- Adjei, Karin. Diagnose Unheilbarer Krebs: Wie ich meine Krankheit besiegte. München: Knauer Verlag, 1994.
- Alsop, Stewart. Stay of Execution. Philadelphia: J. B. Lippincott Company, 1973.
- Amesbury, Barbra. Survivors in Search of a Voice: The Art of Courage. Toronto: Woodlawn Arts Foundation, 1995.
- Amundsen, Darrel W. Medicine, Society, and Faith in the Ancient and Medieval Worlds. Baltimore: Johns Hopkins University Press, 1996.
- Anderson, Greg. The Cancer Conqueror: An Incredible Journey to Wellness. 11th. ed. Kansas City: Andrews and McMeel, 1995, 1988.
- . Journeys with the Cancer Conqueror: Mobilizing Mind and Spirit. Kansas City: Andrews McMeel Publishing, 1999.
- Anz, Thomas. Gesund oder krank? Medizin, Moral und Aesthetik in der deutschen Gegenwartsliteratur. Stuttgart: J. B. Metzlersche Verlagsbuchhandlung, 1989.
- Aristides, Aelius. Sacred Tales. Trans. Charles Behr. Chicago: Argonaut, 1969.
- Aristotle. The Complete Works of Aristotle. Ed. Jonathan Barnes. Princeton: Bollingen-Princeton University Press, 1991.
- Armstrong, Lance, with Sally Jenkins. It's Not About the Bike: My Journey Back to Life. New York: Putnam Pub Group, 2000.
- Arnold, Heiz Ludwig, and Heinrich Detering. Grundzüge der Literaturwissenschaft. München: Deutscher Taschenbuchverlag, 1996.

"Auch Maja Beutler . . ." Rev. of Fuss Fassen, Maja Beutler. Schweizer Buchspiegel 147

(1981): n.p.

Aulbert, Eberhard. Bewältigungshilfen für den Krebskranken. Stuttgart: Georg Thieme Verlag, 1993.

Baeyer, Hans Christian von. "The Aesthetic Equation." The Sciences January/February (1990): 2 - 5.

Bal, Mieke. Narratology: Introduction to the Theory of Narrative. Toronto: University of Toronto Press, 1997.

Barss, Karen Scott. Healing Images: Reflections on a Healing Journey. Saskatoon: The Granny Ranch Publishing House, 1999.

Barthes, Roland. "The Death of the Author." Critical Theory since Plato. Ed. Hazard Adams. Fort Worth: Harcourt Brace Jovanovich College Publishers, 1992. 1130 - 1133.

Batchelor, Stephen. The Faith to Doubt: Glimpses of Buddhist Uncertainty. Berkeley: Parallax Press, 1990.

Bates, Don. Knowledge and the Scholarly Medical Traditions. Cambridge: Cambridge University Press, 1995.

Batt, Sharon. Patient No More: The Politics of Breast Cancer. Charlottetown: Gynergy Books, 1994.

Beauvoir, Simone de. A Very Easy Death. Harmondsworth: Penguin, 1983, 1964.

Becker, Klaus Peter. Ich habe meinen Krebs besiegt. Unterhaching: Luitpold Lang Verlag, 1982.

Becton, Randy. Everyday Strength: A Cancer Patient's Guide to Spiritual Survival. Grand Rapids: Baker Book House, 1989.

Behnke, Elizabeth. "Matching." Bone, Breath, & Gesture: Practices of Embodiment. San Francisco: North Atlantic Books, 1995. 315 - 337.

- Belkin, Lisa. "Charity Begins at . . . The Marketing Event, the Gala Event, the Product Tie-In."  
In The New York Times Magazine, Dec. 22, 1996.
- Benedict, Ingrid. Laßt mir meine bunten Farben. 8th ed. Bergisch-Gladbach: Lübbe Verlag,  
1989, 1987.
- . Ich habe keine Angst um mich. 2nd ed. Bergisch Gladbach: Lübbe Verlag, 1993.
- Beutler, Maja. Fuss Fassen. 4th ed. Bern: Zytglogge, 1989, 1980.
- . "Unsinniges Gespräch mit der Vernunft." In Bewegte Frauen. Ed. Ruth Mayer. Zurich:  
Edition R&F, 1977. 19 - 28.
- . Tagwärts: Neue Radiotexte. Zürich: Nagel und Kimche, 1996.
- Beverly, John. "The Margin at the Center: On Testimonio." De/Colonizing the Subject: The  
Politics of Gender in Women's Autobiography. Eds. Sidonie Smith and Julia Watson.  
Minneapolis: University of Minnesota Press, 1992. 91 - 114.
- Bishop, Beata. A Time to Heal: Triumph over Cancer. London: Arkana-Penguin, 1996, 1985.
- Blakeslee, Thomas R. About Dr. Grossarth-Maticek. 21 Nov. 1999 <[http://forums.eapa.com/  
attitodefactor/grossarth.htm](http://forums.eapa.com/attitodefactor/grossarth.htm)>
- Black, Max. Models and Metaphors. Ithaca: Cornell University Press, 1962.
- Bloom, Lynn Z., and Ning Yu. "American Autobiography: The Changing Critical Canon." a/b:  
Auto/Biography Studies 9:2 (1994): 167 - 180.
- Bloor, Geraldine. "Peak Experiences." In Fighting Spirit: The Stories of Women in the Bristol  
Breast Cancer Survey. Ed. Heather Goodare. London: Scarlet Press, 1996.
- Blumenberg, Hans. Paradigmen zu einer Metaphorologie. Frankfurt/Main: Suhrkamp Verlag,  
1996, 1960.
- . Schiffbruch mit Zuschauer. Frankfurt/Main: Suhrkamp Verlag, 1997, 1979. Shipwreck with  
Spectator: Paradigm of a Metaphor for Existence. Cambridge, Mass.: MIT Press. 1997.

- . Work on Myth. Trans. Robert M. Wallace. Cambridge: MIT Press, 1985. Arbeit am Mythos. Frankfurt/Main: Suhrkamp Verlag, 1996, 1979.
- . Höhlenausgänge. Frankfurt/Main: Suhrkamp Verlag, 1996, 1989.
- Blythe, Ronald. The Penguin Book of Diaries. London: Penguin Books, 1991.
- Boer, Denise de. Ich lebe und ich liebe: Die Geschichte meiner Heilung. München: Ed. Ferenczy bei Bruckmann, 1996.
- Boldt, Claudia. "Die ihren Mörder kennen: Zur deutschsprachigen literarischen Krebsdarstellung der Gegenwart." Diss. Freiburg University, 1989.
- Borges, Jorge Luis. Selected Poems. Ed. Alexander Coleman. New York: Penguin Books, 2000.
- Borella, Sara Steinert. "Is Illness Metaphor? The Case of Contemporary Swiss Women Writers." Translation Review 40 (1992): 6 - 14.
- Born, Max, and Albert Einstein. The Born-Einstein Letters. London, Macmillan. 1971.
- Borst, Sigrid. Weniger als ein Jahr . . . : Unser Kampf gegen den Krebs. Frankfurt/Main: Fischer Taschenbuch Verlag, 1988.
- Botond, Anneliese. "Ungebärdiger Sohn." Rev. of Mars, by Fritz Zorn. Franfurter Allgemeine Zeitung 12 May 1977: n.p.
- Bouwman, Eleanor M. The Valley of the Shadow of Cancer. Carp: Creative Bound, 1996.
- Braak, Ivo. Poetik in Stichworten: Literaturwissenschaftliche Grundbegriffe. Unterägeri (CH): Verlag Ferdinand Hirt, 1990.
- Brabner, Joyce, and Harvey Pekar. Our Cancer Year. New York: Four Walls Eight Windows, 1994.
- Brecht, Berthold. "Über experimentelles Theater." Gesammelte Werke. Vol. 15. Frankfurt/Main: Suhrkamp Verlag, 1967.

- Breuer, Ingeborg, Peter Leusch, and Dieter Lersch. "Von Geschichte zu Geschichten. Zu Hans Blumenbergs Metaphorologie." In Welten im Kopf: Profile der Gegenwartsphilosophie. Hamburg: Rotbuch Verlag, 1996. 65 - 77.
- Briegleb, Till. "Helvetica kills, Teutonia sucks." Rev. of stageplay Mars, by Johann Kresnik. TAZ Hamburg. 7 Nov. 1994: n.p.
- Britton, Gaylyn. Finding My Fables. Kilbride (ONT): New Day New Way Publications, 1998.
- Bronnen, Barbara. Die Stadt der Tagebücher: Vom Festhalten des Lebens durch Schreiben. Frankfurt/Main: Wolfgang Krüger Verlag, 1996.
- Bronowski, Jacob. The Ascent of Man. Boston: Little, Brown and Company, 1973.
- Brookes, Tim. Signs of Life: A Memoir of Dying and Discovery. Toronto: Random House of Canada, 1997.
- Brothers Grimm. The Complete Fairy Tales of the Brothers Grimm. Ed. and trans. Jack Zipes. New York: Bantam Books, 1992.
- Brouwer, Arie. Overcoming the Threat of Death: A Journal of One Christian's Encounter with Cancer. Geneva: World Council of Churches Publications, 1994.
- Brown, Lesley (Ed.). The New Shorter Oxford English Dictionary. Oxford: Clarendon Press, 1993.
- Broyard, Anatole. Intoxicated by My Illness. New York: Fawcett Columbine, 1992.
- Bruning, Nancy. Coping with Chemotherapy. New York: Ballantine Books, 1993.
- Bruno, Giordano. Cause, Principle, and Unity. Richard Blackwell and Robert de Lucca (Eds.). Cambridge: Cambridge University Press, 1998.
- Bruss, Elizabeth W. "L'autobiographie considérée comme acte littéraire." Die Autobiographie: Zu Form und Geschichte einer literarischen Gattung. Ed. Günter Niggel. Darmstadt: Wissenschaftliche Buchgesellschaft, 1989.

- . Autobiographical Act: The Changing Situation of a Literary Time. Baltimore: Johns Hopkins University Press, 1976.
- Buchanan, Sue. Love, Laughter & A High Disregard for Statistics. Nashville: Thomas Nelson Publishers, 1994.
- Buckman, Robert. What You Really Need To Know About Cancer. Toronto: Key Porter Books, 1995.
- , and Karl Sabbagh. Magic or Medicine? An Investigation of Healing and Healers. Toronto: Key Porter Books, 1993.
- . "Magic or Medicine: Responding to the Challenge of Complementary Medicine." Shared Goals: Different Perspectives (Keynote Address). 1998 Conjoint Conference on Medical Education. Royal York Hotel, Toronto. 25 Sept. 1998.
- Burney, Fanny. Selected Letters and Journals. Ed. Joyce Hemlow. Oxford: Clarendon Press, 1986.
- Butler, Sandra, and Barabara Rosenblum. Cancer in Two Voices. 2nd. ed. Duluth: Spinsters Ink, 1991.
- Byers, James M. From Hippocrates to Virchow: Reflections on Human Disease. Chicago: ASCP Press, 1988.
- Cain, C. "Personal Stories: Identity Acquisition and Self-Understanding in Alcoholics Anonymous." Ethos 19 (1991): 21 - 253.
- Callwood, June. Twelve Weeks in Spring. Toronto: Lester & Orpen Dennys, 1986.
- Cameron, Jean. Time to Live, Time to Die. Hantsport: Lancelot Press, 1987.
- Campbell, Joseph. The Hero with a Thousand Faces. Princeton: Bollingen-Princeton University Press, 1973, 1949.
- Camus, Albert. The Stranger. Trans. Matthew Ward. New York: Alfred A. Knopf, 1988.

- Capote, Truman. In Cold Blood: a True Account of a Multiple Murder and its Consequences. New York: Random House, 1966.
- Carlson, Marvin. Theories of the Theatre: A Historical and Critical Survey, from the Greeks to the Present. Ithaca: Cornell University Press, 1984.
- Carmody, John. Cancer and Faith: Reflections on Living with a Terminal Illness. Mystic: Twenty-Third Publications, 1994.
- Caron, Charlotte. "Through the Lens of Chronic Illness." Annual Meeting of the Canadian Theological Society. Congress of the Social Sciences and Humanities. University of Ottawa, Ottawa. 27 May, 1998.
- Chardin, Pierre Teilhard de. Der Mensch im Kosmos. München: Verlag C. H. Beck, 1999.
- Chevalier, Jean, and Alain Gheerbrant. The Penguin Dictionary of Symbols. London: Penguin, 1996.
- Ching, Julia. The Butterfly Healing: A Life between East and West. Maryknoll: Orbis, 1998.
- Clifford, Christine. Not Now . . . I'm having a No Hair day: Humor and healing for People with Cancer. Duluth: Pfeifer-Hamilton Publishers, 1996.
- . Our Family Has Cancer, Too! Duluth: Pfeifer-Hamilton Publishers, 1998.
- Cline, Sally. Lifting the Taboo: Women, Death, and Dying. Washington: New York University Press, 1995.
- Conway, Jill Ker. When Memory speaks: Reflections on Autobiography. New York: Alfred A. Knopf, 1998.
- Coady, C. A. J. Testimony: A Philosophical Study. Oxford: Clarendon Press, 1992.
- Cohen, Marsha H. "The Unknown and the Unknowable-Managing Sustained Uncertainty." Western Journal of Nursing Research 15:1 (1993): 77-96.
- Cohen, Matt. Last Seen. Toronto: Alfred A. Knopf Canada, 1996.

- Cohn, Dorrit. Transparent Minds: Narrative Modes for Presenting Consciousness in Fiction. Princeton: Princeton University Press, 1978.
- Conway, Kathlyn. Ordinary Life: A Memoir of Illness. New York: W. H. Freeman, 1997.
- Corey, Gerald. Theory and Practice of Counselling and Psychotherapy. Pacific Grove: Brooks/Cole Publishing Company, 1991.
- Cotter, Arlene. From this Moment On: A Guide for Those recently diagnosed with Cancer. New York: Random House, 1999.
- Couser, G. Thomas. Recovering Bodies: Illness, Disability, and Life Writing. Madison: University of Wisconsin Press, 1997.
- Cousins, Norman. Anatomy of an Illness. New York: W. W. Norton, 1979.
- Crawford, Jan. Art and Healing: An Artist's Journey through Cancer. North Vancouver: Gallery Publications, 1991.
- Creutzfeld-Glees, Cora. Die Angst vor dem Knoten. Frauen begegnen dem Brustkrebs: Erfahrungen und Hilfen. Freiburg: Herder, 1995.
- Croce, Arlene. "Discussing the Undiscussable." New Yorker 26 Dec. 1994/2 Jan. 1995: 54 - 60.
- Crowie, Jasana. Someone's Daughter. N.p.: Lugus, 1994.
- Cruikshank, Julie, with Angela Sidney, Kitty Smith, and Annie Ned. Life lived Like A Story. Omaha: University of Nebraska Press, 1995.
- Cummings, Anne L. "Helping Clients Uncover Metaphoric Understandings of Bulimia." Canadian Journal of Counselling 32:3 (1998): 230 - 241.
- Cunningham, Alastair J. The Healing Journey: Overcoming the Crisis of Cancer. Toronto: Key Porter Books, 1992.
- Dalhoff, Herbert. So krank wie die Erde: Krebsleiden und Naturerfahrung. Frankfurt/Main: Fischer Taschenbuch Verlag, 1991.

- Dark, Larry (ed.). Prize Stories 1998: The O.Henry Awards. New York: Anchor-Doubleday, 1998.
- “... daß ich zu Tode erzogen worden bin . . .” Rev. of Mars, by Fritz Zorn. Neue Zürcher Zeitung 7 Apr. 1977: 33.
- Dehn, Mechthild. Leben. Krebs: Entscheidung, Anruf, Suche. Stuttgart: Radius Verlag, 1995.
- DeVita, Vincent T., Samuel Hellman, and Steven A. Rosenberg, eds. Cancer: Principles and Practice of Oncology. 5th ed. Philadelphia: J. B. Lippincott Company, 1997.
- “Die Selbstzerstörung des Fritz Zorn.” Rev. of Mars, by Fritz Zorn. Zuger Tagblatt (Zug, CH). 9 Jul. 1977: n.p.
- Dietrich, Mimi. Pink Ribbon Quilts: A Book Because of Breast Cancer. Bothell: Martingale, 1999.
- Domino, George, Dyanne A. Affonso and Mo Therese Hannah. "Assessing the Imagery of Cancer: The Cancer Metaphors Test." In Journal of Psychosocial Oncology. 9:4 (1991a): 103 - 121.
- Domino, George, and Jingyang Lin. "Images of Cancer: China and the United States." Journal of Psychosocial Oncology. 9:3 (1991b): 67 - 78.
- Dosdall, Claude, and Joanne Broatch. My God I thought You'd Died: One Man's Personal Triumph over Cancer. Toronto: Seal-McClelland and Stewart-Bantam, 1986, 1998.
- Dosdrowski, Günther. Etymologie: Herkunftswörterbuch der deutschen Sprache. Mannheim: Dudenverlag, 1997.
- Dowman, Keith (Ed. and trans.). The Flight of the Garuda. Boston: Wisdom Publications, 1994.
- Drew, Nancy Swan. Be Your Own Angel: Snippets for Tough Cookies (Breast Cancer Soldiers). Berkeley: Celestial Arts, 2000.

- Duncker, Patricia. "The Blue Book." In Cancer: Through the Eyes of Ten Women. Ed. Patricia Duncker and Vicky Wilson. London: HarperCollins, 1996. 197 - 228.
- , and Vicky Wilson, eds. Cancer: Through the Eyes of Ten Women. London: HarperCollins, 1996.
- Eakin, Paul John. How Our Lives become Stories: Making Selves. Ithaca: Cornell University Press, 1999.
- . Touching the World: Reference in Autobiography. Princeton: Princeton University Press, 1992.
- . Fictions in Autobiography: Studies in the Art of Self-Invention. Princeton: Princeton University Press, 1985.
- Edwards, Paul. "Professor Tillich's Confusions." Mind (April 1965): 199.
- Egan, Susanna. Mirror Talk: Genres of Crisis in Contemporary Autobiography. Chapel Hill: University of North Carolina Press, 1999.
- Eichmann-Leutenegger, Beatrice. "Aber heute willst du doch ein Mensch sein." Rev. of Fuss Fassen, by M. Beutler. Vaterland. 10 Nov. 1981: n.p.
- Elias, Norbert. The Loneliness of the Dying. 1985. Trans. Edmund Jephcott. Oxford: Blackwell Publishers, 1992. Über die Einsamkeit der Sterbenden in unseren Tagen. 8th ed. Frankfurt/ Main: Suhrkamp Verlag, 1982.
- Ellis, David. "Explanation in Biography: A Conversation with Frank Cioffi." Imitating Art: Essays in Biography. Ed. David Ellis. London: Pluto Press, 1993.
- Ellis, John. The Theory of Literary Criticism: A Logical Analysis. Berkeley: University of California Press, 1974.
- Engelhardt, Michael von. "Geschlechtsspezifische Muster des mündlichen autobiographischen Erzählens im 20. Jahrhundert." Autobiographien von Frauen. Tübingen: Max Niemeyer Verlag, 1996. 368 - 392.

- Epstein, Julia. Altered Conditions: Disease, Medicine, and Storytelling. New York: Routledge, 1995.
- Eschenbach, Wolfram von. Parzival. Berlin: Walter De Gruyter, 1965.
- Evans, Laura. The Climb of My Life: A Miraculous Journey from the Edge of Death to the Victory of a Lifetime. New York: HarperCollins, 1996.
- Fässler, Günther. "Von den Vorzügen des Offiziersmessers." Rev. of the stageplay Mars, by Johann Kresnik. Luzerner Neue Nachrichten 17 May 1993: n.p.
- Feldman, Gayle. You don't have to be Your Mother. New York: Fawcett Columbine, 1994.
- Feller, Nora, and Marcia Stevens Sherrill. Portraits of Hope. Conquering Breast Cancer: 52 Inspirational Stories of Strength. New York: Smithmark Publishers, 1998.
- Felman, Shoshana. "Education and Crisis, or the Vicissitudes of Teaching." Trauma: Explorations in Memory. Ed. Cathy Caruth. Baltimore: Johns Hopkins University Press, 1995.
- Fleischmann, Suzanne. "I am . . . , I have . . . , I suffer from . . . : A Linguist Reflects on the Language of Illness and Disease." Journal of Medical Humanities 20:1 (1999): 3 - 38.
- Foucault, Michel. The Order of Things: An Archaeology of the Human Sciences. New York, Pantheon Books, 1971.
- Frähm, Anne E., with David J. Frähm. A Cancer Battle Plan: Six Strategies For Beating Cancer From A Recovered "Hopeless Case." Colorado Springs: Pinon Press, 1992.
- Fränkel, Hermann. Dichtung und Philosophie des frühen Griechentums. München: C. H. Beck, 1993.
- Frank, Arthur W. At the Will of the Body: Reflections on Illness. Boston: Houghton Mifflin Company, 1991.
- . The Wounded Storyteller: Body, Illness, and Ethics. Chicago: University of Chicago Press, 1995.

- French, Marilyn. A Season in Hell: A Memoir. New York: Alfred A. Knopf, 1998.
- Freud, Sigmund, and Josef Breuer. "Psychotherapy of Hysteria." 1893-1895. London: Hogarth Press, 1968. Vol. 2 of The Standard Edition of the Complete Psychological Works of Sigmund Freud. Ed. and Trans. James Strachey.
- . "Sexuality in the Aetiology of the Neuroses." 1898. London: Hogarth Press, 1968. Vol. 3 of The Standard Edition of the Complete Psychological Works of Sigmund Freud. Ed. and Trans. James Strachey.
- . "An Outline of Psychoanalysis." 1937-1939. London: Hogarth Press, 1968. Vol. 23 of The Standard Edition of the Complete Psychological Works of Sigmund Freud. Ed. and Trans. James Strachey.
- . Drei Abhandlungen zur Sexualtheorie. Frankfurt/Main: Fischer Verlag, 1993.
- Friebel, Gisela. Ich habe Krebs! Na und? 10th ed. Königstein: Ariane Verlag, 1996.
- Friebel-Röhring, Gisela. Ich habe Krebs--und lebe noch immer: Aufgeklärte Menschen leben länger. 6th ed. Königstein: Ariane Verlag, 1994.
- Friedeberger, Julie. A Visible Wound: A Healing Journey through Breast Cancer. Shaftesbury: Element, 1996.
- Gadamer, Hans-Georg. The Enigma of Health: The Art of Healing in a Scientific Age. Trans. Jason Gaiger and Nicholas Walker. Stanford: Stanford University Press, 1996. Trans. of Über die Verborgenheit der Gesundheit. Frankfurt/Main: Suhrkamp Verlag, 1994.
- Galambos, Aniko. An Unexpected Journey: Women's Voices of Hope after Breast Cancer. Charlottetown: Gynergy Books, 1998.
- Galanti, Geri-Ann. Caring for Patients from Different Cultures: Case Studies from Different Cultures. Philadelphia: University of Pennsylvania Press, 1997.
- Gardiner, Eric. How I Conquered Cancer: A Naturopathic Alternative. Houston: Emerald Ink Publishing, 1997.

- Gault, Diana. A Journey. London: Chatto & Windus, 1968.
- Gawler, Ian. You Can Conquer Cancer. Melbourne: Hill of Content Publishing, 1989, 1984.
- Gaynes, Fanny. How Am I Gonna Find a Man if I'm Dead? Wayne: Morgin Press, 1994.
- Gendlin, Eugene T. Focusing. New York: Bantam Books: 1981, 1978.
- . "Crossing and Dipping: Some Terms for approaching the Interface between Natural Understanding and Logical Formation." Minds and Machines 5 (1995): 547 - 560.
- Genette, Gerard. Die Erzählung. Trans. Andreas Knorp. München: Wilhelm Fink Verlag, 1994.
- Gessner, David. A Wild, Rank Place. Hanover: University Press of New England, 1997.
- Gilman, Sander. Disease and Representation: Images of Illness from Madness to AIDS. Ithaca: Cornell University Press, 1988.
- Gill, Jerry H. Wittgenstein and Metaphor. New Jersey: Humanities Press, 1996.
- Givner, Joan. The Self-Portrait of a Literary Biographer. Athens: University of Georgia Press. 1993.
- Goatly, Andrew. The Language of Metaphors. London: Routledge, 1997.
- Goethe, Johann Wolfgang. Gedenkausgabe der Werke, Briefe und Gespräche. Ed. Ernst Beutler. Zürich: Artemis, 1950.
- . Gedichte. Ed. Stefan Zweig. Stuttgart: Reclam, 1989.
- . "Leiden des jungen Werther." Gedenkausgabe der Werke, Briefe und Gespräche. Vol. 4. Ed. Ernst Beutler. Zürich: Artemis, 1950.
- . Dichtung und Wahrheit. Gedenkausgabe der Werke, Briefe und Gespräche. Vol. 10. Ed. Ernst Beutler. Zürich: Artemis, 1948.
- Gold, Joseph. Read For Your Life: Literature as a Life Support System. Markham: Fitzhenry and Whiteside, 1990.
- Goodare, Heather, ed. Fighting Spirit: The Stories of Women in the Bristol Breast Cancer Survey. London: Scarlet Press, 1996.

- Goodson-Kjome, Peny. This Adventure Called Life; Healing from Breast Cancer Naturally.  
Hygiene: SunShine Press Publications, 1995.
- Gordon, Benjamin Lee. Medieval and Renaissance Medicine. New York: Philosophical  
Library, 1959.
- Grealy, Lucy. Autobiography of a Face. New York: HarperCollins, 1994.
- Greenberg, Mimi. Invisible Scars: A Guide to Coping with the Emotional Impact of Breast  
Cancer. New York: St. Martin's Press, 1988.
- Gregory, David M., and Cynthia K. Russell. Cancer Stories on Life and Suffering. Montreal:  
McGill-Queen's University Press, 1999.
- Gubrium, Jaber F. "Voice, Context, and Narrative in Aging Research." In Canadian Journal on  
Aging 14 (1995): 68 - 81.
- Gunther, John. Death Be Not Proud: A Memoir. New York: HarperPerennial-  
HarperCollinsPublishers, 1989, 1949.
- Gusdorf, Georges. "Voraussetzungen und Grenzen der Autobiographie." Trans. Ursula  
Christmann. Günter Niggel, ed. Die Autobiographie: Zu Form und Geschichte einer  
literarischen Gattung. Darmstadt: Wissenschaftliche Buchgesellschaft, 1989. 121 - 147.
- Guthke, Karl S. Ist der Tod eine Frau? Geschlecht und Tod in Kunst und Literatur.  
München: C.H.Beck, 1997.
- Gutzen, Dieter, Norbert Oellers, and Jürgen Petersen. Einführung in die neuere deutsche  
Literaturwissenschaft. Berlin: Erich Schmidt Verlag, 1989.
- Haarbosch, Philie and Jan Klein. Ik heb mijn kanker niet meer nodig, Dank je wel Louise Hay.  
Alkmaar: Uitgeverij Stichting Bew&szijn, 1991.
- Halvorson-Boyd, Glenna, and Lisa K. Hunter. Dancing in Limbo: Making Sense of life after  
Cancer. San Francisco: Jossey-Bass Publishers, 1995.
- Hamilton, Edith. Mythology. New York: Mentor-New American Library, 1969.

- Harmon, William, and C. Hugh Holman. A Handbook to Literature: Seventh Edition. Upper Saddle River (NJ): Prentice Hall, 1996.
- Harris, Wendell V. Dictionary of Concepts in Literary Criticism and Theory. New York: Greenwood Press, 1992.
- Harwell, Amy, with Kristine Tomasik. When Your Friend Gets Cancer: How You Can Help. Wheaton: Harold Shaw Publishers, 1987.
- . Ready to Live: Prepared to Die. A Provocative Guide to the Test of Your Life. Wheaton: Harold Shaw Publishers, 1995.
- Haverkamp, Anselm. "Die neueste Krankheit zum Tode – Das Werthersyndrom in der Verständigungsliteratur der siebziger Jahre: Fritz Zorn, Mars." Deutsche Vierteljahrszeitschrift für Literaturwissenschaft und Geistesgeschichte. Eds. Richard Brinkmann and Walter Haug. Stuttgart: J. B. Metzlersche Verlagsbuchhandlung, 1986.
- Hawkins, Anne Hunsaker. Reconstructing Illness: Studies in Pathography. West Lafayette: Purdue University Press, 1993.
- Hay, Louise. You can Heal Your Life. Carlsbad: Hay House, 1987.
- . Life! Reflections on Your Journey. Carson: Hay House, 1995.
- . Empowering Women: Every Woman's Guide to Successful Living. Carlsbad: Hay House, 1997.
- Heidegger, Martin. Being and Time Trans. Joan Stambaugh. Albany: State University of New York Press, 1996. Sein und Zeit. 17th ed. Tübingen: Max Niemeyer Verlag, 1993.
- . Zollikoner Seminare. Ed. Medard Boss. Frankfurt/Main: Vittorio Klostermann, 1994.
- Heilbrun, Carolyn G. Writing A Woman's Life. New York: Ballantine Books, 1988.
- Heraklit. Fragmente. Ed. and trans. Bruno Snell. Zürich: Artemis & Winkler, 1995.
- Herodotus. Historiae vol. 1. Ed. Halim B. Rosén. Leipzig: Teubner Verlagsgesellschaft, 1987.
- Heschel, Abraham Joshua. A Passion for Truth. New York: Farrar, Strauss and Giroux, 1974.

