

Illness as Metaphor

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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.

I want to describe not what it's really like to emigrate to the kingdom of the ill and to live there, but the punitive or sentimental fantasies concocted about that situation; not real geography but stereotypes of national character. My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking. Yet it is hardly possible to take up one's residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped. It is toward an elucidation of those metaphors, and a liberation from them, that I dedicate this inquiry.

I

Two diseases have been spectacularly, and similarly, encumbered by the trappings of metaphor: tuberculosis and cancer.

The fantasies inspired by TB in the last century, by cancer now, are first of all responses to a disease thought to be intractable and capricious—that is, a disease not understood—in an era in which medicine's central premise is that *all* diseases can be cured. Such a disease is, by definition, mysterious. For as long as what causes TB was not understood and the ministrations of doctors remained so ineffective, TB was thought to be an insidious, implacable theft of a life. Now it is cancer's turn to be the disease that doesn't knock first before it enters, cancer that fills the role of an illness experienced as a ruthless, secret invasion—a role it will keep until, one day, its etiology is as clear and its treatment as efficacious as those of TB have become.

Although the way in which disease mystifies us is grounded in new expectations, the disease itself (once TB, now cancer) arouses thoroughly old-fashioned kinds of dread. Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious. Thus a surprisingly large number of people with cancer find themselves being shunned by relatives and friends and are the object of practices of decontamination by members of their household, as if cancer, like TB, were an infectious disease. Contact with someone afflicted with a disease regarded as a mysterious malevolency inevitably feels like a trespass; worse, like the violation of a taboo. The very names of such diseases are felt to have a magic power. In Stendhal's *Armance* (1827), the hero's mother refuses to say "tuberculosis" for fear that pronouncing the word will hasten the course of her son's malady. And Karl Menninger has observed (in *The Vital Balance*) that "the very word 'cancer' is said to kill some patients who would not have succumbed (so quickly) to the malignancy from which they suffer." His observation is offered in support of anti-intellectual pieties and facile compassion all too triumphant in contemporary medicine and psychiatry: "Patients who consult us because of their suffering and their distress and their disability have every right to resent being plastered with a damning index tab." Dr. Menninger recommends that physicians generally abandon "names" and "labels"—which would mean, in effect, increasing secretiveness and medical paternalism. It is not naming as such that is pejorative or damning

but the name “cancer.” As long as a particular disease is treated as an evil, invincible predator, not just a disease, most people with cancer will indeed be demoralized by learning what disease they have. The solution is hardly to stop telling cancer patients the truth but to rectify the conception of the disease, to de-mythicize it.

When, not so many decades ago, learning that one had TB was tantamount to hearing a sentence of death—as today, in the popular imagination, cancer equals death—a tremendous fear surrounded TB, and it was common to conceal the identity of their disease from tuberculars and, after their death, from their children. Even with patients informed about their disease, doctors and family were reluctant to talk freely. “Verbally I don’t learn anything definite,” Kafka wrote to a friend in April 1924 from the sanatorium where he died two months later, “since in discussing tuberculosis...everybody drops into a shy, evasive, glassy-eyed manner of speech.”

The fear surrounding cancer being even more acute, so is the concealment. In France and Italy it is still the *rule* for doctors to communicate a cancer diagnosis to the patient’s family but not to the patient; doctors consider that the truth will be intolerable to all but exceptionally mature and intelligent patients. (A leading French oncologist has told me that fewer than a tenth of his patients know they have cancer.) In America, where—in part because of the doctors’ fear of malpractice suits—there is now much more candor with patients, the country’s largest cancer hospital mails routine communications and bills to out-patients in envelopes that do not reveal the sender, on the assumption that the illness may be a secret from their families. Since getting cancer can be a scandal that jeopardizes one’s love life, one’s chance of promotion, one’s very job, patients who know what they have tend themselves to be extremely prudish, if not outright secretive, about their disease. And a federal law, the 1966 Freedom of Information Act, cites “treatment for cancer” in a general clause exempting from disclosure matters that constitute “unwarranted invasion of personal privacy.” It is the only disease mentioned.

