

Metaphors of Pain

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David Biro, M.D. *The Language of Pain: Finding Words, Compassion, and Relief*. New York: Norton, 2010. 256 pp. Clothbound, \$24.95.

Lynne Greenberg. *The Body Broken: A Memoir*. New York: Random House, 2009. 220 pp. Clothbound, \$25.00.

Lous Heshusius. *Inside Chronic Pain: An Intimate and Critical Account*. Foreword by David B. Morris. With a clinical commentary by Scott M. Fishman, M.D. Ithaca: Cornell University Press, 2009. 167 pp. Clothbound, \$24.95.

Sarah Manguso. *The Two Kinds of Decay: A Memoir*. New York: Picador, 2008. 184 pp. Paperbound, \$14.00.

The continuing human need for first-person narratives of illness seems to be this: they offer a language—terms of representation—in which disease, pain, and the often surreal impositions of treatment can be reflected upon, integrated into the life of the sufferer, and shared with others. Or, if suffering cannot be integrated into a life, narration allows experience to be held apart *as part* of one's life and self. On a primary level, illness narratives are reports; that might be called their ethnographic value. On a moral level they are acts of witness, telling truths that are too often silenced because they speak of what any sane person would rather ignore among life's possible outcomes. But for most readers, these books are user manuals for the possibility of coherent experience during times when what happens can defy expression, because conventional expressive possibilities fail to feel true to what the body knows.

Illness narratives sometimes offer direct advice, and they are filled with cautionary tales, but they might be best described as providing a *pedagogy of expressive possibility*. Medical treatment settings teach patients how to offer medically relevant narrations. Each of the authors

reviewed here describes the process of learning to speak in terms that physicians can recognize and understand. But each learns that ill people need a second language that can express what medicine ignores. That second language is hard won, and the illness narrative is both the record and the product of winning a coherence that can be called one's own.

Three of the four books—Biro, Greenberg, and Heshusius—are primarily about pain. Sarah Manguso's book may be an outlier—her experiences of pain were transitory and caused by treatments, not the disease itself—but she provides a different perspective on the central topic of this review, metaphor. Also, Manguso challenges certain premises about expressing illness and how illness affects lives.

David Biro is the author of a memoir about undergoing a bone marrow transplant that cured him of a rare blood disorder, paroxysmal nocturnal hemoglobinuria.¹ Part of that story is how his early career inclinations were split between medicine and literary studies. Before taking up full time medical practice, he completed a doctorate in literature at Oxford. *The Language of Pain* is a revised version—and I believe the revisions must be extensive—of the dissertation he wrote before his first book. But his present book shows none of the fragmentation that its circuitous history might suggest. On the contrary, Biro seamlessly integrates both his clinical experience treating patients in pain and his own experiences of pain into his explorations of literary metaphors for pain.²

This integration of critical analysis and experience places *The Language of Pain* among the core texts for literature and medicine, in my judgment. Biro's focus is always on literary metaphors of pain, with Anton Chekov, Ernest Hemingway, James Joyce, Jack London, de Maupassant, and Toni Morrison as his most frequent sources of examples. The literary material always serves to address a specific clinical problem—how patients can express pain—and is continually related to either Biro's own experiences of pain or his patients' pain. *The Language of Pain* sets a standard for second-generation literary studies in narrative medicine.

The ability to represent pain has specific *clinical* value. Biro's central point is that, "metaphor works like (and in the absence of) medicine; it has the power to alleviate pain" (145; cf. 215). His thinking was first inspired by the work of Elaine Scarry,³ but he juxtaposes her ideas about pain unmaking language with Wittgenstein's argument that there are no private languages, considerably tempering Scarry's argument. For Biro, as a literary clinician, the reason to explore pain's

apparent inexpressibility is to “discover ways of overcoming” it (14). His clinical argument rests on a particular aesthetic. Acknowledging that the world of literature and art is “artificially constructed,” he argues that the artistic world “can be more ‘real’ than the real one” (17). “We don’t necessarily have to talk like Tolstoy or Joyce to realize and draw on the potential shapes and patterns words can take,” Biro writes (17). Artistic works show people—clinicians and ill people alike—“the range of the possible” (17) in what can be communicated.