- Hesiod. "Works and Days." In Hesiod and Theognis. Trans. Dorothea Wender. New York: Penguin, 1973.
- Heuser, Magdalene. "Holocaust und Gedächtnis: Autobiographien, Tagebücher und autobiographische Gedichte von verfolgten Frauen." Frauen und Nationalsozialismus Historische und kulturgeschichtliche Positionen. Ed. Ortrun Niethammer. Osnabrück, 1996.
- Hildebrandt, Helmut, ed. Psychembel: Klinisches Wörterbuch, 257th ed. Berlin: de Gruyter, 1994.
- Hippocrates. Hippocratic Writings. Ed. G. E. R. Lloyd. New York: Penguin Books, 1978.
- Hocke, Gustav René. Europäische Tagebücher aus vier Jahrhunderten. Frankfurt/M.: Fischer Taschenbuch Verlag, 1991.
- Hodeige, Fritz. Krebskrank. Freiburg: Rombach GmbH Druck und Verlagshaus, 1993.
- Hoek, Beatrice Hofmann, and Melanie Jongsma. Surrender or Fight: One Woman's Victory over Cancer. Grand Rapids: Baker Books, 1995.
- , with Melanie Jongsma. Cancer Lives at Our House: Help for the Family. Grand Rapids: Baker Books, 1997.
- Hogan, Joseph. "Introduction: Lifewriting, Canons and Traditions." a/b: Auto/Biography Studies 9 (2): 163-166.
- Homer. The Odyssey. Trans. E. V. Rieu. New York: Penguin Books, 1946.
- Hossfeld, Dieter Kurt. Interview. Der Spiegel 22 Sept. 1997: 210.
- Howarth, William L. "Some Principles of Autobiography." Autobiography, Essays Theoretical and Critical. Ed. James Olney. Princeton, N.J.: 1980. Princeton University Press. 1980.
- Huber, Renate. Rev. of Fuss Fassen, Maja Beutler. Kirchenbote 1 Dec. 1980: n.p.

- Hunter, Kathryn Montgomery. Doctor's Stories: The Narrative Structure of Medical Knowledge. Princeton: Princeton University Press, 1991.
- Hutten, Ulrich von. Über die Heilkraft des Guaiacum und die Franzosenseuche. Trans. Heinrich Oppenheimer. Berlin: Verlag von August Hirschwald, 1902.
- "Ich ahnte, dass es ans Sterben ging . . ." Rev. of Mars, by Fritz Zorn. Bunte Illustrierte 21 April 1977.
- Iglhaut, Stefan. "Zorn, Fritz." Neues Handbuch der deutschen Gegenwartsliteratur seit 1945. Ed. Dietz-Rüdiger Moser. München: Nymphenburger, 1990.
- Ireland, Jill. Life Wish. Boston: Little, Brown and Company, 1987
- Isaac, Betty. A Breast for Life. Hicksville: Exposition Press, 1973.
- James, Alice. The Diary of Alice James. Ed. Leon Edel. London: Rupert Hart-Davis, 1965.
- Jens, Walter (ed.). "Zorn, Fritz." Kindlers Neues Literaturlexikon. München: Kindler Verlag, 1988. 1087 - 1088.
- Jetter, Dieter. Geschichte der Medizin. Stuttgart: Georg Thieme Verlag, 1992.
- Joesten, Renate. Stark wie der Tod ist die Liebe: Bericht von einem Abschied. 8th. ed. Bergisch-Gladbach: Lübbe Verlag, 1994, 1985.
- Johnson, Mark. The Body in the Mind: The Bodily Basis of Meaning, Imagination, and Reasoning. Chicago: University of Chicago Press, 1987.
- . "Embodied Meaning and Cognitive Science." In Language beyond Postmodernism: Saying and Thinking in Gendlin's Philosophy. Ed. David Michael Levin. Evanston: Northwestern University Press, 1997.
- Jones, David. A Warrior in the Land of Disease. West Vancouver, B.C.: Peace Projections, 1996.
- Jones, John. On Aristotle and Greek Tragedy. Stanford: Stanford University Press, 1980.

- Jones, Thom. "I want to live!" The Best American Short Stories of the Century. Eds. John Updike and Katrina Kenison. Boston: Houghton Mifflin Company, 1999. 671 - 687.
- Kadar, Marlene. Essays in Life Writing: From Genre to Critical Practice. Toronto: University of Toronto Press, 1992.
- . Reading Life Writing. Toronto: Oxford University Press, 1993.
- Kahane, Deborah Hobler. No Less A Woman: Ten Women Shatter The Myths About Breast Cancer. New York: Fireside Book, 1990.
- Kant, Immanuel. Critique of Pure Reason. Trans. Vasilis Politis. Vermont: Everyman, 1993.
- . Critique of Judgement. Trans. J. H. Bernard. New York: Hafner Press-Collier Macmillan Publishers, 1951.
- Kapleau, Roshi Philip. The Three Pillars of Zen. New York: Anchor-Doubleday, 1989.
- Karasek, Hellmuth. "Ein dreißigjähriger Krieg im Frieden." Rev. of Mars, by Fritz Zorn. Der Spiegel 15 (1977): 219.
- Kenyon, Gary M., and William L. Randall. Restorying our Lives: Personal Growth Through Autobiographical Reflection. Westport: Praeger, 1997.
- Kermode, Frank. The Sense of an Ending: Studies in the Theory of Fiction. New York: Oxford University Press, 1967.
- Kidman, Brenda. A Gentle Way With Cancer: What Every Cancer patient Should know About the Therapies which can Influence the Fight for Recovery. London: Century Publishing, 1985.
- Kierkegaard, Søren. Either/Or: A Fragment of Life. New York: Penguin, 1992.
- King James Version. The Holy Bible. Nashville: Thomas Nelson Publishers, 1984.
- King, Dean and Jessica, and Jonathan Pearlroth. Cancer Combat: Cancer Survivors Share Their Guerilla Tactics to help You Win the Fight of Your Life. New York: Bantam Books, 1998.

- King, Susan. Treading the Maze: An Artist's Journey Through Breast Cancer. San Francisco: Chronicle Books, 1997.
- Kiple, Kenneth F. The Cambridge World History of Human Disease. Cambridge: Cambridge University Press, 1993.
- Klein, Bonnie Sherr, with Persimmon Blackbridge. Slow Dance. A Story of Stroke, Love and Disability. Toronto: Knopf Canada, 1997.
- Kleinman, Arthur. The Illness Narratives: Suffering, Healing, & the Human Condition. New York.: Basic Books-HarperCollinsPublishers, 1988.
- Knef, Hildegard. Das Urteil oder Der Gegenmensch. Wien: Verlag Fritz Molden, 1975.
- Knowles, David. The Evolution of Medieval Thought. New York: Vintage Books-Random House, 1962.
- Koeppen, Wolfgang. Jugend. Frankfurt/Main: Suhrkamp, 1976.
- Koerber, Rita, and Barry K. Morris, Vicki Obedkoff, Karl Koerber. The Book of Rita's Living. Ed. Edith Templeton. Robson (B.C.): Bear Grass Press, 1990.
- Kohler-Riessman, Catherine. Narrative Analysis. Newbury Park: Sage, 1993.
- Korda, Michael. Man to Man: Surviving Prostate Cancer. New York: Random House, 1996.
- Korte, Barbara. Body Language in Literature. Toronto: University of Toronto Press, 1997.
- Kraft, Martin. "Mars von Fritz Zorn: Der tödliche Konflikt mit der Gesellschaft." Rev. of Mars, by Fritz Zorn. Schweizer Feuilleton-Dienst 19 Apr 1977. "Konflikt mit der Gesellschaft." Berner Nachrichten 3 Dec. 1977: 26.
- Kramer, Peter. Listening to Prozac. New York: Viking, 1993.
- Kresnik, Johann. Mars. Hamburg: Deutsches Schauspielhaus, 1994.
- Kristeva, Julia. Powers of Horror. Trans. Leon S. Roudiez. New York: Columbia University Press, 1982.

- Kümmel, Werner Friedrich. "Krebs - die 'Leitkrankheit' unserer Zeit im Licht der Geschichte." [Unpublished paper, Mainz, 1996 ]
- Kuner, Susan, Carol Matzkin Orsborn, Linda Quigley, and Karen Leigh Stroup. Speak the Language of Healing: Living with Breast Cancer without Going to War. Berkeley: Conari Press, 1999.
- Kunz, Marion. Kostbare Stunden: Ein Bericht über Sterben, Tod und Trauer. Bern: Zytglogge, 1997.
- Kunzmann, Peter, Franz-Peter Burkard, and Franz Wiedmann. dtv-Atlas zur Philosophie. München: Deutscher Taschenbuch Verlag, 1991.
- Kushner, Rose. Breast Cancer. New York: Brace Harcourt Jovanovich, 1975.
- Ladner, Gerhart B. Handbuch der frühchristlichen Symbolik: Gott, Kosmos, Mensch. Stuttgart: Belser Verlag, 1992.
- Lämmert, Eberhard. Bauformen des Erzählens. Stuttgart: J. B. Metzlersche Verlagsbuchhandlung, 1993, 1955.
- Lane, Belden C. The Solace of Fiery Landscapes: Exploring Desert and Mountain Spirituality. New York: Oxford University Press, 1998.
- Langer, Jiri. Nine Gates to the Chassidic Mysteries. Trans. Stephen Jolly. New York: David McKay Company, 1961.
- Langer, Suzanne. Problems of Art. New York: Scribners, 1957.
- Lakoff, George, and Mark Johnson. Metaphors We Live By. Chicago: University of Chicago Press, 1980.
- . Women, Fire, and Dangerous Things: What Categories Reveal about the Mind. Chicago: University of Chicago Press, 1990.

- . "Cognitive Semantics." Meaning and Representations. Ed. Umberto Eco, Marco Santambrogio and Patrizia Violi. Bloomington: Indiana University Press, 1988. 119 - 154.
- . Women, Fire, and Dangerous Things. Chicago: The University of Chicago Press, 1980.
- Larshan, Edward J., with Richard J. Larshan. The Diagnosis is Cancer: A Psychological and Legal Resource Handbook for Cancer Patients, their Families and Helping Professionals. New York: Bull Publishing Company, 1986.
- Lattimore, Richmond. The Iliad of Homer. Chicago: University of Chicago Press, 1961.
- Le, N.D., L. D. Marrett, D. L. Robson, R. M. Semenciw, D. Turner, and S. D. Walter. Canadian Cancer Incidence Atlas. Ottawa: Canadian Communications Group – Publishing, 1996.
- "Leben gegen den Tod." Rev. of Fuss Fassen, Maja Beutler. NZZ 16 May 1981: n.p.
- Leber, Hugo. "Der Zorn des Fritz Zorn." Rev. of Mars, by Fritz Zorn. Die Zeit 27 May 1977: 51.
- Legris, Sylvia. "Radiating Effects." Room of One's Own, 18:2 (1995): 80 - 81.
- Lejeune, Philippe. "Der autobiographische Pakt." Trans. Hildegard Heydenreich. In Die Autobiographie: Zu Form und Geschichte einer literarischen Gattung. Ed. Günther Niggli. Darmstadt: Wissenschaftliche Buchgesellschaft, 1989. 214 - 257.
- Lenker, Christiane. Krebs kann auch eine Chance sein: Zwischenbilanz oder Antwort an Fritz Zorn. Frankfurt/Main: Fischer Verlag, 1984.
- . Krebs greift das Herz nicht an: Mein zweites Leben. Frankfurt/Main: Fischer Taschenbuch Verlag, 1993.
- Lerner, Michael. Choices in Healing: Integrating the Best of Conventional and Complementary Approaches to Cancer. Cambridge: MIT Press, 1994.
- LeShan, Lawrence. Cancer as a Turning Point. New York: Plume Penguin, 1994.

- . "An Emotional Life History Pattern Associated with Neoplastic Disease." Annals of the New York Academy of Science 125 (1996): 780 - 793.
- Levin, David Michael, ed. Language Beyond Postmodernism. Evanston: Northwestern University Press, 1997.
- Lewis, C. S. A Grief Observed. New York: Bantam Books, 1976, 1961.
- LiDonnici, Lynn R.. The Epidaurian Miracle Inscriptions: Text, Translation and Commentary. Atlanta: Scholars Press, 1995.
- Lindsay, Jack (Trans.). Giordano Bruno: Cause, Principle, and Unity. Westport: Greenwood Press, 1962.
- Lipsyte, Robert. In the Country of Illness: Comfort and Advice for the Journey. New York: Alfred A. Knopf, 1998.
- Lloyd, G. E. R. "Epistemological Arguments in Early Greek Medicine in Comparatist Perspective." In Knowledge and the Scholarly Medical Traditions. Ed. Don Bates. Cambridge: Cambridge University Press, 1995. 25 - 40.
- Lohmann, Michael. Das Jahr, in dem ich nur spazieren ging. Diagnose Krebs: Ein Überlebensbericht. Zürich: Haffmans Sachbuch, 1998.
- Lorde, Audre. The Cancer Journals. San Francisco: Aunt Lute Books, 1980.
- . "A Burst of Light: Living with Cancer." In A Burst of Light. Toronto: Women's Press, 1988. 49 - 134.
- Love, Richard R., ed. Manual of Clinical Oncology. 6th ed. Berlin: Springer Verlag, 1994.
- Lucretius. On the Nature of Things. Trans. Anthony M. Esolen. Baltimore: Johns Hopkins University Press, 1995.
- Lückheide, Elisabeth. Ich habe mir einen Olivenbaum versprochen. 2nd. ed. München: Verlag Peter Erd, 1995.

- Lüdke, Martin W. "Protest gegen verfehltes Leben." Rev. of Mars, by Fritz Zorn. Frankfurter Rundschau. 30 Apr. 1977: 63.
- Luther, Martin. Die Bibel. Stuttgart: Württembergische Bibelanstalt, 1961
- MacPhee, Rosalind. Picasso's Woman: A Breast Cancer Story. Vancouver: Douglas & McIntyre, 1994.
- Maddox, Robert L. Prostate Cancer: What I Found Out & What You Should Know. Wheaton: Harold Shaw Publishers, 1997
- Mae, Eydie, with Chris Loeffler. How I Conquered Cancer Naturally: A True Story of Courage and Triumph. New York: Avery Publishing, 1992.
- Malcomes, Heidrun. Der dunkle Gang: Leben mit Krebs. Berlin: Verlag Neues Leben, 1993.
- Mann, Thomas. Der Zauberberg. Frankfurt/Main: S. Fischer Verlag, 1997.
- . "Die Betrogene." In Erzählungen. Frankfurt: Fischer Verlag, 1986.
- Manzoni, Alessandro. The Betrothed. Ed. and trans. Bruce Penman. London: Penguin Books, 1972.
- Martin, Chia. Writing Your Way Through Cancer. Prescott: Hohm Press, 2000.
- Martin, William. My Prostate And Me: Dealing with Prostate Cancer. New York: Cadell & Davies, 1994.
- Mathieson, Cynthia. "Renegotiating Identity: Cancer Narratives." Dissertation. Calgary: University of Calgary, 1991.
- Matt, Peter von (Ed.). Krisen und Krisen bestehen. Zürich: University of Zürich Press, 1984.
- Matthews, William. "Dire Cure." The Atlantic Monthly October (1997): 7 - 71.
- Maurer, Daniel F. "Mars war mein Lehrer." Schauspielhaus Programmhefte: Mars. Hamburg: Deutsches Schauspielhaus, 1994. 32 - 36.

- May, Rollo, and Irvin Yalom. "Existential Psychotherapy." In Current Psychotherapies 4th ed. Eds. Raymond J. Corsini and Danny Wedding. Itasca: F. E. Peacock Publishers, Inc., 1989.
- Mayer, Musa. Holding Tight, Letting Go: Living with metastatic Breast Cancer. Cambridge: O'Reilly, 1997.
- McCall, Anne E. "Of Textual Demise and Literary Renewal: George Sand and the Problematics of Epistolary Autobiography." a/b: Auto/Biography Studies 9 (2): 212 - 229.
- McCoy, Linda Phelan. Twenty-Something & Breast Cancer: Images in Healing. Sedona: In Print Publishing, 1995.
- McFarland, John Robert. Now That I Have Cancer I Am Whole: Meditations For Cancer Patients And Those Who Love Them. Kansas City: Andrews and McMeel, 1993.
- McKenzie, John L. Dictionary of the Bible. New York: Collier Books-Macmillan Publishing Company, 1965.
- Mechtel, Angelika. Jeden Tag will ich leben: Ein Krebstagebuch. 1990. Frankfurt/Main: Fischer Taschenbuch Verlag, 1993.
- Meerwein, Fritz. "Der letzte Lebensabschnitt eines krebskranken Lehrers." Schauspielhaus Programmhefte: Mars. Hamburg: Deutsches Schauspielhaus, 1994. 47 - 53.
- Meissner, Toni. "Vom eigenen Seelen-Leid aufgefressen." Rev. of Mars, by Fritz Zorn. AZ. 22 Apr. 1977: 14.
- Menchu, Rigoberta. I, Rigoberta Menchu : an Indian Woman in Guatemala. Ed. Elisabeth Burgos-Debray. Trans. Ann Wright. London : Verso, 1984.
- Merleau-Ponty, Maurice. Phenomenology of Perception. London: Routledge & K. Paul, 1962.
- Metzger, Deena. Writing For Your Life: A Guide and Companion to the Inner Worlds. San Francisco: HarperSanFrancisco-HarperCollins Publishers, 1992.

- Michel, Doris. "Fuss Fassen: Worin?" Krisen und Krisen bestehen in Schreiben über sich selbst. Ed. Matt, Peter von. Zürich: University Press of Zürich, 1984.
- Middlebrook, Christina. Seeing the Crab: A Memoir of Dying. New York: Anchor Books-Doubleday, 1998. New York: Basic Books-HarperCollins, 1996.
- Misch, Georg. Geschichte der Autobiographie. 8 Vols. Bern: A. Francke Verlag, 1949-1969.
- Mishler, Elliot G. "Models of Narrative Analysis: A Typology." Journal of Narrative and Life History 5:2 (1995): 87 - 123.
- Mitchell, Joyce Slayton. Winning the Chemo Battle. New York: W. W. Norton, 1988.
- Mohr, Mavi. Ein Elefant gab mir die Hand: Ein junges Mädchen kämpft gegen die Leukämie. Zürich: Kreuz, 1997.
- Moody, Marilyn R. Courage & Cancer: A Breast Cancer Diary. A Journey from Cancer to Cure. Gardiner: Rhache Publishers, 1996.
- Moore, Lorie. "Go Like This." In Self-Help. New York: Warner Books, 1985. 65 - 81.
- . "You're Ugly, Too." In Like Life: Stories. Plume. The Best American Short Stories of the Century. Eds. John Updike and Katrina Kenison. Boston: Houghton Mifflin Company, 1999. 652 - 670.
- . Birds of America. New York: Alfred A. Knopf, 1998.
- . "People Like That Are the Only People Here." Prize Stories 1998: The O. Henry Awards. Ed. Larry Dirk. New York: Anchor-Doubleday, 1998. 212 - 250
- Moossa, A. R., Stephen Schimpff, and Martin Robson. Comprehensive Textbook of Oncology. Baltimore: Williams & Wilkins, 1981.
- . Comprehensive Textbook of Oncology. Baltimore: Williams & Wilkins, 1991.
- Morris, David B. Illness and Culture in the Postmodern Age. Berkeley: University of California Press, 1998.

- Morris, Phyllis Sutton. "Some Patterns of Identification and Otherness." Journal of the British Society for Phenomenology 13:3 (1982): 216 - 225.
- Müller-Schwefe, Hans Rudolf. "Martin W. Teucher." Desy Journal, 1 (1979): 17-18.
- Mukai, Linda Pratt and Janis Fischer Chan. Living with Dying: A Personal Journey. San Anselmo: Butterfield Press, 1996.
- Multerer-Heiniger, Madeleine. Geburt im Dunkeln: Erfahrungen mit Krebs. Zürich: Theologischer Verlag, 1993.
- Murphy, Robert F. The Body Silent. New York: W. W. Norton, 1990.
- Muschg, Adolf. Literatur als Therapie? Ein Exkurs über das Heilsame und das Unheilbare. Frankfurter Vorlesungen. Frankfurt/Main: Suhrkamp Verlag, 1981.
- Nash, Christopher. Narrative in Culture: The Uses of Storytelling in the Sciences, Philosophy, and Literature. London: Routledge, 1994 (1990).
- National Cancer Institute of Canada. Canadian Cancer Statistics 1998. Toronto: Canada, 1998.
- Nessim, Susan, and Judith Elles. Can Survive: Reclaiming Your Life after Cancer. Boston: Houghton Mifflin Co., 2000.
- Neumaier, Petra, and Konrad Halbig. Ich lebe noch! Eine alternative Krebstherapie im Brennpunkt. Burgrain: Koha Verlag, 1996.
- Nietzsche, Friedrich. "Über Wahrheit und Lüge im aussermoralischen Sinne." In Kritische Studienausgabe Vol 1, Eds. Giorgio Colli and Mazzino Montinari. München: Deutscher Taschenbuch Verlag-de Gruyter, 1988.
- . The Birth of Tragedy. Trans. Douglas Smith. New York: Oxford University Press, 2000.
- Niggel, Guenter, ed. Die Autobiographie: Zu Form und Geschichte einer literarischen Gattung. Darmstadt: Wissenschaftliche Buchgesellschaft, 1989.
- Noll, Peter. In the Face of Death. New York: Viking-Penguin, 1989. Diktate über Sterben und Tod. 4th. ed. München: Piper, 1991, 1984.

Novalis. "Sehnsucht nach dem Tode." Gedichte der Romantik. Ed. Wolfgang Frühwald.

Stuttgart: Reclam, 1984.

Nuland, Sherwin. How We Die. Vintage Books-Random House, 1995.

O'Brien, Patty. Letter. MAMM April/May (1998): 65.

Ohnuki-Tierney, Emiko. Illness and Culture in Contemporary Japan: An Anthropological View.

Cambridge: Cambridge University Press, 1997 (1984).

Olney, James. Metaphors of Self. Princeton: Princeton University Press, 1972.

--- (Ed). Autobiography, Essays Theoretical and Critical. Princeton, N.J.: Princeton University Press, 1980. 84 - 114.

---. Memory and Narrative: The Weave of Life-Writing. Chicago: University of Chicago Press, 1998.

Onions, C. T. The Oxford Dictionary of English Etymology. Oxford: Clarendon Press, 1996.

Overboe, James. "Difference in Itself: Validating Disabled People's Lived Experience." Body and Society 5:4 (1999): 17 - 29.

Ovid. Metamorphoses. Trans. A. D. Melville. Oxford: Oxford University Press, 1988.

Parkes, Graham. "Death and Detachment." Death and Philosophy. Eds. Jeff Malpas and Robert C. Solomon. London: Routledge 1998. 83 - 97.

Parry, Alan, and Robert E. Doan. Story Re-Visions: Narrative Therapy in the Postmodern World. New York: The Guilford Press, 1994.

Pascal, Roy. Design and Truth in Autobiography. Cambridge: Harvard University Press, 1960.

---. "The Autobiographical Novel and the Autobiography." Essays in Criticism 9 (1959): 134 - 150.

---. "Die Autobiographie als Kunstform." Die Autobiographie: Zu Form und Geschichte einer literarischen Gattung. Trans. Hildegard Heydenreich. Ed. Günther Niggel. Darmstadt: Wissenschaftliche Buchgesellschaft, 1985. 148 - 157.

- . "The Autobiographical Novel and The Autobiography." Essays in Criticism. Vol. 9. Oxford: Basil Blackwell, 1959. 134 - 150.
- Petrarca, Francesco. De Secretario Conflictu Curarum Mearum. Ed. E. Carrara. Milano: Aldo Mondadori, 1990.
- Pfoser, Alfred. "Da war kein Leben vor dem Tod." Rev. of Mars, by Fritz Zorn. Salzburger Nachrichten Jan. 5/6, 1980.
- Pfreundschuh, Michael. Onkologische Therapie. Stuttgart: Georg Thieme Verlag, 1997.
- Picard, Andrew. "Breast cancer treatment discredited." Globe and Mail 4 Mar. 2000: 2.
- Picardie, Ruth. Before I say Goodbye. London: Penguin, 1998.
- Pike, Jennifer. A Safe Place: A Journal For Women With Breast Cancer. Vancouver: Raincoast Books, 1997.
- Plaski, Cynthia. Conversations With My Healers: My Journey To Wellness From Breast Cancer. Tulsa: Council Oak Publishing, 1995.
- Plato. The Collected Dialogues. Eds. Edith Hamilton and Huntington Cairns. Princeton: Bollingen-Princeton University Press, 1961.
- . "Timaeus." In Plato vol. IX. Trans. R. G. Bury. Cambridge: Harvard University Press, 1989.
- Polkinghorne, Donald E. Narrative Knowing and the Human Sciences. Albany: State University of New York Press, 1988.
- Pope, Robert. Illness and Healing. Hantsport: Lancelot Press, 1995.
- Porter, Margit Esser. Hope is Contagious: The Breast Cancer Treatment Survival Handbook. New York: Fireside-Simon & Schuster, 1997.
- Porter, Roy. The Greatest Benefit to Mankind. New York: W. W. Norton & Company, 1998.
- Preminger, Alex, and T. V. F. Brogan. The New Princeton Encyclopedia of Poetry and Poetics. Princeton: Princeton University Press, 1993.

- Price, Reynolds. A Whole New Life: An Illness and a Healing. New York: Plume-Penguin, 1995.
- Prose, Francine. "I know why the Caged Bird cannot read." Harper's 299:1792 (1999): 76-84.
- Pulver, Elsbeth. "Leben und Schreiben ohne Rückhalt." Rev. of Fuss Fassen, by M. Beutler. Schweizer Monatshefte May 1981: 436-439 and AT 9 May 1981: n.p.
- Radner, Gilda. It's Always Something. New York: Avon Books, 1989.
- Raoul, Valerie. The French Fictional Journal: Fictional Narcissism/Narcissistic Fiction. Toronto: University of Toronto Press, 1980.
- Raz, Hilda (Ed.). Living On the Margins: Women Writers on Breast Cancer. New York: Persea Books, 1999
- Reber, Arthur. Dictionary of Psychology. New York: Penguin, 1987.
- Reich, Wilhelm. The Function of Orgasm. New York: Farrar, Strauss and Giroux, 1973.
- . The Cancer Biopathy. London: Vision Press, 1974. Der Krebs. New York: Farrar, Strauss and Giroux, 1971.
- . Characteranalyse. Frankfurt/Main: Fischer Verlag, 1973.
- Reich-Ranicki, Marcel. Mein Leben. Stuttgart: Deutsche Verlags-Anstalt, 1999.
- Rev. of Fuss Fassen, Maja Beutler. SGF Zentralblatt 12 Dec. 1980: n.p.
- Rich, Katherine Russell. The Red Devil: To Hell with Cancer-and Back. New York: Crown Publishers, 1999.
- Richards, Ivor A. The Philosophy of Rhetoric. Oxford: Oxford University Press, 1936.
- Richardson, Colin Ryder. Mind Over Cancer. London: W. Foulsham & Co., 1995.
- Richardson, Rosamond. Eileen's Story: An Inspirational Story of How One Woman Overcame Terminal Cancer. Rockport: Element, 1997.
- Ricœur, Paul. The Rule of Metaphor. Trans. Robert Czerny. Toronto: University of Toronto Press, 1977.

- . Time and Narrative. 3 vols. Trans. Kathleen McLaughlin and David Palmer. Chicago: University of Chicago Press, 1984.
- Rollin, Betty. First, You Cry. Philadelphia: J. B. Lippincott Company, 1976.
- . First, You Cry. 2nd ed. Philadelphia: J. B. Lippincott Company, 1976.
- Rosch, Eleanor, et al. "Basic Objects in Natural Categories." Cognitive Psychology 8 (1976): 382-439.
- . "Wittgenstein and Categorization Research in Cognitive Psychology." Meaning and the Growth of Understanding: Wittgenstein's Significance for Developmental Psychology. Ed. Michael Chapman and Roger Dixon. Berlin: Springer Verlag, 1987. 75 - 89.
- Rose, Gillian. Love's Work: A Reckoning with Life. New York: Schocken Books, 1995.
- Rosemeier, Hans Peter. Medizinische Psychologie und Soziologie. 4th ed. Stuttgart: Ferdinand Enke Verlag, 1991.
- Rosenbaum, Edward E. A Taste Of My Own Medicine. New York: Random House, 1988.
- Rosmarin, Adena. The Power of Genre. Minneapolis: University of Minnesota Press, 1985.
- Rothman, Sheila M. Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History. Baltimore: The Johns Hopkins University Press, 1995.
- Rubin, Philipp. Clinical Oncology: A Multidisciplinary Approach for Physicians and Students. 7th ed. Philadelphia: W. B. Saunders Company, 1993.
- Runowicz, Carolyn D., and Donna Haupt. To Be Alive: A Woman's Guide To A Full Life After Cancer. New York: Henry Holt and Company, 1995.
- Sacks, Oliver. Awakenings. New York: HarperCollins Publishers, 1990 (1973).
- . The Man Who Mistook His Wife for a Hat. New York: Summit Books, 1985.
- Salowe, Allen E. Prostate Cancer: Overcoming Denial With Action. A Guide to Screening, Treatment, and Healing. St. Louis: Quality Medical Publishing, 1997.

- Sanders, Eva-Marie. Leben! Ich hatte Krebs und wurde gesund. München: Nymphenburger, 1997.
- . Freude! So schön ist das Leben. München: Nymphenburger, 1998.
- Saris, Jamie A. "Telling Stories: Life Histories, Illness Narratives, And Institutional Landscapes." Culture, Medicine and Psychiatry. 19 (1995): 39-72.
- Scarry, Elaine. The Body in Pain. New York: Oxford University Press, 1985.
- Schenke, Ernst. Schlesien: Unvergessene Heimat. München: Verlag Gräfe und Unzer, n. d.
- Schertenleib, Hansjörg. "Lieber Fritz Angst." Schauspielhaus Programmhefte: Mars. Hamburg: Deutsches Schauspielhaus, 1994. 38 - 42.
- Schirnding, Albert v. "Eine Biographie wie ein Alptraum." Rev. of Mars, by Fritz Zorn. Süddeutsche Zeitung. 18 May 1977: 45.
- Schiwy, Marlene A. "Healing Dimensions of the Journal." Voice of Her Own: Women and the Journal-Writing Journey. New York: Simon and Schuster, 1996. 113 - 142.
- Schmidbauer, Wolfgang. Die Geheimsprache der Krankheit: Bedeutung und Deutung psychosomatischer Leiden. Reinbek: Rowohlt Verlag, 1998, 1986.
- . Ich wusste nie, was mit Vater ist: Das Trauma des Krieges. Reinbek: Rowohlt, 1998.
- . "Die Qual der Erinnerung." Der Spiegel 12 (1999): 26 - 27.
- Schmidt, Heinrich. Philosophisches Wörterbuch. Stuttgart: Alfred Kröner Verlag, 1969.
- Schwartz, Howard (ed.). Gabriel's Place: Jewish Mystical Tales. New York: Oxford University Press, 1993.
- Schwarz, Reinhold. Die Krebspersönlichkeit: Mythos und klinische Realität. Stuttgart: Schattauer, 1994.
- Schwerin, Doris. Diary of a Pigeon Watcher. New York: William Morrow and Company, Inc., 1976.

