

**“To use a metaphor at a time like this would be obscene”: a study
of cancer, poetry and metaphor**

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Introduction

“Cancer is a rare and still scandalous subject for poetry; and it seems unimaginable to aestheticize the disease.”¹ Susan Sontag’s famous dictum may no longer be entirely true, given the proliferation of writing on cancer in the late 20th century and beyond.² But, almost thirty years after Sontag wrote, cancer itself is still scandalous, despite her prediction that greater medical understanding would remove the stigma of cancer. This paper will examine the role of metaphor in relation to the “scandal” of cancer. It will consider the impact of metaphors drawn from popular culture, biomedicine, alternative medicine, and the holistic health movement, before examining

the unique role of poetic metaphor in the work of Australian poet Philip Hodgins.

Metaphor, at its simplest, is figure of speech which unites two disparate areas of human experience. It is far stronger than simile, because of the collision of one area with another: compare “her eyes are like the sea” with “her eyes are the sea.” The compression of metaphor gives it its punch. Philosophers George Lakoff and Mark Johnson argue that metaphor is such a powerful form of communication because of its ability to unite the abstract with the physical and visual.³ The immediacy of the visual image makes it compelling. It appears incontrovertible, since it is easily visualised. Consider the metaphor “life is a journey.” While *life* is an abstract concept which we struggle to define, *journey*, on the other hand, is a part of our everyday experience. The power of the metaphor is its visual simplicity. The fact that this is an over-simplification has not prevented the metaphor from becoming so widely used it is a cliché.

However, a metaphor is not merely a figure of speech. As Lakoff and Johnson have demonstrated in their study, *Metaphors We Live By*, metaphors “provide the only ways to perceive and experience much of the world.”⁴ So the metaphors we use matter. The metaphor “life is a journey” affects and reveals our concept of life, which affects the very way we experience life. The metaphor also blinds us to the many ways life is *not* a journey.

Metaphor, as the above analysis demonstrates, is a fiction which “has the power to redescribe reality,” to use philosopher Paul Ricoeur’s description.⁵ The reality of life is redescribed in terms of a journey. Ricoeur concludes that the “‘place’ of metaphor, its most intimate and ultimate abode, is neither the name, nor the sentence, nor even discourse, but the copula of the verb *to be*.”⁶ Metaphor, which says both this “is like” and “is not” something, acts out in microcosm the split between the sign and the signifier. Metaphor is thus embedded, not just in everyday language, in public rhetoric, or even in our conceptual framework, but on the level of ontology. Once the ontological knot has been tied (life *is* a journey), it is almost impossible to undo. Jacques Lacan posits the subject as created by language, so that we are always an “organism-in-culture,” to use Catherine Belsey’s phrase.⁷ We cannot escape the symbolic order into which we are born, and the signifying systems that go with it. Language and metaphor are ways in which we internalise our culture. Therefore our language is not tied to the “world of things” but is the product of our culture, and bears traces of the culture in its metaphors. So it is no surprise that cultural attitudes towards “life” or “cancer” are found deep down in the language by which they are described.

The task of this paper is to explore the implications of this understanding of metaphor in relation to cancer. Cancer is still a disease which is not well understood. It is subject to many kinds of mythologising and, in Western society, it can evoke an unparalleled dread. If metaphors reveal concepts and affect experience, what do they reveal and obscure about cancer? What do they suggest about cultural attitudes to the disease? What effect is this imagery likely to have on those diagnosed with cancer? Section I focuses on contemporary culture and its metaphor-making in relation to cancer. Section II explores imagery used by practitioners of both biomedicine and alternative medicine, and Section III asks what happens when a poet, writing from within the cancer experience, uses metaphor.

I. Cancer and metaphor

Cancer is able to provoke reactions of dread and fear unlike almost any other disease. A Roy Morgan poll in 2001 found that cancer is the most feared disease in Australia.⁸ This is not related to its actual mortality rates, since heart disease kills more Australians than cancer each year. As sociologist Jackie Stacey's cultural study of cancer puts it, emotional responses to the disease are accompanied "by an almost physical shudder."⁹ Cancer patients find themselves treated with a mixture of fear, pity and admiration for their heroic "struggle" against the disease.

In this environment, it is not surprising that cancer is mythologised, and that metaphors reflect this. Cancer is still called "the big C," John Wayne's term for his lung cancer. "Oh no, it's the big C" was the first thought of a woman I spoke to about her reaction to finding a lump in her breast.¹⁰ The term suggests a monster, too horrible even to be named. In contemporary culture, cancer is not only monstrous, but evil.¹¹ Professor David Hill, head of The Cancer Council Victoria, called cancer "a diabolical enemy" in a recent public speech.¹² So it follows that the overriding cultural metaphor is that cancer is war.¹³ This metaphor is so prevalent it has become almost unnoticeable. Like the metaphor "life is a journey," it exists at the level of cliché, used by academics and popular magazines alike. Professor Hill's speech echoes the popular rhetoric about cancer: "Of course The Cancer Council is here to fight cancer. We're here to defeat cancer."¹⁴ So familiar is the metaphor that his comments appear to be commonsense. Similarly, the end of Kylie Minogue's breast cancer treatment hit the magazine stands with headlines shouting: "KYLIE'S TRIUMPH: 'MY SECRET WEAPON.'"¹⁵ The "weapon" turns out to be "Olivier's love for her."¹⁶ This

unexpectedly military metaphor for love makes sense only in the context of the ascendant military discourse about cancer. War imagery is constantly referred to: “Kylie’s battle with breast cancer;” her short hair is “a badge of courage;” “she’s beaten cancer,” and is now ready to help “others who are fighting breast cancer.”¹⁷ At the other end of the media spectrum, *The Age* describes Janette Howard as having “battled,” “fought and defeated” cervical cancer.¹⁸ Obituaries and eulogies for cancer patients invariably contain references to military terminology: the person has died after a long battle with cancer; they have put up a courageous fight against it; and in dying they have finally succumbed to the disease.

It is not just that we metaphorise cancer as war; our understanding of the disease is defined by military terminology. As Sontag points out, the disease is perceived as “aggressive,” an invasion of enemy cells, which attack the body’s defences.¹⁹ Cancer cells attempt to infiltrate surrounding territory, and take over organs. Scans must be taken of the body landscape to detect the presence of enemy activity. The counter-attack comes from “Natural Killer (NK)” cells, which target tumours.²⁰ Treatment is another form of counter-offensive: chemotherapy kills cells with chemical warfare, while radiotherapy is akin to aerial warfare, where the body is targeted with rays.²¹ The aim is to annihilate the enemy cells, even though other healthy cells will be destroyed too (“collateral damage?”): this is the necessary cost of the war on cancer.

However, the military analogy has some disturbing implications. For those undergoing treatment, military strength becomes metaphorically associated with the patient’s emotional strength or will power. Hence the frequent advice to cancer patients to “be positive” and “be strong.”²² It is questionable whether alternative medical models which teach that you can heal cancer with the strength of your positive thinking would have become popular in a culture that did not already accept that cancer is war. Cancer patients are invariably depicted as “brave” and “courageous,” but this can become an easy distancing strategy for those unwilling to listen to patients’ actual experiences. The metaphor also makes it difficult for patients to admit to feelings such as fear and cowardice, unacceptable qualities in a battle.

Yet there are undoubtedly some patients for whom the military terminology is energising. They rebel against the passive “sick role”²³ and the feeling of being a victim which serious illness can bring, and decide to fight, even if they die doing so. There is even a website selling T-shirts with slogans such as:

CANCER OPTIONS

A: GIVE UP

B: FIGHT LIKE HELL

I CHOOSE B²⁴

The anger that accompanies a diagnosis of cancer can find an effective outlet in this fighting spirit: “CANCER CAN KISS MY ASS.”²⁵

However, it is often those writing or talking about the person with cancer who use fighting terminology. “I won’t let cancer beat me” is the headline of an article about Sydney horse-trainer Tony Wildman.²⁶ In the article itself, Wildman says nothing of the kind, but talks instead about the debilitating effect of chemo: “I’m starting to lose my eyesight, my hands and feet tingle and I get really tired. There’s also the depression.” The dichotomy between the headline and the person’s language is found in numerous media reports about cancer. This suggests that the military analogy is imposed regardless of the patient’s actual experience.