The amount of lying to and by cancer patients is, in part, a reflection of the modern attitude toward death. As dying has come to be regarded in advanced industrial societies as a shameful, unnatural event, so that disease which is widely considered a synonym for death has come to seem shameful, something to deny. The policy of hiding or equivocating about the nature of their disease to cancer patients reflects the conviction that dying people are best spared the news that they are dying, and that the good death is the split-second one, or the one that happens while we’re unconscious or asleep. Still, the denial of death does not explain the extent of the lying and the wish to be lied to, doesn’t touch the deepest dread. Someone who has had a coronary is at least as likely to die of another one within a few years as someone with cancer is likely to die soon from cancer. But no one thinks of concealing the truth from a cardiac patient: there is nothing shameful about a heart attack. Cancer patients are lied to not just because the disease is (or is thought to be) a death sentence but because it is felt to be obscene—in the original meaning of that word: illomened, abominable, disgusting, offensive to the senses. Cardiac disease implies a weakness, trouble, failure that is mechanical; there is no scandal, it has nothing of the taboo that once surrounded people afflicted with TB and still surrounds those who have cancer. The metaphors attached to TB and to cancer imply living processes of a particularly resonant and horrid kind.

II

Throughout most of their history, the metaphoric uses of TB and cancer criss-cross and overlap. The *Oxford English Dictionary* records “consumption” in use as a synonym for pulmonary tuberculosis as early as 1398. (John of Trevisa: “Whan the blode is made thynne, soo folowyth consumpcyon and wastyng.”)¹ But the pre-modern understanding of cancer also invokes the notion of consumption. The OED gives as the earliest general definition of cancer: “anything that frets, corrodes, corrupts, or consumes slowly and secretly.” (Thomas Paynel in 1528: “A canker is a melancolye impostume, eatynge partes of the bodye.”) Conversely, the earliest literal definition of cancer—from the Greek *karkínos* and the Latin *cancer*, both meaning crab—is a growth, lump, or protuberance. (Hence the disease’s name, inspired by the resemblance of the swollen veins surrounding an external tumor to a crab’s legs; not, as many people think, because a metastatic disease crawls or creeps like a

crab.) And etymology indicates that tuberculosis—from the Latin *tuber*, meaning bump, swelling—was also once considered a type of abnormal extrusion; the word tuberculosis means a morbid swelling, protuberance, projection, or growth.² Rudolf Virchow, who founded the science of cellular pathology in the 1850s, thought of the tubercle as a tumor.

Thus, throughout its premodern history, tuberculosis was—typologically—cancer. And cancer was described as a process, like TB, in which the body was consumed. The conceptions of the two diseases as we inherit them today could not be set until the advent of cellular pathology. Only with the microscope was it possible to grasp the distinctiveness of cancer, as a type of cellular activity, and to understand that the disease did not always take the form of an external or even palpable tumor. (Before the nineteenth century nobody could have identified leukemia as a form of cancer.) And it was not possible definitively to separate cancer from TB until the 1880s, when the germ theory of TB became established in medical thinking. It was then that the leading metaphors of the two diseases became truly distinct and, for the most part, contrasting. And it was about then that the modern fantasy about cancer began to take shape—a fantasy which from the 1920s on would inherit the scope of and most of the problems dramatized by the fantasies about TB, but with the two diseases and their symptomology imagined and identified in quite different—indeed, almost opposing—ways.

TB is understood as a disease of one organ, the lungs, while cancer is understood as a system-wide disease. TB is understood as a disease of extreme contrasts: white pallor and red flush, vitality alternating with languidness. The spasmodic evolution of the disease is illustrated by what is thought of as the prototypical TB symptom, coughing. The sufferer is wracked by coughs, then sinks back, recovers breath, breathes normally. Then coughs again. In contrast, cancer is a disease of growth (sometimes visible; more characteristically, inside), of abnormal, ultimately lethal growth that is measured, incessant, steady. Although there may be periods in which tumor growth is arrested (remissions), cancer produces no contrasts like the oxymorons of behavior—febrile activity, hectic inactivity, passionate resignation—thought to be typical of TB, nothing comparable to TB's paradoxical symptoms: liveliness that comes from enervation, rosy cheeks that look like a sign of health but come from fever. The tubercular is pallid some of the time; the pallor of the cancer patient doesn't change.

