

‘Let my pain shape itself into worlds’: Navigating the Geographies of Illness in Contemporary Autopathography

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Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.¹

In her seminal work, *Illness as Metaphor*, Susan Sontag sought to liberate the experience of illness from the ‘lurid metaphors’ which, she argues, deform and distort it.² For Sontag, ‘the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphorical thinking’.³ It certainly seems odd that Sontag should open the very text she declares to be her ‘polemic against metaphors of illness’ with the above-cited paragraph, which she would later dismiss as ‘a brief, hectic flourish of metaphor’ representing ‘a mock exorcism of the seductiveness of metaphorical thinking’.⁴ Sontag’s ‘kingdom of the sick’ is, however, a fascinatingly imaginative metaphor to describe the experience of illness; it should not be dismissed as a mere metaphorical ‘flourish’. Indeed, a number of contemporary memoirs of illness – for example, Anna Lyndsey’s *Girl in the Dark* (2015) and Sonya Huber’s *Pain Woman Takes Your Keys and Other Essays from a Nervous System* (2017) – have sought to elucidate their emigration to ‘that other place’, employing eloquent metaphors of place and space to express their

¹ Susan Sontag, *Illness as Metaphor & AIDS and its Metaphors* (London: Penguin Books, 1991), p. 3.

² Ibid.

³ Ibid.

⁴ Ibid, p. 91

embodied experiences of illness.⁵ Anna Lyndsey, who writes under a pen name, lives in the UK with a rare light sensitivity condition that forces her to exist almost entirely within the four walls of her blacked-out bedroom. Her memoir is written from within this ‘box of darkness’, but it presents diverse metaphorical topographies, which take her readers into the ‘wild healthcare borderland’ she inhabits.⁶ Sonya Huber, in the US, experiences chronic pain caused by rheumatoid arthritis; like Lyndsey, her goal in her ‘collection of unconventional essays on chronic pain’, ‘was not to fix or provide advice [...] but to explore the landscape’.⁷ ‘Let my pain shape itself into worlds’, she declares, indicating in one short imperative that geographical metaphors for pain are both necessary and natural.⁸ This paper asks how these spatial and geographical metaphors might enable us to better navigate these worlds of illness; it will interrogate their uses for the natives of these lands as well as for the foreigners who will, no doubt, be forced to take up home there one day. After laying down the theoretical groundwork, I will plot the metaphorical terrains in Lyndsey’s and Huber’s autobiographical texts in order to show that geographical metaphors can provide new and distinct means of understanding and, importantly, of *communicating* embodied experiences of illness.

Laurence Kirmayer argues that metaphors are ‘tools’ that we can use ‘to reshape experience’, and recent interdisciplinary approaches to metaphor have suggested that these tools might have a particular application to the study of illness and pain.⁹ Indeed, Elena Semino’s study of psycholinguistic and neuroscientific

⁵ Anna Lyndsey, *Girl in the Dark* (London: Bloomsbury, 2015). Sonya Huber, *Pain Woman Takes Your Keys and Other Essays from a Nervous System* (Nebraska: University of Nebraska Press, 2017).

⁶ Lyndsey, pp. 4, 203.

⁷ Huber, p. ix.

⁸ Huber, p. 163.

⁹ Laurence Kirmayer, ‘The Body’s Insistence on Meaning: Metaphor as Presentation and Representation in Illness’, *Medical Anthropology Quarterly*, vol. 6 (1992), 323-46 (p. 335).

research into metaphor and chronic pain demonstrates that expressing pain in metaphor – for example, employing the terms *burning*, *shooting*, or *stabbing* pain to describe a migraine – ‘may facilitate some form of embodied simulation of pain experiences on the part of listeners/readers, which may in turn provide the basis for an empathic response’.¹⁰ Moreover, Semino and colleagues have studied the emotional implications of metaphor for patients with cancer, arguing that metaphor can reconceptualise the experience of the disease, impacting the mindsets patients and carers adopt to cope with the condition.¹¹ This research has revealed that different cultural metaphors for cancer can have a material impact on patients’ quality of life: for example, framing cancer as a ‘battle’ (that martial metaphor Sontag so detested) could cause patients to interpret a lack of recovery as a personal failure, whereas framing the experience of cancer as a ‘journey’ might be more likely to encourage patients to accept the challenges of their situation.¹²

However, the metaphors for illness and pain that are threaded throughout Huber’s and Lyndsey’s autobiographical texts – those that frame illness not as a journey through a landscape, but as an emigration to another land – are yet to receive critical attention, and the unique ‘tools’ these geographical metaphors might offer remain undiscovered. This is made all the more surprising by the fact that Huber and Lyndsey follow in the footsteps of a long canon of literature and literary criticism employing geographical metaphors to shape experiences of pain and illness

¹⁰ Elena Semino, ‘Descriptions of Pain, Metaphor, and Embodied Simulation’, *Metaphor and Symbol*, vol. 25 (2010), 205-226 (p. 205).