When treatment ends, the analogy is extended. Patients, like Kylie Minogue, are hailed as victors who have beaten the disease, presumably due to a combination of bravery and clever surgical tactics. Yet this is precisely where the analogy breaks down. There is no white flag of surrender on the battlefield, no terms of peace. As one oncologist put it, “you can never say never with cancer.”²⁷ This leads to an alarming disjunction between the imagery and patients’ experience. Yet the metaphor persists, like the concept “life is a journey,” although it obscures the many ways in which cancer is *not* war. This is because metaphor’s ability to simplify complex issues is appealing, and its visual imagery is so compelling. We can far more easily visualise a battlefield than the body’s complex biology, the working of T-cells, cancer cells, lymph glands, or the immune system. The metaphor offers black and white certainties, victory versus defeat, whereas cancer itself often does not.

Finally, the “cancer is war” metaphor is even more demoralising for those dying of the disease. Those alive and well are hailed as “survivors.” And if surviving cancer is “beating” it, death or recurrence of cancer must be “losing” to it. Those who are dying not only have to deal with their death, but with the metaphorisation of that death as a military defeat. This can add to the burden felt by those with the disease. One woman described her mother’s shame at dying of cancer, because of a sense that she had “lost the battle.”²⁸ The nasty underside of the analogy is the implication that the battle with cancer is lost due to a lack of strength, bravery, or fighting spirit. The metaphor is powerful enough to transfer military concepts to the workings of a disease.

This analysis of cancer imagery raises the issue of why cancer, rather than any other disease, is so dreaded. Part of the answer is that cancer is a disease whose causes and progress are still not fully understood. It is more likely that a mysterious disease will be mythologised as a horrifying enemy. A disease which cannot always be cured is frightening in a culture which wants to believe medicine can cure anything. When I told people I had cancer, a common response was, "It's amazing what they can do these days" – "they" being medical professionals. We want to believe that doctors can fix us up, and that illness only comes to people who are old or have not looked after their bodies. We want to believe that we can control death, and that we are effectively immortal. Cancer destroys all these illusions. James Patterson's study of cancer in American society concludes, "in a society that feared death over all things, no other illness was dreaded so much."²⁹ In fact, cancer has become synonymous with death. Why do people fear cancer? "Cancer equals death. That's it," was the response of one member of a cancer support group.³⁰ In our culture, death remains "the obscene mystery...the thing that cannot be controlled. It can only be denied."³¹ Paradoxically, our refusal to face death means we have an exaggerated fear of it. No wonder cancer is metaphorised as a diabolical enemy, which must be combatted with every offensive weapon available.

However, none of these analyses quite explain the gut-level revulsion which cancer evokes. This is exactly the physical response Julia Kristeva describes in her work *Powers of Horror*.³² This response is provoked by what she terms "the abject." The abject exists on the border between our bodies and the world. It involves a revulsion at contact with bodily emissions such as vomit, blood, urine, faeces or pus. These are wastes we want to expel in order to live, but which remind us of the difficulty of keeping our body clean, and our vulnerability to defilement and death. When the boundaries of the body are transgressed, there we encounter the abject. So the abject gives rise to a whole set of anxieties about bodily defilement, pollution and purification. Stacey comments:

The abject, then, is both separate from, and yet part of, the subject. It is that which we want to exclude, but which threatens to re-enter. As such, it is a constant reminder of the mutability of our borders and the vulnerability of the subject.³³

Kristeva's analysis of the abject explains the intense fear, not just of cancer, but of the treatment it involves. Surgery and chemotherapy are particularly dreaded. They offer ample experiences of the transgression of bodily boundaries: cannulas inserted into veins, blood leaking out the holes left by

needles or surgical knives, drainage tubes inserted after breast cancer surgery which drain blood and fluid, toxic chemicals going in through veins and mingling with blood, hair falling out, orange urine, vomiting, diarrhoea, hot flushes and night sweats. Here the body issues forth from “its pores and openings” in sickening fashion.³⁴

In cancer, there is not just defilement at the border of the body and the world, but cells invade and transgress boundaries within the body. It is this pollution and transgression of boundaries from within that explains much of the horror of cancer. That which causes death grows within the cancer patient. It should be expelled in order for the subject to live, but it cannot be. Like the corpse, cancer is “death infecting life,” the ultimate reminder of the fragility of our borders.³⁵

Kristeva comments that “I experience abjection only if an Other has settled in place ... of what will be ‘me.’”³⁶ This kind of alienation from the self is exactly what occurs when cancer cells, the Other, take the place of normal cells. The frightening aspect of cancer is that the Other remains indistinguishable from what is “me” until it is too late. The first cancer cells can exist undetected for years. When treatment ends, similarly, cancer cells could still be alive and active, busy settling in place of the self. How can death be fought if it has infected life? How can the body be purified if the Other is indistinguishable from the subject’s “own and clean self?”³⁷ The cancer patient can thus experience an alienation from their own body and a state of abjection unlike those with other illnesses.³⁸

The bodily transgressions involved in both the progress and treatment of cancer explain much of the dread cancer evokes in our society. It is not surprising, then, that cancer evokes “flight or fight” responses: fear and avoidance on the one hand, and militaristic metaphors on the other. It is also not surprising that cancer patients are stigmatised, pitied and romanticised through metaphors which provide distance from the abjection of cancer. It is no accident that the most common cultural metaphor for cancer arises from *outside* the cancer experience, and is imposed on it in popular, academic and medical terminology. The militarisation of cancer is endemic in our society. It offers a powerful visual appeal and a dramatic simplicity. The fact that it obscures the reality of the cancer experience and that it adds to the burden to those dying of the disease, does not prevent it from shaping the way we perceive and experience cancer.

II. "Just a disease?"

Given the stigma involved when cancer becomes metaphorised, it would seem desirable to move to a state beyond metaphor where cancer was seen "just as a disease."³⁹ This is Sontag's hope:

My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness [is one] most resistant to metaphoric thinking.⁴⁰

Once cancer is medically understood, Sontag argues, it will become just another disease, and patients will be free from stigma. In *AIDS and its Metaphors*, Sontag claims optimistically that attitudes to cancer have in fact evolved and "getting cancer is not quite as much of a stigma," largely due to fear of cancer having been replaced by fear of AIDS.⁴¹ Yet fifteen years after she wrote, the fact that AIDS has not become the epidemic predicted in the West (though it has in Africa), has left Western cancerphobia intact. More importantly, advances in biomedicine have not changed the metaphorisation of cancer at all. This is because illness is culturally constructed and it is impossible to experience illness outside cultural meanings ascribed to it. As DiGiacomo puts it: "no one ever experiences cancer as the uncontrollable proliferation of abnormal cells."⁴²

Sontag's argument that the most truthful way of perceiving illness is that which is most resistant to metaphor raises the question of whether this resistance is possible. Here, Lakoff and Johnson's conclusion to *Metaphors We Live By* is most helpful. They comment:

But metaphors are not merely things to be seen beyond. In fact, one can see beyond them only by using other metaphors. It is as though the ability to comprehend experience through metaphor were a sense, like seeing or touching or hearing, with metaphors providing the only ways to perceive and experience much of the world.⁴³

On this basis, dealing with the stigma caused by the militarisation of cancer is not a matter of moving beyond metaphor so much as of choosing which (or perhaps, *whose*) metaphors to use, aware that this choice will shape the way we perceive and experience cancer.