TB makes the body transparent. The X-rays which are the standard diagnostic tool permit one, often for the first time, to see one's insides—to become transparent to oneself. While TB is understood to be, from early on, a disease rich in visible symptoms (progressive emaciation, coughing, languidness, fever), and can be suddenly and dramatically revealed (the blood on the handkerchief), in cancer the main symptoms are thought to be, characteristically, invisible—until the last stage, when it is too late. Generally one doesn't know one has cancer. The disease is often discovered by chance or through a routine medical check-up, and can be far advanced without exhibiting any appreciable symptoms. The patient has an opaque body that must be taken to a specialist to find out if it contains cancer. What the patient cannot perceive the specialist will determine by analyzing tissues taken from the body. TB patients may see their X-rays or even possess them: the patients at the sanatorium in *The Magic Mountain* carry theirs around in their breast pockets. Cancer patients don't look at their biopsies.

Euphoria, increased appetite, exacerbated sexual desire were—still are—thought to be characteristic of TB. Part of the regimen for patients in *The Magic Mountain* is a second breakfast, eaten with gusto. Having TB was thought to be an aphrodisiac. Cancer is thought to be de-sexualizing. But it is characteristic of TB that many of its symptoms are deceptive, that what looks like an increase of vitality is really a sign of death. Cancer has only true symptoms.

Though the course of both diseases is generally marked by a loss of weight, getting thin from TB is understood very differently from getting thin from cancer. In TB, the person is “consumed,” burned up. In cancer, the patient is “invaded” by alien cells, which multiply or proliferate, causing an atrophy or blockage of body functions. The cancer patient “shrivels” (Alice James's word) or “shrinks” (Wilhelm Reich's word).

TB is disintegration, febrilization; it is a disease of liquids—the body turning to phlegm and mucus and sputum and, finally, blood—and of air, of the need for better air. Cancer is something hard: the body tissues degenerating, turning to stone. Alice James, writing in her journal a year before she died from cancer in 1892, speaks of “this unholy granite substance in my breast.” But this lump is alive, a fetus with its own will. Novalis, in an entry written around 1798 for his encyclopedia project, defines cancer, along with gangrene, as “full-fledged parasites—they grow, are engendered, engender, have their structure, secrete, eat.” Cancer is a demonic pregnancy. St. Jerome must have been thinking of a cancer when he wrote: “The one there with his swollen belly is pregnant with his own death.” (“*Alius tumentis aqualiculo mortem parturit.*”)

TB is a disease of time, the fever that hastens things. TB speeds up life; highlights it; spiritualizes it. In both English and French, consumption “gallops.” Cancer has stages rather than gaits; it is “terminal.” Cancer works slowly, insidiously: the standard euphemism in obituaries is that someone has “died after a long illness.” Every characterization of cancer describes it as slow, and so it was first used metaphorically. “The word of him creepeth as a canker” is the way Wyclif translated, in 1382, a phrase in II Timothy 2:17. (Among the earliest figurative uses of cancer are as a metaphor for “ennuie” and for “sloth.”)³ Metaphorically, cancer is not so much a disease of time as a disease or pathology of space. Its principal metaphors refer to topography (cancer “spreads” or “proliferates”; tumors are surgically “excised”) and its most dreaded consequence, short of death, is the mutilation or amputation of part of the body.

TB is often imagined as a disease of poverty and deprivation—of thin garments, thin bodies, unheated rooms, poor hygiene, inadequate food. The poverty may not be as literal as Mimi’s garret in *La Bohème*; the tubercular Marguerite Gautier in *La Dame aux camélias* lives in luxury, but inside she is a waif. In contrast, cancer is a disease of middle-class life, a disease associated with affluence, with excess. Rich countries have the highest cancer rates and the rising incidence of the disease is seen as resulting, in part, from a diet rich in fat and proteins and from the toxic effluvia of the industrial economy that creates affluence. The treatment of TB is identified with the stimulation of appetite, cancer treatment with nausea and the loss of appetite. The undernourished nourishing themselves—alas, to no avail. The overnourished, unable to eat.

The TB patient is thought to be helped—maybe even cured—by a change in environment. There was a notion that TB was a wet disease, a disease of humid and dank cities. The inside of the body became damp (“moisture in the lungs” was a favored locution) and had to be dried out. Doctors advised travel to high, dry places—the mountains, the desert. But no change of surroundings is thought to help the cancer patient. The fight is all inside one’s own body. It may be, is increasingly thought to be, something in the environment that has caused the cancer. But once cancer is present, it cannot be reversed or diminished by a move to a better (that is, less carcinogenic) environment.