¹¹ Rose K. Hendricks, Zsófia Demjén, Elena Semino & Lera Boroditsky, ‘Emotional Implications of Metaphor: Consequences of Metaphor Framing for Mindset about Cancer’, *Metaphor and Symbol*, vol. 33 (2018), 267-279. See also Elena Semino, Zsófia Demjén, Andrew Hardie, Sheila Payne, & Paul Rayson, *Metaphor, Cancer and the End of Life: A Corpus-Based Study* (London: Routledge, 2018).

¹² See Elena Semino, Zsófia Demjén, Jane Demmen, ‘An Integrated Approach to Metaphor and Framing in Cognition, Discourse, and Practice, with an Application to Metaphors for Cancer’, *Applied Linguistics*, vol. 39 (2018), 625–645. See also Elena Semino, Zsófia Demjén, Jane Demmen et al, ‘The online use of “Violence” and “Journey” metaphors by cancer patients, as compared with health professionals: A mixed methods study’, *BMJ Supportive and Palliative Care*, vol. 7 (2017), 60–66.

into worlds. In Charles Dickens' *Bleak House*, Esther Summerson describes her experience of smallpox in spatial terms: 'In falling ill, I seemed to have crossed a dark lake and to have left all my experiences, mingled together by the great distance, on the healthy shore'.¹³ Almost a century after Dickens published Esther's visualisation of illness, Virginia Woolf opened her essay *On Being Ill* with a similarly vivid evocation of the 'undiscovered countries' that are 'disclosed' by the experience:

Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to view, what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals, [...] how we go down into the pit of death and feel the waters of annihilation close above our heads [...] when we have a tooth out and come to the surface in the dentist's arm-chair.¹⁴

Although Woolf may have had in mind Hamlet's ominous metaphor of death as the 'undiscover'd country from whose bourn / No traveller returns', Woolf's 'undiscovered countries' of illness are plural, contoured by lush 'lawns sprinkled with bright flowers' as well as barren 'wastes and deserts', stretching to the heights of 'precipices' as well as plunging to the depths of the 'pit of death'.¹⁵

Woolf's astonishing array of metaphorical topographies reveals that the 'tremendous' 'spiritual change' brought about by illness has a significant impact not just upon the body, but also upon how the ill person inhabits their world and perceives the environment around them. Philosopher Havi Carel, writing almost a century after Woolf, elucidates this concept from a phenomenological perspective. Carel sets out a phenomenological 'geography of illness, showing how the

¹³ Charles Dickens, *Bleak House* (New York: Overlook Press, 2005), p. 257.

¹⁴ Virginia Woolf, *On Being Ill with Notes from Sick Rooms by Julia Stephen* (Ashfield, Massachusetts: Paris Press, 2012), p. 3.

¹⁵ William Shakespeare, 'The Tragedy of Hamlet, Prince of Denmark', in Stanley Wells and Gary Taylor (eds) *The Oxford Shakespeare: The Complete Works* (Oxford: Clarendon Press, 1999), 653-690, at p. 670, III.i.81-82.

surrounding world and the interaction with it change in illness'.¹⁶ This phenomenological approach accepts, of course, that consciousness is embodied, and that human beings are 'by definition embodied and enworlded'.¹⁷ As such, illness 'modifies not only one's body, but one's sense of space'.¹⁸ In illness, Carel argues, a 'new, bizarre, alienated world' is created in which, paradoxically, space shrinks and grows: as physical capacities decrease, '[d]istances increase, hills become mountains', and the body imposes limits on 'a world previously larger, freer, more open'.¹⁹ Carel's influential work on the phenomenological geography of illness shows that the expression of illness in terms of space and place should not be reduced to a metaphorical flourish, for these spatial metaphors have the potential to communicate the profound and tremendous change brought about by illness. In the pages that follow, I will map the metaphorical terrains through which these memoirs navigate – first plotting the post-apocalyptic wilderness before diving down into the dim, viscous depths – and I will show how each feature on these metaphorical maps reflects some part of the experience of being struck down with an illness that has no end.