Given that it is impossible to perceive cancer without metaphor, it is not surprising that even biomedicine does not present cancer as "just a disease." This is partly because biomedicine is practised by doctors and medical staff who themselves are influenced by cultural attitudes to cancer, a point Sontag overlooks. Doctors' perception of cancer patients differs

very little from the rest of the population, as Meira Weiss' study demonstrates.⁴⁴ She compared metaphors of AIDS, cancer and heart disease used by 40 doctors, 75 nurses (all with experience in oncology or AIDS) and 60 students at Israeli universities. For all their training, medical staff used similar metaphors for cancer patients to non-medical staff. Cancer was metaphorised by both as a transformation in normal cells which pollutes the whole body and self.⁴⁵ The language of pollution echoes Kristeva's concept of defilement and the abject. Weiss also asked respondents to draw their image of a patient with each disease. The visual representations of cancer and AIDS patients were extremely disturbing: "The outlines of their bodies were drawn with gaps; their internal organs were often hanging out. They were represented as without hair, without gender, and without any surrounding context."⁴⁶ These images are reminiscent of faceless casualties in a war. In contrast, heart disease patients were depicted as normal people. They were drawn with detailed faces and even clothing. This comment from a respondent is typical:

When it's about your heart, it's a specific organ. A problem in plumbing. Not contaminating. Not altering your self or your body, not disrupting any boundaries. Not like cancer or AIDS. The other is safe.
[Michal]⁴⁷

It is striking how much of Michal's language echoes Kristeva's comments about the abject, the transgression of boundaries and the sense of an Other taking the place of self. Medicine cannot free cancer from stigma or metaphor, as Sontag hopes, when medical practitioners reflect many of the stigmatising assumptions of the culture around them, and see cancer through the same controlling metaphors.

Further, biomedicine itself may appear objective, but its frame of reference is heavily metaphorical. Michel Foucault's 1973 study of medicine, *The Birth of the Clinic: An Archaeology of Medical Perception*, shows how we have come to see the body as "the space of origin and of distribution of disease."⁴⁸ In modern medicine, visual and spatial metaphors are paramount. This coincides with the arrival of pathological anatomy and the supremacy of the medical gaze.⁴⁹ The clinical gaze is a Western phenomenon which depends on what Stacey calls "the discourse of *visibility*."⁵⁰ So we take for granted the physical examination, and the scans which will allow doctors to see what is undetectable to the naked eye: ultrasounds, X-rays, MRI scans, nuclear medicine, pathology. In modern medicine, seeing is believing. Visibility is "the first face of truth."⁵¹ It is difficult to question the importance of the visual in biomedicine from within a culture saturated by it.

Yet even a brief glance at a cancer pathology report shows its reliance on visual and spatial metaphor: “a cavity in the outer lower quadrant,” “two foci of residual DCIS,” “extending 7mm along the duct.”⁵²

For the cancer patient, having one’s breast, for example, described as “an horizontally orientated ellipse of skin including the nipple” can be an alienating experience.⁵³ The underlying metaphor is one of a split between mind and body. It leads to sense of alienation, felt most keenly when physicians “do not communicate to patients as human beings, but as bodies in the abstract, analogous to the communication between a garage mechanic and the owner of a car.”⁵⁴ It is clear that biomedicine, which presents itself as objective and devoid of figurative language, relies on imagery to describe and treat illness. The language assumes a mind-body split. Not only is the medical profession shaped by the prevailing cultural attitudes to cancer, but the discourse of biomedicine is itself metaphorical.

While cultural metaphors continue to stigmatise cancer patients and shape the perceptions of medical staff, it might be hoped that practitioners of alternative medicine would employ less damaging imagery for cancer. Australian cancer patients are frequent users of complementary and alternative medicine (CAM). In a 1995 study, 21.9% of Australian cancer patients used CAM, the most common being relaxation/meditation, diet, megavitamins and positive imagery, with over 75% of these patients using two or more therapies.⁵⁵ A 2005 study found 17.1% of NSW cancer patients were using at least one complementary and alternative therapy, mainly herbal treatments and naturopathy.⁵⁶ Cancer patients use CAM for a variety of reasons: for “symptomatic relief;” “concerns about the toxicity of conventional therapies;” a belief that “CAM can fight cancer, or boost their immune system;”⁵⁷ or to provide “a new source of hope.”⁵⁸ This suggests that these therapies offer patients the hope of actively taking control of their illness. As one woman put it, “For weeks, I drank carrot juice twice a day, even though I hated it, and I felt better for doing something, anything.”⁵⁹

While it is not disputed that some CAM, such as acupuncture, massage and relaxation, have been shown to help in reducing stress, managing pain and improving quality of life,⁶⁰ it is also true that some practitioners make untested claims that their CAM can cure cancer. The appeal of these treatments, apart from their offer of hope to the hopeless, is dependent on the metaphors which underpin them. These need to be examined critically. Firstly, the metaphor of mind-body dualism in biomedicine is often replaced by one of wholeness. The catch-phrase is “holistic health.” The holistic health movement grew out of the counter-culture of the late 60s and 70s, and is characterised by opposition to biomedical and pharmacological

models.⁶¹ The term “holistic” has appealing connotations of integration and unity.⁶² The person is understood as “a unique, wholistic interdependent relationship of body, mind, emotions and spirit,”⁶³ and healing involves bringing these factors into wholeness, resulting “in an integration with the underlying inward power of the universe.”⁶⁴ Hanegraaff comments: “This individualization of health care, in which not an abstract ‘disease’ but the unique individual in his/her undivided wholeness is at the centre of attention, is arguably the most central characteristic of the [holistic health] movement.”⁶⁵ This metaphor of interconnectedness leads to an emphasis on the role of the mind in “creating” and healing illness.

Two prime exponents of the belief that people create their own illness are US author Louise Hay, and Australia’s Ian Gawler. Louise Hay’s book *You Can Heal Your Life*, based on her healing from cancer, has sold more than 35 million copies and been turned into a film. She runs workshops for AIDS patients (called “Hay-rides”) and has her own publishing house, Hay House. Her work has been translated into 25 different languages. Hay argues that “we create every so-called ‘illness’ in our body ... Every cell within your body responds to every single thought you think and every word you speak.”⁶⁶ The metaphoric split between the mind and body is replaced by imagery of an interdependent whole. Thoughts and words are believed to be material and to act directly on the cells. Yet the authority of Hay’s argument rests on the reader’s unconscious recognition of the metaphoric similarity between thoughts, words and cells. All are small, discrete and apparently inconsequential. Yet the cancer patient knows only too well that tiny individual cells can kill. It is then possible to believe, through the metaphor, that thoughts can have a power far greater than their size.

The concept that “we create our own reality” is central to New Age thinking.⁶⁷ It is an antidote to the frightening randomness of much that seems to happen to us, or to the idea that we are powerless in the face of forces larger than ourselves. Hay puts it like this: “Every thought we think is creating our future;” “You might notice what thought you are thinking at this moment. Is it negative or positive? Do you want this thought to be creating your future? Just notice and be aware.”⁶⁸ The slightly bullying tone of this notwithstanding, Hay’s metaphor is one of the individual as the creator of the world – their world. The individual is given God-like responsibility for everything that happens to them in their present, past or future lives. “We are all responsible for everything in our lives” is the mantra.⁶⁹ It could also be argued that this individualization reflects the prevailing social and political culture in which it has arisen, particularly American culture, where the doctrine of personal responsibility for health, wealth and happiness is a par-

ticularly comfortable fit.

The implications of this imagery are no less disturbing than those of popular culture or biomedicine. If we “create” our every illness, cancer patients are directly to blame for their disease and its outcome. The discourse of creating one’s illness, like the metaphor of victory, has the corollary that death from cancer means we have failed to “clear the metal pattern that was causing the cancer.”⁷⁰ Hay states directly: “If we are willing to do the mental work, almost anything can be healed.”⁷¹ It follows that we are to blame for our own illness, and recurrence or death from cancer must be the result of an unwillingness to do that mental work.