- Seiler, Joachim. Lügenzeit: Wenn der Partner an Krebs stirbt. München: Verlag C. H. Beck, 1996.
- Sélincourt, Aubrey de (Trans). Herodotus: The Histories. New York: Penguin, 1987.
- Senn, H. J. "Einführung in die Onkologie." Onkologie für Krankenpflegeberufe. Ed Agnes Glaus, Walter Felix Jungi and Hans-Jörg Senn. Stuttgart: Thieme Verlag, 1992. 1 - 17.
- Shabkar Lama Jatang Tsokdruk Rangdrol. "The Flight of the Garuda." In The Flight of the Garuda. Ed. and trans. Keith Dowman. Boston: Wisdom Publications, 1994.
- Shah, Amil. Solving the Riddle of Cancer: New Genetic Approaches to Treatment. Toronto: Hounslow, 1994.
- Shah, Idries. Tales of the Dervishes: Teaching-stories of the Sufi Masters Over the Past Thousand Years. London, Cape. 1967, 1924.
- Shaw-Brawley, Lisa. Only When I Sleep: My Family's Journey Through Cancer. Deerfield Beach: Health Communications Inc., 2000.
- Shapiro, Alan. Vigil. Chicago: University of Chicago Press, 1997.
- Sharp, Joseph. Living our Dying: A Way to the Sacred in Everyday Life. New York: Hyperion, 1996.
- Shaver, Phillip, Judith Schwartz, Donald Kirson, and Cary O'Connor. "Emotion Knowledge: Further Exploration of a Prototype Approach." Journal of Personality and Social Psychology 52:6 (1987): 1061 - 1086.
- Shay, J. Achilles in Vietnam: Combat Trauma and the Undoing of Character. New York: Atheneum, 1994.
- Shin, Nan (Nancy Amphoux). Diary of A Zen Nun. New York: E. P. Dutton, 1986.
- Shklovsky, Victor. "Art as Technique." Critical Theory since Plato. Ed. Hazard Adams. Fort Worth: Harcourt Brace Jovanovich College Publishers, 1992. 751 - 759.

- Siegel, Bernie. Love, Medicine and Miracles: Lessons Learned about Self-healing from a Surgeon's Experience with Exceptional Patients. New York: Harper Perennial, 1986.
- Siegrist, Johannes. Medizinische Soziologie. 5th ed. München: Urban & Schwarzenberg, 1995.
- Sill, Oliver. Zerbrochene Spiegel: Studien zur Theorie und Praxis autobiographischen Erzählens. Berlin: de Gruyter, 1991.
- Simonton, O. Carl, et al. Getting Well Again. New York: Bantam Books, 1992.
- Simpson, Elizabeth. The Perfection of Hope: A Soul Transformed by Critical Illness. Toronto: Macfarlane Walter & Ross, 1997.
- . "Sweet Bird of Health, Come Walk With Me." Homemaker's Magazine Summer (1996): 124 - 134.
- Sinjen, Sabine, with Christine Landgrebe. Wenn der Vorhang fällt. Bergisch-Gladbach: Gustav Lübbe Verlag, 1995.
- Smith, Gregory White, and Steven Naifeh. Making Miracles Happen. Boston: Little, Brown and Company, 1997.
- Smith, Lis, and Michael Boyle. "The Dove." The Cloak and the Dove. Vancouver: British Columbia Cancer Agency, n.d.
- Smith, Sidonie. Subjectivity, Identity, and the Body: Women's Autobiographical Practices in the Twentieth Century. Bloomington: Indiana University Press, 1993.
- Smythe, Benjamin Roth. Killing Cancer: The Jason Winters Story. Las Vegas: Vinton Publishing, 1986, 1980.
- Snell, Bruno (Ed. and trans.). Heraklit: Fragmente. Zürich: Artemis und Winkler, 1995.
- Soffa, Virginia M. The Journey Beyond Breast Cancer: From the Personal to the Political. Rochester: Healing Arts Press, 1994.
- Soiffer, Bill. Life in the Shadow: Living with Cancer. San Francisco: Chronicle Books, 1991.
- Sontag, Susan. Illness as Metaphor. New York: Vintage Books-Random House, 1979, 1977.

- . Illness as Metaphor and AIDS and its Metaphors. New York: Anchor Books-Doubleday, 1990.
- Sophocles. Oedipus at Colonus. Trans. E. F. Watling. New York: Penguin, 1986.
- Spacks, Patricia Meyer. "Women's Stories, Women's Selves." Hudson Review (1977): 29 - 46.
- Spence, Jo. Putting Myself in the Picture: A Political, Personal, and Photographic Autobiography. Seattle: Real Comet Press, 1988.
- Spingarn, Natalie Davis. The New Cancer Survivors: Living with Grace, Fighting with Spirit. Baltimore: Johns Hopkins University Press, 1999.
- Spohn, Anita. Ich konnte weiterleben und liess den Krebs hinter mir. Müsterschwarzach: Vier-Türme-Verlag, 1994.
- Stacey, Jackie. "Conquering Heroes: The Politics of Cancer Narratives." In Cancer: Through the Eyes of Ten Women. Ed. Patricia Duncker and Vicky Wilson. London: HarperCollins, 1996. 1 - 33.
- Stambaugh, Joan (Trans.). Martin Heidegger: Being and Time. New York: State University of New York Press, 1996.
- Stanzel, Franz K. Theorie des Erzählens. Göttingen: Vandenhoeck & Ruprecht, 1995.
- Starobinski, Jean. "Der Stil der Autobiographie." Die Autobiographie: Zu Form und Geschichte einer literarischen Gattung. Ed. Günter Niggel. Darmstadt: Wissenschaftliche Buchgesellschaft, 1989.
- Stefan, Verena. Häutungen. Frankfurt/Main: Fischer Taschenbuchverlag 1994, 1975.
- Steingraber, Sandra. Living Downstream: An Ecologist Looks At Cancer And The Environment. Reading: Addison-Wesley Publishing, 1997.
- Stern, David G. Wittgenstein on Mind and Language. New York: Oxford University Press, 1995.

- Sternbach, Claudia. Now Breathe: A Journal of Life after a Cancer Diagnosis. Seattle: Whiteaker Press, 1999.
- Stössinger-Felmann, Verena. "Darf man schreien oder nicht? Vom Absterben und Abtöten." Rev. of Fuss Fassen, by M. Beutler. Baseler Zeitung 30 May 1981: n.p.
- Stone, Barbara. Cancer As Initiation: Surviving The Fire. Chicago: Open Court, 1994.
- Storm, Theodor. Ein Bekenntnis. Chemnitz: H. Thümler Verlag, 1922.
- Tausch, Anne-Marie. Gespräche gegen die Angst: Krankheit - ein Weg zum Leben. 1981. Reinbek: Rowohlt Verlag, 1995.
- Tannen, Deborah. The Argument Culture: Moving from Debate to Dialogue. New York: Random House, 1998.
- Taylor, Shelley. "Adjustment to threatening Events: A Theory of Cognitive Adaptation." In Readings in Social Psychology. 2nd ed. Ed. Letitia Anne Perla et al. Englewood Cliffs: Prentice Hall, 1988. 254 - 271.
- Teegen, Frauke. Die Bildersprache des Körpers. Reinbek: Rowohlt Verlag, 1992.
- Thielscher-Noll, Helma, and Hans Gerhard Noll. Ich brauchte Dich: Mein Leben mit Krebs. Moers: Brendow Verlag, 1994.
- Thoreau, David Henry. Cape Cod. Boston: Ticknor and Fields, 1865.
- Thucydides. History of the Peloponnesian War. Trans. Rex Warner. New York: Penguin, 1972.
- Tilberis, Li, with Aimee Lee Ball. No Time to Die. Boston: Little, Brown and Company, 1998.
- "Tödliche Harmonie eines bürgerlichen Elternhauses." Rev. of Mars, by Fritz Zorn. Luzerner Neueste Nachrichten (Luzern, CH) 27 May 1977: n.p.
- "Tödlicher Krieg gegen die eigene Klasse." Rev. of Mars, by Fritz Zorn. Zeitdienst 26 (1977): 117 - 118.
- Todd, Olivier. Albert Camus: A Life. Trans. Benjamin Ivry. New York: Alfred A. Knopf, 1997.

- Toombs, S. Kay. The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient. Dordrecht: Kluwer Academic Publishers, 1993.
- Trafford, Angela Passidomo. The Heroic Path: One Woman's Journey from Cancer to Self-Healing. Grass Valley (CA): Blue Dolphin Publishing, 1993.
- Tumler, Wolfgang. "Wir dachten, er ist so ein fröhlicher Mensch . . ." Rev. of Mars, by Fritz Zorn. Deutsches Allgemeines Sonntagsblatt. 16 Oct. 1977: 40.
- Turbayne, Colin. The Myth of Metaphor. New Haven: Yale University Press, 1962.
- "Überlegungen zum Buch von Fritz Zorn." Rev. of Mars, by Fritz Zorn. Bündner Zeitung (Chur) 11 April 1978. n.p.
- Ueding, Gert. Rhetorik des Schreibens: Eine Einführung. Königstein: Athenäum, 1986.
- Uffmann, Antje. Trauern und Leben: Begleitung durch die Landschaften der Trauer. Stuttgart: Kreuz, 1998.
- Varela, Francisco J., Evan Thompson, and Eleanor Rosch. The Embodied Mind: Cognitive Science and Human Experience. Cambridge (MA): MIT Press, 1995.
- Verres, Rolf. Die Kunst zu leben. München: R. Piper, 1994.
- Wadler, Joyce. My Breast. 1992. New York: Pocket Books, 1994.
- . My Breast: With a New Afterword by the Author. New York: Pocket Books, 1997.
- . "Gripes of Wrath: A Devout Complainer Defends her Sacred Art." Mamm October/November (1997): 72.
- . Plucky Cancer Girl Strikes Back (forthcoming).
- Wälde, Rainer, ed. Mit Krebs leben: Betroffene über ihren Alltag nach der Diagnose. Asslar: Schulte & Gerth, 1995.
- Wagar, Howard N. How I cured myself of Cancer: A Testimony. Burnaby: Alive Books: 1989.
- Wagner, Luise. "Krebsatlas 1997." Stern 45 (1997): 20 - 30.

- Wander, Maxie. Leben wär' eine prima Alternative. Ed. Fred Wander. München: Deutscher Taschenbuch Verlag, 1996, 1979.
- . Ein Leben ist nicht genug. München: Deutscher Taschenbuch Verlag, 1996.
- . Guten Morgen, du Schöne. München: Deutscher Taschenbuch Verlag, 1994.
- Warner, Gale. Dancing At the Edge of life: A Memoir. New York: Hyperion, 1998.
- Watson, David. Fear no Evil: One man deals with Terminal Illness. Wheaton: Harold Shaw, 1985.
- Watson, Julia. "Toward an Anti-Metaphysics of Autobiography." The Culture of Autobiography: Constructions of Self-Representation. Ed. Robert Folkenflik. Stanford: Stanford University Press, 1993. 57 - 79.
- Weissbach, Lothar. Interview. Der Spiegel 20 Mar. 2000: 230 - 234.
- Wellek, René and Austin Warren. Theory of Literature. New York: Harcourt, Brace and Company, 1949.
- Wenger, Willi. "Blosse Sauereien." Rev. of the Stageplay Mars, by Johann Kresnik. Basler Zeitung 22 May 1993: n.p.
- White, M., and D. Epston. Literate Means to Therapeutic Ends. Adelaide: Dulwich Centre Publications, 1989.
- Wilber, Ken. Grace and Grit: Spirituality and Healing in the Life and Death of Treya Killam Wilber. Boston: Shambala, 1991.
- Wilde, Oscar. The Picture of Dorian Gray. New York: Penguin, 1982.
- Williams, Penelope. That Other Place: A Personal Account Of Breast Cancer. Toronto: Dundurn Press, 1993.
- Williams, Terry Tempest. Refuge: An Unnatural History of Family and Place. New York: Vintage Books, 1991.
- Wilpert, Gero von. Sachwörterbuch der Literatur. Stuttgart: Alfred Kröner Verlag, 1989.

- Winawer, Sidney J., with Nick Taylor. Healing Lessons. Boston: Little, Brown and Company, 1998.
- Wittgenstein, Ludwig. Philosophical Investigations. Trans. G. Anscombe. Oxford: Blackwell Publishers, 1998.
- . Tractatus Logico-Philosophicus. Trans. C. K. Ogden. London: Routledge, 1992.
- Wittman, Juliet. Breast Cancer Journal: A Century of Petals. Golden: Fulcrum Publishing, 1993.
- “Wo liegt der Sinn in der Krankheit?” Rev. of Fuss Fassen, Maja Beutler. Schweizer Frauenblatt 3 (1987): 12.
- Yalom, Marilyn. A History of the Breast. New York: Alfred A. Knopf, 1997.
- Yates, Frances. Giordano Bruno and the Hermetic Tradition. London: Routledge and Kegan Paul, 1964.
- Young, Julian. "Death and Authenticity." Death and Philosophy. Eds. Jeff Malpas and Robert C. Solomon. London: Routledge, 1998. 112 - 119.
- Zachert, Christel und Isabell. Wir treffen uns wieder in meinem Paradies. 4th. ed. Bergisch Gladbach: Lübbe Verlag, 1996, 1993.
- Zakarian, Beverly. The Activist Cancer Patient: How to Take Charge of Your Treatment. New York: John Wiley & Sons, 1996.
- Zeindler, Peter. “Kleine Knötchen. Ein Stück Krankheitsgeschichte.” Rev. of Fuss Fassen, by M. Beutler. Annabelle 8 (1981): 14.
- Zimmermann, J. "An Overview of Narrative Therapy." Workshop sponsored by the VA Hospital. Oklahoma City, 16 Sep. 1992.
- Zorn, Fritz. Mars. München: Kindler Verlag, 1994, 1977.
- . Mars. Frankfurt/Main: Fischer Verlag, 1994, 1979.
- . Mars. New York: Alfred A. Knopf, 1982, 1981.

Zucker, Melanie J. Cancer Warrior: Healing Through Personal Power. Pinole: Dare To Dream,  
1996.

**APPENDICES I - IV**

**Appendix I****Solicited Cancer Narrative (Anonymous, unedited)**

1 I've been hesitant to start. A little nervous, a little unsure. I've chosen to do this  
because I think it is something that might help me. Putting words to it. Giving it some  
form. Acknowledging the vastness of it, the complexity, the dreadful black blessing that  
it is. But am I writing to you or to me. I want it to be me, but I don't know if I can. I don't  
5 yet know, completely, absolutely what it is to have cancer. To write it out. I have cancer.  
Its like saying I'm alcoholic, perhaps. I'm part of a club I never wanted to belong to. It's  
part of the way people think of me now. A strange notoriety. My stomach is tightening and  
my eyes are moist. But this is the very thing I want. I want to tell it and deal with it and  
give it a place, but I don't want it to be the whole thing. There's no need for paragraphs of  
10 thought here. I am alone with it for the moment and yet I'm not completely afraid. I want to  
coexist with it as long as possible. I have a recurrence of breast cancer. Diagnosed in  
January of 1992. G. P. remiss. I wasn't on top of it. I heard what I wanted to hear. My life  
is hectic. The timing is bad. I am the one to go back to the Doctor, 3 months later. The  
lump is still there and its bigger. "I'd still put money on it being a fibrosistic growth, but  
15 what with your mother's breast cancer, we should have a mammogram" . . . . or  
something like that. And two weeks before my 35th birthday I have a complete modified  
mastectomy, stage 3 cancer with 6 of 10 lymph knodes involved. And though I'm high risk  
for recurrence I'm damn sure I'm the one that will get past it. I'll survive it. I work  
throughout the 8 treatments of chemotherapy and 3 weeks of radiation. I know now it was  
20 as much about pretending it wasn't really happening, in being a model worker, or brave  
soul, or tough healthy woman. Or whatever I thought. And now its returned just under 5  
years later. It's gone to my ovaries. The uterus + ovaries removed. A second tumor in the

other ovary. Lymph nodes around the ovaries involved. I get out of the hospital Friday morning, after the operation on Monday morning. I make sure the nurses and doctors see me walking down the hall. I have a shower Thursday morning. I have a brave face. But in a lot of ways I have a brave face and a brave heart and there is a lot of love for me. My husband is an extraordinary, loving, cosmic man. He's seen other worlds + he wants me to know this world isn't all there is. I think I believe him. But I like getting older and I'll miss this life I'm finally loving. It's so sweet and dreadful and tragic and simple and I don't want to go yet. I stumbled upon a statistic last month. I generally avoid them, as I read a lot in 1992 and I know what a recurrence means. The statistic mentions 83 women with recurrent breast cancer followed for ten years to determine if mind and body work helped them. In ten years 3 of the 83 were alive. Well this is my club, this is my reluctant membership. Here it is. And I might be one of the 3, someone has to. But I don't have time to speculate about it. I'm determined to die as graciously as I can with as much love around me as I can and that begins right now. It is the now. It's all we really have, isn't it. I hear traffic. The windows are steamed. My eyes are moist but drying. My heartbeat is steady. My husband is in his office working contently. He's just a few steps away. The view is enormous. The clouds low, but they're a thousand particles of gray, an impressive range of gray and I'm here to witness it and that's what I have, what I am. And I love that. I love it and it's very worthy of my love and awe. The taxol is working well. The nodes all look normal and my tumor markers are on the way down. I seem to have the kind of body that takes chemotherapy very well. And I have had a difficult relationship with my body over the years, as many women have. I was bulimic for about 8 years, varying degrees of intensity, but it was all dreadful, shameful, confused, desperate, secretive, so destructive. A couple of incidents of sexual molestation at the hands of the friend's father when I was 11. Not as dreadful as some people experience, by any means, but maybe just enough to

shift me off track with my relationship to self + body. That's another story but I mention it because cancer is of the body and I feel more in my body now and in the last several years than I ever did in my teens and twenties. I regret that alienation deeply. Once you've cut yourself off from your body for so long its hard to get back. But now, with an 8" scar where my breast used to be, radiation scarring like tiny burst veins, another scar still quite pink that runs from the top of my pubic hair to my navel, my arm a little swollen from lymphodema a year ago, my legs and vagina much swollen from new lymphodema caused by the cancer in the knodes around the ovaries, a "portacath" inserted below my collar bone for the duration of the chemo, it looks like a contact lens case fit below my skin, and my basically bald head due to the chemo - I marvel at my body. It is a miraculous instrument, vessel. And though my list is a bit dramatic. It is my body now and I wish I'd loved it then as I do now.

I worry about my mother and father and brother. They don't really know what a recurrence means, and I have no intention of telling them, not now anyways. The rest of my extended family, my in-laws. So many people effected. I feel, at the moment, I would be one of those 3 I mentioned earlier. Although I understand I may very well not be. I want to stretch out the moments. I want to be alive while I'm alive. I want to go below the surface. And when my death comes I don't want to fear it. I don't know if I can do that, but when it comes I want to be and feel and give love. I'm trying to do that now.

**Appendix II (Questionnaires)**

**A. Vancouver Study**

**1. Cancer Patients**

**Study 1: Metaphors of Cancer and Other Life-threatening Illnesses Questionnaire**

- a. Investigator's personal letter to members of the support group
- b. Consent Form and Instructions
- c. Demographics and Identity Code
- d. Questionnaire

**Study 2: Metaphors of Cancer and its Treatment/Healing Autobiographical Narratives**

- a. Consent Form and Instructions
- b. Identity-Code
- c. Informations and examples for writing about illness.

**2. Participants who do not have Cancer**

**Study 1: Study of Metaphors of Life-threatening Illnesses**

- a. Consent Form and Instructions
- b. Demographics and Identity Code
- c. Questionnaire

**Study 3a: Metaphors of Cancer. Part Three: Rating Project**

- a. Consent Form and Instructions
- b. Demographics
- c. Rating Lists

**Study 3b: Metaphors of Cancer Treatment. Part Three: Rating Project**

- a. Consent Form and Instructions
- b. Demographics
- c. Rating Lists

**Study 4a: Metaphors of Cancer: Part Three - Cluster Analysis**

- a. Consent Form and Instructions
- b. Demographics
- c. Sorting Lists

**Study 4b: Metaphors of Cancer Treatment/Healing: Part Three - Cluster Analysis**

- a. Consent Form and Instructions
- b. Demographics
- c. Sorting Lists

**B. Hamburg Study**

**1. Children's Cancer Ward**

**Studie 1: Metaphors of Cancer and Other Life-threatening Illnesses  
Part One: Questionnaire**

- a. Investigator's personal letter to members of the support group
- b. Consent Form and Instructions
- c. Demographics and Identity Code
- d. Questionnaire

**Studie 2: Metaphors of Cancer and its Treatment/Healing  
Part Two: Autobiographical Narratives**

- a. Consent Form and Instructions
- b. Identity-Code
- c. Informations and examples for writing about illness.

**2. Adult Cancer Patients' Wards**

**Studie 1: Metaphors of Cancer and Other Life-threatening Illnesses  
Part One: Questionnaire**

- a. Investigator's personal letter to members of the support group
- b. Consent Form and Instructions
- c. Demographics and Identity Code
- d. Questionnaire

**Studie 2: Metaphors of Cancer and its Treatment/Healing  
Part Two: Autobiographical Narratives**

- a. Consent Form and Instructions
- b. Identity-Code
- c. Informations and examples for writing about illness.

### 3. Participants who do not have cancer

#### Studie 1: Study of Metaphors of Life-threatening Illnesses

- a. Consent Form and Instructions
- b. Demographics and Identity Code
- c. Questionnaire

A. Vancouver Study

1. Cancer Patients

Study 1: Metaphors of Cancer and Other Life-threatening Illnesses  
Questionnaire

- a. Investigator's personal letter to members of the support group
- b. Consent Form and Instructions
- c. Demographics and Identity Code
- d. Questionnaire

## Questionnaire Page One

First, you are asked to provide some items of demographic information. This questionnaire is intended to be anonymous, please do not include your name.

1. Please fill in your personal identity code: [ ][ ][ ]  
(first three letters of your mother's maiden name)
2. Your age:
3. Today's date:
4. Sex:        [ ] Female,        [ ] Male
5. How would you describe your ethnic origin:
  - 0 White
  - 0 Chinese
  - 0 South Asian (e.g., India, Pakistan, Punjab, Sri Lanka)
  - 0 Black (e.g., Africa, Haiti, Jamaica, Somali)
  - 0 Arab/West Asian (e.g., Armenia, Egypt, Iran, Lebanon, Morocco)
  - 0 Filipino
  - 0 Southeast Asian (e.g., Cambodia, Laos, Vietnam, Indonesia)
  - 0 Latin American
  - 0 Japanese
  - 0 Korean
  - Other - please specify: . . .
6. Questions about your religious convictions:  
Would you describe yourself as religious? Do you belong to a religious organization? When you reflect upon life, do you believe in some form of existence after death? Have such beliefs been helpful, or are helpful, as you cope with your illness?
7. What type of cancer do you have?  
To answer this, you can tell me where it is located, how long you have had it, or how serious it is. If you have any medical information you wish to share, like the "stage" of the cancer, you can add this too.
8. Are you presently receiving treatment for your illness?
  - 0 If YES, what type of things are you taking or doing for your illness? You can also include here things you might be taking or doing for treatment/healing other than what your doctor suggested.
  - 0 If you are NOT presently on treatment, have you ever been treated? What were you doing or taking then for your illness?













## A. Vancouver Study

### 1. Cancer Patients

Study 2: **Metaphors of Cancer and its Treatment/Healing**  
Autobiographical Narratives

- a. Consent Form and Instructions
- b. Identity-Code
- c. Suggestions for Writing about Illness  
(Investigator's Letter to Patient Participants)

1. Please fill in your personal identity code: [ ][ ] [ ][ ]  
(first three letters of your mother's maiden name)

2. Your age:

## Writing about Illness

When living with a serious illness, we may find that sharing our experience can be helpful. Commonly, disruption of life and our familiar sense of self accompany serious illness. What once seemed to be important, may now appear to be meaningless. We may find ourselves literally in pieces. For some, the experience of illness may be the first occasion to think about their lives. Some may want to reconnect with the old sense of self, while others, again, find a changed sense of self. Talking with others or writing our story may be some of the ways we can put the scattered pieces together again, whether in new or old ways. Sometimes we may find that it is easier to talk when we have written first.

Writing the personal story of one's illness, whether in a journal, short narrative, or autobiography, is subjective, involved, and partial. Writing can provide a place for exploring our human strengths and weaknesses; we can turn to it when we want to explore how to cope with pain, uncertainty, our expectations of our partners, relatives, and friends. Likewise, we read such writing so that we can lean on the experience of others.

Often, so much happens during illness that it is difficult to know where to begin. Because our lives and experiences vary, each story is different and each may be written differently. Some, for example, may use their journal as a basis for covering the daily developments. Short paragraphs and short sentences may list the daily itinerary of appointments with doctors or social workers, or describe difficulties, such as getting children to school, or keeping one's work schedule. The following excerpt, translated from Karin Adjei's autobiography (Diagnose: Unheilbarer Krebs), notes a meeting with her psychologist:

Wednesday, September 25, 1991

Saw Ms. Wölk. I am astonished about the many new insights that I gain each time we talk. Ms. Wölk helps me to cope with my past without getting lost in blame.

Here, the reader learns that talks with a psychologist may be very helpful. The language is factual, with short sentences (note the omitted subject in the first sentence). The language is also quite rational, it does not depict the likely emotional quality of Ms. Adjei's talks with her psychologist. Rather than exploring the roller-coaster of events and emotions, writing the itinerary may perhaps provide a way to stay above the changes of events and feelings and show that, despite whatever one goes through, these experiences will pass.

Others may chose to write about only a few incidents during their illness and its treatment, these chosen incidents representing the whole. Concentration on a few events permits the writer to go into greater detail. The Swiss writer Maja Beutler's first chapter covers not more than half an hour of her first day back at work, but in such detail that it extends over 30 pages. In the following excerpt, Ms. Beutler meets Carla and Ms. Zaugg, receptionists at the office:

“By the way, you look great” says Carla, without turning around, “hopefully you’ve known me long enough to know that I never make compliments. No, it’s really true: you look great.”

I say “thank you.”

Objective: That will be over with soon.

I follow her slowly, I put my arms on the counter, I step from one foot onto the other, as if to run away. But, without hurry, Carla explains my circumstances to Ms. Zaugg:

“lower abdomen first, then neck, she was not able to work for four months, or even . . . “  
 “It was only three,” I say, “and do you know what I said to Pierre [i.e. Ms. Beutler’s husband]: ‘It’s time for a major tune-up at age 40.’” No, Pierre and I don’t talk that way, laughable to imagine it that way. But I continue: “. . .

As Maja Beutler recreates dialogue and writes in the present tense, the action slows down and the reader feels taken in moment by moment. Beutler’s attention to detail, her description of what is being said - and what is not - creates nuance, enabling us to feel Beutler’s self-consciousness and awkwardness. We come to know what it is like to be in her shoes, without the writer having to tell us: “I felt very self-conscious. It was awkward.”

Living with a serious illness may sharpen our perception of details that we did not have time to see or did not want to see before. Deena Metzger, who teaches writing, notes: “Who we are is what we see and what we don’t see. . . . The play of light on the cement, a gesture of caring from a colleague, an emotional interaction we preferred not to countenance, a moment of fear, the welling up of tears, pain, a headline, a spray of color, a conversation with a child--the very substance of our lives often consists of what we have ignored” (30). On occasion, one may not find adequate words to express one’s feelings or observations literally. Here, metaphor may help: by borrowing images, for example, from nature, we “color” what we want to say in order to create a certain impression (e.g., “He stands like a tree”). Some authors may feel safer when writing parts of their story in the third person, providing a different perspective on the events as they take place.

When and where do we find a beginning for writing?

While some may go, for example, to a café to gather their thoughts, others may want to look for a quiet place to invite creativity and writing. To begin with, it may be helpful, perhaps for a few minutes, to write down whatever comes up spontaneously, without any judgement, and no regard for spelling or the structure of sentences. Or one may begin with a situation that has been left unresolved, and explore what has been done or said and/or what has not. Perhaps, some situations cannot be resolved and are best left open-ended. Sometimes, we may find writing itself difficult. Here it may be helpful to write why we find it difficult; this can provide new ways of looking at our experience. But as we connect these events, our story develops and may give meaning to what otherwise gets lost in time.

I hope to have provided you with some ideas regarding writing. There are also a number of inspiring books available, for example, Deena Metzger’s Writing for your Life.

### A. Vancouver Study

#### 2. Participants who do not have Cancer

##### Study 1: Study of Metaphors of Life-threatening Illnesses

- a. Consent Form and Instructions
- b. Demographics and Identity Code
- c. Questionnaire

Demographic Information

First, you are asked to provide some items of demographic information. This questionnaire is intended to be anonymous, please do not include your name.