Huber and Lyndsey immediately immerse their readers in post-apocalyptic wastelands, where explosions echo and the embers of forest fires glow bright. Their memoirs initially paint the brutal and sudden interruption of illness into their lives not in terms of an emigration to another kingdom, but as a demolition of their worlds. Huber's metaphors establish illness as a destructive force from the outset, describing how as '[p]ain moved into [her] body', her life 'exploded' – and later she illustrates its chronic effects through the simple statement, 'Pain explodes, over and over', in

¹⁶ Havi Carel, *Illness: The Art of Living* (Durham: Acumen, 2008), p. 14.

¹⁷ *Ibid.*, p. 13.

¹⁸ Carel, *Phenomenology of Illness* (Oxford: Oxford University Press, 2016), p. 222

¹⁹ Carel, *Illness: The Art of Living*, pp. 14, 53.

which the present tense implies ongoing obliteration.²⁰ Lyndsey renders the demolition of her world audible with an onslaught of onomatopoeic terms scattered throughout the first sections of her text: her photosensitivity arrived ‘smack into the centre of [her] life’, causing ‘a smash’.²¹ Moreover, Lyndsey’s use of onomatopoeic verbs in the present-continuous form imply chronic devastation similar to that seen in Huber’s text: ‘despair [...] can easily come crashing back’; ‘the pain comes thumping back’.²²

Pain crashes and smashes into Lyndsey’s and Huber’s lives, arriving out of nowhere, as unexpected and as unwelcome as an explosion. The resulting devastation must surely be extensive, as familiar environments are rendered distinctly unfamiliar, just as the body is itself made unfamiliar by illness. Carel notes the uncanniness of this experience: in illness, she writes, ‘the body becomes an obstacle and a threat, instead of my home, a familiar place I inhabit’.²³ Illness *unhouses us*, so to speak. It prohibits familiar ways of negotiating the world around us, as the body – no longer ‘absent’ – is forced anew upon our consciousness, betraying our commands and resisting our attempts to force it back into compliance.²⁴ Phenomenologist Fredrik Svenaeus, upon whose work Carel builds, argues that being ill provokes ‘a constant sense of obtrusive unhomelikeness in one’s being-in-the-world’.²⁵ This state of unhomelikeness is desperately distressing for both Huber and Lyndsey; Huber sums up this experience, stating ‘I wanted to claw my way back to the body I knew’.²⁶

²⁰ Huber, pp. 7, 17.

²¹ Lyndsey, pp. 19, 25.

²² Lyndsey, pp. 8, 22.

²³ Carel, *Phenomenology*, p. 222

²⁴ Drew Leder, *The Absent Body* (Chicago: University of Chicago Press, 1990).

²⁵ Fredrik Svenaeus, ‘Das unheimliche – Towards a phenomenology of illness’, *Medicine, Health Care and Philosophy*, vol. 3 (2000), 3-16., at p. 10.

²⁶ Huber, p. 9.

In time, however, both Huber and Lyndsey find that the initial explosion of illness is replaced by the smoke and fog of chronic suffering. 'As the wreckage [begins] to settle', 'wild landscapes' are gradually revealed, and Huber and Lyndsey have no choice but to make a home in this unhomelike space.²⁷ Unlike Woolf's 'undiscovered countries', which are full of growth and life, with 'lawns sprinkled with bright flowers', Huber and Lyndsey envisage 'desolate and unexplored frontiers'.²⁸ Lyndsey's condition remains largely unexplained: unable to leave the house to consult specialists and submit herself to the required tests, she is left adrift with neither prognosis nor prescriptions. She expresses this experience in distinctly spatial terms: 'I am released into the wild healthcare borderland, a trackless and confusing country, where what signposts there are point in multiple directions, satnavs fall silent, and strange beasts roam'.²⁹ It is a humorous metaphor for a distressing situation: Lyndsey inhabits a wasteland, a borderland, somewhere between Sontag's 'kingdom of the well' and 'kingdom of the sick', shut out from the former but lacking the necessary documentation for entry to the latter. She makes friends with those also 'in the strange club of the chronically ill' and together they 'wander in the twilight zone where doctors diagnose but cannot cure', condemned to roam aimlessly amidst uncertainty, to exist forever in the *in between*.³⁰ Huber is trapped by her pain in a similarly wild and liminal space: 'I don't understand my pain. It is wilderness. It is the open back of the wardrobe that leads to Narnia'.³¹ The unknowable, shapeshifting *it* of illness is expressed as a wilderness: an inhospitable, unplotable landscape where danger lurks around every corner. 'Illness

²⁷ Huber, p. 7; Lyndsey, p. 17.