This aspect of New Age teaching has led to vehement criticisms from health professionals and terminal patients. Ken Wilber documented his wife’s experience of guilt and inadequacy, following the failure of affirmations and visualizations to heal her breast cancer.⁷² However, New Age practitioners such as Louise Hay would argue that the belief that we create our own reality (including our own illness) should not lead to guilt. Guilt is a negative emotion, anathema to New Age thought. The concepts of blame, sin and guilt need to be discarded, or one has missed the point of the teaching.⁷³ Instead, practitioners argue, the belief in creating your own reality is empowering. As Hay states, “Your point of power is in the present moment.”⁷⁴ In the present moment a person has the power to choose their thoughts and beliefs and so create a new future. The doctrine also gives people a framework of meaning for their lives. Everything that happens, “happens for a reason”⁷⁵ (in fact, this phrase is becoming a cliché in popular culture). Events are no longer random or meaningless. Instead the question is: “what is the Universe trying to teach me through this experience?”⁷⁶

However, there is a damned if you do, damned if you don’t, aspect to this teaching. A person either accepts that they have caused their illness in the first place, and takes total responsibility for healing themselves, or they don’t, and are told that this refusal will exacerbate their illness. Ken Wilbur noted a “thinly-concealed rage” beneath the surface of questions such as “why did you choose to give yourself cancer?” He paraphrased this as: “I don’t want to hurt you, I love you; but disagree with me and you will get an illness that will kill you. Agree with me, agree that you can create your own reality, and you will get better, you will live.”⁷⁷ Apart from this double bind, it is a very tall order to avoid feelings of guilt or blame, while also accepting responsibility for creating one’s own illness. And even if one does accept this, it is impossible for people in a traumatic situation to focus entirely on positive thoughts. The moment they fail, they have an added burden of fear that they are creating more illness. As one woman put it, “The more I heard

about the necessity for positive thinking in the face of my cancer, the more terrified I became that because of who I am, I was going to die.”⁷⁸

There is a further problem with the “think positive” mantra. It encourages patients to avoid acknowledging the grief and emotional distress involved in their cancer experience, delaying their ability to integrate what has happened to them. Instead of acknowledging a problem as real, which is seen as “negativity,” affirmations are used to deny a problem exists at all.⁷⁹ “My body is always working toward optimum health;” “I am eternally young.”⁸⁰ Helen Garner’s recent novel, *The Spare Room*, based on her experience with a dying friend, is a disturbing account of what such denial does to the dying person and their relationships with others. Nicola has terminal cancer but she repeatedly states that she’ll be better in a week:

“Helen,” she said, “I have to trust the vitamin C. By the middle of next week it’ll have the damn thing on the run. I need you to believe in it too.”... Now I took my first real breath of it, the sick air of falsehood.⁸¹

It is true that the sense of alienation from the body that cancer patients experience under the medical gaze is removed by holistic medicine. However, people with cancer may feel alienated from their very thoughts and selves, which are seen as creating their cancer. Hay reinforces this belief, arguing that cancer is caused by a “deep secret or grief eating away at the self.”⁸² This argument relies on the persuasiveness of its imagery. As Stacey points out, it turns common metaphors for the *progress* of cancer (which is imagined to “eat” the body in ‘secret’) into the *cause* of cancer.⁸³ Again, the power of Hay’s work is metaphorical, and it relies on the reader’s unconscious recognition of cultural images.

Like Louise Hay, Australia’s Ian Gawler uses metaphors which locate the blame for cancer in the patient’s own mind – in this case, with a psychological overlay. Gawler is an advocate for meditation, diet and the power of the mind in dealing with cancer, after his own healing from advanced cancer 25 years ago. His book *You Can Conquer Cancer* has been reprinted 16 times; 50,000 people have been to his cancer workshops in Melbourne and 15,000 to the Gawler Foundation’s 10-day residential program in rural Victoria.⁸⁴ He argues that there is a “Type C (cancer-prone) personality,” which he claims “cancer patients identify with readily.”⁸⁵ This personality is formed by a “harrowing event” around the age of seven or eight, followed by “an emotional shutting down:”

So instead of becoming a Type A heart disease type of person, they will instead become compliant and try to win love ... They want to be

liked.⁸⁶

Later, when there is further loss such as a job or partner, the cancer-prone person loses their external source of self-esteem. Gawler concludes:

That combination of hopelessness and helplessness ... transfers from a state of mind to a state of body, suppressing the body's capacity to identify potential cancer and eliminate it. So often, when people are diagnosed with cancer, the question is why me? A better question is why now?⁸⁷

Gawler's assertions rely on the concept of holism, as well as on a series of persuasive metaphors. A mental state of helplessness becomes a metaphoric analogy for the body's helplessness in the face of cancer. This appears to make sense, because of the cultural image of cancer as an evil aggressor. Gawler's imagery of the cancer personality suggests someone who is a victim, stripped of their self-esteem and feeling powerless in the face of significant losses. This is a convincing metaphor for people's experience in the wake of a diagnosis. In fact, Gawler takes common feelings *after* a diagnosis of cancer – helplessness and hopelessness – and moves them back in time to being the *cause* of cancer. No wonder many patients identify with Gawler's claims. Whether or not they felt like helpless victims before cancer, being diagnosed with cancer is likely to induce some of those feelings.

There are several problems with Gawler's language. Apart from blaming the cancer patient, his metaphors also provide a convenient distancing from cancer's frightening ability to cross boundaries of age, race, class and gender. If cancer only comes to "Type C personalities," the rest of us are safe. When the person is the cause of their cancer, there is no need to question "why me?" or "why her and not me?" As Sontag put it a generation earlier, cancer has become an occasion for deciphering the patient, not just the disease.⁸⁸

The sense of control which alternative therapies offer is extremely appealing to cancer patients, and removes the passive "sick role" they are assigned by biomedicine, as well as the alienation from one's own body.⁸⁹ However, the appeal of alternative therapies comes at a cost. Influential practitioners such as Louise Hay and Ian Gawler rely on patients' unconscious recognition of metaphors for cancer to give their arguments plausibility. The person is a metaphoric God, creating their own reality; thoughts are images for cells; the secret progress of cancer is its metaphoric cause; the mind's helplessness is analogous to the body's helplessness to ward off cancer. Again, the power of these metaphors lies in their simplicity and

visual appeal, but their impact is most disturbing. They impart a subtle, or unsubtle, message of blame.⁹⁰ By giving patients almost all the power over their cancer, they suggest that they have caused it in the first place, and are responsible for any recurrence. Added to the grief and fear involved in a cancer diagnosis is a burden of shame. Practitioners would claim that this is empowering, and any idea of guilt or blame must be left behind. Yet it is culturally and psychologically extremely difficult to do so. In fact, a recent U.S. study found nearly 40% of women blamed themselves for their breast cancer.⁹¹ These metaphors may also give an illusory sense of power over one's own life and death, which leaves people ill-equipped to deal with the finally uncontrollable nature of death.⁹²

It is impossible to experience cancer outside of cultural metaphors, as merely a disease. Both biomedicine and the holistic health movement use metaphoric thinking to describe and treat cancer. Their truth-claims seem self-evident, partly because of the power of the underpinning metaphors. However, these metaphors are as problematic as the militaristic metaphors explored in Section I. They involve distancing cancer patients from their own experience, either bodily, mentally or psychologically, and they can reinforce stigma and shame.

III. Obscene metaphor

So far, this paper has examined metaphors from sources which are separate from the individual's cancer experience, whether they are media clichés about Kylie's battle with cancer, drawings by non-patients of disintegrating cancerous bodies, pathology reports, or the teaching that "you create your own illness" by exponents such as Louise Hay or Ian Gawler. This section will consider what happens when a poet creates metaphor from within the cancer experience.

Philip Hodgins is an Australian poet whose vast poetic output was created almost entirely in the shadow of his diagnosis, treatment and eventual death from leukaemia at age 36. A poet brings an entirely different approach to imagery and the stigma of cancer, which this section will explore. Metaphor is the stuff of poetry. It provides the poet with a means of exploring cancer without direct statement, using shocking juxtapositions and powerfully suggestive comparisons. But not any metaphor will do. A poet is likely to shun clichéd metaphors, such as "cancer is war" – unless he extends them into unexplored terrain. More often, a poet with cancer is one who forges new imagery for the disease in the crucible of bodily pain.

Secondly, poets with cancer are able to speak from within the disease, with an authority born of bodily experience. In doing this they move from being object to being a subject.⁹³ The separation and horror that comes from the object nature of cancer is undermined. The Other becomes a person speaking and writing, and in that writing the Otherness is broken down: the reader experiences something of cancer from within.