TB is thought to be relatively painless. Cancer is thought to be, invariably, excruciatingly painful. TB is thought to provide an easy death, while cancer is the spectacularly awful one. For over a hundred years TB remained the preferred, edifying way of killing off a character in a novel or play—a spiritualizing, refined disease. Nineteenth-century literature is stocked with descriptions of painless, unfrightened, beatific deaths from TB, particularly of young people: of Little Eva in *Uncle Tom’s Cabin* and of Dombey’s son Paul in *Dombey and Son* and of Smike in *Nicholas Nickleby*, where Dickens describes TB as the “dread disease” which “refines” death

of its grosser aspect...in which the struggle between soul and body is so gradual, quiet, and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightning load....⁴

Contrast these sentimental, ennobling TB deaths with the slow, agonizing cancer deaths of Eugene Gant’s father in Thomas Wolfe’s *Of Time and the River* and of the sister in Bergman’s film *Cries and Whispers*. The dying tubercular is pictured as made more beautiful and more soulful; the person dying of cancer is portrayed as robbed of all capacities of self-transcendence, humiliated by fear and agony.

Of course these contrasts are extrapolated from the popular mythology of both diseases, not from the facts. Many tuberculars died in terrible pain, while some people die of cancer feeling little or no pain up to the end. The poor and the rich get both TB and cancer; and not everyone who has TB coughs. But the mythology continues to prevail. It is not just because pulmonary tuberculosis is the most common form of TB that most people think of TB, in contrast to cancer, as a disease of one organ. It is because the myths surrounding TB do not fit the brain, larynx, kidneys, long bones, and other sites where the tubercle bacillus can also settle, but do have a close fit with the traditional imagery (breath, life) associated with the lungs.

While TB takes on qualities assigned to the lungs, which are part of the upper, spiritualized body, cancer is notorious for attacking parts of the body (colon, bladder, rectum, breast, cervix, prostate, testicles) that are embarrassing to acknowledge. Having a tumor generally arouses some feelings of shame but, in the hierarchy of the body's organs, lung cancer is felt to be less shameful than rectal cancer. (And one non-tumor form of cancer now turns up in commercial fiction in the role that TB once had, as the romantic disease which cuts off a young life. The heroine of Erich Segal's *Love Story* dies of leukemia—the “white” or TB-like form of the disease, for which no mutilating surgery can be proposed—not of stomach or breast cancer.) A disease of the lungs is, metaphorically, a disease of life. Cancer, as a disease that can strike anywhere, is a disease of the body. Far from proving anything spiritual, it proves that the body is, alas, and all too much, the body.

What makes all these fantasies flourish is that both TB and cancer are thought to be much more than diseases that usually are (or were) fatal. They are identified with death itself. In *Nicholas Nickleby*, Dickens apostrophized TB as the

disease in which death and life are so strangely blended, that death takes the glow and hue of life, and life the gaunt and grisly form of death; disease which medicine never cured, wealth never warded off, or poverty could boast exemption from....

And Kafka wrote to Max Brod in October 1917 that he had “come to think that tuberculosis...is no special disease, or not a disease that deserves a special name, but only the germ of death itself, intensified.” Cancer inspires similar speculations. Georg Groddeck, whose remarkable views on cancer in *The Book of the It* (1923) anticipate those of Wilhelm Reich, wrote:

Of all the theories put forward in connection with cancer, only one has in my opinion survived the passage of time, namely, that cancer leads through definite stages to death. I mean by that that what is not fatal is not cancer. From that you may conclude that I hold out no hope of a new method of curing cancer...[only] the many cases of so-called cancer...⁵

For all the progress in treating cancer, many people still subscribe to Groddeck's equation: cancer=death. Thus, to deal with the metaphors surrounding TB and cancer is to explore the idea of the morbid, in particular its evolution from the nineteenth century (when TB was the most common cause of death) to our own time (where the most dreaded disease is cancer). In the nineteenth century it was possible, through fantasies about TB, to aestheticize death. Thoreau, who himself suffered from TB, wrote in 1852: “Death and disease are often beautiful, like the hectic glow of consumption.” Nobody conceives of cancer the way TB was thought of—as a decorative, often redemptive death. Although one good poet, L. E. Sissman, while dying, wrote some excellent poems about cancer, it seems unimaginable to aestheticize the disease.