²⁸ Lyndsey, p. 137.

²⁹ Lyndsey, p. 203.

³⁰ Lyndsey, p. 75.

³¹ Huber, p. 84.

is wild; it will devour us all', Huber writes, hinting at her fear of being consumed by this feral space.³²

A sense of threat permeates Lyndsey's and Huber's wild, liminal spaces created by illness. Alongside the 'strange beasts' and faceless cannibalistic creatures ready to 'devour us all', Huber's and Lyndsey's landscapes of illness are marked by hidden pits around which they must tread cautiously. Lyndsey writes that she 'hurtle[s] forwards on the cutting edge of chaos' and 'live[s] on the cutting edge of time', while Huber likens her experience of rheumatoid arthritis to standing on the edge of a 'massive gulf separating the pained from the non-pained'.³³ Illness has alerted both Huber and Lyndsey to the vulnerability of the body and its 'messy fallibility of flesh'; the threat of falling over these metaphorical edges and gulfs into the deteriorating depths of illness is omnipresent and resounds throughout these texts.³⁴ Both reveal the experience of illness to be excruciatingly vertiginous: Lyndsey is 'intensely aware, all the time, of the enormity of the downside risk, the abyss that awaits [her], should anything go wrong'.³⁵ Huber is also intensely aware of this abyss: she describes herself as both 'dangling over the abyss' and 'teetering on the edge of the abyss', where the prepositions 'over' and 'on' emphasise the precarity of her position.³⁶ Moreover, Huber describes 'this space of illness' she inhabits as her 'frail encampment on a cliff in an arid, stony place', situated next to, and with only 'frail' protection against, the vertiginous drop down to the hard, unforgiving, stony terrain below.³⁷

³² Huber, p. 114.

³³ Lyndsey, pp. 137, 147; Huber, p. 25.

³⁴ Huber, p. 81.

³⁵ Lyndsey, p. 74.

³⁶ Huber, p. 46.

³⁷ Huber, p. 109.

In these hazardous landscapes, danger is always just one misplaced step away; the ever-present risk of relapse hangs over both authors, as indeed it hangs over many others inhabiting the kingdom of chronic illness. Despite Lyndsey's and Huber's best efforts, the fall is, sadly, unpreventable. Lyndsey likens a relapse in her condition to 'falling over a cliff in slow motion. After each lurch downwards I think I've found a toehold, or a shrub to grasp to break my fall. [...] The ledge crumbles, the shrub rips from the cliff face, every, every time'.³⁸ The inevitability of falling over this cliff is emphasised by its narration in the present tense, as well as by the use of 'each' that morphs into the repeated 'every, every time'. Lyndsey's herculean efforts are futile: no amount of 'UV-protective clothing' will provide a large enough 'plateau of stability', and no matter how hard she might try to 'grasp' a shrub, or find a 'toehold', the ledge will always crumble; she will always plummet into depths of illness that cannot be seen or measured in advance, but can only be felt.³⁹ Indeed, Lyndsey and Huber both compare deteriorations in their health to falling into a 'well': a space that cannot typically be measured with the naked eye, where darkness renders depth unmeasurable. Lyndsey writes that, during a relapse, 'I fall into a dark well', while Huber renders this experience collective, referring to the inhabitants of the 'kingdom of the ill' using the first-person plural: 'We have dropped down the well'.⁴⁰ Pain, for both authors, is unfathomable. Lyndsey, who lacks a concrete diagnosis, writes of 'the random and fathomless thing rampaging through [her] skin', and describes her body as 'an unfathomable mystery', while Huber appears to speak on behalf of many within the chronically-ill community when she admits that 'what causes anxiety for others, I think, and for me' is that 'pain is unknown and

³⁸ Lyndsey, p. 105.