Finally, a poet with cancer is engaged in what Foucault terms “*parrhêsia*,” meaning truth-telling, or all-telling, of a most significant kind.⁹⁴ By *parrhêsia* the poet with cancer is able to tell a story of being wounded.⁹⁵ This becomes, for those who know they are also wounded, something that ethicist Arthur Frank describes as “an opening which heals.”⁹⁶

Philip Hodgins (1959-1995) grew up on a dairy farm near Shepparton in central Victoria. At the age of 24, soon after his first poems had been published in magazines such as *The Bulletin*, he was diagnosed with leukaemia and given three years to live. This resulted, Alex Skovron recalls, in an explosion in his creative output, one that lasted until he died, not three, but twelve years later, aged 36.⁹⁷ In all, he published eight books in nine years: seven poetry collections and a verse novella about a failed farm, *Dispossessed*. The poems alternate and mingle his two chief themes: illness and rural life. Hodgins is widely recognized as one of the major Australian pastoral poets.

In contrast to ready-made metaphors for cancer, Hodgins creates a passionate variety of personal metaphors for his illness. These are drawn from his childhood and experience on the land; from upended metaphors of light; and from the nature of words themselves.

Growing up on the land, and continuing to live on it during his illness, Hodgins turns to the land and home as powerful sources of imagery. So diseased landscapes and houses become disturbing emblems of the body. This is particularly evident in “The Secret,” a grim sonnet which parallels the land with the narrator’s condition:⁹⁸

all the eucalyptus trees
around the never-finished house
have got a terminal disease (59).

The rhymes are bitter and the Shakespearean form is fractured into its blocks of three quatrains and a couplet, a common feature of Hodgins’ sonnets.⁹⁹ The landscape in this poem is deeply metaphorical. Not only are the trees “terminal,” but “there’s something lacking in the soil,” so that nothing will grow. By unspoken analogy, the deficient soil becomes a

metaphor for Hodgins' diseased blood. The country itself is described as "marginal." The marginal country becomes an emblem for the narrator: no one visits him, and the third quatrain places him between the absence of his "many friends" and the platitudes of the nursing aid ("who always says I'm on the mend"). Being "marginal" is a telling metaphor for the sense, which terminal illness brings, of being out of the main picture and on the edges. The devastating truth is that both writer and land are marginalised. They are shunned because they are dying.

Nowhere is Hodgins' sense of the diseased landscape more powerfully ominous than in his poem "A House in the Country" (286-7). The poem is a meditation on the loss of what Raymond Gaita calls "the necessarily embodied nature of our at-homeness in the world."¹⁰⁰ How can we be "at home" in the world with cancer metaphorically eating our bodies from within? How can the narrator be "at home" when the family home is eaten from within by termites? When even the children's bedroom is not sacrosanct?

Hodgins' imagery is never abstract – rather, he uses a narrative so precise, physical and vernacular we are forced to experience the scene in an almost filmic way:

The first stud I prodded buckled and split
 and something hard to focus on, a sprinkling
 of tiny cloned albino movement, split
 and dispersed, and was followed by even more
 when I levered the stud apart, the panic of
 a light-shy mass, so translucently pale
 they looked as if they weren't fully formed. (286)

The sickening revelation of termite-riddled walls, which "spill" and "flow" with termites in the next stanza, becomes a powerful image for leukaemia – cancer which flows and spills from veins. The termites have taken over the house/body. This leads to a truly apocalyptic moment:

as the seconds dropped away as small
 and uniform as termites a feeling burrowed
 into me as bad as if I had cancer. (287)

The horrible irony of the simile is not lost on the reader. The termites have become a symbol not just for cancer but for fear itself, fear that burrows in and cannot be dislodged, however much it is smashed, since its "conduits"

riddle the whole foundation. The image of seconds as “small and uniform as termites” suggests that time is sickening to contemplate. After cancer, time is eating the body up. Hodgins extends the metaphor into the futility of trying to kill this invader. Neither the narrator’s violence nor poisons “vile as chemotherapy” can stop the queen, “an evil sausage producing more/and more termites that would eat our home.” In this poem, the house and land become metaphors for the body, no longer “at-home,” but rotted and invaded by a secret, tiny presence, undetectable until it is too late.

“A House in the Country” explores the revulsion and sense of decay from within – Kristeva’s abject – experienced by one with cancer. The abject is experienced through the contamination by the termites, and the sickening images of their movement: “the panic of/ a light-shy mass.” The “bloated queen” whom the poet imagines “sealed in a slightly warm/ and humid city” is a particularly nauseating embodiment of the abject. Yet because Hodgins writes from *within* the abject – the termites are in his home; the cancer is in his body – he forces readers to experience it from within as well. The barrier between those who are “clean” and those who are “unclean” is broken down. We identify with the poet, as we see the termites and feel his revulsion at tiny things crawling and seething. Once we have identified with those who have cancer, as metaphor enables us to do, they become no longer abject, but subjects, and people.¹⁰¹

It is already clear how powerfully Hodgins is able to use imagery from the land in his meditation on cancer. The suggestiveness of his metaphors stands in contrast to the one-dimensional imagery discussed in Sections I and II. In turning to the land, however, Hodgins also turns to his past. What he calls “childhood’s small killings” become omens of his own death. Like the sack of drowned kittens, they float to the surface of the poems.

Despite Hodgins’ focus on the past, he rarely explores it with nostalgia, that kind of dreamy half-enjoyment of melancholy. But neither is there an acceptance of brutality, which Brendan Ryan argues is similar to the “acceptance that is evident in many of [Hodgins’] poems dealing with cancer.”¹⁰² There is no evidence of acceptance in either the cancer or the pastoral poems. Instead, there is killing which has a sense of foreboding. “Shooting the Dogs” (86-7) is one such killing. The narrator has to shoot the farm dogs before a move to the city. The chopped ironic wording is designed to shock after the conversational tone of the opening: “got the old one as he bounded back/ and then the young one as he shot off/ for his life.” After the death, the sound of the gravel on the shovel “like something/ trying to hang on by its nails” is appalling. Death is like this, we see. It happens before we are ready for it, and all our clawing back cannot get us out of the grave. The shooting becomes a metaphor for both Hodgins’ death,

and ours.

This use of imagery is even clearer in “Catharsis” (10), where the powerlessness of the kittens in the face of a ruthless figure of death – the poet – becomes a portent of Hodgins’ death. The poem comes from his first collection, *Blood and Bone*. Hodgins had just been given three years to live, and his meditation on drowning the kittens becomes ominous in this context. The “catharsis” of the title is both a word-play and a suggestion that this one of “childhood’s small killings” has its tragic completion in his own death: “Today it floated to the surface.”

The combination of human and animal deaths is nowhere more gruesomely explored than in “Chopped Prose with Pigs” (81-4). The farmer who slips in the pig pen is reduced later to “about half the things/ he had been wearing/ plus all the bigger bones.” This poem comes as close to the abject as any of Hodgins’. Apart from the pigs devouring human bones, the narrator also butchers a pig. We see the blood pumping out the jugular “like an accident,” and when the narrator reaches in for the guts, he finds himself “disgorging handfuls of animal warmth.” It is typical of Hodgins that the title of his third collection, *Animal Warmth*, suggestive of farming nostalgia, in fact signifies a pig’s guts. Death means mess and blood. It also means devouring – as in many of the poems, one animal is eaten by the other, leaving only “the bigger bones.” The reader is invited to see in the pig pen the remnants of their body, and Hodgins’.

There are many other deaths in Hodgins’ past: the dead calf; the slaughtered sheep which his friends eat talking “of anything but death;” the bloated cow which the boys ride down the creek; the possum skeleton in the water-tank sludge; the shag drowned in the drum net; the sheep carcass, to name a few.¹⁰³ As Hodgins puts it, “One boy will think of days like this/ more often than the rest” (67). The animal deaths on which Hodgins meditates become portents of his own death. Hodgins’ metaphors for death suggest that death is random, dispassionate, brutal and sickening. It is also punitive. Hodgins’ own death is somehow linked to his participation in killing: blood for blood.

