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In 1977's *Illness as Metaphor*, Susan Sontag offered a prescription for the “most truthful way of regarding illness—and the healthiest way of being ill” (3). As Sontag noted, some of the ways in which humans make meaning on “the night-side of life” may hamper our ability to suffer in a “healthy” way (3). “As long as disease is treated as an evil, invincible predator,” Sontag wrote, “people...will indeed be demoralized by learning what disease they have. The solution is to rectify the conception of the disease, to de-mythicize it” (7).

This recent advertising campaign offers an interesting case study.

<https://www.youtube.com/watch?v=xyxwDS9fI8A>

The spot, shot in cold, autumnal tones, begins with a focus on a dejected, passive patient, who sits forlorn as their hair is shorn off their head. Then, images of suffering during chemotherapy infusion and struggling to adjust to the lack of hair, and thus, one's identity as a "cancer patient." We see too how this "relentless" disease affects families and health care providers, as they struggle with worry and stress. We see powerful emotions of sorrow (as a patient sobs) and impotent anger (as another pounds on the windowsill). If cancer is relentless, healthcare providers are *moreso*. They stand defiant: crossed arms, hands on hips, no smiles. They deploy the high technological trappings of advanced biomedical imaging and surgical intervention. Not only are these doctors "smarter" than cancer, they are also "tougher" than cancer. These physicians do not give up, and thanks to their support, patients with cancer will not give up, either. Their patients are now defiant as well.

The martial metaphor in medicine—the depiction of illness as suffering and struggle, of disease as a foreign invader, of biomedicine as a strike force—has been with us for a long time. It has been well-described in the literature for several decades (including in a recent monograph, reviewed in *Synopsis*). This manner of understanding disease and medical practice is, I think, inextricably linked to biomedicine's self-concept. It echoes the "heroic" march of progress that has traditionally structured biomedicine's autobiographical *bildungsroman*. Biomedicine, the mythos goes, was forged in fire, fighting against illness, ignorance, even death. Faced with these challenges, it achieved dominance by its grit and intellect, building institutions like hospitals and laboratories as testaments to its victories. Though historians and other scholars have problematized this narrative, marshalled data to challenge the veracity of its claims, demonstrated its gendered and racialized facets, etc., this deep foundation evidently still impacts upon biomedicine's contemporary practices.

There are surely some who feel encouraged by biomedicine's bravado, who feel the need to have a muscular champion in their corner, especially as COVID has made us all feel powerless. We must not fail, however, to recognize the potential for our martial metaphors to draft patients into a war of attrition, ending with a Pyrrhic victory. In a 2016 issue of the *American Journal of Bioethics*, critics wrote from an array of specialty perspectives on the impact of martial metaphors in the provision of health care, describing its deployment in HIV/AIDS care, Alzheimer's treatment, cancer care, and palliation. Indeed, oncologic treatment is replete with bellicose concepts and literary constructions that may be unintentionally problematic. As Heidi Malm has noted, "depicting cancer as an enemy to be battled risks narrowing the individual's sense of self from that of a multifaceted, complex individual...to that of a soldier laser-focused on the fight." The patient's principal mission has the potential to become survival as a "heroic fighter," rather than focusing on "spending any remaining time with friends, family and joy-inducing pursuits" (20). As I have written previously, oncologic treatment should involve more than survival; we risk placing "undue emphasis on the physical and biological aspects [of illness] while downplaying, if not totally ignoring, the psychological, spiritual, communal, and social dimensions of illness and healing" (Nie et. al., 5).

At some time or another, nature makes all of us ill. Illness is no easy thing to deal with, for its disruptions to our usual ways of living in our bodies and our usual ways of relating to our identity and our communities. These interferences impel us to explain what often feels like a foreign imposition on our lives. Rather than reflexively girding our loins against a force hostile to life, however, let us perhaps pause to consider illness to be an unavoidable part of life, a natural change that we may navigate by seeking the comfort and care of our fellow human beings.

Featured Image by doctor-a via Pixabay

#### Works Cited

Malm, Heidi. "Military Metaphors and Their Contribution to the Problems of Overdiagnosis and Overtreatment in the 'War' Against Cancer." *American Journal of Bioethics* 16, 10 (2016): 19-21

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Sontag, S. *Illness as Metaphor*. Vintage: 1978.