³⁹ *Ibid.*

⁴⁰ Lyndsey, p. 194; Huber, p. 18.

unfathomable'.⁴¹ These metaphors eloquently verbalise the anxiety resulting from the inability to see beneath the skin to the disease process rippling or raging underneath; they voice the deep fear provoked by the inability to foresee and forestall future declines in health.

By evoking the experience of chronic illness as vertiginous and comparing deteriorations in health to the experience of falling, Lyndsey and Huber could be seen to adhere to the common 'orientational metaphors' set out by George Lakoff and Mark Johnson, who note that, at least in Western culture, '[h]ealth and life are up; sickness and death are down'.⁴² These metaphorical orientations, Lakoff and Johnson argue, 'are not arbitrary' but instead 'have a basis in our physical and cultural experience'.⁴³ 'Serious illness forces us to lie down physically', hence the employment of metaphors of verticality to describe experiences of health and illness, which commonly include the following: 'He's at the *peak* of health. [...] He *fell* ill. [...] He came *down* with the flu. His health is *declining*'.⁴⁴ However, both authors expand further upon Lakoff and Johnson's metaphor of illness as 'down', detailing what exactly the experience pulls us down *into*. Reflecting the devastating, overwhelming experience of illness which can impact every imaginable aspect of a life, Lyndsey and Huber present illness as something we fall into, something that surrounds and suffocates us – that presses on the whole body from all angles. In both texts, the illness landscape in which these authors find themselves is distinctly watery: a salty, fathomless ocean with ever-changing tides. Huber evokes watery metaphors to express the fluctuations of illness: she describes 'another dip in health', a decline

⁴¹ Lyndsey, pp. 99, 208; Huber, p. 73.

⁴² George Lakoff and Mark Johnson, *Metaphors We Live By* (Chicago and London: University of Chicago Press, 2003), p. 15.

⁴³ *Ibid*, p. 14.

⁴⁴ *Ibid*, pp. 14-15.

that is perhaps only temporary and as such merely dips you into this watery space.⁴⁵ She later compares her mother's arthritic hands to the 'rippling [...] hard-packed sand near the shore when the tide goes out'.⁴⁶ These ripples recall the aqueous disease mechanism that 'operates beneath the surface of my skin and mind' – hidden processes that occur in the watery depths but are reflected painfully on the surface of the body.⁴⁷

Lyndsey's photosensitivity condition leaves no ripples on her skin, but instead plunges her into the depths of the darkness. Interestingly, Lyndsey often describes light metaphorically as a liquid. As she carries out the frustratingly difficult process of lining her bedroom window with blackout material, she writes: the 'day beyond my window is an ocean, pressing and pulsing at my protective walls, and I must plug a leaky dike perpetually against its power'.⁴⁸ Any exposure to light, which provokes the burning pain of her photosensitivity, is akin to being engulfed by this 'ocean' and swept out to sea. Moreover, in her oft-employed metaphor of illness as a 'game of snakes without ladders', Lyndsey compares her experience of relapse to landing on a snake: 'I have plunged down one; once more I am in total darkness'.⁴⁹ While this highlights just how random an occurrence a relapse can be – as unlucky as rolling a certain number of spaces in a board game – it is the verb *plunge*, with its connotations of both depth and fluidity, that is most revelatory here. An unusual verb to form part of a metaphor evoking a two-dimensional board game, *plunge* is repeated a further six times throughout Lyndsey's text, each time reiterating the watery depths of the experience of illness. In one such example, Lyndsey relishes sleep, which 'slips the chains of this life, snaps the intimate fetters of [her] skin' and

⁴⁵ Huber, p. 63.

⁴⁶ Huber, p. 141.

⁴⁷ Huber, p. 147.

⁴⁸ Lyndsey, p. 4.