1. Your age:
2. Today's date:
3. Sex:         Female,         Male
4. How would you describe your ethnic origin:
  - 0 White
  - 0 Chinese
  - 0 South Asian (e.g., India, Pakistan, Punjab, Sri Lanka)
  - 0 Black (e.g., Africa, Haiti, Jamaica, Somali)
  - 0 Arab/West Asian (e.g., Armenia, Egypt, Iran, Lebanon, Morocco)
  - 0 Filipino
  - 0 Southeast Asian (e.g., Cambodia, Laos, Vietnam, Indonesia)
  - 0 Latin American
  - 0 Japanese
  - 0 Korean
  - Other - please specify: . . .
5. Questions about your religious convictions or philosophy of life:

Would you describe yourself as religious? Do you belong to a religious organization?  
When you reflect upon life, do you believe in some form of existence after death?













**A. Vancouver Study**

**2. Participants who do not have Cancer**

**Study 3a: Metaphors of Cancer. Part Three: Rating Project**

- a. Consent Form and Instructions**
- b. Demographics**
- c. Rating Lists**

Demographic Information

First, you are asked to provide some items of demographic information. This questionnaire is intended to be anonymous, please do not identify yourself.

1. Today's date:
2. Your age:
3. Sex:         Female,         Male
4. How would you describe your ethnic origin? Please indicate:
  - 0 White
  - 0 Chinese
  - 0 South Asian (e.g., India, Pakistan, Punjab, Sri Lanka)
  - 0 Black (e.g., Africa, Haiti, Jamaica, Somali)
  - 0 Arab/West Asian (e.g., Armenia, Egypt, Iran, Lebanon, Morocco)
  - 0 Filipino
  - 0 Southeast Asian (e.g., Cambodia, Laos, Vietnam, Indonesia)
  - 0 Latin American
  - 0 Japanese
  - 0 Korean
  - 0 Other - please specify: . . .

Below find a list of words and phrases that describe the experience of life with cancer both in negative and positive ways. Please rate on a scale from 1 to 7 how much these words and phrases capture your own image of cancer. Please write your value in the space provided in each line.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like ... very much like...

Cancer is sort of like ...

1. \_\_\_\_\_ drowning with one's eyes open for 5 years
2. \_\_\_\_\_ a message
3. \_\_\_\_\_ an unpredictable usurer
4. \_\_\_\_\_ a great burden
5. \_\_\_\_\_ wrestling
6. \_\_\_\_\_ spreading or reducing rust
7. \_\_\_\_\_ a stone wall that blocks my road and forces me to find other paths
8. \_\_\_\_\_ an invading army
9. \_\_\_\_\_ a dark, dark scary cave
10. \_\_\_\_\_ a bad vacation
11. \_\_\_\_\_ the end of the road of life
12. \_\_\_\_\_ a Trojan Horse
13. \_\_\_\_\_ passing through a deep valley
14. \_\_\_\_\_ a scourge of mankind
15. \_\_\_\_\_ a wall
16. \_\_\_\_\_ a thief in the night
17. \_\_\_\_\_ a monstrous growth
18. \_\_\_\_\_ a wound
19. \_\_\_\_\_ a journey which one's body must take



1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like ... very much like...

Cancer is sort of like ...

42. \_\_\_\_\_ a tunnel into which one gets
43. \_\_\_\_\_ death made tangible
44. \_\_\_\_\_ black blood
45. \_\_\_\_\_ a beginning
46. \_\_\_\_\_ a suitcase which one must carry and which is very heavy
47. \_\_\_\_\_ a teacher
48. \_\_\_\_\_ a warning
49. \_\_\_\_\_ an unstoppable steamroller
50. \_\_\_\_\_ a secret ruin
51. \_\_\_\_\_ tentacles of an octopus growing in one's body
52. \_\_\_\_\_ an invasion
53. \_\_\_\_\_ an unwelcome visitor that won't leave
54. \_\_\_\_\_ a philosophical treatise on living and life
55. \_\_\_\_\_ a judge over life and death
56. \_\_\_\_\_ a destructive power (warring power does not quit fit)
57. \_\_\_\_\_ an unwelcome intruder in a body
58. \_\_\_\_\_ an inner battle
59. \_\_\_\_\_ a scary pathway - with many trails
60. \_\_\_\_\_ lava spreading out from a volcano
61. \_\_\_\_\_ signs that can be wiped away with killer pens
62. \_\_\_\_\_ a glutton
63. \_\_\_\_\_ a growing being in the body that takes over as it pleases



1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like ... very much like...

Cancer is sort of like . . .

86. \_\_\_\_\_ a long dark hall
87. \_\_\_\_\_ a revenge of evolution
88. \_\_\_\_\_ a judge who plays no favorites
89. \_\_\_\_\_ a lump of coal
90. \_\_\_\_\_ a wild roller coaster ride
91. \_\_\_\_\_ a nightmare
92. \_\_\_\_\_ a door. Opened to a wonderful opportunity
93. \_\_\_\_\_ a hard stroke of fate
94. \_\_\_\_\_ Darkness
95. \_\_\_\_\_ the pyramids of Egypt
96. \_\_\_\_\_ a Shakespearean melodrama
97. \_\_\_\_\_ a devilish ulcer
98. \_\_\_\_\_ a liar
99. \_\_\_\_\_ a sticking goo-like mess
100. \_\_\_\_\_ a life sucking vacuum
101. \_\_\_\_\_ evil
102. \_\_\_\_\_ a body that is out of control and that demands attention
103. \_\_\_\_\_ a dark threat that suddenly hits somebody
104. \_\_\_\_\_ a slap in the face
105. \_\_\_\_\_ an erratic life clock set ticking
106. \_\_\_\_\_ awakening from a nightmare, yet you can't remember what it was

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like ... very much like...

Cancer is sort of like . . .

107. \_\_\_\_\_ about
108. \_\_\_\_\_ Blackness
109. \_\_\_\_\_ an exploding volcano
110. \_\_\_\_\_ death growing inside
111. \_\_\_\_\_ an enemy that must be fought over for ever
112. \_\_\_\_\_ a bottomless black hole
113. \_\_\_\_\_ a losing battle
114. \_\_\_\_\_ a foreign body, unfortunately coming from the inside
115. \_\_\_\_\_ deaf, blind, and mute and having to say something
116. \_\_\_\_\_ a plague that destroys everyone
117. \_\_\_\_\_ nuclear power stations
118. \_\_\_\_\_ being attacked by an invisible object
119. \_\_\_\_\_ a sentence to punishment and torture
120. \_\_\_\_\_ a bad day
121. \_\_\_\_\_ a skeleton in one's closet
122. \_\_\_\_\_ a cultural disease
123. \_\_\_\_\_ being in a bubble all by oneself
124. \_\_\_\_\_ a re-awakening - a new appreciation of life
125. \_\_\_\_\_ a cruel prank by nature
126. \_\_\_\_\_ an opponent
127. \_\_\_\_\_ a heavy rock falling on you

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like ... very much like...

Cancer is sort of like . . .

128. \_\_\_\_\_ a bombshell with no declaration of war
129. \_\_\_\_\_ a body rotting from the inside
130. \_\_\_\_\_ a bad awakening
131. \_\_\_\_\_ a monster that lurks in the shadows
132. \_\_\_\_\_ a signal
133. \_\_\_\_\_ death in installments
134. \_\_\_\_\_ a hole in a human out of which energy drains
135. \_\_\_\_\_ a fruit inside you, getting overripe, mushy, and swollen
136. \_\_\_\_\_ an ugly face that rears up when one least expects it
137. \_\_\_\_\_ a battle from a point of strength!
138. \_\_\_\_\_ a torture chamber
139. \_\_\_\_\_ a vulture hovering over carrion
140. \_\_\_\_\_ a shadow that blankets a meadow with flowers
141. \_\_\_\_\_ a mood, in line with the four seasons
142. \_\_\_\_\_ a scary story
143. \_\_\_\_\_ an apparition from a completely different world
144. \_\_\_\_\_ a parasite
145. \_\_\_\_\_ flying - one sets a destination but one never arrives
146. \_\_\_\_\_ a dead end street
147. \_\_\_\_\_ an enemy which assaults the human body
148. \_\_\_\_\_ a partner
149. \_\_\_\_\_ a wall between oneself and others

1	2	3	4	5	6	7
not at all like ...					very much like...	

Cancer is sort of like ...

150. \_\_\_\_\_ a clumsy, misguided opponent
151. \_\_\_\_\_ a chaos, disorder
152. \_\_\_\_\_ an unknown void
153. \_\_\_\_\_ feeling like a dirty old rag being wrung out
154. \_\_\_\_\_ a coward
155. \_\_\_\_\_ battle
156. \_\_\_\_\_ a fight for life
157. \_\_\_\_\_ an ambush
158. \_\_\_\_\_ a forgotten part of the self
159. \_\_\_\_\_ a non-selecting killer
160. \_\_\_\_\_ the end of the world
161. \_\_\_\_\_ an offense in a weakening zone
162. \_\_\_\_\_ a catastrophe
163. \_\_\_\_\_ a shark that eats one from the inside
164. \_\_\_\_\_ spreading mould or fungus
165. \_\_\_\_\_ having an alien creature in your body
166. \_\_\_\_\_ being trapped in one's body without being able to say anything or escape
167. \_\_\_\_\_ attack
168. \_\_\_\_\_ the enemy laughing in one's face while one is tied up
169. \_\_\_\_\_ a monster many are not even willing to name but refer to in shrouded terms
170. \_\_\_\_\_ a dark overhanging cloud
171. \_\_\_\_\_ an enemy, natural foe



**A. Vancouver Study**

**2. Participants who do not have Cancer**

**Study 3b: Metaphors of Cancer Treatment. Part Three: Rating Project**

- a. Consent Form and Instructions**
- b. Demographics**
- c. Rating Lists**

Demographic Information

First, you are asked to provide some items of demographic information. This questionnaire is intended to be anonymous, please do not identify yourself.

1. Today's date:
2. Your age:
3. Sex:         Female,         Male
4. How would you describe your ethnic origin? Please indicate:
  - 0 White
  - 0 Chinese
  - 0 South Asian (e.g., India, Pakistan, Punjab, Sri Lanka)
  - 0 Black (e.g., Africa, Haiti, Jamaica, Somali)
  - 0 Arab/West Asian (e.g., Armenia, Egypt, Iran, Lebanon, Morocco)
  - 0 Filipino
  - 0 Southeast Asian (e.g., Cambodia, Laos, Vietnam, Indonesia)
  - 0 Latin American
  - 0 Japanese
  - 0 Korean
  - 0 Other - please specify: . . .



1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like... very much like...

Cancer treatment is sort of like . . .

19. \_\_\_\_\_ annihilation
20. \_\_\_\_\_ a corrosive fluid, it really eats itself into the cancer
21. \_\_\_\_\_ the devil being able to prolong his torture
22. \_\_\_\_\_ making you drink ammonia when your stomach hurts
23. \_\_\_\_\_ a river washing out the system
24. \_\_\_\_\_ a 'mace' (club) regarding the side-effects
25. \_\_\_\_\_ fighting against a foreign invader
26. \_\_\_\_\_ a prayer
27. \_\_\_\_\_ a new lease on life
28. \_\_\_\_\_ dying
29. \_\_\_\_\_ working at a job one doesn't like
30. \_\_\_\_\_ mobilizing man against the devil
31. \_\_\_\_\_ the alchemists in Goethe's Faust attempting to find the winning solution
32. \_\_\_\_\_ a poker game
33. \_\_\_\_\_ being reborn
34. \_\_\_\_\_ a pointless battle
35. \_\_\_\_\_ a losing battle
36. \_\_\_\_\_ an attack by Medicine, executed expediently
37. \_\_\_\_\_ a physical punishment for being ill
38. \_\_\_\_\_ power washing a house, potentially damaging but leaving all clean behind

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like... very much like...

Cancer treatment is sort of like . . .

39. \_\_\_\_\_ a ride through hell
40. \_\_\_\_\_ a maze
41. \_\_\_\_\_ fighting fire with fire
42. \_\_\_\_\_ a chemical mace
43. \_\_\_\_\_ a slow, delicate, persistent stream of water, moving, pushing, dissolving
44. \_\_\_\_\_ a struggle for victory
45. \_\_\_\_\_ pushing a stone up a hill even though it will always roll down again  
 ("Sisyphus")
46. \_\_\_\_\_ war
47. \_\_\_\_\_ a release from a death sentence
48. \_\_\_\_\_ darkness
49. \_\_\_\_\_ a continuous battle
50. \_\_\_\_\_ a martyrdom
51. \_\_\_\_\_ a poison
52. \_\_\_\_\_ going to the dentist
53. \_\_\_\_\_ a defense
54. \_\_\_\_\_ night before dawn
55. \_\_\_\_\_ a fish eating up residual cells
56. \_\_\_\_\_ a battle
57. \_\_\_\_\_ food poisoning
58. \_\_\_\_\_ a storm
59. \_\_\_\_\_ a job that takes effort

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like... very much like...

Cancer treatment is sort of like . . .

60. \_\_\_\_\_ emerging from a long dark tunnel
61. \_\_\_\_\_ being a guinea pig that has no soul
62. \_\_\_\_\_ a rape of body and soul
63. \_\_\_\_\_ a vacuum cleaner sucking up deeply hidden dust or dirt
64. \_\_\_\_\_ adding salt to an open wound
65. \_\_\_\_\_ having one's body run over by a truck
66. \_\_\_\_\_ a glimpse of light
67. \_\_\_\_\_ a medieval knight in a white charger riding to our rescue
68. \_\_\_\_\_ a band - aid
69. \_\_\_\_\_ coming up for air after being underwater for a long time
70. \_\_\_\_\_ good over evil
71. \_\_\_\_\_ a snowy owl swooping over a field picking up roots
72. \_\_\_\_\_ a black cloud with silver lining of hope
73. \_\_\_\_\_ a battle against wind mills
74. \_\_\_\_\_ a torture on the rack so the patient will confess and heal
75. \_\_\_\_\_ an exorcism
76. \_\_\_\_\_ a nightmare - but one doesn't wake up
77. \_\_\_\_\_ a whisper to a scream
78. \_\_\_\_\_ a dream which one day may be reality
79. \_\_\_\_\_ a battle for a reprieve
80. \_\_\_\_\_ racing against a time bomb

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like... very much like...

Cancer treatment is sort of like . . .

81. \_\_\_\_\_ a boomerang, because of the many side-effects
82. \_\_\_\_\_ murder
83. \_\_\_\_\_ a powerful light destroying bad cells
84. \_\_\_\_\_ spring cleaning
85. \_\_\_\_\_ an act of violence
86. \_\_\_\_\_ hope renewed
87. \_\_\_\_\_ a green island among monotony
88. \_\_\_\_\_ a sudden re-awakening of life
89. \_\_\_\_\_ an army of good soldiers marching through the blood
90. \_\_\_\_\_ a lottery
91. \_\_\_\_\_ the middle of a tunnel
92. \_\_\_\_\_ a barrage of toxic waste
93. \_\_\_\_\_ having your body turn traitor on you
94. \_\_\_\_\_ a garden coming to life in spring after the winter
95. \_\_\_\_\_ a vacuum cleaner sucking up all the bad guys
96. \_\_\_\_\_ a counterattack
97. \_\_\_\_\_ a tree bursting into bud in spring
98. \_\_\_\_\_ a lottery win if cure occurs
99. \_\_\_\_\_ an invasion
100. \_\_\_\_\_ moving against the wind
101. \_\_\_\_\_ annihilation – but unlike war
102. \_\_\_\_\_ sitting on the beach and waiting for the tide to come in

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like... very much like...

Cancer treatment is sort of like . . .

103. \_\_\_\_\_ playing roulette or dice
104. \_\_\_\_\_ a flower in winter
105. \_\_\_\_\_ a sunburn
106. \_\_\_\_\_ a waterfall drowning the cancer and cleansing the body
107. \_\_\_\_\_ comedic relief
108. \_\_\_\_\_ a modern day knighting to those who survive
109. \_\_\_\_\_ the cavalry arriving just in time
110. \_\_\_\_\_ chemical weapons
111. \_\_\_\_\_ a desert before green land
112. \_\_\_\_\_ a makeshift attempt to repair a damaged and eaten away carpet
113. \_\_\_\_\_ a battle against the flood
114. \_\_\_\_\_ a cage
115. \_\_\_\_\_ rat poison
116. \_\_\_\_\_ allowing someone to intrude on your privacy
117. \_\_\_\_\_ being relieved of a burden that one alone cannot move
118. \_\_\_\_\_ a new door has been opened
119. \_\_\_\_\_ a sine-curve: never-ending up and down
120. \_\_\_\_\_ a blind battle
121. \_\_\_\_\_ dying twice - both times in agony
122. \_\_\_\_\_ gaining a powerful ally
123. \_\_\_\_\_ a chain of fear

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_  
 not at all like... very much like...

Cancer treatment is sort of like . . .

124. \_\_\_\_\_ exorcising one evil with another
125. \_\_\_\_\_ a wave washing over the sand erasing both footprints and debris
126. \_\_\_\_\_ Pac-Man eating cancer cells
127. \_\_\_\_\_ the sun's rays filtering through the forest to the ground
128. \_\_\_\_\_ being alone in a crowd
129. \_\_\_\_\_ a race against time
130. \_\_\_\_\_ a trial run for pushing up daisies
131. \_\_\_\_\_ a necessary evil
132. \_\_\_\_\_ a slow, tormenting self-attrition and devouring of hope
133. \_\_\_\_\_ a dangling carrot
134. \_\_\_\_\_ a wake-up call
135. \_\_\_\_\_ a battle against an overpowering enemy
136. \_\_\_\_\_ stepping out into fresh air and sunshine after being trapped in a dark cave
137. \_\_\_\_\_ white
138. \_\_\_\_\_ the dawn of a new day - when will night time fall? (again)
139. \_\_\_\_\_ a battle over life and death
140. \_\_\_\_\_ a serious test
141. \_\_\_\_\_ a long hard road with many ups and downs
142. \_\_\_\_\_ quick, sleek, clever white dolphins swimming in the clear sea, breaking  
 cancer apart
143. \_\_\_\_\_ light at the end of the tunnel
144. \_\_\_\_\_ carpe diem ("seize the day")
145. \_\_\_\_\_ a battle over the body

## A. Vancouver Study

### 2. Participants who do not have Cancer

#### Study 4a: Metaphors of Cancer: Part Three - Cluster Analysis

- a. Consent Form and Instructions
- b. Demographics
- c. Sorting Lists

## Demographic Information

First, you are asked to provide some items of demographic information. This questionnaire is intended to be anonymous, please do not identify yourself.

1. Today's date:
  
2. Your age:
  
3. Sex:         Female,                 Male
  
4. Using the following descriptive scheme developed by Statistics Canada, how would you describe your ethnic origin? Please chose one:
  - White
  - Chinese
  - South Asian (e.g., India, Pakistan, Punjab, Sri Lanka)
  - Black (e.g., Africa, Haiti, Jamaica, Somali)
  - Arab/West Asian (e.g., Armenia, Egypt, Iran, Lebanon, Morocco)
  - Filipino
  - Southeast Asian (e.g., Cambodia, Laos, Vietnam, Indonesia)
  - Latin American
  - Japanese
  - Korean
  - Other - please specify: . . .

### A. Vancouver Study

#### 2. Participants who do not have Cancer

#### Study 4b: Metaphors of Cancer Treatment/Healing: Part Four - Cluster Analysis

- a. Consent Form and Instructions
- b. Demographics
- c. Sorting Lists

### Demographic Information

First, you are asked to provide some items of demographic information. This questionnaire is intended to be anonymous, please do not identify yourself.

1. Today's date:
  
2. Your age:
  
3. Sex:         Female,                 Male
  
4. Using the following descriptive scheme developed by Statistics Canada, how would you describe your ethnic origin? Please chose one:
  - White
  - Chinese
  - South Asian (e.g., India, Pakistan, Punjab, Sri Lanka)
  - Black (e.g., Africa, Haiti, Jamaica, Somali)
  - Arab/West Asian (e.g., Armenia, Egypt, Iran, Lebanon, Morocco)
  - Filipino
  - Southeast Asian (e.g., Cambodia, Laos, Vietnam, Indonesia)
  - Latin American
  - Japanese
  - Korean
  - Other - please specify: . . .

## B. Hamburg Study

### 1. Children's Cancer Ward

#### Studie 1: Metaphors of Cancer and Other Life-threatening Illnesses Part One: Questionnaire

- a. Investigator's personal letter to members of the support group
- b. Consent Form and Instructions
- c. Demographics and Identity Code
- d. Questionnaire

Falls Sie an den Ergebnissen der Untersuchung interessiert sind, rufen Sie mich gerne in meinem Büro an. Ich schicke Ihnen dann nach Abschluss der Untersuchung eine allgemeine Zusammenfassung der Ergebnisse zu. Ich glaube, dass diese Arbeit einen wichtigen Beitrag zum Verständnis von ernsten Erkrankungen leisten kann und bitte Sie daher freundlichst um Ihre Mitarbeit.

Mit herzlichen Grüßen,

Dr. Rainer Thiel (Dipl.-Psych.)

aufgeschrieben haben und benutzen Sie bitte keine Bücher, Wörterbücher, oder anderer Hilfsmittel. Beschreiben Sie einfach die Bilder, die Sie sich machen, wenn Sie sich Krebs, oder AIDS oder eine Herzerkrankung vorstellen, ebenso wie deren Behandlungen, und benutzen Sie dabei Worte, die Ihnen in den Sinn kommen.

Wir danken Ihnen sehr herzlich für Ihre Teilnahme.

Dipl.-Psych. Dr. Rainer Thiel

Ulrich Teucher (Cand. Phil)

## Fragebogen 1

Zunächst bitten wir Sie um einige persönliche Informationen. Dieser Fragebogen bleibt anonym bleibt, fügen Sie daher bitte nicht Ihren Namen hinzu!

1. Welches Datum ist heute:
2. Geschlecht:     Frau,         Mann
3. Wie alt sind Sie (in Jahren):
4. Wie würden Sie Ihre ethnische Herkunft beschreiben:
  - Europäisch
  - Vorderasiatisch/Arabisch (z.B. Türkisch, Ägyptisch, Libanesisch, Marokkanisch)
  - Südasiatisch (z.B. Indisch, Pakistanisch, Punjabi, Sri Lanka)
  - Mittelasiatisch (Iranisch, Afghanisch)
  - Südostasiatisch (z.B. Vietnamesisch, Indonesisch)
  - Falls unzutreffend, beschreiben Sie Ihre ethnische Herkunft bitte selbst:
  - ...
5. Fragen zu Ihrer religiösen Einstellung:
 

Würden Sie sich als religiös bezeichnen? Gehören Sie einer Religionsgemeinschaft an? Wenn Sie über das Leben nachdenken, glauben Sie an irgendeine Form des Weiterlebens nach dem Tode? Waren oder sind solche Vorstellungen hilfreich bei der Bewältigung Ihrer Krankheit?
6. Welche Art von Krebs haben Sie?
 

Um diese Frage zu beantworten, beschreiben Sie bitte, wo sich Ihr Krebs befindet, wie lange Sie schon Krebs haben, und wie weit er sich entwickelt hat. Wenn Sie noch mehr medizinische Informationen besitzen, die Sie mitteilen möchten, wie zum Beispiel das "Stadium", können Sie dies gerne hinzufügen:
7. Wird Ihre Krankheit zur Zeit behandelt?
  - Wenn JA, was nehmen Sie, oder was tun Sie für Ihre Krankheit? Sie können hier gerne auch das hinzufügen, was Sie nehmen oder tun, was Ihr Arzt nicht verschrieben hat.
  - falls Sie zur Zeit NICHT in Krebsbehandlung sind, waren Sie vorher in Behandlung? Was haben Sie zur Zeit Ihrer früheren Behandlung für Ihre Krankheit getan oder eingenommen?



## Fragebogen 3

Schreiben Sie bitte diejenigen Wörter, Begriffe, Bilder oder Vorstellungen auf, bei denen Sie denken, dass sie besonders bezeichnend sind für die Behandlung von Krebs.

Die Behandlung von Krebs ist wie ein(e) . . .

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## Fragebogen 4

Schreiben Sie bitte diejenigen Wörter, Begriffe, Bilder oder Vorstellungen auf, bei denen Sie denken, dass sie besonders bezeichnend sind für AIDS.

AIDS ist wie ein(e) . . .

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## Fragebogen 7

Schreiben Sie bitte diejenigen Wörter, Begriffe, Bilder oder Vorstellungen auf, bei denen Sie denken, dass sie besonders bezeichnend sind für die Behandlung von einer Herzkrankheit.

Die Behandlung von einer Herzkrankheit ist wie ein(e) . . .

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## B. Hamburg Study

### 1. Children's Cancer Ward

#### Studie 2: Metaphors of Cancer and its Treatment/Healing Part Two: Autobiographical Narratives

- a. Consent Form and Instructions
- b. Identity-Code
- c. Informations and examples for writing about illness.

## Fragebogen

Möglicherweise haben Sie diesen Fragebogen mit der Bitte um einige persönliche Informationen schon einmal für einen anderen Teil der Untersuchung ausgefüllt und an uns zurückgeschickt. Dann brauchen Sie diese Fragen nicht noch einmal zu beantworten. Andernfalls sind wir Ihnen für Ihre Beantwortung sehr dankbar. Da dieser Fragebogen anonym bleibt, fügen Sie bitte nicht Ihren Namen hinzu!

1. Welches Datum ist heute:
2. Geschlecht:         Frau,         Mann
3. Wie alt sind Sie (in Jahren):
4. Wie würden Sie Ihre ethnische Herkunft beschreiben:
  - 0     Europäisch
  - 0     Vorderasiatisch/Arabisch (z.B. Türkisch, Ägyptisch, Libanesisch, Marokkanisch)
  - 0     Südasiatisch (z.B. Indisch, Pakistanisch, Punjabi, Sri Lanka)
  - 0     Mittelasiatisch (Iranisch, Afghanisch)
  - 0     Südostasiatisch (z.B. Vietnamesisch, Indonesisch)
  - 0     Falls unzutreffend, beschreiben Sie Ihre ethnische Herkunft bitte selbst:  
       ...
5. Fragen zu Ihrer religiösen Einstellung:  
 Würden Sie sich als religiös bezeichnen? Gehören Sie einer Religionsgemeinschaft an?  
 Wenn Sie über das Leben nachdenken, glauben Sie an irgendeine Form des Weiterlebens nach dem Tode? Waren oder sind solche Vorstellungen hilfreich bei der Bewältigung Ihrer Krankheit?
6. Welche Art von Krebs haben Sie?  
 Um diese Frage zu beantworten, beschreiben Sie bitte, wo sich Ihr Krebs befindet, wie lange Sie schon Krebs haben, und wie weit er sich entwickelt hat. Wenn Sie noch mehr medizinische Informationen besitzen, die Sie mitteilen möchten, wie zum Beispiel das "Stadium", können Sie dies gerne hinzufügen:
7. Wird Ihre Krankheit zur Zeit behandelt?
  - 0     Wenn JA, was nehmen Sie, oder was tun Sie für Ihre Krankheit? Sie können hier gerne auch das hinzufügen, was Sie nehmen oder tun, was Ihr Arzt nicht verschrieben hat.
  - 0     falls Sie zur Zeit NICHT in Krebsbehandlung sind, waren Sie vorher in Behandlung? Was haben Sie zur Zeit Ihrer früheren Behandlung für Ihre Krankheit getan oder eingenommen?

## B. Hamburg Study

### 2. Adult Cancer Patients' Wards

#### Studie 1: Metaphors of Cancer and Other Life-threatening Illnesses Part One: Questionnaire

- a. Investigator's Personal Letter to Members of the Support Group
- b. Consent Form and Instructions
- c. Demographics and Identity Code
- d. Questionnaire

## Fragebogen

Zuerst bitten wir Sie um einige persönliche Informationen. Bedenken Sie bitte, daß dieser Fragebogen anonym bleibt. Fügen Sie daher bitte nicht Ihren Namen hinzu.

1. Ihr persönlicher Code: [ ] [ ] [ ]  
(die ersten drei Buchstaben des Geburtsnamens Ihrer Mutter)
2. Ihr Alter:
3. Das heutige Datum:
4. Ihr Geschlecht: [ ] Frau [ ] Mann
5. Wie würden Sie Ihre ethnische Herkunft beschreiben:
  - Europäisch
  - Vorderasiatisch/Arabisch (z.B. Türkisch, Ägyptisch, Libanesisch, Marokkanisch)
  - Südasiatisch (z.B. Indisch, Pakistanisch, Punjabi, Sri Lanka)
  - Mittelasiatisch (Iranisch, Afghanisch)
  - Südostasiatisch (z.B. Vietnamesisch, Indonesisch)
  - Falls unzutreffend, beschreiben Sie Ihre ethnische Herkunft bitte selbst:  
...
6. Welche Art von Krebs haben Sie?  
Um diese Frage zu beantworten, beschreiben Sie bitte, wo sich Ihr Krebs befindet, wie lange Sie schon Krebs haben, und wie weit er sich entwickelt hat. Wenn Sie noch mehr medizinische Information besitzen, die Sie mitteilen möchten, wie zum Beispiel das "Stadium", können Sie dies gerne hinzufügen.
7. Sind Sie zur Zeit in Behandlung für Ihren Krebs?
  - Wenn ja, was nehmen Sie, oder was tun Sie für Ihre Krankheit? Sie können hier gerne auch das hinzufügen, was Sie nehmen, oder tun, was Ihr Arzt nicht verschrieben hat.
  - falls Sie zur Zeit NICHT in Behandlung sind für Ihren Krebs, waren Sie vorher in Behandlung? Was haben Sie zu der Zeit für Ihren Krebs getan oder eingenommen?
8. Fragen zu Ihrer religiösen Einstellung oder Lebensphilosophie  
Würden Sie sich als religiös bezeichnen? Gehören Sie einer Religionsgemeinschaft an?  
Wenn Sie über das Leben nachdenken, glauben Sie an irgendeine Form des Weiterlebens nach dem Tode? Waren oder sind solche Vorstellungen hilfreich bei der Bewältigung Ihrer Krankheit?





## B. Hamburg Study

### 2. Adult Cancer Patients' Wards

#### Studie 2: Metaphors of Cancer and its Treatment/Healing Part Two: Autobiographical Narratives

- a. Consent Form and Instructions
- b. Identity-Code
- c. Informations and examples for writing about illness.