Pain is the black hole into which language seems to disappear. Biro defines pain as “an all-consuming internal experience that threatens to destroy everything except itself—family, friends, language, the world, one’s thoughts, and ultimately even one’s self” (18). This sense of being consumed is palpable in both Lynne Greenberg’s and Lous Heshusius’s narratives, with writing being a primary defense. “I think I am in the middle of just trying to keep myself in my life . . . ,” Greenberg writes (175), implying that pain pushes her out. Greenberg and Heshusius both offer multiple stories of how pain, in Biro’s phrase, “underscores our separateness” (19) and creates an “ontological divide” (32) between those in pain and everyone else. Worse, pain defies not only communication with others but even interior comprehension. Biro writes about the intensity of the pain of William Styron’s depression: “It’s impossible to imagine, not only for someone else *but also for himself*” (38, original emphases).

Metaphor and its proper sphere in illness have been contested since Susan Sontag’s classic *Illness as Metaphor*. Sontag directs her polemical wrath primarily against public uses of cancer as a metaphor for social conditions, e.g., drug addiction or poverty described as cancers, inducing fright by association. But she disapproves equally of how people living with cancer use metaphor because they distract from what Sontag understood as straightforward medical realities and treatment options.⁴ Biro might agree that metaphors can injure precisely because they are powerful, but he believes that both expression and understanding are necessarily dependent on metaphor. Language itself is inherently metaphorical, and people have no choice but to speak in metaphors. “We don’t have a way of understanding and talking about pain without metaphor,” he writes. “If we are to speak at all, we must use metaphor” (77). His book substantiates those assertions.

Biro presents three types of pain metaphors, and these become the four major substantive chapters of the book. The first metaphor presents pain as a *weapon* and employs the language of agency, speaking of pain as capable of stabbing or shooting (16, chapters 6 and 7). Biro

uses the figure of a *mirror* to describe the second type of metaphor. These metaphors project pain onto objects, including both people and non-human environments (16, chapter 8). Finally, he discusses *X-ray* metaphors that involve “peering underneath the skin” to imagine the source of pain (16, chapter 9). “Common to these strategies is the desire to replace what is inside and inaccessible with what is outside and directly perceptible” (16). Heshusius describes her efforts to explain her pain as “trying to come up with a picture that would make the invisible visible” (5–6).

A clear example of the pain-as-weapon metaphor is Greenberg writing: “Pain penetrated every mite of concentration, infiltrating in a full-frontal attack, a D-day to the body” (36). Heshusius writes of “this other person who began as an intruder” (26) and “the monster [that] can return, take me into its mouth and crunch me” (40). Mirror/projection metaphors are present in Greenberg’s and Heshusius’s books but expand Biro’s description of such metaphors. Greenberg understands her young daughter’s lingering grief over the death of the family dog as a “potent metaphor” for losing her now unavailable mother. “Somehow, I imagine, she has subconsciously analogized the grief of having lost her former mother to the grief of having lost her dog” (64). Is this a double projection? Heshusius experiences the non-human environment around her not as a projection of her pain but rather as a pain-free zone that she can internalize, however momentarily, and I will return to that powerful metaphor. Biro’s X-ray metaphors are least evident in Greenberg’s and Heshusius’s books, at least on my reading. Greenberg frequently describes X-rays, but these descriptions are literal, albeit requiring her to struggle for words adequate to relate what the images apparently depict (medical opinions differ) to what she feels in her body.