⁴⁹ Lyndsey, p. 193.

longs to dive into the 'lucky dip of dreams'.⁵⁰ Waking, however, 'is always horrible, plunging suddenly down a long dark chute to thump gracelessly on to the mattress' in her dark room to which her skin chains her.⁵¹

The deep watery space into which the ill are dipped and plunged contrasts starkly with the dynamic water metaphors that both Huber and Lyndsey employ to describe those who are well. Lyndsey writes of her past commuting life in London, where she was 'swept out of the carriage and over the concourse by a surge of dark suits [...] borne down the steps'.⁵² The healthy are swept together in a fast-flowing stream of the smartly dressed crowds who collectively 'surge', evoking a sudden and forceful watery movement. The synecdoche of 'dark suits' implies collective anonymity; the healthy surge together, identical in their smart suits – each one a single drop in a larger ocean. Similarly, Huber acknowledges that while she 'had once skimmed and glided and dashed over the planet', now that she was ill she felt stuck in this watery substance and 'needed something like an oar to help [her] power over the pavement'.⁵³ The ill plunge alone into the hidden depths of this watery expanse where they are stuck in interminable stasis, forced to watch from below as their healthy peers – those 'whose lives have not stopped' – glide, dash and surge dynamically over the surface.⁵⁴

This static space of the ill is a slimy underworld; it is a viscous space, its texture somewhere between a solid and a liquid, or perhaps even both simultaneously. Lyndsey evokes the onset of her illness in similarly mucoid metaphors: At first, she writes, she experienced occasional episodes of photosensitivity, but '[g]radually, the bad days became more and more frequent, they

⁵⁰ Lyndsey, p. 17.

⁵¹ *Ibid.*

⁵² Lyndsey, pp. 17-18.

⁵³ Huber, p. 89.

⁵⁴ Lyndsey, p. 198.

oozed into each other, they coalesced. The good days became the exceptions, small islands of diminishing hope. Now even the islands have gone'.⁵⁵ These particularly photosensitive days ooze out – in which the stretched onomatopoeic verb is particularly expressive – coalescing into one immovable mass of suffering. Lyndsey is left clinging to smaller and smaller islands of relief from her symptoms, which shrink and diminish along with her hope, until she is – fully, finally, inevitably – submerged in slimy suffering and imprisoned in her blacked-out room. Huber describes her experiences of pain in equally viscid terms: pain, she writes, 'flows into the fault lines [...] mortaring the pieces in place'.⁵⁶ In a similar vein, she states that pain is a 'transparent goo': something that can be felt but cannot truly be seen; something that flows out of containers, including those made by language, as the single-syllable, onomatopoeic term 'goo' connotes.⁵⁷ Huber also employs viscous verbs to refer to the emotional impact of these physical symptoms; she declares that she is 'sick of being mired in [her] own swampy resistance', expressing the futility of resisting a chronic condition in images of slimy, boggy geography.⁵⁸ Indeed, Huber extends this analogy, expressing that those who are in pain are 'stuck. Lost in it. Mired. Caulked. Frozen'.⁵⁹ Here the regular full stops create staccato adjectives and serve to emphasise the immovable qualities of this viscous expanse in which the ill are stuck, and from which they are unable to escape.

Lyndsey and Huber play with these slimy evocations, inducing revulsion in their readers so as to encourage them to vicariously experience both the initial, sudden plunge into illness and its chronic, swampy stasis. Their metaphors of place and space permit them to contradict Elaine Scarry's claim:

⁵⁵ Lyndsey, p. 22.

⁵⁶ Huber, p. 24.

⁵⁷ Huber, p. 50.

⁵⁸ Huber, p. 89.

⁵⁹ Huber, p. 15.

When one hears about another person's physical pain, the events happening within the interior of that person's body may seem to [...] belong to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth.⁶⁰

Readers of Huber's and Lyndsey's memoirs could not, surely, say that these authors' physical pains have not 'manifested' themselves 'on the visible surface of the earth'. Instead, by rendering these geographies visible with metaphor, both authors are able to express the life-changing experience of illness in a much more meaningful way than, say, a list of symptoms would provide. By showing that illness demolishes the world and eviscerates familiar landscapes, plunging us into stasis from which we cannot free ourselves, Lyndsey and Huber are able to communicate the overwhelming, all-encompassing changes that illness imposes on its sufferers. Moreover, they are able to communicate these experiences in an engaging manner, as their metaphorical terrains are both visible and tactile – images of watery depth and swampy spaces, for example, which evoke the haptic and olfactory as well as visual senses. These authors thus bring embodied experiences of illness within reach of their readers, who are made aware that these worlds of illness are neither far-off lands nor some otherworldly 'kingdom of the sick': these spaces are all around us, ready to welcome any of us at any time. By opening up their kingdoms of the sick to visitors, Lyndsey and Huber demystify the experience of illness and encourage their readers to respond empathetically to those living in these lands.