The most striking similarity between the myths of TB and of cancer is that both are, or were, understood as diseases of passion. With TB, the outward fever was a sign of an inward burning. The tubercular is one “consumed” or dissolved by passion, a passion leading to the dissolution of the body. First came the use of tubercular metaphors to describe love—the image of “diseased” love, of a passion that “consumes.”⁶ Eventually the image was inverted, and TB was conceived as a variant of the disease of love. Love is now lethal. In a heartbreaking letter of November 1, 1820, from Naples, Keats, forever separated from Fanny Brawne, writes, “If I had any chance of recovery [from tuberculosis], this passion would kill me.” As a character in *The Magic Mountain* explains: “Symptoms of disease are nothing but a disguised manifestation of the power of love; and all disease is only love transformed.”

As once TB was thought to come from too much passion, afflicting the reckless and sensual, today people believe that cancer is a disease of insufficient passion, an affliction of those who are sexually repressed, inhibited, unspontaneous, incapable of expressing anger. These seemingly opposite diagnoses are actually not so different versions of the same view (and deserve, in my opinion, the same amount of credence). For both accounts of a characterology associated with a given disease stress the fact of being balked, frustrated, heavy-hearted. As much as TB was celebrated as a disease of passion, it was also regarded as a disease of repression. The hero of Gide’s *The Immoralist* (paralleling what Gide perceived to be his own story) gets TB because he has repressed his true sexual nature. When Michel accepts Life, he recovers. With this scenario, today Michel would have to get cancer.

As cancer is understood today to be the wages of repression, so TB was once understood as the ravages of frustration. What is called a liberated sexual life is believed by some people today to stave off cancer, for pretty much the same reason that sex was often prescribed to tuberculars as a therapy. In *The Wings of the Dove*, Milly Theale’s doctor prescribes a love affair as a cure for her TB; and it is when she discovers that her duplicitous suitor Merton Densher is secretly engaged to her friend Kate Croy that she dies. And in his letter of November 1820, Keats exclaims: “My dear Brown, I should have had her when I was in health, and I should have remained well.”

According to the mythology of TB, there is generally some event (unhappy passion) which provokes, which expresses itself in, a bout of TB.⁷ But the passions must be thwarted, the hopes blighted. And the passion, although usually love, could be a political or moral passion. At the end of Turgenev’s *On the Eve*, Insarov, the young Bulgarian revolutionary-in-exile who is the hero of the novel, realizes that he can’t return to Bulgaria. He sickens with longing and frustration, gets TB and dies.

According to the mythology of cancer, there is generally some steady expression of feeling that causes the disease. In the earlier, more optimistic form of this fantasy, the repressed feelings were sexual; now, in a notable shift, it is the repression of violent feelings that is imagined to cause cancer. The thwarted passion that killed Insarov was idealism. The thwarted passion that people think will give them cancer if they don’t let it out is rage. There are no modern Insarovs. Instead there are cancerphobes like Norman Mailer who recently explained that had he not stabbed his wife (and acted out “a murderous nest of feelings”) he would have gotten cancer and “been dead in a few years himself.”⁸ It is the same fantasy that was once attached to TB, but in rather a nastier version.

The source for much of the current fancy that associates cancer with the repression of passion is Wilhelm Reich, who defines cancer as “a disease following emotional resignation—a bio-energetic shrinking, a giving up of hope.”⁹ But the same theory can be, and has been, applied to TB. Georg Groddeck defines TB as: “the pining to die away. The desire must die away, then, the desire for the in and out, the up and down of erotic love, which is symbolized in breathing. And with the desire the lungs die away,...the body dies away....”¹⁰

Reich illustrates his influential theory with Freud’s cancer, which, he said, began when Freud, a naturally passionate man, “had to give up, as a person. He had to give up his personal delights, in his middle years.... If my view of cancer is correct, you just give up, you resign—and, then, you shrink.”¹¹ Tolstoy’s “The Death of

Ivan Ilyich” is often cited as a case history of the link between cancer and characterological resignation.

But in the typical accounts of TB in the nineteenth century, this feature of resignation is also present. Mimi and Camille die because of their renunciation of love, beatified by resignation. An ostentatious resignation is characteristic of the rapid decline of tuberculars as reported at length in fiction. In *Uncle Tom’s Cabin*, Little Eva dies with preternatural serenity, announcing to her father a few weeks before the end: “My strength fades away every day, and I know I must go.” All we learn of Milly Theale’s death in *The Wings of the Dove* is that “she turned her face to the wall.”