Ihr persönlicher Code: [ ][ ]  
(die ersten drei Buchstaben des Geburtsnamens Ihrer Mutter)  
Ihr Alter:

Bitte heften Sie diese Seite an Ihre Erzählung

## B. Hamburg Study

### 3. Participants who do not have cancer

#### Studie 1: Study of Metaphors of Life-threatening Illnesses

- a. Consent Form and Instructions
- b. Demographics and Identity Code
- c. Questionnaire

The University of British Columbia/Departments of Psychology and Comparative Literature  
Universität Hamburg/Abteilung für pädiatrische Hämatologie und Onkologie

Studie zur Erforschung von Vorstellungen über ernste Erkrankungen

Ulrich Teucher  
Kreisstr. 6  
22607 Hamburg

22. 9. 1996

Sehr geehrte Teilnehmerinnen und Teilnehmer!

Wir laden Sie sehr herzlich zur Teilnahme an einer interkulturellen Studie ein, mit deren Hilfe wir mehr über die verschiedenen Weisen lernen möchten, mit denen die Teilnehmerinnen und Teilnehmer an der Studie sich einige ernste Erkrankungen vorstellen (Krebs, AIDS und Herz-erkrankungen). Die folgenden 6 Seiten laden Sie ein, diejenigen Wörter, Begriffe, Bilder oder Vorstellungen zu nennen, bei denen Sie empfinden, dass sie für die jeweils genannte Krankheit oder die Behandlung dieser Krankheit bezeichnend sind.

Ihre Teilnahme an der Studie ist freiwillig. Sie können daher gerne Ihre Teilnahme ablehnen oder jederzeit abbrechen. Falls Sie die Fragebögen ausfüllen, nehmen wir an, dass Sie Ihre Zustimmung zur Teilnahme gegeben haben. Die Studie bleibt anonym, bitte schreiben Sie daher nicht Ihren Namen auf die Fragebögen. Bitte senden Sie die Studie, ausgefüllt oder leer, baldmöglichst (innerhalb der nächsten Tage) im beiliegenden Umschlag zurück.

Zunächst bitten wir Sie um einige persönliche Informationen. Da auch diese Fragen anonym bleiben, fügen Sie bitte nicht Ihren Namen hinzu. Danach gehen Sie bitte zur nächsten Seite, und lesen und beantworten Sie die nächste Frage. Nehmen Sie sich bitte etwa 4 bis 5 Minuten für jede Seite. Nachdem Sie eine Seite ausgefüllt haben, gehen Sie bitte zur nächsten Seite über. Schauen Sie bitte nicht auf das zurück, was Sie bereits aufgeschrieben haben und benutzen Sie bitte keine Bücher, Wörterbücher oder andere Hilfsmittel. Beschreiben Sie einfach die Bilder, die Sie sich machen, wenn Sie sich Krebs, oder AIDS, oder eine Herzerkrankung vorstellen, ebenso wie deren Behandlungen, und benutzen Sie Worte, die Ihnen in den Sinn kommen.

Wir danken Ihnen sehr herzlich für Ihre Teilnahme

Ulrich Teucher (Cand. Phil.)

## Fragebogen 1

Zunächst bitten wir Sie um einige persönliche Informationen. Da auch dieser Fragebogen anonym bleibt, fügen Sie bitte nicht Ihren Namen hinzu!

1. Welches Datum ist heute:
2. Ihr Geschlecht:       ( ) Frau                   ( ) Mann
3. Wie alt sind Sie (in Jahren):
4. Wie würden Sie Ihre ethnische Herkunft beschreiben:
  - 0    Europäisch
  - 0    Vorderasiatisch/Arabisch (z.B. Türkisch, Ägyptisch, Libanesisch, Marokkanisch)
  - 0    Mittelasiatisch (Iranisch, Afghanisch)
  - 0    Südasiatisch (z.B. Indisch, Pakistanisch, Punjabi, Sri Lanka)
  - 0    Südostasiatisch (z.B. Vietnamesisch, Indonesisch)
  - 0    Falls unzutreffend, beschreiben Sie Ihre ethnische Herkunft bitte selbst:  
    ...
5. Fragen zur religiösen Einstellung:  
Würden Sie sich als religiös bezeichnen? Gehören Sie einer Religionsgemeinschaft an?  
Wenn Sie über das Leben nachdenken, glauben Sie an irgendeine Form des Weiterlebens nach dem Tode?

## Fragebogen 2

Schreiben Sie bitte diejenigen Wörter, Begriffe, Bilder oder Vorstellungen auf, bei denen Sie denken, dass sie besonders bezeichnend sind für Krebs.

Krebs ist wie ein(e) . . .

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**Appendix III (Spreadsheets)****A. Spreadsheet for Empirical Metaphor Study (Excel)**

1. Cancer Descriptions
2. Cancer Treatment Descriptions

**B. Spreadsheet for Metaphor Ratings (Statview)**

1. Cancer metaphor Ratings
2. Cancer Treatment Metaphor Ratings

**C. Spreadsheet for Cancer Autobiographies (Statview)**

## 1. Spreadsheet for Empirical Metaphor Study

### 1. Cancer Descriptions (Excerpt)

The following excerpt of this spreadsheet (Excel) lists descriptions of cancer (1 – 894) and includes, over three horizontal pages, demographic details of the contributors for each case. The complete spreadsheet for descriptions of cancer measures 26 pages vertical by 3 pages horizontal, or 78 pages in total.

#### Legend:

#	number of entry into the spreadsheet
Modality (C, CTr)	descriptions of cancer or cancer treatment
Descriptor/Metaphor	differentiates metaphor from literal description
Cancer is like . . .	lists the descriptions/metaphors of cancer
x	extra row for future purposes
ID#	Identity number of each participant
Code Name	Patients where asked to provide code names
Status	S (Student), P (Patient)
Place	V (Vancouver), H (Hamburg)
Gender	F (Female), M (Male)
Ethnicity	W (White), SA (South Asian),
Age	in years
Religious	N (No), Y (Yes), Sp (Spiritual), x (no answer)
Religious Organization	N (No), Y (Yes), x (no answer)
Belief in Afterlife	N (No), Y (Yes), x (no answer)
Order	Questionnaires were randomized in 6 different orders
Cancer, Dgn., Stage	Details about cancer type, diagnosis, and stage
Treatment past	
Treatment current	
Hossfeld/ped.	place where patient was recruited, particularly in Germany: which hospital, or self-help group
Medical Records	medical details

#	Modality (C, CTR)	Descriptor/Metaphor	Cancer is like . . . .	ID#	Code name	Status	Place	Gender	Ethnicity	Age	Religious	Organization	Afterlife	Order
487	C M?		disease of civilization	x #64	x	S	H	M	W	55	Y	Y	Y	1
585	C M?		fate	x #79	x	S	H	F	W	36	Y	Y	Y	1
599	C M?		fight ("Kampf")	x #82	x	S	H	M	W	28	Y	Y	Y	1
502	C M?		judgement ("Urteil")	x #68	x	S	H	M	W	44	Y	Y	Y	1
602	C M?		victory	x #82	x	S	H	M	W	28	Y	Y	Y	1
678	C M <		Nuclear power stations	x #90	x	S	H	M	W	55	x	Y	Y	1
134	C M <		pale skin	x #18	x	S	V	F	Wh/Ar	21	Y	N	Y	3
704	C M		alien	x #94	x	P	H	F	W	19	Y	x	N	1
110	C M		alien in your body that is unwanted, having an	x #15	x	S	V	F	W	32	N	N	?	1
847	C M		ambush	x #117	REY 57	P	H	F	W	57	?	N	x	x
465	C M		animal	x #63	x	S	H	F	W	28	Y	Y	Y	1
875	C M		apparition ("Erscheinung") from a completely different world	x #122	MAN 56	P	H	F	W	55	Y	Y	Y	x
608	C M		attack against which one is powerless sometimes	x #84	x	S	H	F	W	24	N	N	Y	1
39	C M		attack on native soil, a foreigner's	x #5	x	S	V	F	W	33	Y	Y	Y	2
338	C M		attacked by an invisible object	x #47	ERN 63	P	V	M	W	63	N	Y	?	2
468	C M		bad awakening	x #63	x	S	H	F	W	28	Y	Y	Y	1
308	C M		bad day	x #40	KIN 56	P	V	M	W	56	Sp	Y	N	1
294	C M		bad dream	x #40	KIN 56	P	V	M	W	56	Sp	Y	N	1
578	C M		bad dream from which one hopes to wake up	x #78	x	S	H	F	W	27	Y	Y	Y	1
309	C M		bad vocation	x #40	KIN 56	P	V	M	W	56	Sp	Y	N	1
80	C M		battle, a losing	x #10	x	S	V	F	W	21	N	x	Y	2
504	C M		beginning	x #68	x	S	H	M	W	44	Y	Y	Y	1







## A. Spreadsheet for Empirical Metaphor Study

### 2. Cancer Treatment Descriptions (Excerpt)

The following is an excerpt from a spreadsheet (Excel) for cancer treatment descriptions. The excerpt is sorted according to metaphor (alphabetized). The complete spreadsheet lists 583 descriptions of cancer treatment and measures 22 pages vertical by 3 pages horizontal, or 66 pages in total.

#### Legend:

#	number of entry into the spreadsheet
Modality (C, CTr)	descriptions of cancer or cancer treatment
Descriptor/Metaphor	differentiates metaphor from literal description
Cancer is like . . .	lists the descriptions/metaphors of cancer
x	extra row for future purposes
ID#	Identity number of each participant
Code Name	Patients where asked to provide code names
Status	S (Student), P (Patient)
Place	V (Vancouver), H (Hamburg)
Gender	F (Female), M (Male)
Ethnicity	W (White), SA (South Asian),
Age	in years
Religious	N (No), Y (Yes), Sp (Spiritual), x (no answer)
Religious Organization	N (No), Y (Yes), x (no answer)
Belief in Afterlife	N (No), Y (Yes), x (no answer)
Order	Questionnaires were randomized in 6 different orders
Cancer, Dgn., Stage	Details about cancer type, diagnosis, and stage
Treatment past	
Treatment current	
Hossfeld/ped.	place where patient was recruited, particularly in Germany: which hospital, or self-help group
Medical Records	medical details

#	Modality (C, CTr)	Descriptor/Metaphor	Cancer treatment is like	ID#	Code name	Status	Place	Gender	Ethnicity	Age	Religious	Organization
339	C	x	monster many are not even willing to name but refer to in shrouded terms, a	x #49	BOW 44	P	V	F	W	44	Y	N
468	CTr	M	act of violence	x #69	x	S	H	F	W	33	Sp	N
173	CTr	M	adding salt to an open wound	x #28	x	S	V	?	?	?	?	?
450	CTr	M	alchemists in Goethe's <u>Faust</u> attempting to find the winning solution	x #65	x	S	H	M	W	58	Y	Y
254	CTr	M	allowing someone to intrude on your privacy	x #40	KIN 56	P	V	M	W	56	Sp	Y
512	CTr	M	annihilation ("Vernichtung")	x #78	x	S	H	F	W	27	Y	Y
662	CTr	M	annihilation, unlike war (I associate war with fights and battles)	x #106	BB 37	P	H	F	W	37	Y	Y
414	CTr	M	army of good soldiers marching through the blood	x #61	PYL 46	P	V	F	W	46	N	N
499	CTr	M	attack by Medicine, executed expediently [?]	x #75	x	S	H	M	W	47	Y	Y
560	CTr	M	attempt to repair a damaged and eaten away carpet in a makeshift way	x #86	x	S	H	F	W	28	Y	Y
363	CTr	M	Band-Aid	x #53	MCC 50	P	V	M	W	50	Sp	N
233	CTr	M	battle	x #38	x	S	V	F	Ch	35	x	x
513	CTr	M	battle one wants to win ("Schlacht die man gewinnen will")	x #78	x	S	H	F	W	27	Y	Y
448	CTr	M	battle that can not be won	x #65	x	S	H	M	W	58	Y	Y
31	CTr	M	battle, daily	x #5	x	S	V	F	W	33	Y	Y
223	CTr	M	battle, loosing	x #36	x	S	V	M	W	33	N	N
60	CTr	M	battle, pointless	x #10	x	S	V	F	W	21	N	x
354	CTr	M	being a guinea pig that has no soul	x #52	MAG 43	P	V	M	W	43	Sp	N
124	CTr	M	being alone in a crowd	x #21	x	S	V	F	W	33	Sp	N
127	CTr	M	Being hit in the head with a baseball bat	x #23	x	S	V	M	W	24	N	Y
44	CTr	M	being reborn	x #6	x	S	V	F	Fi	19	Y	Y
303	CTr	M	being relieved of a burden that you alone can not move	x #47	ERN 63	P	V	M	W	63	N	Y



Afterlife	Order	Cancer, Dgn., Stage	lump/rad	Treatment past	Treatment current	Hossfeld/ped.
Y	2	Cerv. Ca (85); Breast Ca St.I (96)				
Y	1	x	x	Tamox/Vit	x	x
?	2	x	x	x	x	x
Y	1	x	x	x	x	x
N	1	Prostate Ca B	x	Rad	x	x
Y	1	x	x	x	x	x
N	x	Breast ca, occult (94); liver (96)	1.Chem/Rad.2.Op	Chem.	Hossfeld	
S	1	Breast Ca = Mother! (92, 95, 96)	Mast/Rad/Tam	Tam/Alt	x	x
Y	1	x	x	x	x	x
Y	1	x	x	x	x	x
N	1	Throat Ca (92)	Rad/Op ref.	Op. Ref/Alt.	x	x
x	1	x	x	x	x	x
Y	1	x	x	x	x	x
Y	1	x	x	x	x	x
Y	2	x	x	x	x	x
Y	5	x	x	x	x	x
Y	2	x	x	x	x	x
Y	1	Leukemia, CL (92, 96)	x	Chem/Alt.	x	x
Y	5	x	x	x	x	x
Y	1	x	x	x	x	x
Y	4	x	x	x	x	x
?	2	Prostate Ca (92) B PSA 4.6, Gl.4	OP	x	x	x





## B. Spreadsheet for Metaphors Ratings

### 1. Cancer Metaphor Ratings

The following spreadsheet excerpt (“Statview”) shows how means and other items were calculated for cancer metaphors.

The complete spreadsheet lists 60 individual ratings (vertical) for each of 184 cancer metaphors (horizontal), or 11,040 ratings in total. The first page shows measures of descriptive analysis for individual entries on the second page. For example, the mean age of participants is calculated as 30.119, and the mean rating for cancer metaphor 1, “drowning,” as 3.183. Cancer metaphor 2, “message,” has a mean of 3.283. The individual ratings were entered from the completed ratings questionnaires in study 3

The complete spreadsheet measures two pages vertically by 24 pages horizontally, or 48 pages in total.

	Entry #	Identity #	Age	Gender	Ethnicity	Drowning.1	Message.2
Type:	String	String	Real	Category	Category	Real	Real
Source:	User Entered	User Entered	User Entered	User Entered	User Entered	User Entered	User Entered
Class:	Informative	Informative	Continuous	Nominal	Nominal	Continuous	Continuous
Format:	•	•	Free Format Fi...	•	•	Free Format...	Free Format F...
Dec. Places:	•	•	3	•	•	3	3
Mean:	•	•	30.119	•	•	3.183	3.283
Std. Deviation:	•	•	12.698	•	•	1.864	2.195
Std. Error:	•	•	1.653	•	•	.241	.283
Variance:	•	•	161.244	•	•	3.474	4.817
Coeff. of Variation:	•	•	.422	•	•	.586	.668
Minimum:	•	•	18.000	•	•	1.000	1.000
Maximum:	•	•	57.000	•	•	7.000	7.000
Range:	•	•	39.000	•	•	6.000	6.000
Count:	•	•	59	60	59	60	60
Missing Cells:	•	•	1	0	1	0	0
Sum:	•	•	1777.000	•	•	191.000	197.000
Sum of Squares:	•	•	62873.000	•	•	813.000	931.000

Entry #	Identity #	Age	Gender	Ethnicity	Drowning.1	Message.2
1	100	22.000	Male	Chinese	1.000	7.000
2	101	19.000	Female	White	4.000	2.000
3	102	23.000	Female	Chinese	6.000	4.000
4	103	19.000	Female	White	6.000	2.000
5	104	23.000	Female	White	5.000	7.000
6	105	19.000	Female	Chinese	5.000	1.000
7	106	20.000	Female	White	5.000	2.000
8	107	21.000	Female	White	4.000	5.000
9	108	22.000	Female	White	1.000	5.000
10	109	24.000	Female	White	4.000	1.000
11	110	32.000	Female	Chinese	5.000	6.000
12	111	26.000	Male	Southeast Asian	4.000	3.000
13	112	19.000	Male	White	5.000	1.000
14	113	25.000	Female	White	1.000	1.000
15	114	22.000	Female	Japanese	3.000	2.000
16	115	26.000	Male	Latin American	1.000	1.000
17	116	50.000	Male	White	3.000	4.000
18	117	19.000	Female	White	6.000	3.000
19	118	19.000	Female	White	1.000	1.000
20	119	18.000	Female	White	1.000	1.000
21	120	19.000	Male	White	5.000	2.000
22	121	18.000	Female	Arab/West Asian	1.000	1.000
23	122	19.000	Male	Arab/West Asian	5.000	7.000
24	123	20.000	Male	White	4.000	5.000
25	124	31.000	Male	White	3.000	7.000
26	125	49.000	Female	White	4.000	1.000
27	126	22.000	Female	White	3.000	3.000
28	127	20.000	Female	White	7.000	3.000
29	128	35.000	Female	White	1.000	7.000
30	129	41.000	Male	White	2.000	6.000
31	130	21.000	Male	White	6.000	7.000
32	131	22.000	Female	White	1.000	2.000
33	132	19.000	Female	Arab/West Asian	3.000	1.000
34	133	55.000	Female	White	2.000	1.000
35	134	23.000	Female	Eurasian	6.000	6.000
36	135	25.000	Female	South Asian	4.000	5.000
37	136	25.000	Male	White	1.000	2.000
38	137	48.000	Male	White	3.000	3.000
39	138	26.000	Male	White	5.000	3.000
40	139	55.000	Female	White	1.000	7.000
41	140	29.000	Female	White	4.000	1.000
42	141	48.000	Female	White	5.000	1.000

## B. Spreadsheet for Metaphors Ratings

### 2. Cancer Treatment Metaphor Ratings

The following spreadsheet excerpt (“Statview”) shows how means and other items were calculated for cancer treatment metaphors. The first page lists items of descriptive analysis, for example, means and standard deviation. The second page lists participant demographic data and their individual ratings for selected metaphors.

The complete spreadsheet for ratings of cancer treatment measures 2 pages vertically and 22 pages horizontally, or 44 pages in total. The cancer treatment ratings spreadsheet list 60 individual ratings for each of 145 cancer treatment metaphors, or 8700 ratings in total. For example, the metaphor “Nails” (short for “cancer treatment is like eating red hot nails”) has a low mean of 2.417 while the metaphor “monster” (short for “cancer treatment is like fighting with a monster whose strength is unknown”) has a high mean of 4.892. A quick survey of the individual ratings shows that “monster” received many more ratings of 5.000, 6.000, or 7.000, while “nails” has a higher amount of ratings such as 1.000, 2.000, and 3.000.

In total, I entered 19,740 ratings (11,040 cancer metaphor ratings and 8700 cancer treatment ratings) manually into the spreadsheets and triple-checked all data for accuracy.

	Entry #	Identity #	Age	Gender	Ethnicity	Monster.1	Nails.2	Umbrella.3
Type:	String	String	Real	Category	Category	Real	Real	Real
Source:	User Entered	User Entered	User Entered	User Entered	User Entered	User Entered	User Entered	User Entered
Class:	Informative	Informative	Continuous	Nominal	Nominal	Continuous	Continuous	Continuous
Format:	•	•	Free Format Fi...	•	•	Free Forma...	Free Format F...	Free Format Fi...
Dec. Places:	•	•	3	•	•	3	3	3
Mean:	•	•	33.123	•	•	4.892	2.417	3.117
Std. Deviation:	•	•	12.514	•	•	1.720	1.690	1.617
Std. Error:	•	•	1.658	•	•	.222	.218	.209
Variance:	•	•	156.610	•	•	2.958	2.857	2.613
Coeff. of Variation:	•	•	.378	•	•	.352	.699	.519
Minimum:	•	•	18.000	•	•	1.000	1.000	1.000
Maximum:	•	•	63.000	•	•	7.000	7.000	6.000
Range:	•	•	45.000	•	•	6.000	6.000	5.000
Count:	•	•	57	60	60	60	60	60
Missing Cells:	•	•	3	0	0	0	0	0
Sum:	•	•	1888.000	•	•	293.500	145.000	187.000
Sum of Squares:	•	•	71306.000	•	•	1610.250	519.000	737.000

Entry #	Identity #	Age	Gender	Ethnicity	Monster.1	Nails.2	Umbrella.3
1	200	•	Male	White	7.000	4.000	1.000
2	201	33.000	Female	White	7.000	7.000	5.000
3	202	48.000	Female	White	5.000	2.000	6.000
4	203	19.000	Male	White	7.000	1.000	3.000
5	204	18.000	Female	Arab/West As...	7.000	1.000	5.000
6	205	24.000	Male	White	4.000	1.000	2.000
7	206	20.000	Male	White	3.000	1.000	2.000
8	207	19.000	Male	Arab/West As...	3.000	6.000	6.000
9	208	18.000	Female	White	2.000	5.000	2.000
10	209	19.000	Male	White	5.000	2.000	5.000
11	210	19.000	Female	White	7.000	1.000	4.000
12	211	19.000	Female	White	2.000	1.000	4.000
13	212	21.000	Female	White	5.500	4.000	4.000
14	213	20.000	Female	White	5.000	4.000	3.000
15	214	•	Female	White	7.000	1.000	3.000
16	215	20.000	Female	Chinese	6.000	2.000	4.000
17	216	25.000	Female	South Asian	7.000	3.000	5.000
18	217	20.000	Female	Chinese	6.000	2.000	4.000
19	218	59.000	Male	White	2.000	2.000	5.000
20	219	23.000	Female	Tsimshian (Fir...	3.000	2.000	3.000
21	220	•	Male	White	5.000	1.000	4.000
22	221	55.000	Female	White	6.000	1.000	1.000
23	222	33.000	Male	White	1.000	5.000	4.000
24	223	29.000	Female	White	5.000	4.000	1.000
25	224	29.000	Male	White	5.000	3.000	4.000
26	225	39.000	Female	White	6.000	1.000	1.000
27	226	43.000	Female	White	6.000	4.000	2.000
28	227	57.000	Female	White	7.000	2.000	4.000
29	228	25.000	Male	White	6.000	1.000	5.000
30	229	28.000	Male	Black	1.000	1.000	1.000
31	230	29.000	Male	White	6.000	5.000	5.000
32	231	34.000	Male	White	5.000	3.000	2.000
33	232	33.000	Female	White	7.000	1.000	1.000
34	233	44.000	Male	White	5.000	7.000	2.000
35	234	22.000	Male	White	6.000	1.000	2.000
36	235	21.000	Female	White	6.000	3.000	2.000
37	236	41.000	Male	Jewish	2.000	1.000	1.000
38	237	20.000	Female	White	3.000	2.000	3.000
39	238	49.000	Male	White	3.000	1.000	3.000
40	239	29.000	Female	White	5.000	3.000	2.000
41	240	23.000	Male	White	4.000	1.000	6.000
42	241	54.000	Female	White	4.000	5.000	5.000

### C. Spreadsheet for Published Cancer Autobiographies (Excerpt only)

The following excerpt of this spreadsheet (Statview) lists items of interest regarding the 165 published cancer autobiographies written by English and German adult cancer patients that I have read.

The list includes entry number; language of writer; author name; gender; book title; profession; place, country, year, number of editions, and publisher where first published; ditto for second and subsequent re-publications or translations; author information (whether own experience or of partner); number of pages; genre items; Illness: when first detected, (mis)diagnosed, final diagnosis, time of diagnosis, time elapsed between diagnosis and writing, cancer stage at diagnosis, prognosis, age at diagnosis, treatment, current status, relapse, other treatments, complications; intended audience, other reported writing activities (calendar, journal).

The complete spreadsheet measures 4 pages vertically by 6 pages horizontally, or 24 pages in total.

I also set up a spreadsheet for unpublished cancer narratives which I collected from patients (excerpt not included)

	Entr...	Engl./Ger...	Author	Gender	Title	Profession	Place I.	Country I.
1	101	English	James, Alice	1	The Diary of Alice James	Writer	New York	United States
2	161	English	Lewis, C. S.	0	A Grief Observed	Writer	London	England
3	151	English	Gault, Diane	1	A Journey	Housewife	Berkeley	United States
4	99	English	Alsop, Stewart	0	Stay of Execution	Journalist	Hicksville	United States
5	107	English	Isaac, Betty	1	A Breast for Life	Housewife		United States
6	165	English	Kushner, Rose	1	Breast Cancer	Actor	Wien	Austria
7	145	German	Knef, Hildegard	1	Das Urteil	Musician	New York	United States
8	98	English	Schwerin, Doris	1	Diary of a Pigeon Watcher	Writer, Broadcaster	Philadelphia	United States
9	97	English	Rollin, Betty	1	First, You Cry	Teacher	München	Germany
10	2	German	Zorn, Fritz	0	Mars	Writer	Berkeley	United States
11	100	English	Metzger, Deena	1	Tree: Essays & Pieces	Writer	Berlin	Germany
12	126	German	Wander, Maxie	1	Leben war' eine prima Al...	Writer	Bern	Switzerland
13	110	German	Beutler, Maja	1	Fuss Fassen	Writer, Broadcaster	San Francis...	United States
14	92	English	Lorde, Audre	1	The Cancer Journals	Writer	'Reinbek	Germany
15	125	German	Tausch, Anne-Marie	1	Gespräche gegen die Angst	Ph.D. Psychology	Hantsport	Canada
16	22	English	Cameron, Jean	1	Time to Live, Time to Die	Social Worker	München	Germany
17	130	German	Becker, Klaus Peter	0	Ich Habe meinen Krebs be...	Lawyer	London	England
18	74	English	Kidman, Brenda	1	A Gentle Way with Cancer	Writer, Broadcaster	Melbourne	Australia
19	59	English	Gawler, Ian	0	You Can Conquer Cancer	Veterinarian	Wheaton	United States
20	58	English	Watson, David	0	Fear No Evil	Writer, Minister	Frankfurt	Germany
21	116	German	Lenker, Christiane	1	Krebs Kann auch eine Cha...	Teacher	London	England
22	51	English	Bishop, Beata	1	A Time to Heal	Writer, Psychotherapist	New York	United States
23	37	English	Bruning, Nancy	1	Coping with Chemotherapy	Counselor, Writer	Bergisch Gl...	Germany
24	140	German	Joesten, Renate	1	Stark wie der Tod ist die...	Nurse's Aide	New York	United States
25	93	English	Shin, Nan	1	Diary of a Zen Nun	Artist, Teacher	New York	United States
26	161	English	Callwood, June	1	Twelve Weeks in Spring	Journalist	Toronto	Canada
27	56	English	Larshan, Edward J.	0	The Diagnosis is Cancer	Psychologist	New York	United States
28	94	English	Dosdall, Claude	0	My God, I thought you'd ...	Hospital Administrator	Toronto	Canada
29	156	English	Spence, Jo	1	Putting Myself In The Pic...	Photographer	Seattle	United States
30	62	English	Winters, Jason	0	Killing Cancer: The Jaso...	Actor	Las Vegas	United States
31	138	German	Noll, Peter	0	Diktate über Leben und Tod	Lawyer, Writer	München	Germany
32	103	English	Harwell, Amy	1	When your Friend gets C...	Businesswoman, Cancer Acti...	Wheaton	United States
33	108	English	Johnson, Jacquelyn El...	1	Intimacy: Living as a Wo...	Photographer		Canada
34	143	German	Benedict, Ingrid	1	Lasst mir meine bunten F...	Journalist	Bergisch Gl...	Germany
35	43	English	Rosenbaum, Edward E.	0	A Taste of my Own Medi...	MD Cancer Specialist	New York	United States
36	20	English	Anderson, Greg	0	The Cancer Conqueror	Businessman	Kansas City	United States
37	63	English	Greenberg, Mimi	1	Invisible Scars	Psychologist	New York	United States
38	112	German	Borst, Sigrid	1	Weniger als ein Jahr	Secretary	Frankfurt	Germany
39	53	English	Mitchell, Joyce Slayton	1	Winning the Chemo Battle	Writer	New York	United States
40	91	English	Lorde, Audre	1	A Burst of Light	Writer	Toronto	United States
41	54	English	Wagar, Howard N.	0	How I cured myself of Ca...	Oil Production Operator	Burnaby	Canada
42	3	English	Radner, Gilda	1	It's Always Something	Comedian	New York	United States

## Appendix IV (Analysis)

### A. Descriptive Analysis

1. Cancer Metaphors Ratings
  - a. Women and Men
  - b. Women
  - c. Men
  
2. Cancer Treatment Metaphors Ratings
  - a. Women and Men
  - b. Women
  - c. Men

### B. Study Four: Sorting Lists

1. Cancer Metaphors
  - a. Participants' lists
  - b. Sort lists
  
2. Cancer Treatment Metaphors
  - a. Participants' lists
  - b. Sort lists

### C. Hierarchical Cluster Analysis

1. Cancer Metaphors
  - c. Dendrogram
    - (1) Women and men combined
    - (2) Women
    - (3) Men
  
2. Cancer Treatment Metaphors
  - c. Dendrogram
    - (1) Women and men combined
    - (2) Women
    - (3) Men

### D. Multidimensional Scaling

1. Cancer Metaphor
  - a. Cancer Metaphors in three dimensions
  - b. Computerized three-dimensional representation
  - c. Scatterplot
  
2. Cancer Treatment Metaphors
  - a. Cancer Metaphors in three dimensions
  - b. Computerized three-dimensional representation
  - c. Scatterplot

## A. Descriptive Analysis

1. Cancer Metaphors Ratings
  - a. Women and Men
  - b. Women
  - c. Men

The following three lists of cancer metaphors are sorted according to their rating means, each list beginning with the highest rating and ending with the lowest rating. The first list shows the combined ratings of women and men. I then split the results along gender lines. The second list shows ratings by women; the third list the ratings by men.