Hodgins not only uses imagery drawn from the home, land, and animal deaths in his exploration of cancer. He also reverses the symbolic meaning of light, with frightening consequences. This unexpected reversal is present in Hodgins’ earliest poems, such as “Room 3 Ward 10 West 17/11/83” (5).

I see the light is badly bruised and in one spot
it even bleeds.

We are not used to light being described like this. Surely it brings healing and life? Yet here it has become sick flesh, able to be bruised and bleed.

The shudder this evokes is the shudder of death in life. The wounded light prefigures the poet's own body with leukaemia, ending up in Room 3 Ward 10 West.

In "Insomnia" (19), Hodgins again refuses the symbolic reassurance of morning light after a night spent in quiet fear: "from behind the slab of curtain/ an outbreak of daylight is spreading." Light is diseased, a deadly virus. Its spread is an "outbreak" which cannot be contained, like a rampant cancer. Even the slab of curtain is a metaphoric tombstone or mortuary slab, the source and end-point of this outbreak.

Another awful inversion of light symbolism is found in one of Hodgins' last poems, "More Light, More Light" (319). Hodgins' ironic translation of Goethe's dying words shows how appalling "more light" actually is. In the first stanza the sunlight is "sickly," "with all the life taken out of it." It filters through closed curtains. In the second stanza, the nurse opens the curtains. But "more light" brings neither cleansing nor hope. Instead, the light is frighteningly described as a "brilliant virus" taking over the room. It is disease in aggressive mode. Worse, "more light" brings only a brutal exposure of the room. Everything is laid bare, no illusions are left, and "even the places you had never thought to look" are lit up with unwelcome brilliance. Hodgins suggests that cancer and death are as ruthless as this light, leaving nowhere to hide as they expose your life for what it is now, not what "it dimly appeared to you all that time ago."

Finally, the poet Hodgins finds in words themselves a rich source of imagery for cancer.

They say it has something
to do with words
but no-one really understands
how it works. ("The Sick Poem," 314)

Words, like the termites in "A House in the Country," are small and uniform. They are cell-like in their unity and mystery.¹⁰⁴ No-one, not even doctors or poets, understands how words work. It is chilling that words, the poet's own material, become a source of death. They parallel the poet's own body, "nurturing its own determined death" (8). Yet he works with them, as he must. The poet is stuck with words, the same way that Hodgins, or any of us, is stuck with their own body. In "The Sick Poem" (314-15), the poem itself "has cancer:"

to use a metaphor
at a time like this

would be obscene.

Of course this entire poem is an extended metaphor, a comment on all Hodgins' work with words, words which themselves are "sick" and unable to bear all he has to say. The poem is also a symbol of his body: it could not "feel any worse/ if you threw acid/ on the page." His metaphors are obscene, because cancer is obscene. This is what gives his poetry its power. The obscenity of pigs eating human bones; of shooting dogs in the head; of disgorging handfuls of pig intestines; of virus-ridden light which exposes the self and past; of the sausage termite in the humid mound; of the bloated cow ridden by the boys – all become metaphors for the obscenity of cancer.

The final way in which a poet can challenge the stigma of cancer is by what Foucault terms "*parrhêsia*," meaning truth-telling, or all-telling.¹⁰⁵ This all-telling is especially clear in the case of Hodgins. He will not tell us just part of his experience, the part which casts himself or his friends in the best light. No, we get it all: his appalling fear, his friends' platitudes, his self-pity. We also get all the truth about dying of cancer, by a poet who keeps speaking *in extremis*. The final poems cover "the last few days and nights:" the needle "goes in slowly and it hurts;" "you vomit through stages of nausea and pain./ And when there's nothing left to vomit you vomit again;" finally "he lies as still as someone already dead./ Hi-tech machines surround him now like family" (311, 18, 16). But more than this, it is the metaphors themselves which convey the inward truth of Hodgins' experience. He keeps making metaphors to the end. The Irish blood connection between him and the nurse ("Are your folks killing mine?") is an allegory for his blood, which kills (310). The look which passes between nurse and dying man is "as intimate as surgery" (316). Hodgins' metaphors provide a particular way of telling the truth. It is a truth about the meaning and experience of his cancer which cannot be articulated in any other way.

In Foucault's analysis, *parrhêsia* comes at personal cost.¹⁰⁶ For Hodgins, the personal cost of his *parrhêsia* is his identification of himself as cancer-ridden and the exposure of his human vulnerability. These are metaphoric wounds, which might cause him to be shunned by a society which does not want to see wounds, or death, or terminal illness. It is no accident that Hodgins quotes Sontag: "cancer is a rare and still scandalous subject for poetry" (38). Cancer *is* still scandalous. To be a cancer patient is still somewhat akin to being a leper. Yet Hodgins' vulnerability in these poems allows others with cancer to be similarly vulnerable and to tell the truth, rather than to maintain fictional metaphors that create less scandal but more pain.

Hodgins' metaphors are as obscene as his experience of cancer. His poems touch "a metaphoric nerve:" we feel the pain and horror with him (57). So the boundary between us and the abject collapses. We experience the abject from within, and this transforms it. A poet who speaks radically changes the silence that being a patient implies, a silence which allows others to impose stigmatising metaphors. He or she is no longer merely an embattled soldier, a mechanistic body, or a collection of unhealthy thoughts, but a person. The medical narrative and the holistic-medicine narrative begin to crumble in the face of the sheer individuality of the poetic narrative. Yet in this individuality, the individuality of others' suffering is affirmed. As Arthur Frank puts it, "when any person recovers his voice, many people begin to speak through that story."¹⁰⁷ This is what Hodgins' poetry achieves.

Conclusion

Metaphors matter. They provide "the only way to perceive and experience much of the world."¹⁰⁸ Their ability to unite the concrete and visual with the complex and abstract gives them a simplicity which is extremely powerful. Yet they also change the way we experience a disease such as cancer, with disturbing effects.

Militaristic imagery for cancer reveals the deep loathing, and the lack of understanding, of the disease in contemporary culture. Cultural metaphors also become a convenient distancing device, allowing patients to be admired for their "bravery" – a bravery which they have no choice about, and which makes it difficult to discuss the real emotions involved. Cancer is depicted as a monster which must be attacked, partly because it is synonymous with death, in a culture which fears death more than anything else. But more than this, cancer transgresses boundaries of body organs; its treatment involves the abjection of blood, vomit and shit; and it alienates self from the body. The shudder which cancer evokes is the shudder at what Kristeva terms the abject.

However, imagery used by biomedicine and exponents of holistic health is also problematic. Sontag argues that the truest way to view disease is one, like biomedicine, which is "most resistant to metaphoric thinking."¹⁰⁹ Yet metaphors cannot be "resisted" except by virtue of other metaphors.¹¹⁰ Biomedicine is no exception. The discourse is based on visual and spatial imagery. The clinical language of pathology reports, which depicts bodies as entirely separate from the people who live in them, can be

alienating for patients. Moreover, doctors share the same metaphoric understanding of cancer as the community. This is revealed by their drawings of cancer patients' bodies as fragmented and barely human. In contrast, the holistic approach of some practitioners substitutes imagery of "wholeness" and "creation." However, influential exponents such as Hay and Gawler rely on unconscious recognition of cultural metaphors to convince patients of their theories. A complex disease such as cancer is reduced to powerful visual images – negative thoughts paralleling cancer cells, or emotional helplessness paralleling bodily helplessness. These metaphors offer the appealing illusion of control, even over death. They also impart blame.

Although we cannot "resist" metaphoric thinking, we can still examine the impact of cancer imagery on patients' experience. We can question the adequacy of metaphors, however strong their visual appeal. In doing this, we can undermine the shame and stigma such metaphors help to create. Finally, we can let those with cancer speak and write using their own imagery, which arises from the pain and fragility of their individual experience.