Greenberg and Heshusius also provide metaphors that do not seem to fit Biro’s types, which I think would delight him, as he has every interest in expanding metaphors, not legislating their limits. Most of Greenberg’s metaphors, as I tried to track them, refer not to pain but to her life as lived in pain. Describing her initial diagnosis, Greenberg writes: “Upon the physician’s assistant’s pronouncement, down I tumbled and would drown in an abyss. I only questioned how I could have been so blind to the signs before now” (15). Heshusius also uses metaphor to describe her life in pain. In writing by the journalist Marni Jackson, Heshusius finds the metaphor of chronic pain leaving a stain on anyone who comes into contact with it. Heshusius writes, “A stain. The metaphor shocks me because I know it to be

so" (111). Here we see the capacity of metaphor not only to create a communicative linkage—Heshusius recognizes and *knows* Jackson's experience of pain—but also to expand insight into one's own life. Heshusius seems oddly shocked and comforted, both, by the metaphor.

The point is not to test Biro's types against actual use with a sample of two. If Greenberg's and Heshusius's predominantly weapon/agency metaphors are representative, the point might be for clinicians to help people expand their range of metaphoric use and thus reverse "the inward pull of illness" (69), which is Biro's paramount clinical goal. What he understands so well, having experienced it himself, is the sheer loneliness of any illness, but especially pain. Heshusius quotes one of her journal entries: "The starting point now, each day, is to be alone with this pain" (112). Biro's goal is to "change the mindset of sufferers so that they . . . no longer resign themselves to dwell in pain alone" (48). And changing anyone's mindset means expanding his or her metaphors.

Biro enhances the mature self-confidence of the academic/clinical fields of literature and medicine and narrative medicine when he asserts the profound affinity between clinical and artistic work. "We should think of our great artists no differently than our great scientists," he writes. "Both have profoundly practical goals; each works to help us understand and talk about what is not fully understood or communicable" (218). His conclusion addresses clinicians and ill people equally: "If we really want to convey how it feels, we need to think like Joyce and Tolstoy" (216). That might sound like a more exaggerated demand than it is, because metaphor is already such an essential part of people's expression. Pain and illness call for expanding metaphoric repertoires, and first-person narratives often tell regrettable tales of institutional medicine stultifying metaphorical capacity instead of nurturing it, thus creating barriers to communication and self-understanding.

Lynne Greenberg was professor of literature at Hunter College in New York City until the resurgence of a neck injury. When she was nineteen, she went on three dates with "a reckless boy" (xi). Each date involved some disaster, but on the third one, their car crashed over an embankment, and Greenberg's neck was fractured, changing her life. At first her broken neck seemed healed. Years passed. Greenberg married, had two children, completed her doctorate and, surprising herself, found a faculty position that she loved. Then, while doing research in a London library, she suddenly had an intense headache.

"My eyes started burning and tearing from the effort to read through the headache. I kept squinting to see better but found the letters blurring . . ." (17). She quit working in frustration, expecting to resume the next day. "In the morning, when I woke up, however, the headache was still there. It didn't go away, and it has never gone away since" (17). That last phrase resonates through most—maybe all—accounts of chronic pain: it has *never gone away since*, and life has never been the same.

The bones in Greenberg's neck had never healed but had somehow stabilized—until that stability broke down. Her narrative is a detailed, linear story of seeking cures and undergoing treatments, which increasingly become attempts to remedy effects of earlier treatments. Her longest hospitalization is necessitated by her addiction to prescription drugs. Her chronic pain is ongoing, and her book chronicles the period during which she believed that some physician, somewhere, could cure her. After describing the latest of the disagreements between specialists that have punctuated her whole story, she writes: "It ended an era. . . . No longer could I continue looking for the next doctor, the next procedure, the next drug to cure me" (156–57). She describes this change of attitude as a change of self, or, becoming a self with a new narrative: "The epic quest needed to end or, at least, I needed to embark on a new quest" (157). That new quest—"I would place my energy into healing" (157)—seems to have been moderately successful, though it remains a work in progress. From what Greenberg says about her life, it is remarkable that she wrote her book.