**a. Women and Men****Cancer Metaphors**

	Mean	Standard Deviation
Inner battle	5.576	1.610
Unwelcome intruder in the body	5.517	1.600
Fight for Life	5.450	1.515
Invasion	5.117	1.735
Great burden	5.092	1.671
Nightmare	5.017	1.780
Battle	4.992	1.828
Death growing inside	4.900	1.744
Invading army	4.867	1.845
Unwelcome visitor that won't leave	4.825	1.955
Thief that steals one's time, energy, and dreams	4.775	1.975
Opponent	4.750	1.622
Dark threat that suddenly hits somebody	4.700	1.690
Uncontrolled poison	4.667	1.772
Growing being in body that takes over as it pleases	4.658	1.838
Destructive power	4.653	1.609
Monstrous growth	4.642	1.951
Dark, dark scary cave	4.625	1.803
Body that is out of control and demands attention	4.608	1.985
Parasite	4.592	1.883
Scary pathway with many trails	4.576	1.773
Monster that multiplies uncontrollably	4.575	1.963
Enemy who assaults the human body	4.525	1.726
Enemy that must be fought over forever	4.500	2.023
Stone wall that blocks my road . . .	4.458	1.858
Foreign body, unfortunately coming from inside	4.458	1.830
Hell	4.442	2.085
Body rotting from the inside	4.425	1.902
Ambush	4.408	1.883
Being eaten alive	4.383	2.001
Hard stroke of fate	4.283	1.923
Being eaten from the inside out	4.275	2.094
Wake-up call	4.250	2.047
Darkness	4.250	1.980
Non-selecting killer	4.233	2.047
Attack	4.233	1.943
Dark overhanging cloud	4.225	1.800
Time bomb	4.183	1.985
Terrifying nightmare one can't wake up from	4.167	1.935
Long dark hall	4.133	1.712
Natural foe	4.125	1.791
Large wave which one can no longer escape	4.117	1.595
Erratic life clock set ticking	4.108	1.947
Suitcase which one must carry, very heavy	4.102	1.845
Wrestling	4.067	1.858
Being attacked by an invisible object	4.042	1.918
Catastrophe	4.025	1.678

Wound	4.017	1.900
Gluttonous monster	3.992	1.967
Shadow	3.983	1.742
Tentacles of an octopus growing in one's body	3.933	1.903
Having an alien creature in your body	3.933	2.096
Death Sentence	3.892	1.613
Re-awakening – new appreciation of life	3.883	1.964
Tree spreading	3.858	1.992
Bombshell with no declaration of war	3.842	2.026
Horror Film for some	3.833	2.172
Evil	3.825	2.188
Slap in the face	3.817	2.103
Chaos, disorder	3.817	2.021
Creeping weed	3.808	1.802
Heavy rock falling on you	3.800	1.821
Trial	3.800	1.990
Bad awakening	3.792	1.973
Blackness	3.783	2.082
Death made tangible	3.775	1.767
The plague	3.771	1.917
Silent partner	3.767	2.070
Life sucking vacuum	3.767	1.934
Foreign Body	3.758	1.863
Monster that lurks in the shadows	3.750	1.936
Swimming on a wave (life is like a river)	3.750	2.020
Sluggishly leaden heaviness	3.712	1.903
Death in installments	3.708	1.918
Warning	3.683	1.652
Deaf, blind, and mute and having to say something	3.667	2.121
Losing Battle	3.658	1.883
Unstoppable steamroller	3.644	1.720
Sentence to punishment and torture	3.633	1.948
Spreading mould or fungus	3.617	2.043
End of road of life	3.583	1.960
Monster , unnamed, referred to in shrouded terms	3.583	1.996
Hole in a human out of which energy drains	3.583	1.862
Eating one slowly or quickly like beast of prey	3.576	1.914
Tapped in one's body, unable to speak or escape	3.568	1.876
Signal	3.567	1.986
Lottery in which odds are stacked against you	3.542	1.730
Cruel prank by nature	3.533	1.808
Punch in the stomach	3.508	1.858
Grey Zone	3.492	1.770
Scary Story	3.475	1.956
Worm growing bigger and bigger inside you	3.467	1.944
Passing through a deep valley	3.466	1.749
Shark that eats one from the inside	3.458	1.969
Lava spreading out from volcano	3.442	2.196
Unknown void	3.433	1.779
Wall	3.425	1.669

Bottomless black hole	3.425	2.164
Octopus, tentacles reaching out, entangling one	3.417	1.900
Vulture, takes away part of the body, i.e. identity	3.407	1.811
Beginning	3.392	2.190
Being in a bubble all by oneself	3.383	1.887
Hitting the wall	3.375	1.886
Monster many won't name, only in shrouded terms	3.356	1.945
Ugly face that rears up when one least expects it	3.350	1.858
Torture chamber	3.350	1.716
Philosophical treatise on living and life	3.336	1.872
Black spider whose net gets larger and larger	3.325	1.841
Falling forever	3.314	1.967
Judge who plays no favorites	3.292	1.896
Shadow that blankets a meadow with flowers	3.288	1.912
Message	3.283	2.195
Tunnel into which one gets	3.283	1.851
Wall between oneself and others	3.254	1.970
Scourge of mankind	3.228	1.890
Shapeless germ	3.217	1.967
Judge over life and death	3.208	1.969
Devilish ulcer	3.200	1.774
Sentence to life-time infirmity	3.190	1.701
Drowning with one's eyes open for 5 years	3.183	1.864
Teacher	3.183	1.918
Dead end street	3.167	1.628
Unpredictable usurer	3.155	1.755
Swimming towards the breakers, being pulled back	3.153	1.855
Spreading or reducing rust	3.144	2.166
Carnivorous plant	3.108	1.797
Lava spreading from volcano	3.100	2.072
Fatal bullet	3.083	1.825
Enemy laughing in one's face while one is tied up	3.059	1.889
Battle from a point of strength	3.051	1.978
Glutton	3.017	1.660
Plague that destroys everyone	3.008	1.919
Thief in the night	3.000	1.896
Nuclear bomb	2.933	2.024
Secret ruin	2.932	1.799
Journey which one's body must take	2.915	1.764
Vulture that hovers over carrion	2.850	1.783
Pale Skin	2.842	1.821
Apparition from a completely different world	2.842	1.798
Offense in a weakening zone	2.831	1.743
Wreck	2.810	1.732
End of World	2.808	1.878
Wild roller-coaster ride	2.805	1.970
Clumsy Opponent	2.750	1.643
Piranha fish waiting to eat one	2.725	1.844
Octopus	2.700	1.916
Fruit inside you, getting overripe, mushy, swollen	2.692	1.769

Devil	2.692	1.938
Unprocessed subconscious	2.617	1.814
Forgotten part of the self	2.608	1.524
Trojan Horse	2.600	1.699
Feeling like a dirty old rag being wrung out	2.600	1.852
Grey powdery cluster	2.568	1.718
Black blood	2.567	1.750
Flying, one sets a destination but one never arrives	2.559	1.880
Bogeyman	2.533	1.641
Never ending flood	2.525	1.740
Friend who teaches and enriches	2.500	1.720
Muddy sludge	2.466	1.605
Message	2.450	1.721
Scrooge's spirit of Christmas future	2.448	1.646
Awakening from nightmare, ø memory what about	2.441	1.735
Bad vacation	2.433	1.899
Rats that feed on humans	2.417	1.680
Liar	2.333	1.704
Movie that has begun and ended again	2.325	1.672
Revenge of evolution	2.308	1.629
Partner	2.267	1.550
One's limbs being pulled off one by one	2.250	1.525
Bad day	2.167	1.628
Animal	2.158	1.635
Coward	2.150	1.676
Mood, in line with the four seasons	2.138	1.594
Skeleton in one's closet	2.083	1.584
Cultural disease	2.050	1.548
Door, opened to a wonderful opportunity	1.967	1.473
Shakespearean melodrama	1.932	1.388
Nuclear power station	1.867	1.241
Lump of coal	1.788	1.201
Signs that can be wiped away with killer pens	1.763	1.304
Pyramids of Egypt	1.742	1.503
Victory	1.567	1.294
Mushy balls	1.559	1.071
Marshmallows gone bad	1.533	1.160

**b. Women****Cancer Metaphors**

	Mean	Standard Deviation
Inner Battle	5.778	1.333
Unwelcome intruder in the body	5.459	1.609
Fight for life	5.351	1.499
Invasion	5.135	1.794
Stone wall that blocks my road . . .	5.041	1.538
Unwelcome visitor that won't leave	5.014	1.902
Battle	5.014	1.902
Scary pathway with many trails	4.973	1.590
Invading army	4.946	1.840
Great burden	4.932	1.772
Thief that steals one's time, energy, and dreams	4.905	1.936
Dark, dark scary cave	4.878	1.681
Dark threat that suddenly hits somebody	4.865	1.584
Uncontrolled poison	4.838	1.772
Nightmare	4.811	1.808
Death growing inside	4.811	1.853
Growing being in body that takes over as pleases	4.689	1.777
Body out of control, demanding attention	4.662	2.031
An erratic life clock set ticking	4.662	1.732
Foreign Body, unfortunately coming from inside	4.662	1.625
Ambush	4.635	1.759
Monstrous growth	4.608	1.969
Parasite	4.554	1.779
Opponent	4.541	1.556
Monster, uncontrollably multiplying	4.527	1.972
Wake-up call	4.514	2.050
Destructive power (warring does not quite fit)	4.486	1.654
Hell	4.473	2.179
Body rotting from the inside	4.473	1.856
Dark overhanging cloud	4.446	1.649
Large wave which one can no longer escape	4.432	1.463
Being attacked by an invisible object	4.419	1.648
Enemy that must be fought forever	4.405	1.896
Hard stroke of fate	4.378	1.891
Being eaten from the inside out	4.338	2.007
Time bomb	4.324	1.997
Swimming on a wave (life is a river)	4.324	1.807
Non-selecting killer	4.297	2.043
Being eaten alive	4.270	1.967
Slap in the face	4.270	2.009
Attack	4.243	1.832
Terrifying nightmare from which can't wake up	4.243	1.881
Enemy which assaults the human body	4.230	1.820
Suitcase which one must carry, very heavy	4.222	1.641
Wrestling	4.216	1.750
Long, dark hall	4.189	1.664
Shadow	4.108	1.729

Death Sentence	4.095	1.666
Darkness	4.081	2.060
Bombshell with no declaration of war	4.068	2.052
An enemy, natural foe	4.068	1.725
Trial	4.027	2.061
Wound	4.000	1.958
Heavy rock falling on you	3.946	1.615
Monster that lurks in the shadows	3.946	1.825
Losing Battle	3.932	1.857
Hitting the wall	3.905	1.755
Death in installments	3.905	1.971
Catastrophe	3.905	1.624
Foreign Body	3.878	1.777
Hole in a human out of which energy drains	3.838	1.756
Having an alien creature in your body	3.838	1.976
Wall	3.824	1.556
Chaos, disorder	3.811	1.956
Bad awakening	3.797	1.898
The plague	3.792	1.872
Life-sucking vacuum	3.784	1.828
Trapped in one's body, unable to speak or escape	3.736	1.903
Silent partner	3.730	2.130
Tentacles of an octopus growing in one's body	3.730	1.866
Blackness	3.730	2.033
Punch in the stomach	3.716	1.843
Creeping weed	3.716	1.681
Evil	3.716	2.036
Unstoppable steamroller	3.703	1.664
Horror film for some	3.703	2.066
Deaf, blind, and mute + having to say something	3.703	2.080
Being in a bubble all by oneself	3.703	1.824
Cruel prank by nature	3.703	1.762
Signal	3.703	1.956
Death made tangible	3.689	1.808
Gluttonous monster	3.662	1.915
Tree spreading	3.662	1.893
End of road of life	3.649	1.975
Lottery in which odds are stacked against you	3.635	1.782
Re-awakening – a new appreciation of life	3.622	2.070
Sluggishly leaden heaviness	3.611	1.856
Shadow that blankets a meadow with flowers	3.611	1.946
Shark that eats one from the inside	3.608	1.990
Grey zone	3.581	1.754
Lava spreading out from a volcano	3.581	2.046
Warning	3.568	1.501
Torture Chamber	3.568	1.757
Vulture, takes away part of the body, i.e. identity	3.556	1.629
Bottomless black hole	3.554	2.229
Unknowable monster chewing on one's bones	3.541	1.956
Ugly face that rears up when least expected	3.541	1.709

Philosophical treatise on living and life	3.514	1.803
Sentence to punishment and torture	3.514	1.967
Eating one slowly or quickly like beast of prey	3.500	1.828
Passing through a deep valley	3.486	1.722
Unknown void	3.486	1.865
Judge who plays no favorites	3.473	1.818
Beginning	3.419	2.247
Judge over life and death	3.392	1.997
Shapeless germ	3.378	1.949
Fatal bullet.	3.378	1.891
Teacher	3.378	1.920
Worm growing bigger and bigger inside you	3.378	1.846
Exploding volcano	3.378	2.046
Black spider whose net gets larger and larger	3.365	1.821
Drowning with one's eyes open for 5 years	3.351	1.989
Spreading mould or fungus	3.351	2.017
Octopus, tentacles reaching out, entangling one	3.324	1.875
Thief in the night	3.297	1.984
Enemy laughing in one's face while one is tied up	3.292	1.921
Plague that destroys everyone	3.284	1.902
Wall between oneself and others	3.250	1.826
Monster many won't name but in shrouded terms	3.250	1.857
Swimming towards breakers, being pulled back	3.250	1.903
Nuclear bomb	3.243	2.114
Tunnel into which one gets	3.243	1.964
Falling forever	3.236	2.030
Unpredictable usurer	3.229	1.734
Sentence to life-infirmary	3.229	1.573
Spreading or reducing rust	3.208	2.272
Scourge of mankind	3.206	1.855
Battle from a point of strength	3.194	1.925
Dead end street	3.162	1.642
Journey which one's body must take	3.111	1.833
Message	3.108	2.183
Scary Story	3.068	1.864
Vulture hovering over carrion	3.000	1.780
Carnivorous plant	2.932	1.651
Offensive in a weakening zone	2.917	1.697
Apparition from a completely different world	2.905	1.683
Devilish ulcer	2.892	1.680
Fruit inside you, overripe, mushy, swollen	2.878	1.970
Feeling like a dirty old rag being rung out	2.865	1.813
A secret ruin	2.778	1.726
Wild roller coaster ride	2.764	1.914
Unprocessed subconscious	2.757	1.770
Wreck	2.750	1.888
Pale Skin	2.716	1.895
End of World	2.689	1.737
Flying – one sets destination but never arrives	2.667	1.931
Trojan Horse	2.649	1.567

Clumsy misguided opponent	2.649	1.531
Glutton	2.629	1.497
Octopus	2.622	1.769
Never ending flood	2.608	1.721
Scrooge's spirit of Christmas future	2.600	1.666
A grey powdery cluster	2.597	1.832
Awaken from nightmare, no memory what about	2.583	1.873
Piranha fish waiting to eat one	2.581	1.681
Devil	2.581	1.899
Bad Vacation	2.568	1.879
Bogeyman	2.568	1.591
Friend that enriches and teaches	2.568	1.845
Black blood	2.541	1.789
Revenge of evolution	2.473	1.787
Muddy sludge	2.458	1.619
Sticking goo-like mess	2.432	1.659
Movie that has begun and ended again	2.419	1.605
Forgotten part of the self	2.419	1.451
One's limbs being pulled off one by one	2.405	1.554
Animal	2.338	1.650
Skeleton in one's closet	2.162	1.620
Rats that feed on humans	2.135	1.512
Door. Opened to a wonderful opportunity	2.135	1.653
Liar	2.135	1.619
nuclear power stations	2.108	1.430
Mood, in line with the four seasons	2.086	1.597
Partner	2.081	1.441
Bad Day	2.027	1.424
Cultural Disease	1.973	1.486
Shakespearean melodrama	1.944	1.413
Coward	1.811	1.288
Pyramids of Egypt	1.797	1.579
Lump of coal	1.736	1.131
Signs that can be wiped away with killer pens	1.595	1.166
Marshmallows gone bad	1.568	1.220
Mushy balls	1.472	1.028
Victory	1.405	1.142

**c. Men****Cancer Metaphors****Mean****Standard Deviation**

	Mean	Standard Deviation
Unwelcome intruder in the body	5.609	1.616
Fight for life	5.609	1.559
Great burden	5.348	1.496
Nightmare	5.348	1.722
Inner battle	5.261	1.959
Invasion	5.087	1.676
Opponent	5.087	1.703
Death growing inside	5.043	1.581
Enemy who assaults the human body	5.000	1.477
Battle	4.957	1.745
Destructive power	4.913	1.535
Invading army	4.739	1.888
Monstrous growth	4.696	1.964
Monster, uncontrollably multiplying	4.652	1.991
Enemy that must be fought forever	4.652	2.248
Parasite	4.652	2.080
Growing Being in the body, taking over as it pleases	4.609	1.971
Being eaten alive	4.565	2.085
Thief that steals one's time, energy, and dreams	4.565	2.063
Gluttonous monster	4.522	1.974
Unwelcome visitor that will not leave	4.522	2.042
Darkness	4.522	1.855
Body that is out of control and demands attention	4.522	1.951
Dark threat that suddenly hits somebody	4.435	1.854
Uncontrolled poison	4.391	1.777
Hell	4.391	1.971
Body rotting from the inside	4.348	2.014
Re-awakening – a new appreciation of life	4.304	1.743
Tentacles of an octopus growing in one's body	4.261	1.959
Dark, dark scary cave	4.217	1.953
Catastrophe	4.217	1.783
Attack	4.217	2.152
Natural Foe	4.217	1.930
Tree spreading	4.174	2.146
Being eaten from the inside out	4.174	2.269
Hard stroke of fate	4.130	2.007
Foreign body, unfortunately coming from the inside	4.130	2.117
Scary Story	4.130	1.961
Non-selecting killer	4.130	2.096
Having an alien creature in your body	4.087	2.314
Wound	4.043	1.846
Horror Film for some	4.043	2.364
Long dark hall	4.043	1.821
Ambush	4.043	2.056
Spreading mould or fungus	4.043	2.056
Terrifying Nightmare form which one can't wake up	4.043	2.056

Evil	4.000	2.449
Creeping weed	3.957	2.011
Time bomb	3.957	1.988
Death made tangible	3.913	1.730
Suitcase which one must carry which is very heavy	3.913	2.151
Scary pathway – with many trails	3.909	1.900
Sluggishly leaden heaviness	3.870	2.007
Warning	3.870	1.890
Blackness	3.870	2.201
Dark overhanging cloud	3.870	2.007
Wrestling	3.826	2.037
Silent partner	3.826	2.015
Wake-up call	3.826	2.015
Sentence to punishment and torture	3.826	1.946
Chaos, disorder	3.826	2.167
Shadow	3.783	1.783
Bad awakening	3.783	2.131
Plague	3.739	2.027
A life sucking vacuum	3.739	2.137
Devilish ulcer	3.696	1.845
Eating one slowly or quickly like a bird of prey	3.696	2.077
Unknowable monster chewing on one's bones	3.652	2.102
Glutton	3.609	1.751
Worm growing bigger and bigger inside you	3.609	2.126
Large wave which one can no longer escape	3.609	1.699
Deaf, blind, and mute and having to say something	3.609	2.231
Message	3.565	2.233
Death sentence	3.565	1.502
Heavy rock falling on you	3.565	2.128
Foreign Body	3.565	2.019
Octopus with tentacles reaching out, entangling one	3.565	1.973
Unstoppable steamroller	3.545	1.845
Stone wall that blocks my road	3.522	1.974
Monster many won't name but in shrouded terms	3.522	2.108
End of the road of life	3.478	1.974
Bombshell with no declaration of war	3.478	1.974
Deep through a deep valley	3.435	1.830
Falling forever	3.435	1.903
Being attacked by an invisible object	3.435	2.191
Monster that lurks in the shadows	3.435	2.107
Trial	3.435	1.854
Carnivorous plant	3.391	2.017
Lottery in which the odds are stacked against you	3.391	1.672
Death in installments	3.391	1.828
Grey zone	3.348	1.824
Tunnel into which one gets	3.348	1.695
Beginning	3.348	2.145
Signal	3.348	2.058
Unknown void	3.348	1.668
Trapped in one's body unable to speak or escape	3.304	1.845

Scourge of mankind	3.261	1.982
Cruel prank by nature	3.261	1.888
Wall between oneself and others	3.261	2.220
Black spider whose net gets larger and larger	3.261	1.912
Lava spreading out from volcano	3.217	2.449
Erratic life clock set ticking	3.217	1.976
Bottomless black hole	3.217	2.088
Losing battle	3.217	1.882
Shark that eats one from the inside	3.217	1.953
Punch in the stomach	3.174	1.875
Vulture: takes away part of the body, i.e. identity	3.174	2.081
Secret ruin	3.174	1.922
Hole in a human out of which energy drains	3.174	1.992
Dead end street	3.174	1.642
Sentence to life-time infirmity	3.130	1.914
Slap in the face	3.087	2.087
Philosophical treatise on living and life	3.045	1.988
Unpredictable usurer	3.043	1.821
Spreading or reducing rust	3.043	2.033
Pale Skin	3.043	1.718
Ugly face that rears up when least expected	3.043	2.078
Judge who plays no favorites	3.000	2.023
Torture chamber	3.000	1.624
End of World	3.000	2.111
Swimming towards the breakers, being pulled back	3.000	1.809
Shapeless germ	2.957	2.011
Piranha fish waiting to eat me	2.957	2.099
Drowning with one's eyes open for 5 years	2.913	1.649
Judge over life and death	2.913	1.929
Clumsy, misguided opponent	2.913	1.832
Forgotten part of the self	2.913	1.621
Wreck	2.909	1.477
Teacher	2.870	1.914
Rats that feed on humans	2.870	1.866
Wild roller coaster ride	2.870	2.096
Being in a bubble all by oneself	2.870	1.914
Devil	2.870	2.029
Battle, from a point of strength	2.826	2.081
Octopus	2.826	2.167
Swimming on a wave (life is a river)	2.826	2.037
Wall	2.783	1.678
Shadow that blankets a meadow with flowers	2.783	1.783
Apparition from a completely different world	2.739	2.005
Coward	2.696	2.077
Offense in a weakening zone	2.696	1.845
Enemy laughing in one's face while tied up	2.696	1.820
Liar	2.652	1.824
Exploding volcano	2.652	2.080
Journey which one's body must take	2.609	1.644
Fatal bullet	2.609	1.644

Black blood	2.609	1.725
Vulture hovering over carrion	2.609	1.803
Plague that destroys everyone	2.565	1.903
Partner	2.565	1.701
Trojan Horse	2.522	1.928
Thief in the night	2.522	1.675
Grey powdery cluster	2.522	1.563
Hitting the wall	2.522	1.806
Bogeyman	2.478	1.755
Muddy sludge	2.478	1.620
Sticking goo-like mess	2.478	1.855
Nuclear Bomb	2.435	1.805
Unprocessed subconscious	2.391	1.901
Friend that teaches and enriches	2.391	1.530
Bad Day	2.391	1.924
Fruit inside you, getting overripe, mushy, + swollen	2.391	1.373
Flying – one sets one's destination but never arrives	2.391	1.828
Never ending flood	2.391	1.803
Bad vacation	2.217	1.953
Scrooge's spirit of Christmas future	2.217	1.622
Awakening from nightmare, no memory what about	2.217	1.506
Mood, in line with the four seasons	2.217	1.622
Movie that has begun and ended again	2.174	1.800
Cultural Disease	2.174	1.669
Feeling like a dirty rag being wrung out	2.174	1.875
Signs that can be wiped away with killer pens	2.045	1.495
Revenge of evolution	2.043	1.331
One's limbs being pulled off one by one	2.000	1.477
Skeleton in one's closet	1.957	1.551
Shakespearean melodrama	1.913	1.379
Lump of coal	1.870	1.325
Animal	1.870	1.604
Victory	1.826	1.497
Mushy balls	1.696	1.146
Door. Opened to a wonderful opportunity	1.696	1.105
Pyramids of Egypt	1.652	1.402
Marshmallows gone bad	1.478	1.082
Nuclear power stations	1.478	.730

### A. Descriptive Analysis

#### 2. Cancer Treatment Metaphors Ratings

- a. Women and Men
- b. Women
- c. Men

The following three lists of cancer treatment metaphors are sorted according to their rating means, each list beginning with the highest rating and ending with the lowest rating. The first list shows the combined ratings for women and men. I then split the results along gender lines. The second list shows ratings by women; the third list the ratings by men.

**a. Women and Men****Cancer Treatment Metaphors**

	Mean	Standard Deviation
Long hard road with many ups and downs	5.567	1.514
Battle	5.475	1.550
Battle over life and death	5.417	1.788
Fighting against a foreign intruder	5.400	1.651
Continuous battle	5.283	1.585
Struggle for victory	5.167	1.777
Race against time	5.017	1.864
Battle over the body	5.017	1.799
War	5.008	1.772
Counterattack	4.925	1.677
Fighting with a monster whose strength is unknown	4.892	1.720
A battle against an overpowering enemy	4.867	1.705
Racing against a time bomb	4.600	1.768
Lottery win if a cure occurs	4.592	2.018
Defense	4.583	1.871
Serious test	4.550	1.854
Fighting fire with fire	4.508	1.711
Black cloud with a silver lining	4.425	1.754
Flood of fear	4.408	1.738
Job that takes effort	4.400	1.933
Blind battle	4.400	1.679
Exorcising one evil with another	4.367	2.000
Battle for a reprieve	4.325	1.756
Chemical weapons	4.325	1.900
Necessary evil	4.325	2.058
Invasion	4.283	1.738
Lottery	4.267	1.849
Ride through hell	4.217	1.896
Battle against the flood	4.175	1.811
Glimpse of light	3.967	1.815
Carpe diem (seize the day)	3.967	2.099
Moving against the wind	3.958	1.795
Chain of fear	3.958	1.869
Poker game	3.925	1.775
Sine-curve, never-ending up and down	3.925	1.813
Powerful light destroying bad cells	3.883	1.627
Lottery win if a cure occurs	3.883	1.896
Job that takes effort	3.867	1.970
Hope renewed	3.867	1.652
Playing roulette or dice	3.850	1.912
Corrosive fluid that eats itself into the cancer	3.814	1.676
Attack by medicine, executed expediently	3.808	1.864
Power-washing a house, potentially damaging . . .	3.800	1.802
Boomerang because of the side-effects	3.797	2.074
Limbo	3.776	1.883
Being alone in a crowd	3.750	2.030
Storm	3.717	2.067

Eating something awful ("rotten soup good for you")	3.708	1.846
Pushing a stone uphill, rolls down again (Sisyphus)	3.650	1.733
Woodpecker picking diseased spot from healthy tree	3.633	1.746
Having one's body run over by a truck	3.633	2.083
Allowing someone to intrude on your privacy	3.608	1.957
Umbrella that may be torn up by the storm	3.600	2.010
Emerging from a long dark tunnel	3.583	1.608
Gaining a powerful ally	3.575	1.749
Maze	3.533	1.926
Desert before green land	3.500	1.720
Being relieved of burden that one alone cannot move	3.500	1.543
Chemical mace	3.492	1.807
New door has been opened	3.475	1.555
Night before dawn	3.458	1.769
Light at the end of the tunnel	3.433	1.798
River washing out the system	3.425	1.749
Middle of the tunnel	3.400	1.843
New lease on life	3.392	1.713
Dangling carrot	3.358	2.015
Army of good soldiers moving through the blood	3.350	1.793
Making you drink ammonia when stomach hurts	3.342	1.856
Prayer	3.333	1.978
Makeshift attempt to repair damaged carpet	3.333	2.006
Coming up for air after underwater for long time	3.308	1.730
Adding salt to an open wound	3.300	1.720
Pac-Man eating cancer cells	3.275	1.903
Whisper to a scream	3.267	1.999
Dream which one day may be reality	3.258	2.014
Game: may lose part of soul, body, but win more life	3.250	1.762
Good over evil	3.250	1.988
Release from a death sentence	3.225	1.632
Slow, delicate, persistent stream of water, dissolving	3.217	1.923
Barrage of toxic waste	3.217	1.786
Cavalry arriving just in time	3.217	1.528
Dying twice – both times in agony	3.217	1.795
Darkness	3.192	1.809
Mace ('club') regarding the side-effects	3.175	1.670
Exorcism	3.169	1.967
Act of violence	3.153	1.799
Having your body turn traitor on you	3.150	1.876
Umbrella against storm (ca) – doesn't protect sides	3.117	1.617
Killing the old so the new can flourish	3.117	1.914
Alchemists in Goethe's Faust search winning solutio	3.110	1.919
Poison	3.108	1.778
Rape of body and soul	3.092	1.982
Dawn of a new day – when will night fall? (again)	3.092	1.854
Wave washing over sand erasing footprints+debris	3.083	2.063
Cage	3.050	1.908
Slow, tormenting self-attrition, devouring of hope	3.033	1.766
Vacuum cleaner sucking up hidden dust or dirt	3.008	1.580