Australian poet Philip Hodgins is an example of one who creates his own metaphors for cancer, "obscene" and frightening though they are. Rather than being imposed by outsiders, Hodgins' language comes from the intimate landscape of his own body and past. The physical immediacy of his imagery forces us to experience cancer from within. The abjection of cancer is exposed and the reader is no longer able to maintain a safe distance. Even in the final stages of death from cancer, Hodgins continues to expose his human vulnerability through metaphor. His metaphors tell the truth about his experience and its meaning, which cannot be articulated in any other form. This truth, of the poet's own woundedness, speaks to those of us who are aware of our vulnerability. It allows us to be similarly vulnerable. Paradoxically, metaphors of woundedness are also deeply healing.

Society may not want to know about woundedness, or cancer, or mortality, but an increasing number of people are living beyond cancer treatment and being forced to confront precisely these things. Arthur Frank called ours a "remission society:" a place where many of us have had cancer and may pass as healthy citizens, but are in fact only on "visas."¹¹¹ We require periodic checkups and know we could be expelled at any time. In such a context, it is even more urgent that those with cancer tell their stories. A poet with cancer is in a unique position to do this. Through metaphor, they are able to give voice to the truth of their experience. They embody the disease they bear witness to.¹¹² And their vulnerability speaks to those who realise they are wounded, does away with empty clichés, and reminds us of our common fragility.

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NOTES

- 1 Susan Sontag, *Illness as Metaphor* (New York: Farrar Straus and Giroux, 1978), p. 20.
- 2 Contemporary poets who have written about their cancer experience include Australians Jennifer Harrison, Robyn Rowland, Doris Brett and Philip Hodgins; U.K. poet Julia Darling; U.S. poet Audre Lourde, to name only a few.
- 3 George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago: University of Chicago Press, 2003), p. 477.
- 4 George Lakoff and Mark Johnson, "Conceptual Metaphor in Everyday Language," *The Journal of Philosophy*, 77.8 (1980), pp. 453-86.
- 5 Jackie Stacey, *Teratologies: A Cultural Study of Cancer*, International Library of Sociology (London; New York: Routledge, 1997), p. 51.
- 6 Stacey, *Teratologies*, p. 51.
- 7 Catherine Belsey, *Poststructuralism: A Very Short Introduction* (Oxford: Oxford University Press, 2002), p. 57.
- 8 The Cancer Council, *Submission to the Department of Education, Science and Training Study of Medical Education in Australia*, date of access 15.12.07, <<http://www.dest.gov.au/NR/rdonlyres/C922E3BB-0AE6-410F-95C1-B90C2125E8AC/12842/Submission9.pdf> > p. 2.
- 9 Stacey, *Teratologies*, p. 74.
- 10 Personal conversation, Melbourne, 2005.
- 11 The scope of this paper is to consider metaphors used for the disease, cancer. Cancer *itself* has also become a metaphor for anything insidious and evil. It is particularly used of social disintegration ("the cancer of corruption is eating away at society"), as Sontag outlines in *Illness as Metaphor*. However, cancer would not be used as a metaphor for social evil if the disease itself did not provoke such dread.
- 12 Professor David Hill, Daffodil Day Arts Awards Exhibition Speech, Melbourne, 27.7.2006.
- 13 Sontag, *Illness*, p. 64.
- 14 Hill, Speech.
- 15 "Kylie's Secret Weapon," *New Idea*, (29.4.06), cover, pp. 6-7.
- 16 "Kylie's Secret Weapon," p. 6.

- ¹⁷ "Kylie's Secret Weapon," pp. 6-7.
- ¹⁸ Misha Schubert, "A decade on, Media-shy Janette Howard Finally Reveals the True Nature of Her Cancer Trauma," *The Age*, (17.10.06), p. 3.
- ¹⁹ Sontag, *Illness*, pp. 64-5.
- ²⁰ A subset of T-cells, part of the immune system. Personal conversation with oncologist, Melbourne, 2005.
- ²¹ Sontag, *Illness*, pp. 64-5.
- ²² I have heard even patients with terminal disease, and their families, comment on the fact that they are "being positive," with the unspoken assumption that this is good and necessary, and the suggestion that it may avert death.
- ²³ "Sick role" is Talcott Parson's phrase, quoted in Diane Price Herndl, "Critical Condition: Writing About Illness, Bodies, Culture," *American Literary History*, 10.4 (1998), p. 774.
- ²⁴ See "Survivor T-shirts," date of access 2.6.08, <<http://www.cafepress.com/buy/lung+cancer/survivor>>
- ²⁵ "Survivor T-shirts."
- ²⁶ Christian Nicolussi, "I won't let cancer beat me," *The Daily Telegraph*, (24.11.06), date of access 2.6.08, <<http://www.news.com.au/dailytelegraph/story/0,22049,20811886-5001023,00.html>>
- ²⁷ Personal communication, Melbourne, 2005.
- ²⁸ Personal communication, Melbourne, 2005.
- ²⁹ James T. Patterson, *The Dread Disease: Cancer and Modern American Culture* (Cambridge, Mass.: Harvard University Press, 1987), p. 311.
- ³⁰ Personal conversation, Melbourne, 2006.
- ³¹ Sontag, *Illness*, p. 55.
- ³² Julia Kristeva, *Powers of Horror: An Essay on Abjection* (European Perspectives. New York: Columbia University Press, 1982).
- ³³ Stacey, *Teratologies*, p. 76.
- ³⁴ Kristeva, *Powers*, p. 108.
- ³⁵ Kristeva, *Powers*, p. 4. An oncologist comments that the war analogy is appealing because it blames what is "a betrayal of self" (since "our own cells have grown out of control") on a "foreign invader," perhaps to make it easier to deal with. Personal communication, Melbourne 2006.
- ³⁶ Kristeva, *Powers*, p. 10.
- ³⁷ Kristeva, *Powers*, p. 53.
- ³⁸ I would take issue with two aspects of Kristeva's argument about the abject. Firstly, that the function of both religion (specifically Christianity) and literature is to purify the abject; and secondly, that contemporary literature involves "a sublimation of abjection" (*Powers*, pp. 17, 26). Christianity does not seem to involve a purification of the abject so much as a willingness to confront it in service of others.

This is evidenced by Jesus' physical touching of "unclean" lepers, the bleeding woman, prostitutes, foreigners, corpses and ultimately in the experience of crucifixion itself. Secondly, while some contemporary literature may involve a sublimation of abjection, what of the poet or writer with cancer? When Kristeva wonders, "who, I ask you, would agree to call himself abject, subject of or subject to abjection?" the answer may well be: the poet with cancer. Kristeva, *Powers*, p. 209.

- ³⁹ Sontag's phrase. Stacey, *Teratologies*, p. 47.
- ⁴⁰ Sontag, *Illness*, p. 3.
- ⁴¹ Susan Sontag, *Illness as Metaphor; and, AIDS and Its Metaphors* (London: Penguin, 1991), pp. 100-101.
- ⁴² Stacey, *Teratologies*, p. 47.
- ⁴³ Lakoff, *Metaphors*, p. 239.
- ⁴⁴ Meira Weiss, "Signifying the Pandemics: Metaphors of AIDS, Cancer, and Heart Disease," *Medical Anthropology Quarterly*, New Series 11.4 (1997), pp. 456-76.
- ⁴⁵ Weiss, "Signifying," p. 464.
- ⁴⁶ Weiss, "Signifying," p. 470.
- ⁴⁷ Weiss, "Signifying," p. 468.
- ⁴⁸ Colin Samson, *Health Studies: A Critical and Cross-Cultural Reader* (Malden, Mass.: Blackwell Publishers, 1999), p. 22.
- ⁴⁹ Samson, *Health Studies*, pp. 22-5.
- ⁵⁰ Stacey, *Teratologies*, p. 55.
- ⁵¹ Foucault in Stacey, *Teratologies*, p. 56.
- ⁵² Melbourne Pathology, "Clinical Notes: Specimen No 20067-T05" (Collingwood, 16.3.05), p. 1.
- ⁵³ Melbourne Pathology, "Clinical," p. 1.
- ⁵⁴ Samson, *Health Studies*, p. 186.
- ⁵⁵ Zoltan Begbie, L. Kerestes and David R Bell, "Patterns of Alternative Medicine Use by Cancer Patients," *The Medical Journal of Australia*, 165 (1996), unpaginated, date of access: December 2007, <<http://www.mja.com.au/public/issues/nov18/begbie/begbie.html>>
- ⁵⁶ A. Girgis, J. Adams and D. Sibbritt, "The Use of Complementary and Alternative Therapies by Patients with Cancer," *Oncology Research*, 15 (2005), pp.281-89, date of access: May 2008, <<http://www.ncbi.nlm.nih.gov/pubmed/16261847?dopt=Abstract>>
- ⁵⁷ Monica C. Robotin and Andrew G. Penman, "Integrating Complementary Therapies into Mainstream Cancer Care: Which Way Forward?," *The Medical Journal of Australia*, 185 (2006), pp. 377-379, date of access: May 2008, <http://www.mja.com.au/public/issues/185_07_021006/rob10461_fm.html#0_i1092015>
- ⁵⁸ Begbie, "Patterns."
- ⁵⁹ G. Halvorson-Boyd and L. Hunter, *Dancing in Limbo: Making Sense of Life After*