TB sufferers may be represented as passionate but are, more characteristically, deficient in vitality, in life force. (As in the contemporary updating of this fantasy, the cancer-prone are those who are not sufficiently sensual or in touch with their anger.) This is how those two famously tough-minded observers, the Goncourt brothers, explain the TB of their friend Murger (the author of the book from which *La Bohème* was drawn): he is dying “for want of vitality with which to withstand suffering.” TB is celebrated as the disease of born victims, of sensitive, passive people who are not quite life-loving enough to survive. (What is hinted at by the languid, etherealized belles of Pre-Raphaelite art is made explicit in the emaciated, hollow-eyed, tubercular girls depicted by Edvard Munch.) And while the standard representation of a death from TB places the emphasis on the perfected sublimation of feeling, the recurrence of the figure of the tubercular courtesan indicates that TB was also thought to make the sufferer sexy. All these notions are recapitulated by Mann in *The Magic Mountain* and in his short story “Tristan.”

Like all really successful metaphors, the metaphor of TB was rich enough to provide for two contradictory applications. It described the death of someone (like a child) thought to be too “good” to be sexual, the assertion of an angelic psychology. It was also a way of describing sexual feelings, while removing the onus of libertinism. All responsibility is lifted because one is in a state of objective, physiological decadence or deliquescence. It was both a way of describing sensuality and promoting the claims of passion, and a way of describing repression and advertising the claims of sublimation. Above all, it was a way of making people “interesting.” This idea—of how interesting the sick are—was given its subtlest and most influential formulation by Nietzsche in *The Will to Power* and other writings, and has been amplified by the brilliant contemporary Nietzschean E. M. Cioran, whose essay “On Sickness” begins: “Whatever his merits, a man in good health is always disappointing.” In fact, though Nietzsche never mentioned a specific illness, those famous ideas about illness are mainly a reprise of the clichés about TB.

IV

It seems that having TB had already acquired the associations of being romantic by the mid-eighteenth century. Consider the following exchange in Act I, Scene 1 of Oliver Goldsmith’s satire on life in the provinces, *She Stoops to Conquer*. Mr. Hardcastle is mildly remonstrating with Mrs. Hardcastle about how much she spoils her loutish son by a former marriage, Tony Lumpkin:

Mrs. H.: And am I to blame? The poor boy was always too sickly to do any good. A school would be his death. When he comes to be a little stronger, who knows what a year or two's Latin may do for him?

Mr. H.: Latin for him! A cat and fiddle. No, no, the alehouse and the stable are the only schools he'll ever go to.

Mrs. H.: Well, we must not snub the poor boy now, for I believe we shan't have him long among us. Any body that looks in his face may see he's consumptive.

Mr. H.: Ay, if growing too fat be one of the symptoms.

Mrs. H.: He coughs sometimes.

Mr. H.: Yes, when his liquor goes the wrong way.

Mrs. H.: I'm actually afraid of his lungs.

Mr. H.: And truly so am I; for he sometimes whoops like a speaking trumpet—(TONY halooing behind the Scenes)—O, there he goes—A very consumptive figure, truly.

This exchange suggests that the fantasy about TB was already a received idea, for Mrs. Hardcastle is nothing but an anthology of clichés of the smart London world to which she aspires, and which was the audience of Goldsmith's play.¹² Goldsmith presumes that the TB myth is already widely disseminated—TB being, as it were, the anti-gout. For snobs and parvenus and social climbers, TB was one index of being genteel, delicate, sensitive. With the new mobility (social and geographical) made possible in the eighteenth century, worth and station are not *given*; they must be asserted. They were asserted through new notions about clothes ("fashion") and new attitudes toward illness. Both clothes (the outer garment of the body) and illness (a kind of interior decor of the body) became tropes for new attitudes toward the self.