Nightmare – but one does not wake up	2.992	1.791
Wake-up call	2.983	1.827
Waterfall drowning the cancer, cleansing the body	2.975	1.718
Dying	2.967	1.859
Stepping out into fresh air+sun after trapped in cave	2.933	1.716
Modern-day knighting to those who survive	2.932	1.818
Annihilation	2.930	1.710
Battle against wind mills	2.883	1.941
Flower in winter	2.867	1.818
Sudden re-awakening of life	2.792	1.686
Martyrdom	2.771	1.777
Band-aid	2.750	1.663
Vacuum cleaner sucking up all the bad guys	2.742	1.617
Sun's rays r through forest to the ground	2.733	1.561
Spring cleaning	2.725	1.817
Annihilation – but unlike war	2.703	1.697
Being hit in the head with a baseball bat	2.692	1.778
Mutilation on a slaughtering block	2.675	1.589
Pointless battle	2.675	1.467
Going to the dentist	2.667	2.056
Mobilizing man against the devil	2.650	1.676
Trial run for pushing up daisies	2.625	1.845
Garden coming to life in spring after the winter	2.583	1.576
Being a guinea pig that has no soul	2.533	1.882
Snow ball's chance in hell	2.500	1.490
Fish eating up residual cells	2.492	1.696
Being reborn	2.442	1.435
Sunburn	2.433	1.741
Eating red-hot nails	2.417	1.690
Extinction of personality	2.417	1.788
Physical punishment for being ill	2.308	1.725
Green island among monotony	2.288	1.692
Devil being able to prolong his torture	2.276	1.598
Freedom	2.258	1.491
Mother hugging children to breasts to keep ch. safe	2.258	1.606
Tree bursting into bud into spring	2.258	1.463
Food poisoning	2.233	1.544
Medieval knight in white charger riding to rescue	2.225	1.536
White	2.217	1.851
Sitting on beach waiting for tide to come in	2.183	1.513
Quick, sleek, clever white dolphins breaking ca apart	2.125	1.531
Rat poison	2.083	1.369
Loosing battle	1.942	1.150
Movie – in falsified colors	1.883	1.236
Murder	1.842	1.528
Snowy owl swooping over field picking up roots	1.833	1.261
Torture on rack so patient will confess and heal	1.817	1.321
Comedic relief	1.725	1.400

**b. Women****Cancer Treatment Metaphors**

Mean

Standard Deviation

	Mean	Standard Deviation
Long hard road with many ups and downs	5.600	1.759
Battle over life and death	5.333	1.988
Battle	5.317	1.793
Continuous battle	5.233	1.695
Fighting against a foreign intruder	5.133	1.742
Fighting with a monster whose strength is unknown	5.117	1.730
Race against time	4.933	1.964
Struggle for victory	4.900	1.768
Battle over the body	4.800	1.937
Black cloud with a silver lining	4.750	1.706
A battle against an overpowering enemy	4.733	1.860
Serious test	4.733	1.929
Counterattack	4.583	1.651
Lottery win if a cure occurs	4.583	2.158
Defense	4.567	1.832
Job that takes effort	4.567	1.924
Racing against a time bomb	4.533	1.871
Fighting fire with fire	4.517	1.868
War	4.483	2.095
Moving against the wind	4.417	1.820
Glimpse of light	4.400	1.854
Battle for a reprieve	4.383	1.700
Exorcising one evil with another	4.333	2.123
Invasion	4.300	1.822
Chemical weapons	4.250	1.870
Blind battle	4.233	1.906
Chain of fear	4.217	1.981
Umbrella that may be torn by the storm	4.200	1.864
Boomerang because of the side-effects	4.172	2.037
Lottery where the stakes are much too high	4.133	1.676
Sine-curve, never-ending up and down	4.117	1.799
Flood of fear	4.083	1.742
Necessary evil	4.050	2.276
Ride through hell	4.033	2.008
Job that takes effort	4.000	2.000
Hope renewed	4.000	1.912
Battle against the flood	3.950	1.993
Power-washing a house, potentially damaging . . .	3.933	1.799
Carpe diem (seize the day)	3.933	2.100
Poker Game	3.917	1.782
Storm	3.900	2.187
Allowing someone to intrude on your privacy	3.883	1.955
Desert before green land	3.867	1.866
Limbo	3.833	1.724
Dream which one day may be reality	3.817	2.019
Powerful light destroying bad cells	3.800	1.518
Middle of a tunnel	3.800	1.883

Maze	3.767	2.096
Being relieved of burden that one alone cannot move	3.767	1.649
Gaining a powerful ally	3.750	1.756
Having one's body run over by truck	3.733	2.067
Battle against wind mills	3.733	1.837
Lottery	3.733	1.780
Being alone in a crowd	3.733	2.132
Eating something awful ("rotten soup good for you)	3.717	1.973
New door has been opened	3.717	1.740
River washing out the system	3.683	1.744
Alchemists in Goethe's Faust, seek winning solutio	3.683	2.002
Pushing stone uphill, rolls down again (Sisyphus)	3.667	1.840
Emerging from a long dark tunnel	3.667	1.470
Whisper to a scream	3.667	2.023
Woodpecker pecking diseased spot in healthy tree	3.633	1.790
Prayer	3.633	2.185
Light at the end of the tunnel	3.633	1.829
Corrosive fluid, it really eats itself into the cancer	3.567	1.716
Attack by medicine, executed expediently	3.550	1.812
Chemical mace	3.517	1.941
Killing the old so the new can flourish	3.500	1.925
New lease on life	3.483	1.841
Wave washing over sand erasing footprints+debris	3.467	2.197
Making you drink ammonia when stomach hurts	3.450	1.940
Release from a death sentence	3.450	1.840
Playing roulette or dice	3.433	1.924
Night before dawn	3.417	1.921
Adding salt to an open wound	3.400	1.976
Coming up for air after underwater for a long time	3.383	1.750
Dangling carrot	3.383	2.235
Slow, delicate, persistent water stream, dissolving	3.367	1.866
Vacuum cleaner sucking up hidden dust or dirt	3.350	1.593
Pac-Man eating cancer cells	3.350	1.748
Dawn of a new day – when will night fall? (again)	3.317	2.053
Army of good soldiers marching through the blood	3.300	1.841
Barrage of toxic waste	3.300	1.878
Wake-up call	3.300	1.896
Darkness	3.250	1.906
Nightmare – but one does not wake up	3.217	1.883
Spring cleaning	3.217	1.901
Waterfall drowning the cancer and cleansing body	3.217	1.808
Umbrella against storm (ca) – but sides not protected	3.200	1.627
Rape of body and soul	3.183	1.941
'Mace' (club) regarding the side-effects	3.172	1.733
Makeshift attempt to repair damaged+eaten carpet	3.167	1.859
Slow, tormenting self-attrition, devouring of hope	3.167	1.802
Exorcism	3.138	2.031
Game, may lose part of body+soul but win more life	3.133	1.889
Cage	3.133	2.047
Sudden re-awakening of life	3.117	1.837

Band-Aid	3.100	1.668
Dying twice - both times in agony	3.100	1.845
Having your body turn traitor on you	3.067	2.033
Cavalry arriving just in time	3.067	1.675
Stepping out into fresh air+suns after trapped in cave	3.000	1.819
Poison	2.983	1.967
Vacuum cleaner sucking up all the bad guys	2.983	1.632
Act of violence	2.967	1.829
Being a guinea pig that has no soul	2.933	1.911
Sun rays filtering through forest to the ground	2.933	1.596
Modern-day knighting to those who survive	2.931	1.850
Annihilation	2.929	2.017
Flower in winter	2.900	2.023
Good over evil	2.867	1.889
Dying	2.833	1.913
Garden coming to life in spring after winter	2.833	1.577
Martyrdom	2.810	1.805
Snow ball's chance in hell	2.767	1.547
Annihilation but unlike war	2.741	1.874
Extinction of personality	2.733	1.874
Mother hugging children to breasts to keep ch. safe	2.717	1.710
Being reborn	2.683	1.429
Fish eating up residual cells	2.683	1.774
Being hit in the head with a baseball bat	2.617	1.730
Sunburn	2.567	1.755
Pointless battle	2.550	1.476
Tree bursting into bud in spring	2.550	1.683
Sitting on beach waiting for tide to come in	2.533	1.776
White	2.533	1.907
Quick, sleek, clever white dolphins breaking ca apart	2.517	1.589
Mutilation on a slaughtering block	2.483	1.589
Mobilizing man against devil	2.467	1.697
Going to the dentist	2.467	1.943
Physical punishment for being ill	2.450	1.949
Medieval knight in white charger riding to rescue	2.450	1.621
Trial run for pushing up daisies	2.450	1.621
Green island among monotony	2.414	1.862
Freedom	2.383	1.628
Snowy owl swooping over field picking up roots	2.367	1.491
Eating red-hot nails	2.333	1.561
Movie - in falsified colors	2.300	1.442
Devil being able to prolong his torture	2.172	1.671
Food poisoning	2.167	1.487
Murder	2.083	1.791
Rat Poison	2.067	1.437
Loosing battle	2.050	1.220
Torture on rack so patient will confess and heal	1.900	1.322
Comedic relief	1.683	1.417

**c. Men****Cancer Treatment Metaphors**

Mean

Standard Deviation

	Mean	Standard Deviation
Fighting against a foreign intruder	5.667	1.539
Battle	5.633	1.273
War	5.533	1.196
Long hard road with many ups and downs	5.533	1.252
Battle over life and death	5.500	1.592
Struggle for victory	5.433	1.775
Continuous battle	5.333	1.493
Counterattack	5.267	1.660
Battle over the body	5.233	1.654
Race against time	5.100	1.788
Battle against an overpowering enemy	5.000	1.554
Flood of fear	4.733	1.701
Fighting with a monster whose strength is unknown	4.667	1.709
Racing against a time bomb	4.667	1.688
Defense	4.600	1.940
Lottery win if cure occurs	4.600	1.905
Necessary evil	4.600	1.812
Blind battle	4.567	1.431
Fighting fire with fire	4.500	1.570
Lottery	4.400	2.027
Ride through hell	4.400	1.793
Chemical weapons	4.400	1.958
Battle against the flood	4.400	1.610
Exorcising one evil with another	4.400	1.905
Serious test	4.367	1.790
Fight for a reprieve	4.267	1.837
Invasion	4.267	1.680
Playing roulette or dice	4.267	1.837
Job that takes effort	4.233	1.960
Black cloud with a silver lining	4.100	1.768
Corrosive fluid that eats itself into the cancer	4.069	1.624
Attack by medicine, executed expediently	4.067	1.911
Lottery where the stakes are much too high	4.033	2.025
Carpe diem (seize the day)	4.000	2.133
Powerful light destroying bad cells	3.967	1.752
Poker Game	3.933	1.799
Being alone in a crowd	3.767	1.960
Working at a job one doesn't like	3.733	1.964
Hope Renewed	3.733	1.363
Sine-curve, never-ending up and down	3.733	1.837
Limbo	3.714	2.070
Eating something awful ("rotten soup good for you")	3.700	1.745
Chain of fear	3.700	1.745
Power-washing a house, potentially damaging	3.667	1.826
Woodpecker picking diseased spot from healthy tree	3.633	1.732
Pushing a stone uphill, rolls down again (Sisyphus)	3.633	1.650
Good over evil	3.633	2.042

Storm	3.533	1.961
Having one's body run over by a truck	3.533	2.129
Glimpse of light	3.533	1.697
Night before dawn	3.500	1.635
Emerging from a long dark tunnel	3.500	1.757
Moving against the wind	3.500	1.676
Makeshift attempt to repair damaged+ eaten carpet	3.500	2.162
Chemical mace	3.467	1.697
Boomerang because of the side-effects	3.433	2.079
Army of good soldiers marching through the blood	3.400	1.773
Gaining a powerful ally	3.400	1.754
Game; may lose part of body+soul but win more life	3.367	1.650
Cavalry arriving just in time	3.367	1.377
Act of violence	3.345	1.778
Allowing someone to intrude on your privacy	3.333	1.953
Dying twice – both times in agony	3.333	1.768
Dangling carrot	3.333	1.807
New lease on life	3.300	1.601
Maze	3.300	1.745
Making you drink ammonia when stomach hurts	3.233	1.794
Poison	3.233	1.591
Coming up for air after underwater for long time	3.233	1.736
Having your body turn traitor on you	3.233	1.736
Being relieved of burden that one alone cannot move	3.233	1.406
New door has been opened	3.233	1.331
Light at the end of the tunnel	3.233	1.775
Adding salt to an open wound	3.200	1.448
Exorcism	3.200	1.937
Pac-Man eating cancer cells	3.200	2.074
'Mace' (club) regarding the side-effects	3.179	1.634
River washing out the system	3.167	1.744
Darkness	3.133	1.737
Barrage of toxic waste	3.133	1.717
desert before green land	3.133	1.502
Dying	3.100	1.826
Slow, delicate, persistent stream of water, dissolving	3.067	1.999
Umbrella against storm (ca) – but sides unprotected	3.033	1.629
Prayer	3.033	1.732
Umbrella that may be torn up by the storm	3.000	2.000
Release from death sentence	3.000	1.390
Rape of body and soul	3.000	2.051
Middle of a tunnel	3.000	1.742
Cage	2.967	1.790
Modern day knighting to those who survive	2.933	1.818
Annihilation	2.931	1.387
Slow, tormenting self-attrition, devouring of hope	2.900	1.749
Mutilation on a slaughtering block	2.867	1.592
Going to the dentist	2.867	2.177
Whisper to a scream	2.867	1.925
Stepping out into fresh air+sun after trapped in cave	2.867	1.634

Dawn of new day – when will night fall ? (again)	2.867	1.634
Mobilizing man against the devil	2.833	1.663
Flower in winter	2.833	1.621
Loosing battle	2.800	1.472
Trial run for pushing up daisies	2.800	2.058
Being hit in the head with a baseball bat	2.767	1.851
Nightmare – but one does not wake up	2.767	1.695
Killing the old so the new can flourish	2.733	1.856
Martyrdom	2.733	1.780
Waterfall drowning the cancer and cleansing body	2.733	1.617
Dream which one day may be reality	2.700	1.878
Wave washing over sand erasing footprints+debris	2.700	1.878
Vacuum cleaner sucking up hidden dust or dirt	2.667	1.516
Annihilation – but unlike war	2.667	1.539
Wake-up call	2.667	1.729
Sun's rays filtering through the forest to the ground	2.533	1.525
Alchemists in Goethe's Faust, seek winning solutio	2.517	1.661
Eating red hot nails	2.500	1.834
Vacuum cleaner sucking up all the bad guys	2.500	1.592
Sudden re-awakening of life	2.467	1.479
Band-aid	2.400	1.610
Devil	2.379	1.545
Garden coming to life in spring after the winter	2.333	1.561
Fish eating up residual cells	2.300	1.622
Food poisoning	2.300	1.622
Sunburn	2.300	1.745
Snow ball's chance in hell	2.233	1.406
Spring cleaning	2.233	1.612
Being reborn	2.200	1.424
Physical punishment for being ill	2.167	1.487
Green island among monotony	2.167	1.533
Freedom	2.133	1.358
Being a guinea pig that has no soul	2.133	1.795
Extinction of personality	2.100	1.668
Rat poison	2.100	1.322
Battle against wind mills	2.033	1.671
Medieval knight in white charger riding to rescue	2.000	1.438
Tree bursting into bud in spring	1.967	1.159
White	1.900	1.768
Pointless Battle	1.833	1.085
Sitting on the beach and waiting for tide to come in	1.833	1.117
Mother hugging children to breasts to keep ch. safe	1.800	1.375
Comedic relief	1.767	1.406
Torture on the rack so patient will confess and heal	1.733	1.337
Quick, sleek, clever white dolphins, break ca apart	1.733	1.388
Murder	1.600	1.192
Movie – in falsified colors	1.467	.819
Snowy owl swooping over a field picking up roots	1.300	.651

## B. Study 4: Sorting Lists

1. Cancer Metaphors
  - a. Participants' lists
  - b. Sort lists

In Study 3, participants rated cancer or cancer treatment metaphors on a scale from 1 to 7. For Study 4, I selected the fifty highest ranked metaphors from each group and printed these out on 2 sets of numbered cards. I then asked participants in the study to group the cards with metaphors together in whichever way seemed to make best sense. After grouping the cards, participants noted the numbers of metaphors in each group down in provided lists (a).

I entered each participant's groups of numbers into a computerized "sort list" (b) for the purpose of conducting further analyses (see C and D in this appendix). Three-digit numbers identify the participants (101, 102, 103 etc.). The number "88" indicates the end of each group of metaphor cards, while "99" notes the completion of each participant's contribution.

The complete sort list for cancer metaphors contains more than 4000 numbers.



**b. Cancer Metaphors: Sort List**

101

35, 50, 31, 34, 88

46, 6, 40, 88

1, 4, 8, 15, 14, 22, 24, 27, 10, 28, 36, 49, 42, 88

2, 3, 7, 44, 20, 88

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9, 23, 29, 12, 17, 32, 48, 30, 26, 88

13, 16, 38, 43, 21, 39, 19, 88

99

102

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47, 5, 37, 33, 34, 43, 45, 18, 25, 88

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11, 88

40, 6, 88

41, 37, 5, 47, 27, 13, 20, 39, 31, 88

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103

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1, 4, 7, 24, 8, 26, 88

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13, 88

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## B. Study 4: Sort List

### 2. Cancer Treatment Metaphors

- a. Participants' lists
- b. Sort lists

In Study 3, participants rated cancer or cancer treatment metaphors on a scale from 1 to 7. For Study 4, I selected the fifty highest ranked metaphors from each group and printed these out on 2 sets of numbered cards. I then asked participants in the study to group the cards with metaphors together in whichever way seemed to make best sense. After grouping the cards, participants noted the numbers of metaphors in each group down in provided lists (a).

The following pages contain the groups and numbers for cancer treatment. I entered each participant's groups of numbers into a computerized "sort list" for the purpose of conducting further analyses (see C and D in this appendix). Three-digit numbers identify the participants (201, 202, 203 etc.). The number "88" indicates the end of each group of metaphor cards, while "99" notes the completion of each participant's contribution.

Like the list for cancer metaphors, the complete sort list for cancer treatment metaphors contains more than 4000 numbers.



## b. Cancer Treatment Metaphors Sort List

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38, 19, 33, 44, 31, 41, 29, 39, 12, 15, 88

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## C. Hierarchical Cluster Analysis

### 1. Cancer Metaphor Dendrograms

- a. Women and Men
- b. Women
- c. Men

The previous sort lists (B in this appendix) provide the basis for conducting further analyses, such as the Hierarchical Cluster analysis. This analysis reveals how often particular metaphors were grouped together. These typical groupings are represented in a so-called "dendrogram."

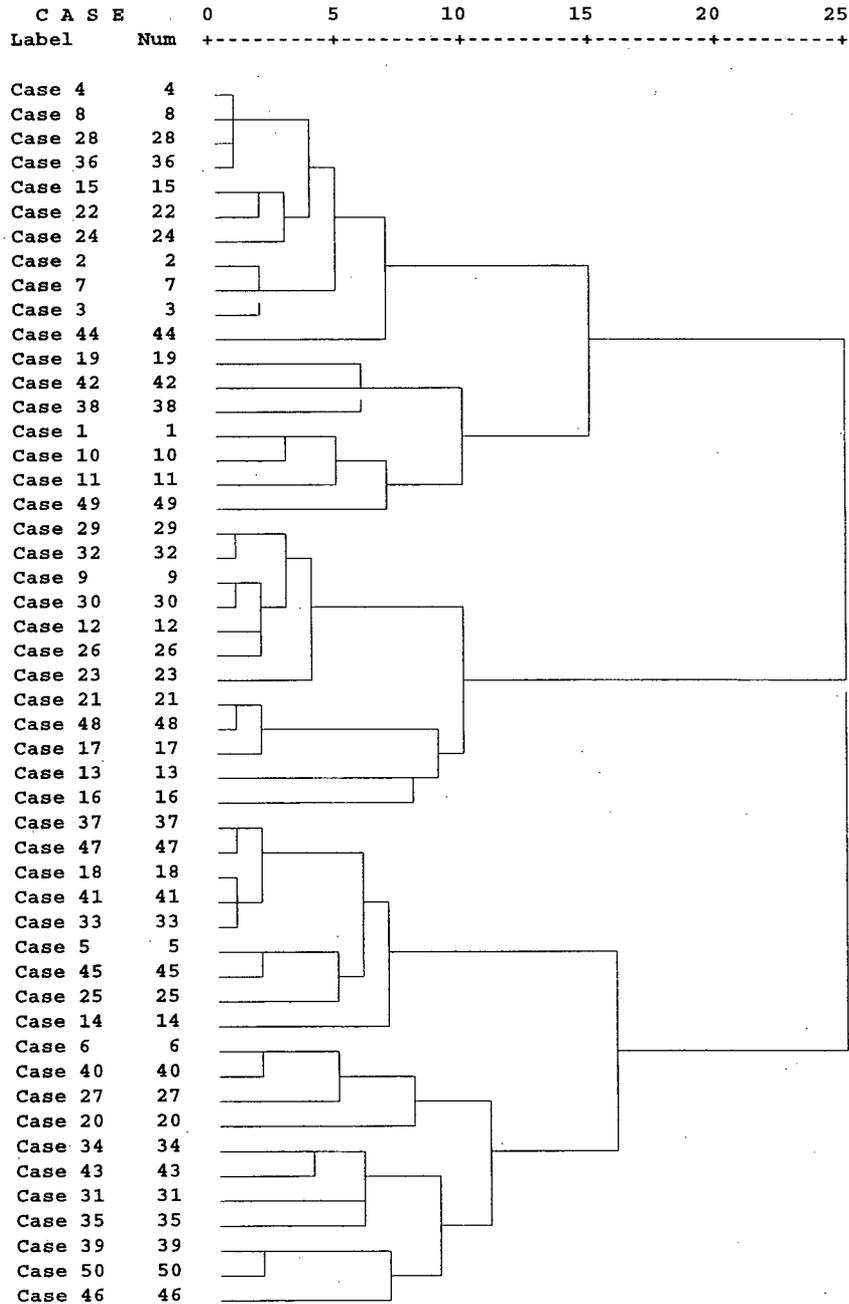
Dendrograms show how close or far, in relative terms, cancer metaphors (identified by "Num") were grouped with each other. On the most general level, even the most unlikely metaphors were sometimes related with each other, for example #4 at the top and #46 at the bottom. On the most particular level, many people grouped certain metaphors very often together, such as #4, #8, #28, and #36 at the top. To ascertain representative groupings, I had to strike a balance between the levels of particularity and generality. I decided to differentiate five groups (#4 - #44; #19 - #49, #29 - #16, #37 - #14, and #6 - #46). I list the groups and their metaphors in chapter III (Empirical Metaphor Study, pp. 121-122).

I split the results along gender lines and found a very close similarities between women and men (see dendrograms b and c).

SEX: COMBINED  
 \*\*\*\*\* H I E R A R C H I C A L C L U S T E R A N A L Y S I S \*\*\*\*\*

Dendrogram using Average Linkage (Between Groups)

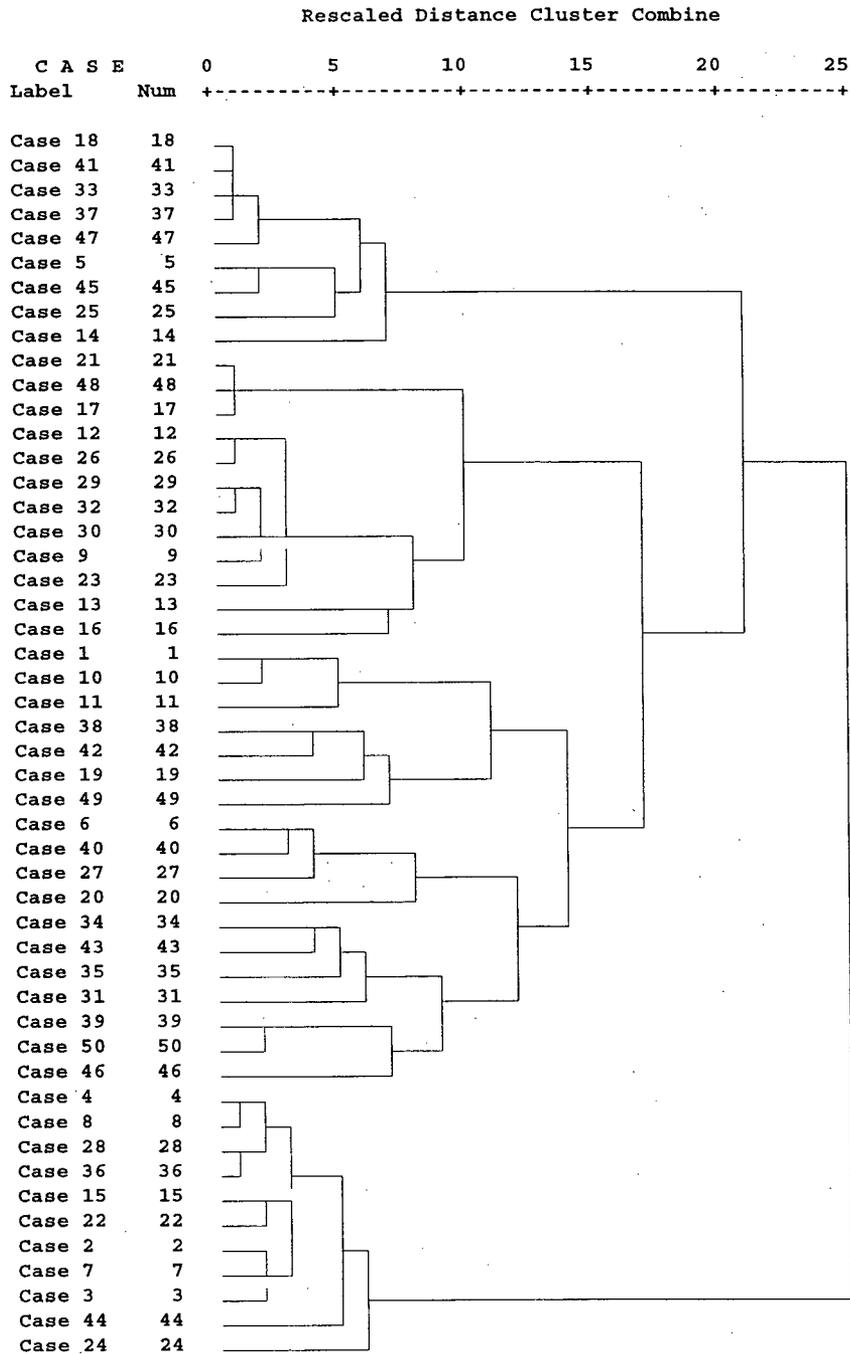
Rescaled Distance Cluster Combine



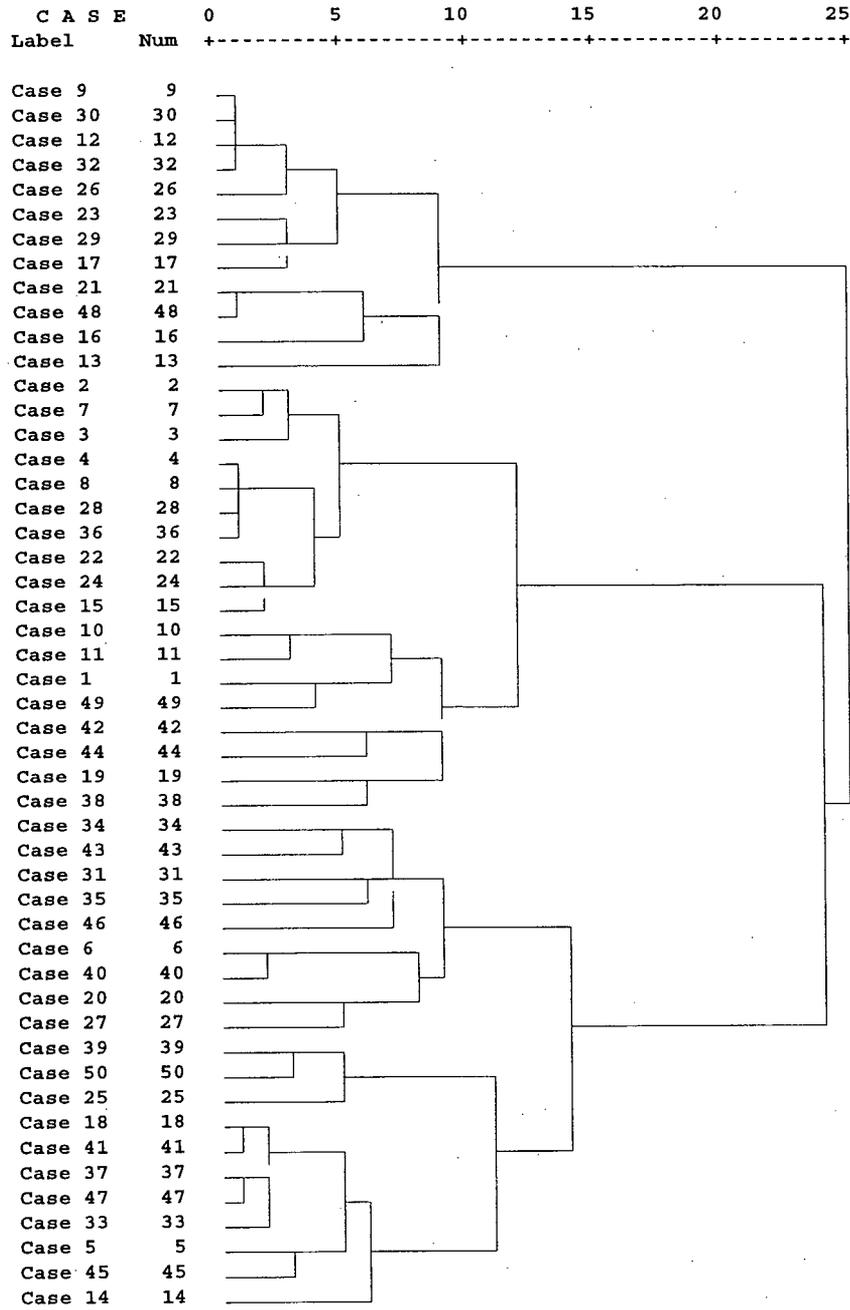
\*\*\*\*\* H I E R A R C H I C A L C L U S T E R A N A L Y S I S \*\*\*\*\*

SEX: FEMALE

Dendrogram using Average Linkage (Between Groups)



Dendrogram using Average Linkage (Between Groups)  
 SEX: MALE Rescaled Distance Cluster Combine



### C. Hierarchical Cluster Analysis

#### 2. Cancer Treatment Metaphor Dendrograms

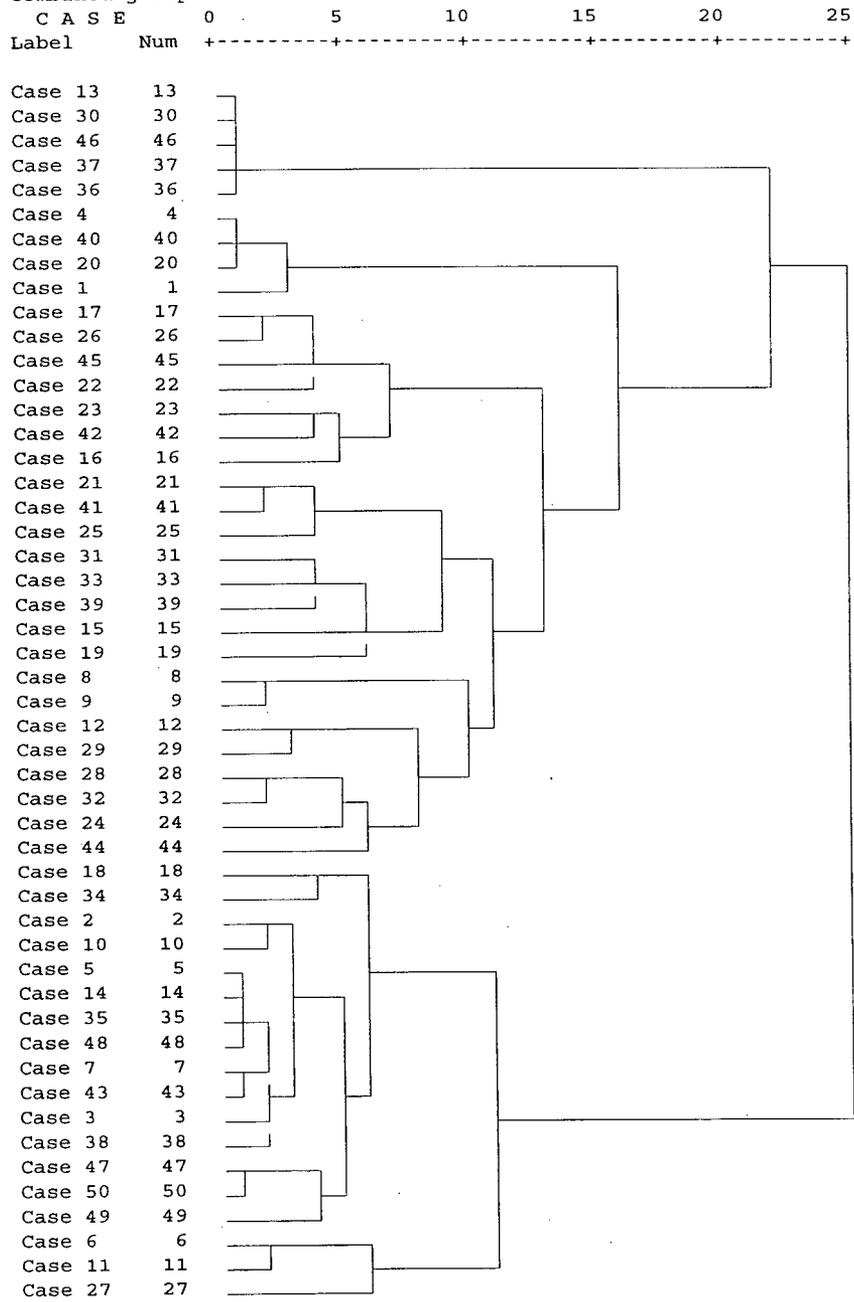
- a. Women and Men
- b. Women
- c. Men

The previous sort lists (B in this appendix) provide the basis for conducting further analyses, such as the Hierarchical Cluster analysis. This analysis reveals how often particular metaphors were grouped together. These typical groupings are represented in a so-called "dendrogram."