Cancer (San Francisco, CA: Jossey-Bass, 1995), p. 104.

- ⁶⁰ Robotin, "Integrating." See also Reavley, Vitetta, Cortizo, Sali, "A Preliminary Report on the Effect of Positive Thinking, Diet, Meditation and Psychosocial Support on the Psychological and Physical Wellbeing of Cancer Patients," *Psycho-Oncology*, 13 (2004), pp. S1-S75, date of access: October 2006, <http://www.gawler.org/html/s02_article/article_view.asp?id=189&nav_cat_id=236&nav_top_id=84>. It should be noted that this research article, outlining the benefits of Gawler's alternative therapies, was co-authored by Professor Avni Sali, a board member of the Gawler Foundation.
- ⁶¹ Maria Tighe and Jenny Butler, "Holistic Health and New Age in Britain and the Republic of Ireland," in Darren Kemp and J. R. Lewis eds., *Handbook of New Age* (Boston: Lieden, 2007), p. 417.
- ⁶² Tighe and Butler note that "New Age is often used pejoratively, whereas holistic health has retained its positive image," so much so that in recent works the term "holism" is used as a synonym for what was previously known as New Age. Tighe, "Holistic," p. 431.
- ⁶³ Quote from Fuller, in Wouter J. Hanegraaff, *New Age Religion and Western Culture: Esotericism in the Mirror of Secular Thought*, (Leiden; New York: E.J. Brill, 1996), p. 54.
- ⁶⁴ Quote from Weber, in Hanegraaff, *New Age*, p. 54.
- ⁶⁵ Hanegraaff, *New Age*, p. 54.
- ⁶⁶ Quote from Louise Hay, *You Can Heal Your Life* (California: Hay House, 1984), p. 123.
- ⁶⁷ Hanegraaff, *New Age*, p. 233.
- ⁶⁸ Hay, *Heal Your Life*, pp. 7, 5.
- ⁶⁹ Hay, *Heal Your Life*, p. 6.
- ⁷⁰ Hay, *Heal Your Life*, p. 220.
- ⁷¹ Hay, *Heal Your Life*, date of access 13.12.07, <<http://www.hayhouse.com/details.php?id=267> >
- ⁷² See footnote in Hanegraaff, *New Age*, p. 243.
- ⁷³ See Hanegraaff, *New Age*, pp. 243-44.
- ⁷⁴ Hay, *Heal Your Life*, p. 5.
- ⁷⁵ Hanegraaff, *New Age*, p. 233.
- ⁷⁶ Hanegraaff, *New Age*, p. 236.
- ⁷⁷ Quoted in Hanegraaff, *New Age*, p. 244.
- ⁷⁸ Halvorson-Boyd, *Dancing*, p. 103.
- ⁷⁹ See Hanegraaff, *New Age*, p. 241.
- ⁸⁰ Taken from [louisehay.com](http://www.louisehay.com), affirmation for Sunday 1 June, 2008, accessed 2.6.08, <<http://www.louisehay.com/affirmations/yesterday.php>>. Hay, *Heal Your Life*, p. 76.

- ⁸¹ Helen Garner, *The Spare Room* (Melbourne: Text Publishing, 2008), pp. 58-9.
- ⁸² Stacey, *Teratologies*, p. 42.
- ⁸³ Stacey, *Teratologies*, p. 42.
- ⁸⁴ D Leser, "Life Wish," *The Bulletin* (11.6.02), pp. 18-23.
- ⁸⁵ Karen Kissane, "Finding Hope in a Healing Place," *The Age* (16.9.06), sec. News in depth, p. 3. Leser, "Life," p.22.
- ⁸⁶ Gawler quoted in Leser, "Life," pp. 22-3.
- ⁸⁷ Gawler quoted in Leser, "Life," p. 23.
- ⁸⁸ Sontag, *Illness*, p. 45.
- ⁸⁹ Parson quoted in Herndl, "Critical Condition," p. 774.
- ⁹⁰ Halvorson-Boyd, *Dancing*, p. 106.
- ⁹¹ Halvorson-Boyd, *Dancing*, p. 106.
- ⁹² Halvorson-Boyd, *Dancing*, p. 105.
- ⁹³ Kimmich quoted in Mary K. DeShazer, *Fractured Borders: Reading Women's Cancer Literature* (Michigan: The University of Michigan Press, 2005), p. 85.
- ⁹⁴ Paul Allen Miller, "Truth-Telling in Foucault's 'Le Gouvernement De Soi Et Des Autres' and Persius 1: The Subject, Rhetoric, and Power," *Parrhesia: a Journal of Critical Philosophy*, 1.1 (2006), p. 27.
- ⁹⁵ Although the word "wounded" may suggest the war metaphor, it emphasises not victory but brokenness. I am using it in the Christian sense of Henri Nouwen's work. See Henri J.M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (Great Britain: Darton, Longman and Todd Ltd., 1994).
- ⁹⁶ Arthur W. Frank, *The Wounded Storyteller: Body, Illness and Ethics* (Chicago: University of Chicago Press, 1995), p. 185.
- ⁹⁷ Alex Skovron, Personal conversation, Northcote, 2006.
- ⁹⁸ Philip Hodgins, *Selected Poems* (Pymble, N.S.W.: Angus&Robertson, 1997). All in-text parenthetical references are to this edition.
- ⁹⁹ Paul Kane, "Conjugating a Poet's Past: The Present Imperative," *Island*, 86 (2001), p. 177.
- ¹⁰⁰ Professor Raymond Gaita, "Hope" (Melbourne University: Student:Staff Forum Lecture, 31.8.06)
- ¹⁰¹ DeShazer, *Fractured*, p. 85.
- ¹⁰² Brendan Ryan, "Vulnerable Landscapes: Pastoral in the Poetry of Philip Hodgins," *Antipodes*, 15.1 (2001), p. 27.
- ¹⁰³ See Hodgins, *Poems*, pp. 40, 22, 67, 75, 80, 305.
- ¹⁰⁴ There are parallels with Louise Hay's analogy between thoughts and cells, but Hodgins' use of the metaphor could not be more different. Hodgins is pointedly aware of his own metaphorising, and this poem ironically refers to both medical experts and self-help gurus: "A well-paid team of experts/ is looking through it,/ a sample has been taken/ and yes, words were there;" "Perhaps you should/ love

what's wrong with it?/ Embrace the flaw..." p. 314.

¹⁰⁵ Miller, "Truth-telling," p. 27.

¹⁰⁶ Miller, "Truth-telling," p. 32.

¹⁰⁷ Frank, *Wounded*, p. xii.

¹⁰⁸ Lakoff, *Metaphors*, p. 239.

¹⁰⁹ Sontag, *Illness*, p. 3.

¹¹⁰ Lakoff, *Metaphors*, p. 239.

¹¹¹ Frank, *Wounded*, p. 9.

¹¹² Frank, *Wounded*, p. 140.