The fact that these geographical metaphors might offer further possibilities to communicate the experience of illness is enormously significant – but it is also important to consider what benefits these metaphors might provide for Huber and Lyndsey, and all the other natives of these lands. Both authors fear being swallowed

⁶⁰ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985), p. 3.

up and devoured by pain and illness; they are afraid that they will lose their identity to these swampy spaces, that their sense of self will somehow be washed away as they plunge into the unfathomable depths of suffering. 'Maybe', Huber muses, 'there is a line one can cross, after which one's perspective is utterly changed, and one has then been completely claimed by illness, made *into* illness, speaking on behalf of illness itself'.⁶¹ Evidently, to speak of crossing the boundary into the kingdom of the sick is to express great emotional as well as physical upheaval: it is to voice profound fears not only of the destruction of the body, but also of the disappearance of the self. But in expressing this torment – and, especially, in verbalising it in these metaphors of place and space – is it lessened? In his pioneering work *The Wounded Storyteller*, sociologist Arthur Frank emphasises the therapeutic function of telling autobiographical accounts of illness.⁶² '[S]tories can heal', Frank writes – and what is healed, he claims, is the self.⁶³ Building upon the work of psychoanalyst Roy Schafer, whose work he depicts as 'seminal in understanding how selves are perpetually recreated in stories', Frank argues that, when we narrate stories of illness, the 'self is being *formed* in what is told'.⁶⁴ Interestingly, Frank describes this formation (and indeed perpetual reformation) of the self in metaphors of repair. Referring to a letter he received from a woman with chronic fatigue syndrome who expressed feelings of having lost 'her map and destination', Frank states: 'Stories have to *repair* the damage that illness has done to the ill person's sense of where she is in life, and where she may be going. Stories are a way of redrawing maps and finding new destinations'.⁶⁵ He continues: '[a]most every illness story I have read

⁶¹ Huber, p. 114.

⁶² Arthur Frank, *The Wounded Storyteller: Body, Illness and Ethics* (Chicago: University of Chicago Press, 2013).

⁶³ *Ibid*, p. xx.

⁶⁴ *Ibid*, pp. 53, 55.

⁶⁵ *Ibid*, p. 53.

carries some sense of being shipwrecked by the storm of disease [...] Extending this metaphor describes storytelling as repair work on the wreck'.⁶⁶

Lyndsey's and Huber's memoirs appear to corroborate Frank's insistence upon the therapeutic function of narrating autobiographical accounts of illness. However, for these authors, illness narratives do not *repair* identity – they reveal it. For example, as Huber reflects upon 'this space of illness', she alludes to being able to see her identity reflected in the spaces to which illness transports her:

In a way, I love this space of illness because it is me – marked, imperfect, hollowed out by the weather [...] I love the particular hard and barren landscape on which I have made a home. I love my own ability to live here. I love others who live on similar landscapes in a particularly poignant way because I know the mingled collection of ache and triumph and resignation their lives must contain.⁶⁷

Love might appear an odd verb choice here, but Huber clarifies her definition: 'To me love is knowledge, is intimacy, is a closeness that is not always easy but usually challenging and rewarding'.⁶⁸ Knowing 'this space of illness', with its challenges and rewards, leads Huber to know herself and her abilities better, as well as to become closer to and more intimate with 'others who live on similar landscapes'. Lyndsey expresses a similar epiphany in the final pages of her memoir: 'Beneath the deformations of solitude, the dents left by acute despair, the slimy residue of chronic fear [...] beneath all the accretions of suffering, I am still that self, the core of me unchanged'.⁶⁹ Her memoir has provided her with a means of excavating her sense of self, of digging beneath these 'slimy' substances, beneath the 'accretions' and layers of viscosity, to find 'the core of [her] unchanged'. Storytelling, for Huber and Lyndsey, seems less like a way of 'finding new destinations' – of forming and reforming the

⁶⁶ Ibid, p. 54.

⁶⁷ Huber, p. 109.

⁶⁸ Ibid.

⁶⁹ Lyndsey, p. 233.

self – and more a process of rediscovery: a means of finding one’s way back to a familiar place we thought might be lost forever.