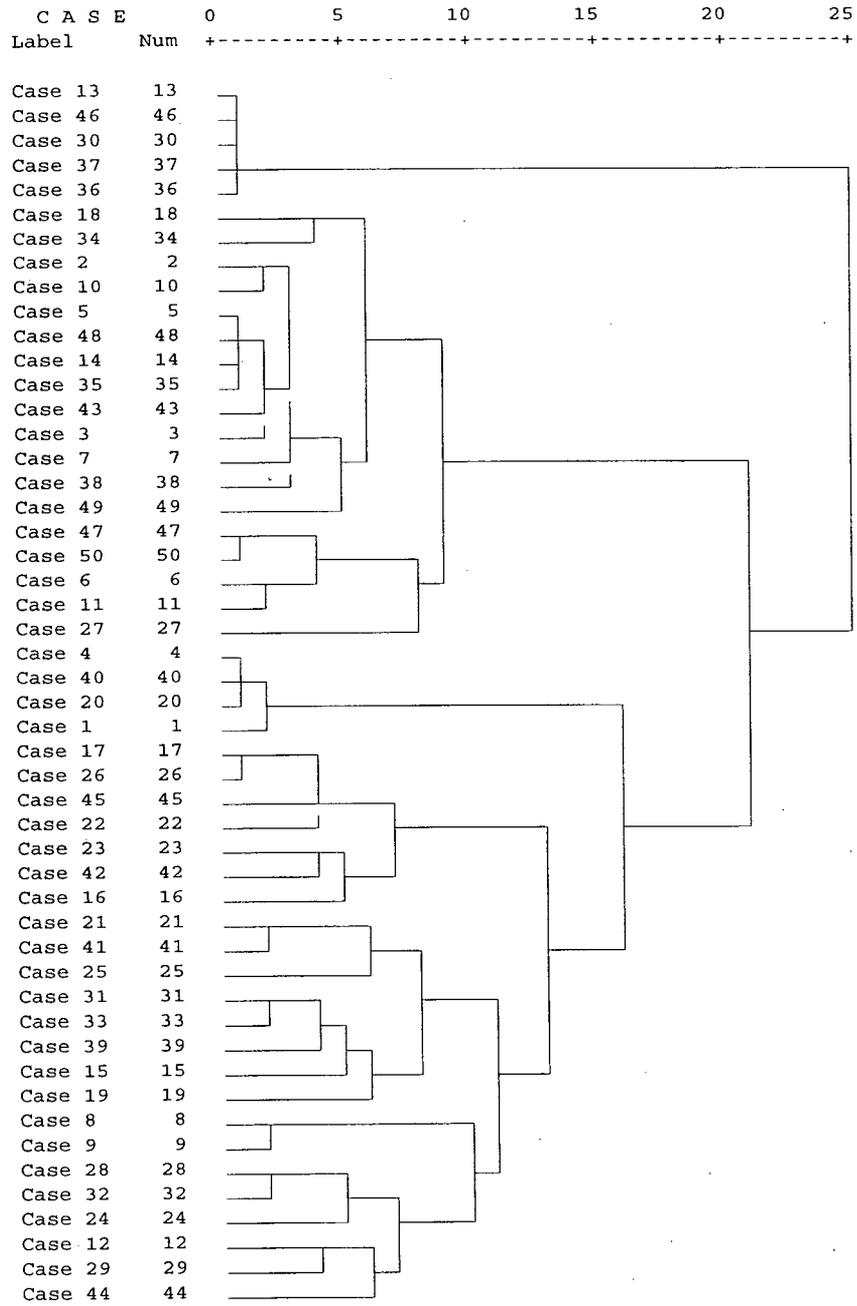
The following dendrograms show how close or far, in relative terms, cancer treatment metaphors (identified by "Num") were grouped with each other. On the most general level, even the most unlikely metaphors were sometimes related with each other, for example #13 at the top and #18 at the bottom. On the most particular level, many people grouped certain metaphors very often together in small groups, such as #13, #30, #46, #37, and #36 at the top. In an attempt to balance particularity and interpretive richness, I decided to differentiate six groups (#13 - #36; #4 - #1, #17 - #16, #21 - #19, #8 - #44, and #18 - #27).

I split the results along gender lines and again found close similarities between women and men (see dendrograms b and c).

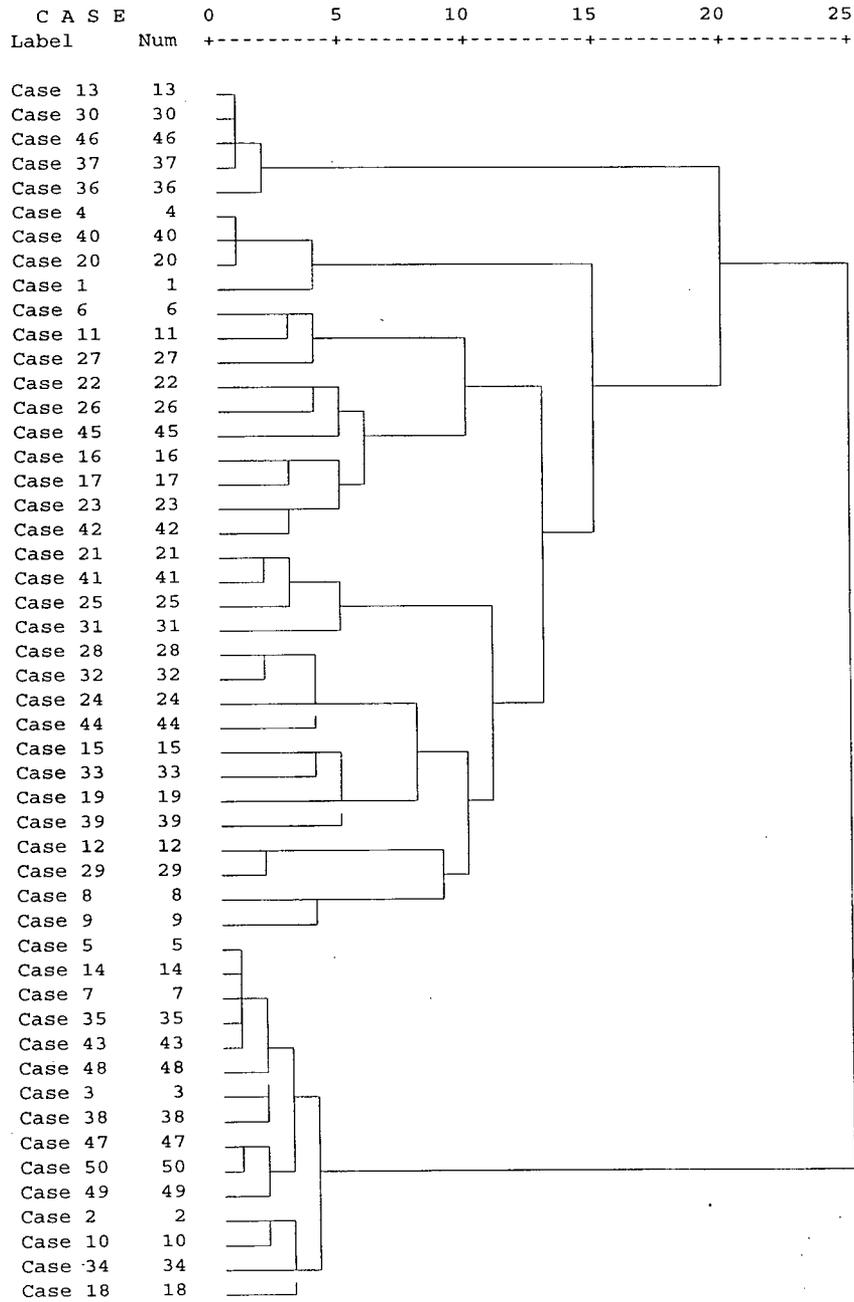
\* Combined group.



Dendrogram using Average Linkage (Between Groups)  
 Study 2: females only  
 Rescaled Distance Cluster Combine



SEX: 1  
 \*\*\*\*\* H I E R A R C H I C A L C L U S T E R A N A L Y S I S \*\*\*\*\*  
 Dendrogram using Average Linkage (Between Groups)  
 Rescaled Distance Cluster Combine



## C. Multidimensional Scaling

### 1. Cancer Metaphors

- a. Cancer metaphors in three dimensions
- b. Computerized three-dimensional representation
- c. Scatterplot

The previous hierarchical cluster analysis and its dendrograms showed how far or close particular metaphors were grouped, in relative terms. Multidimensional scaling calculates these proximities in absolute terms. Participants had sorted 50 cancer metaphors. Hence the proximities of their groupings can be represented in a space of up to 50 dimensions. However, the interpretation of spaces with more than 2 or 3 dimensions is very difficult. Comparing a two-dimensional representation with a three-dimensional representation, I opted for the latter, mainly because groups of metaphors could be more easily identified. The following table shows 3 dimensions for each cancer metaphor.

The spatial computer simulations were too small (see b and c). Therefore, I drew the representations up on large sheets of graph paper from which I determined the idealized color representations as shown at the end of chapter III (pp. 125 - 126).

Cancer Metaphors: Three Dimensions

I. Invasion Group		Mean	Dim. 1	Dim. 2	Dim. 3
3.	inner battle	5.576	1.4465	-.4098	1.0926
2.	fight for life	5.450	1.7103	-.0311	.5433
4.	invasion	5.117	1.7960	-.2127	1.4492
7.	battle	4.992	1.9182	-.0178	1.3085
8.	invading army	4.867	1.7907	-.2341	1.4220
15.	opponent	4.750	1.6688	-.1915	.7791
24.	enemy who assaults the human body	4.525	1.2422	-.6852	1.1383
22.	enemy that must be fought over forever	4.500	1.6183	-.1911	.9775
28.	ambush	4.408	1.6936	-.0110	1.1216
36.	attack	4.233	1.7416	-.1446	1.2796
44.	wrestling	4.067	1.3418	.1566	-.2123

## II. Intrusion Group

1.	unwelcome intruder in the body	5.517	.0985	-.9718	.8000
10.	unwelcome visitor that won't leave	4.825	.0305	-.6139	-.7846
11.	thief that steals one's time, energy and dreams	4.775	.0706	-.1273	-1.1610
19.	destructive power	4.653	.7345	.1839	.4061
38.	non-selecting killer	4.233	.3298	-.3273	-.1483
42.	natural foe	4.125	.8188	.0590	.0965
49.	being attacked by an invisible object	4.042	.4995	-.3722	.5973

## III. Growth from Inside

9.	death growing inside	4.900	-1.1462	-1.4989	.4604
12.	growing being in the body that takes over as it pleases	4.658	-.9901	-1.6854	.1315
16.	uncontrolled poison	4.667	-.5153	-.7787	-.3196
17.	monstrous growth	4.642	-1.0665	-1.0702	.2852
13.	body that is out of control and that demands attention	4.608	-.4561	-.8020	-.7619
23.	parasite	4.592	-.8535	-1.3679	.3940
21.	monster that multiplies uncontrollably	4.575	-.8254	-.9671	.4191
26.	foreign body, unfortunately coming from the inside	4.458	-.7990	-1.6740	.4829
30.	body rotting from the inside	4.425	-1.0944	-1.7738	.2944
29.	being eaten alive	4.383	-.9228	-1.5367	.4195
32.	being eaten from the inside out	4.275	-1.0881	-1.7087	.4404
48.	gluttonous monster	3.992	-.7857	-.8366	.6112

## IV. Oppressive Surroundings

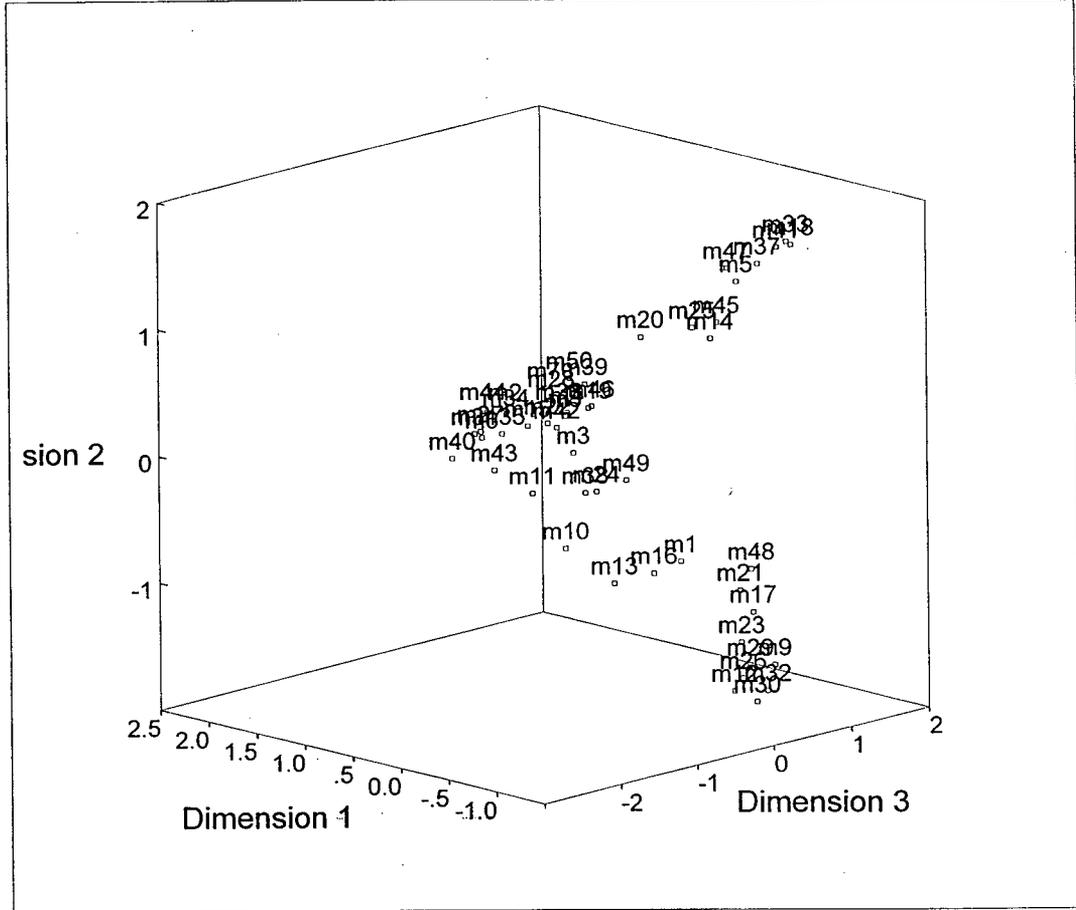
35.	nightmare	5.017	-.9637	1.5316	.2172
14.	dark threat that suddenly hits somebody	4.700	-.4465	.9358	.5236
18.	dark, dark scary cave	4.625	-1.0533	1.7493	.8195
25.	hell	4.442	-.7950	1.1894	-.1471
33.	Darkness	4.250	-1.0419	1.7803	.7728
7.	dark overhanging cloud	4.225	-1.0136	1.6490	.4360
45.	terrifying nightmare from which one cannot wake up	4.167	-.9557	1.2441	-.0313
1.	long dark hall	4.133	-1.0384	1.7512	.6518
47.	shadow	3.983	-.9086	1.6353	.1611

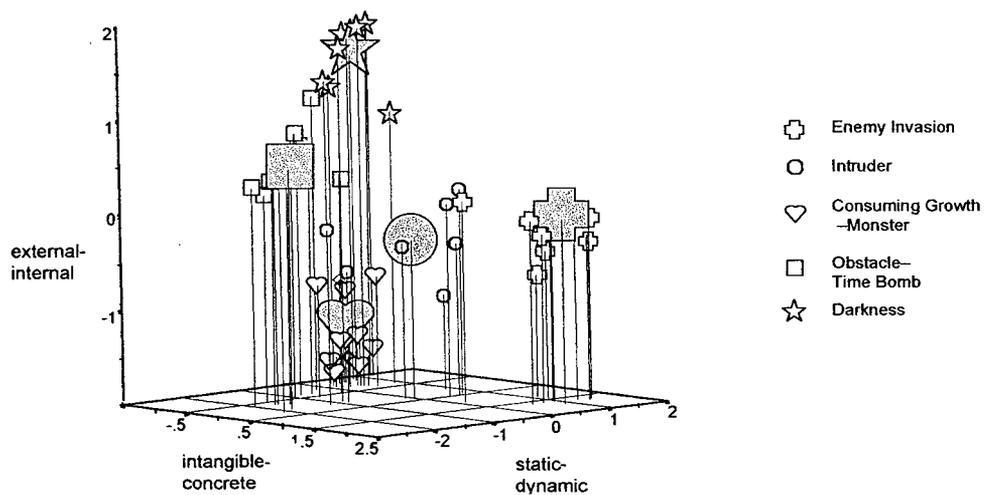
## V. Obstacles Group

27.	stone wall that blocks my road and forces me to find other paths	5.458	-.0399	.5060	-1.9724
6.	great burden	5.092	-.0327	.4529	-1.9462
20.	scary pathway with many trails	4.576	-.6260	1.1550	-.6084
35.	hard stroke of fate	4.283	-.0963	.4674	-1.7657
31.	wake-up call	4.250	.1070	.4435	-1.8667
34.	time bomb	4.183	.3118	.4551	-1.2010
46.	large wave which one can no longer escape	4.117	-.3904	.6168	-.9608
43.	erratic life clock set ticking	4.108	-.1728	.2244	-1.9617
40.	suitcase which one must carry and which is very heavy	4.102	-.0276	.3465	-2.3331
39.	<del>chaos, disorder</del>				
50.	catastrophe	4.025	-.3924	.8867	-1.2495

# Derived Stimulus Configuration

Individual differences (weighted) Euclidean distance mode





*Figure 1.* Three-dimensional semantic space from results of a multidimensional scaling of cancer metaphors. (Each of the five types of symbols – circle, square, and so forth – indicates a distinct cluster of items based on a hierarchical cluster analysis of metaphor items. Center points for each cluster are indicated by a larger font of the same symbol type.)

### C. Multidimensional Scaling

#### 2. Cancer Treatment Metaphors

- a. Cancer Metaphors in Three Dimensions
- b. Scatter Plot

The following table shows three dimensions for each cancer treatment metaphor, followed by a computerized spatial representation.

Cancer Treatment Metaphors: Three Dimensions

1. Battle Group	Mean	Dim. 1	Dim. 2	Dim. 3
Battle	5.475	1.7589	-.2436	.1655
A battle over life and death	5.417	1.5902	-.1863	.2590
Fighting against a foreign intruder	5.400	1.5825	-.2047	.2819
A continuous battle	5.283	1.4221	-.0601	.3948
Struggle for victory	5.167	1.0487	-.4222	.0297
Battle over the body	5.017	1.8331	-.1572	.1916
War	5.008	1.6789	-.2110	.1954
Counterattack	4.925	1.1859	-.6331	-.4882
Fighting with a monster whose strength is unknown	4.892	.8330	.0954	.7115
A battle against an overpowering enemy	4.867	1.4153	-.0652	.6653
Defense	4.583	1.1677	-.4317	-.3642
Fighting fire with fire	4.508	.3424	-.5403	.0811
A blind battle	4.400	1.3977	-.0434	.7654
A battle for reprieve	4.325	1.5058	-.2468	-.0006
Chemical weapons	4.325	.7351	-.6293	-.1927
An invasion	4.283	1.5100	-.2162	.1469
A battle against the flood	4.175	1.1896	-.0890	.7816
An attack by medicine, executed expediently	3.808	.5144	-.7962	-.5686

2. Lottery Group

A lottery win if a cure occurs	4.592	-.7590	2.3785	-1.3477
A lottery	4.267	-.6989	2.7840	-1.4632
A poker game	3.925	-.7367	2.7744	-1.4490
A lottery where the stakes are much too high	3.883	-.6578	2.5076	-.9497
Playing Roulette or Dice	3.850	-.7466	2.8386	-1.3636

3. Tentative Hope

A black cloud with a silver lining of hope	4.425	-1.0146	-.9821	-1.5484
A glimpse of light	3.967	-1.0005	-1.1019	-2.2183
Carpe Diem (seize the day)	3.967	-1.0222	-.9308	-1.8714
Hope renewed	3.867	-1.0127	-1.0882	-2.3538

4. Taking on the Task

Exorcising one evil with another	4.367	-.5298	-.7758	.0418
A necessary evil	4.325	-.7999	-.6754	-.0358
A powerful light destroying bad cells	3.883	-.6936	-.9752	-1.3761
A corrosive fluid that eats itself into the cancer	3.814	-.6356	-1.1307	-.4596
Power-washing a house, potentially damaging but leaving all clean behind	3.800	-.8579	-.9895	-.9866
Eating something awful ("Your rotten soup is good for you")	3.708	-.9352	-.7822	.1202
A woodpecker picking out a diseased spot from an otherwise healthy tree	3.633	-.8446	-1.0140	-.8404

## 5. Perseverance, Work

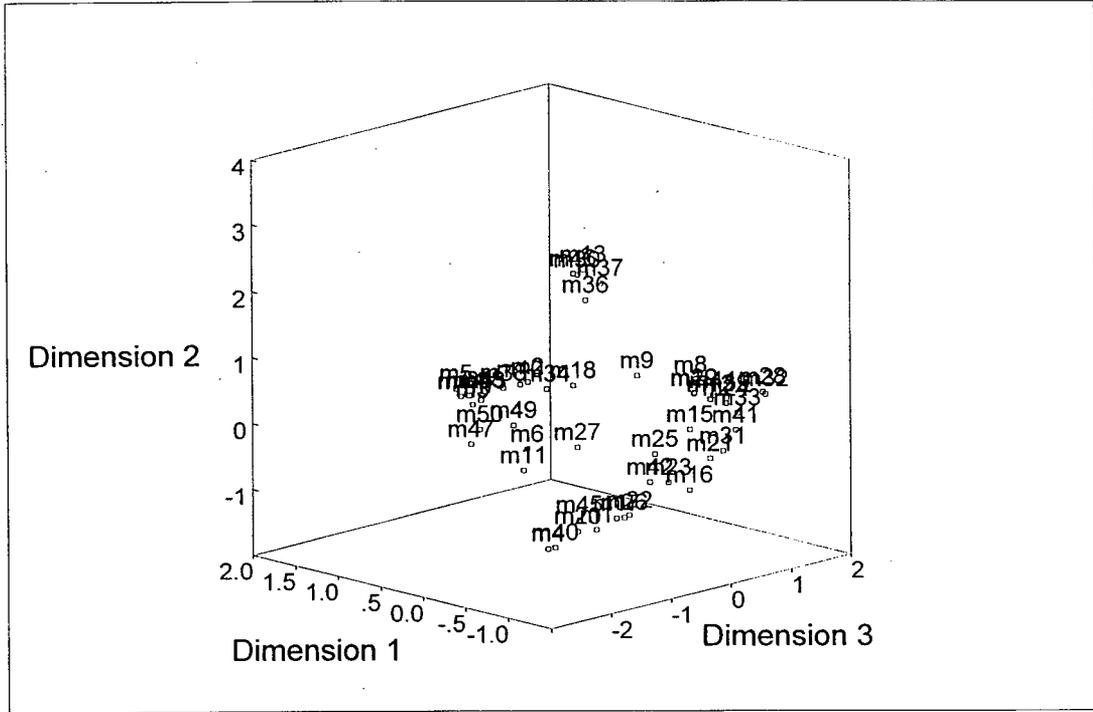
A long hard road with many ups and downs	5.567	-.8795	-.3529	.7581
A serious test	4.550	-.6033	-.3216	.0199
A flood of fear	4.408	-.6554	.2463	1.7392
A job that takes effort	4.400	-.6885	-.5418	-.8177
A chain of fear	3.958	-.8081	.3046	1.5662
A sine-curve, never-ending up and down	3.925	-.8386	.1438	1.0589
A boomerang because of the side-effects	3.797	-.9158	.1215	.1574
Limbo	3.776	-.8960	.6398	.2546
Working at a job one doesn't like	3.867	-.7380	-.1751	1.1701
Pushing a stone up a hill though it always rolls down again ("Sisyphus")	3.650	-.7343	.3363	1.0252

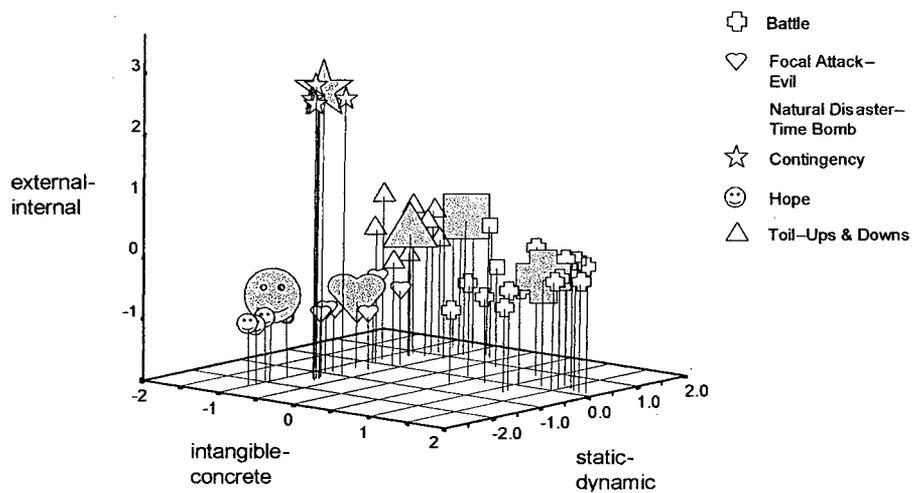
## 6. Race

Race against time	5.017	-.4568	.5714	.8301
Racing against a time bomb	4.600	.2033	.4133	.8792
Ride through hell	4.217	-.4706	.2618	1.1823
Moving against the wind	3.985	-.2627	.0798	1.4322
Being alone in a crowd	3.750	-.8673	.3515	.8290
Storm	3.717	-.1541	.1651	1.3251

# Derived Stimulus Configuration

Individual differences (weighted) Euclidean distance model





*Figure 2.* Three-dimensional semantic space from results of a multidimensional scaling of cancer treatment metaphors. (The meaning of the six symbol types and of the two font sizes is the same as Figure 1.)