The Body Broken seems distinctive in at least two respects: Greenberg's literary sensibility and her depiction of the family drama of chronic pain. Each of the thirty-nine chapters not only begins with some poem or poetic fragment as an epigraph, but Greenberg also discusses those lines and how they evoke or describe her situation. The book thus becomes a unique work of applied literary criticism; rarely has the literary been more personal or the personal more literary.⁵ Most of the epigraph poems are English Renaissance; Milton is Greenberg's favorite. More poems are included in a short appendix, without commentary.

Beyond the poems are stories through which Greenberg makes sense of her own story. "Like the story of Adam and Eve," she writes, "Persephone's fate seems to parallel mine. Another story of origins, a fall, and the loss of earth" (40). Greenberg keeps on finding stories as she needs them. "Regaining hope would be my most difficult task at the hospital," she writes. "As always, my brain needed to hitch

itself to a fictional narrative to accomplish the mission" (113). Literary works are more than good to think with; Greenberg embodies them. The poem that has the greatest effect on her is Milton's "Sonnet XIX; When I consider how my light is spent." Greenberg writes that this poem, written as the poet was going blind, "began expanding in my mind. It settled both my mind and body, and I took to breathing the poem, literally, during relaxation exercises . . ." (119).

Greenberg uses stories to therapeutic effect when she changes her place in the narrative: "What if all of this time," she asks in a passage that performs brief narrative therapy, "I had been misreading the myth of Persephone? Maybe I wasn't like Persephone at all but rather like Demeter, no longer the girl in need of maternal protection but instead the mother whose duty it was to protect her daughter" (140). Changing her point of identification in the story is the beginning of Greenberg's shift toward healing as opposed to seeking cures. The example is a radical instance of Biro's call for ill people to become more literary in how they think about illness.

Greenberg shares her poetic imagination with her physicians only indirectly in her metaphoric descriptions, which she mixes with the medical jargon she acquires. She might tell a doctor:

I am in pain from the moment I wake up until the moment I go to sleep. On a scale of 1 to 5, my pain never falls below a 3 and will rise at some point to a 5 . . . Its sinews unfurling, the pain whips through the middle of my head. It feels like an ice-cream headache—the sharp deep freeze of eating or drinking too much of a cold substance too quickly . . . I would later learn that in scientific terms, one could describe my pain even more accurately as "retro-orbital," "holocranic," "halocephalic" (42–43).

Persephone is apparently not discussed in medical consultations, which seems a loss for both parties.

There are, however, moments when pain crowds out metaphor. Greenberg's description of one such moment echoes Biro's definition of pain as "an all-consuming internal experience that threatens to destroy everything except itself" and is worth quoting in full as a corrective to any misapprehension that wherever there's life, there's poetry and story.

Pain, I realized, does not fit into the tamed heartbeat of iambic pentameter. It pummels through borders. Unremitting, it refuses closure

and explodes rhyme and reason. All-consuming, it does not permit the luxury of metaphoric or chiasmic thinking, tropes or symbols, wit or pun. Its sound is unsound, dysphony, a wail, silence. My "art of pain" was an artless descent into chaos, an all-too-perfect emblem for my life. There were no poetic words for this pain, just my racked body to signify it. (38)

The Body Broken might also have been called "the mother in pain," as I cannot think of any other illness narrative that is so clear about the effect of a parent's illness on his or her children. Greenberg's attempts to be present as a parent and her frequent incapacity are more wrenching to read than her descriptions of pain. Beyond her children is her extended family. They are sources of extraordinary support, especially her mother, but the conflict remains between the narratives of illness and normal health.

My family loves action—control freaks, every last one of them. Stagnation, lack of progress, and the loss of a consecutive narrative were all unbearable to them. I could only offer the broken-record response, "What more is there to say? I feel exactly the same today as yesterday." I became so disgusted with having the same discussion again and again that I found it easier simply to evade such conversations and so began a strategy of avoidance. (133)

One of Biro's mirror/projection metaphors seems perfectly suited to describe the effects of chronic pain on Greenberg's family: "For now, though, our family remains a house under construction; the relationships at times rise to a level of harmony and affectionate ease, and at other times are still fractured, still fractious" (171).