To conclude, this paper has navigated the metaphorical landscapes mapped out by Huber and Lyndsey, exploring their wild, apocalyptic expanses and sensing the haptic depths of their dim, dingy underworlds. These geographical and spatial metaphors, I have argued, are not mere metaphorical flourishes. Instead, Huber’s and Lyndsey’s metaphorical geographies evidently offer unique tools with which to understand and express their embodied experiences of illness. These metaphors are tools, not cures: while they cannot literally, as Kirmayer tells us, be used to ‘reshape experience’ – the ill may forever wander in uncivilised expanses and plunge to unfathomable depths – we *can* use them to reshape our reactions to these geographies, and the reactions of those around us.⁷⁰ Through expressing the experience of illness in terms of place and space, Huber and Lyndsey are able to establish a common sensory ground with their readers, enabling them to communicate experiences which had previously been deemed inexpressible – perhaps even increasing the likelihood of receiving an empathetic, supportive response from those around them.⁷¹ Yet writing these metaphorical geographies of illness also permits these authors to rediscover their identities. These autobiographical accounts of illness work as maps to track the trails through the sensory worlds of illness and, in so doing, enable both author and reader to see beyond them: to rediscover the identity that lies, covered but unchanged, beneath these deep topographies. In its brief foray into the metaphorical worlds of illness, which previously lay uncharted and unexplored, this paper has voyaged through

⁷⁰ See Kirmayer, ‘The Body’s Insistence’.

⁷¹ See Scarry, *Pain*.

virgin territory to address a necessary lacuna; it leaves a map for other scholarly footsteps to take this adventure further.

Bibliography

Primary texts

Huber, Sonya, *Pain Woman Takes Your Keys and Other Essays from a Nervous System* (Nebraska: University of Nebraska Press, 2017).

Lyndsey, Anna, *Girl in the Dark* (London: Bloomsbury, 2015).

Secondary resources

Carel, Havi, *Illness: The Art of Living* (Durham: Acumen, 2008).

— *Phenomenology of Illness* (Oxford: Oxford University Press, 2016).

Dickens, Charles, *Bleak House* (New York: Overlook Press, 2005).

Frank, Arthur, *The Wounded Storyteller: Body, Illness and Ethics* (Chicago: University of Chicago Press, 2013).

Hendricks, Rose K., Zsófia Demjén, Elena Semino & Lera Boroditsky, 'Emotional Implications of Metaphor: Consequences of Metaphor Framing for Mindset about Cancer', *Metaphor and Symbol*, vol. 33 (2018), 267-279.

Kirmayer, Laurence, 'The Body's Insistence on Meaning: Metaphor as Presentation and Representation in Illness', *Medical Anthropology Quarterly*, vol. 6 (1992), 323-46.

Lakoff, George and Mark Johnson, *Metaphors We Live By* (Chicago and London: University of Chicago Press, 2003).

Leder, Drew, *The Absent Body* (Chicago: University of Chicago Press, 1990).

Scarry, Elaine, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985).

Semino, Elena, 'Descriptions of Pain, Metaphor, and Embodied Simulation', *Metaphor and Symbol*, vol. 25 (2010), 205-226.

— Zsófia Demjén, Jane Demmen et al, 'The online use of "Violence" and "Journey" metaphors by cancer patients, as compared with health

- professionals: A mixed methods study', *BMJ Supportive and Palliative Care*, vol. 7 (2017), 60–66.
- Zsófia, Demjén, Andrew Hardie, Sheila Payne, & Paul Rayson, *Metaphor, Cancer and the End of Life: A Corpus-Based Study* (London: Routledge, 2018).
- Zsófia, Demjén, Jane Demmen, 'An Integrated Approach to Metaphor and Framing in Cognition, Discourse, and Practice, with an Application to Metaphors for Cancer', *Applied Linguistics*, vol. 39 (2018), 625–645.
- Shakespeare, William, 'The Tragedy of Hamlet, Prince of Denmark' in Stanley Wells and Gary Taylor (eds) *The Oxford Shakespeare: The Complete Works* (Oxford: Clarendon Press, 1999), 653-690.
- Sontag, Susan, *Illness as Metaphor & AIDS and its Metaphors* (London: Penguin Books, 1991).
- Svenaesus, Fredrik, 'Das unheimliche – Towards a phenomenology of illness', *Medicine, Health Care and Philosophy*, vol. 3 (2000), 3-16.
- Woolf, Virginia, *On Being Ill with Notes from Sick Rooms by Julia Stephen* (Ashfield, MA: Paris Press, 2012).