In narratives of critical illness, the author either faces death or returns to health with what seems a newly attained height of perspective. Chronic-illness narratives have a problem with endings. Greenberg writes that she would like to present "a nice, clean, linear structure and the genre would undoubtedly be comedy" (193), but she can't write that. If the book seems reluctant to end—the "Epilogue" section goes on for three chapters—that may be because Greenberg is mourning the ending that she cannot have, and also because she is reluctant to finish the best story she may ever tell. In terms of literary-editorial values, the book may hold on too long, but the protracted ending enacts a significant effect of chronic pain. A life in which a forgotten injury comes back as debilitating headaches that have never gone

away makes the sufferer into someone who cannot gracefully conclude, because there is no good ending.⁶

Lous Heshusius was professor of education at York University in Toronto and her pain, like Greenberg's, begins with an automobile accident. One day Heshusius pulls away too quickly from a stop sign, her car is broadsided, and she is left in pain that never remits. "How do you put hell on paper?" (xxiii) is her opening line, and rarely have I read hell so clearly represented. Like *The Body Broken*, it is amazing that *Inside Chronic Pain* could be written. Early in the book Heshusius warns her readers not to think "that just because I am writing this my pain cannot be that bad. It is" (16). Such statements do not contradict Biro's claim that metaphor can be a medicine, but they underscore the limits of even the best medicine for controlling chronic pain.

Heshusius, like Biro, begins with loneliness, presenting this as an existential condition of people in chronic pain. "You are so alone in the pain experience," she writes, "and there are so few words that can convincingly describe the pain to anyone that you begin to feel that nothing outside the self can be grasped anymore" (10). Language is the beginning of reconnection: "I came to realize how important it is for everyone suffering from this devastating illness to find *something* that transcends the reign of pain, to engage something truly purposeful to which the mind and the emotions still want to go" (10). The tension of Heshusius's book is how close she can come to finding something that transcends pain before pain inevitably pulls her back from those moments of transcendence. Like Greenberg, she uses a house metaphor to describe her life, but to a darker effect: "I knew I no longer truly owned my own home" (25).

Heshusius evokes the self she has become through a mirror/projection metaphor, in which she puts herself in the mirror to express her alienation from the person she has become: "Seeing myself in pajamas and old house clothes almost all the time, I hardly recognize myself. I look in the mirror and see someone I used to know. Someone I do remember, but she isn't me" (34). This unyielding self-examination, at once metaphoric and literal, exemplifies Heshusius's absolute clarity about her situation. Her book is one of the most precisely edited illness narratives I know, and that is one, if only one, reason why *Inside Chronic Pain* would be most useful to assign as reading for student clinicians.⁷ No one should practice clinical pain management without reading this book, although it will be a hard read because of its clarity about the limits of what even the best clinicians can do to treat pain.

Clinicians should also force themselves to read Heshusius's description—which deserves to become classic—of the frustration common among pain patients of receiving multiple contradictory opinions and advice from different health practitioners. For several pages of wonderfully black humor (53–59), she rehearses what different practitioners told her with respect to a series of treatment options, including exercise, the utility of traction, and taking morphine. She also has the wittiest, most accurate taxonomy of physician types that I have ever read, characterizing the "fine ones" (60) and what makes them such true healers (point one: they utilize physical touch), those who offer false promises of cure (64), the "bad-mannered" (68), the "science obsessed" (73), and the "inappropriately cheerful" (74).

Physicians' worst tendency is to make the patient a mirror of their own metaphoric projections. Regarding one of the "bad-mannered ones" she writes: "It struck me that he was thinking of himself, what if *he* were to be damned to a life of pain? His life would be ruined. He would no longer be able to be a distinguished-looking surgeon. He made no attempt in the few minutes he had to tell me about my ruined life, to say anything that might have given me some hope, some healing. I don't know how I walked out of that office. I don't know if I said good-bye. I hope I didn't" (71, emphasis in original).

Heshusius's most important message to physicians specifically, and to all clinicians generally, is the *effect of their presence*—or their inability to be present—on her physical condition. "My appointments with my doctors directly affect my emotions, my neuro-physiology, my neurotransmitters—all of which, for better or worse, have an impact on my pain" (77). These criticisms should not be read as impossible demands; quite the contrary, what Heshusius represents patients wanting is remarkably simple. Following comments by Atul Gawande, Heshusius writes: "These patients did not thank the doctors for a cure. They thanked them for taking their pain seriously—for believing in it. With my few fine doctors, I have never experienced a sign of disbelief, a lack of patience, a being bored with my incurable pain" (79).

The closest Heshusius seems to get to finding what Greenberg calls *healing* comes from following advice from Jon Kabat-Zinn, whom she introduces by quoting his question: "Have you ever noticed that your awareness of pain is not in pain even when you are?" (37). This advice is good, but it's no panacea. "When tormenting pain is constant, however, awareness of the pain, as distinct from the pain itself, is extremely difficult to maintain," Heshusius writes. "It slips away" (37). But what slips away also remains in accumulating frag-

ments. "Only moments," Heshusius comes to realize, can "have a lasting and transforming effect." That effect, however, is contingent on pain's "intensity and frequency" (38) decreasing.

If Heshusius is most insightfully witty describing physicians, she is most poetic describing those moments when she has found some transcendence from pain. As good as her writing is on how music helps her, her finest descriptions are of a young deer that comes to feed during the winter near her new home in Victoria, British Columbia. It is simultaneously a metaphor and a perfectly literal presence.

I called him "Beauty." He brings a healing power whenever he walks into my backyard. Always on his time. Expected, yet unexpected. He comes. He goes. As true beauty, he just visits

Something is stirred in me by Beauty's hovering presence. He spreads out the pain, thins it, lightens it, and transforms some of it into a softness that ripples away into the nature that surrounds us. Into something beyond myself that nevertheless holds me. (41)

Beauty cannot take away pain, but in Heshusius's life, to reaffirm living is no small thing. She also evokes the seductive allure of death, the final release from pain, better than any other narrative I know, providing insight into why people with chronic pain are at such high risk of suicide. A reader can only hope that beauty's unexpected visits will be sufficiently frequent.

The Two Kinds of Decay may mark a generation gap in how illness is narrated. Consider Sarah Manguso's opening paragraph in a chapter with the minimalist title, "The Beginning": "The disease has been in remission seven years. Now I can try to remember what happened. Not understand. Just remember" (3). That paragraph is followed by a space before the next one. Chapters are two or three pages. The sentence structure may be modernist, as the juxtaposition of remembering and understanding may also be, but the studied disinterest in the latter seems new, at least in illness narratives. Understanding has become superfluous to remembering—this is postmodern in the sense of existing entirely on the surface, without depth, without interest in transcendence.⁸

Manguso's disease that has been in remission for seven years is chronic idiopathic demyelinating polyradiculoneuropathy (CIDP), an autoimmune disorder initially misdiagnosed as Guillain-Barré syndrome.

Manguso became ill during her third year as an undergraduate at Harvard. A chapter called "When" (169–70), late in the book, asks the tricky question of how long she remained sick. It might be three and a half years, from her first symptoms to her last acute relapse. Or it might be nine years, with the end being her recovery from the last of a series of depressions resulting from prolonged steroid usage: "I say 2004 is the year I got better, because it's the year the biggest problem in my life changed from CIDP to drinking, and that's a separate problem" (170). Firm boundary lines are hard to draw.

"Narratives in which one thing flows from the previous thing are usually imaginary" (30), Manguso writes, and that seems equally an aesthetic statement, an ethical stance, and what might be called an epistemology. She draws the reader into a narrative in which one thing does not flow from the previous thing, but there is unity and coherence, non-linear, but palpable. Because of the spaces between paragraphs, the book is shorter than the number of pages suggest. But I keep reading it over again. Manguso is also the author of two volumes of poetry and a book of short stories.

Remembering that the organizing thread of this review is metaphor, I turn to a chapter called "Metaphors" (14–15), which is barely longer than a page. It's a literal description of the effects of the dialysis-like treatment Manguso underwent: "My blood plasma had filled with poison made by my immune system. My immune system was trying to destroy my nervous system. It was a misperception that caused me a lot of trouble" (14). And then comes the reflexively stated metaphor: "All autoimmune diseases invoke the metaphor of suicide. The body destroys itself from the inside" (14). As I read this, a metaphor is no longer a trope, in the sense of a twisting of language. Instead, reality is what is twisted, and language is a straightening out process. That is what I mean by suggesting that Manguso's aesthetic is also her epistemology. Each sentence is perfectly clearly descriptive; most, read by themselves, are even a bit flat. Reality is already twisted enough. Language should not make things more complicated. Maybe there is nothing to understand. Maybe remembering is all that understanding can or need be. But remembering still requires writing, and in Manguso's writing, each event has its place, not interpreted or understood, but creating a narrative order.

Most of Manguso's symptoms involve loss of strength and coordination, bordering on paralysis. Pain is a result of treatment, and because Manguso's pain—unlike the chronic pain suffered by Greenberg and Heshusius—has real external causes, she can describe literally what

happens, without metaphor. Here she describes the blood-cleansing process as it was done before she had a central line:

I received direct injection, via tubing connected to a *canula*, or hollow needle—no flexible catheters were inserted. I had to lie still so the needles didn't tear my veins. Fourteen-gauge needles were used, large enough to keep my healthy cells intact so they could be reinfused. There was one in each crook of my elbow—one to take blood out and one to put it back in.

It is not easy to lie still with a fourteen-gauge needle in each arm, for four hours, shaking with cold that doesn't go away no matter how many heated blankets are tucked over you. The cold comes from inside. (11–12)

Later in her treatment, Manguso will have both a central line for infusion and also a new machine with a built-in blood warmer, ending the chills. But first there is pain that needs no figurative language, just literal description.

Pain caused by a hematologist's repeated failure to install a central line (successful implantation takes place later, under general anesthetic) is described in the same literal terms. The initial injection of lidocaine wears off, while attempts continue. "He tried again and again to jam the tube into my vein. Every now and then he had to stop and apply pressure, as I was bleeding. At one point I thought I felt a jet of blood spurt into my chest cavity, and that is when I lost composure" (38). Only then, as the last sentence in the chapter, does Manguso hint of metaphor: "Months later, after his hair had gone from steel gray to white, my father told me it had looked like a horror movie" (38). And that seems to be two metaphors.

Manguso rarely offers advice, but she does occasionally tell what can be read as a teaching tale. She describes her primary-care physician visiting her in the hospital and giving a speech about how much she had endured. "His voice shook. He was forcing tears either forward or back" (83). He was an older physician, she writes, "but he didn't understand yet that suffering, however much and whatever type, shrinks or swells to fit the size and shape of a life" (83–84). Manguso refuses to let him in her room again, and her parents switch health plans to get a different doctor. "I felt no antipathy," she writes, "just a certainty that his pity would accrue to me, and would grow in me like the sea of antibodies with which I was already invisibly killing

myself, and that I couldn't take in any additional poison" (84). Again in this passage, her disease becomes a metaphor that lends clarity to a complicated life.

CIDP is a long illness, but not a chronic one; unlike Greenberg and Heshusius, Manguso does get better. *Better*, however, remains a relative term. "My disease has been in complete remission for seven years," she writes, "but I still act as if I expect it to come back tomorrow" (159). That line occurs as a partial explanation why, during the twelve years since her diagnosis, she has not owned a home or car, or held more than a temporary job, or married or lived with anyone (158). She writes that when she was twenty-two, illness "constituted most of my identity" (136). By the end of the book, illness may constitute a different form of identity, but how much of her identity it constitutes, still, is unspecified. And what she writes of her identity was before her book was published and her memories assumed a different visibility and substance.

If I wanted to give an illness narrative to someone under thirty, today I would choose *The Two Kinds of Decay*. Not so much because of what Manguso says about illness as because of how she says it—her style. Illness is not a quest for her, but neither can it pass without the most concentrated effort of memory.

Lous Heshusius praises one of her physicians because he "leaves me my truth: he does not change it for his own comfort" (114). A reviewer, like a clinician, reads that with trepidation; taking away an author's truth is all too easy. A blurb on the cover of Manguso's book praises her for turning "horror into something humane and beautiful." That comes too close, for my comfort at least, to changing it. So I will only note again the immense effort of writing these books. For such writing, reviews should be public acts of gratitude.

NOTES

1. Biro, *One Hundred Days*.
2. Full disclosure: Biro's publisher asked me to write a publicity comment for his book, which I did, happily. I also had some involvement in Heshusius's book, when a colleague showed me her manuscript and asked me to recommend a publisher; that also proved a happy conjunction. I had no part in the manuscript review of either book.
3. Scarry, *The Body in Pain*.
4. I had the privilege of being able to discuss this with Sontag. She believed that friends with cancer might have lived longer if they had not become caught

up in varieties of metaphorical thinking. Further appreciation of her stance can be gained from David Rieff's *Swimming in a Sea of Death*.

5. Greenberg does not cite other works on illness, either personal narratives or commentaries. For an equally compelling presentation of poetry made personal during illness, see Campo, *The Healing Art*.

6. See Conway, *Illness and the Limits of Expression*, chapter 6, "Endings."

7. I am skeptical of illness-narrative publishers including commentaries by physician experts. Such commentaries are positioned to be paternalistic, as if the voice of experience requires professional authorization, lest heresy erupt. Yet, Scott Fishman's commentary to *Inside Chronic Pain* is a model of what such a commentary can contribute, as is David Morris's foreword. Both enhance the teaching value of the volume.

8. Jameson, "The Cultural Logic of Late Capitalism," 9.

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Illness and Poetic Language

Lesley Wheeler

Rae Armantrout. *Versed*. Middletown, Connecticut: Wesleyan University Press, 2009. 136 pp. Clothbound, \$22.95. Paperback, \$14.95.

Rafael Campo. *The Enemy*. Durham, North Carolina: Duke University Press, 2007. 112 pp. Clothbound \$64.95. Paperback, \$18.95.

Teresa Carson. *Elegy for the Floater*. Fort Lee, New Jersey: CavanKerry Press, 2008. 84 pp. Paperback, \$16.

Laurie Clements Lambeth. *Veil and Burn*. Urbana: University of Illinois Press, 2008. 104 pp. Clothbound \$40.00. Paperback, \$15.95.

Lucia Perillo. *Inseminating the Elephant*. Port Townsend, Washington: Copper Canyon Press, 2009. 96 pp. Clothbound, \$22.

Floyd Skloot. *The Snow's Music: Poems*. Baton Rouge: Louisiana State University Press, 2008. 54 pp. Clothbound, \$45.00. Paperback, \$16.95.

So-called formal poetry holds the most appeal for me because in it are present the fundamental beating contents of the body at peace: the regularity of resting brain wave activity in contrast to the disorganized spiking of a seizure, the gentle ebb and flow of breathing, or sobbing, in contrast to the harsh spasmodic cough, the single-voiced, ringing chant of a slogan at an ACT-UP rally in contrast to the indecipherable rumblings of AIDS-funding debate on the Senate floor The poem perhaps is an idealization, or a dream of the physical—the imagined healthy form. Yet it does not renounce illness; rather it reinterprets it as the beginning point for healing.

Rafael Campo, *The Desire to Heal*¹