Shelley wrote on July 27, 1820 to Keats, commiserating as one TB sufferer to another, that he has learned "that you continue to wear a consumptive appearance." This was no mere turn of phrase. Consumption was understood as a manner of appearing, and that appearance became a staple of nineteenth-century manners. "Chopin was tubercular at a time when good health was not chic," Camille Saint-Saëns wrote in 1913. "It was fashionable to be pale and drained; Princess Belgiojoso strolled along the boulevards...pale as death in person." Saint-Saëns was right to connect an artist, Chopin, with the most celebrated *femme fatale* of the period, who did a great deal to popularize the tubercular look. The TB-influenced idea of the body was a new model for aristocratic looks—at a moment when aristocracy stops being a matter of power, and starts being mainly a matter of image. ("You can never be too rich. You can never be too thin," the Duchess of Windsor once said.)

Indeed, the romanticizing of TB is the first widespread example of that distinctively modern activity, promoting the self as an image. The look of TB had, inevitably, to be considered attractive once it came to be considered a mark of distinction, of breeding. "I cough continually!" Marie Bashkirtseff wrote in the once widely read *Journal* which was published, after her death at twenty-four, in 1887. "But for a wonder, far from making me look ugly, this gives me an air of languor that is very becoming." What was once the fashion for aristocratic *femmes fatales* and aspiring young artists became, inevitably, the province of fashion as such. Indeed, twentieth-century women's fashions (with their cult of thinness) are the last stronghold of the metaphors associated with the romanticizing of TB in the late eighteenth and early nineteenth centuries.

Much of the material for the cluster of literary and erotic attitudes known as "romantic agony" derives from tuberculosis and its transformations through metaphor. Agony became romantic in a stylized account of the preliminary symptoms of the disease (for example, debility is transformed into languor) and the actual agony was simply suppressed. Wan, hollow-chested young women and pallid, rachitic young men vied with each other as candidates for this mostly (at that time) incurable, incapacitating, really awful disease. "When I was young," wrote Théophile Gautier, "I could not have accepted as a lyrical poet anyone weighing more than ninety-nine

pounds.” (Note that Gautier says lyrical poet, apparently resigned to the fact that novelists had to be made of coarser and bulkier stuff.) Gradually, the tubercular look, which symbolized an appealing vulnerability, a superior sensitivity, became more and more the province of women—while great men of the mid and late nineteenth century grew fat, founded industrial empires, wrote thousands of novels, made wars, and plundered continents.

We might reasonably suppose that this romanticization of TB was some kind of merely literary transfiguration of the disease, and that in the era of its great depredations TB was probably thought to be disgusting—as cancer is now. Surely everyone in the nineteenth century knew about, for example, the stench in the breath of the consumptive person. Yet all the evidence indicates that the cult of TB was not simply an invention of romantic poets and opera librettists but a widespread attitude, and that the person dying (young) of TB really was perceived as a “romantic” personality. That is, as someone “interesting.” One must suppose that the reality of this terrible disease was no match for the importance of new ideas—particularly about individuality. It is with TB that the idea of individual illness is articulated, and in the images surrounding the disease we can see emerging a modern idea of individuality that has taken in the twentieth century more affirmative, if no less narcissistic, forms.

The romantic treatment of death asserts that people were individualized, made more interesting, by their illness. “I look pale,” said Byron, looking in the mirror. “I should like to die of a consumption.” Why? asked his friend Tom Moore, himself a tubercular, who was visiting Byron in Patras in February 1828. “Because the ladies would all say, ‘Look at that poor Byron, how interesting he looks in dying.’ ” Perhaps the key discovery of the romantic sensibility is not the aesthetics of cruelty and the beauty of the morbid (as Mario Praz suggested in his famous book) or even the demand for unlimited personal liberty, but the nihilistic and sentimental idea of “the interesting.”

Sadness made one “interesting.” It was a mark of refinement, of sensibility, to be sad. That is, to be powerless. In Stendhal’s *Armance*, the anxious mother is reassured by the doctor that her son is not, after all, suffering from tuberculosis but only from that “dissatisfied and critical melancholy characteristic of the young men of his generation and position.” Sadness and tuberculosis became synonymous. Henri Amiel, the Swiss writer and tubercular, wrote in 1852 in his *Journal intime*:

Sky draped in gray, pleated by subtle shading, mists trailing on the distant mountains; nature despairing, leaves falling on all sides like the lost illusions of youth under the tears of incurable grief.... The fir tree, alone in its vigor, green, stoical in the midst of this universal tuberculosis.

But it takes a “sensitive” person to feel such sadness—or, by implication, to contract tuberculosis. The myth of TB constitutes the next-to-last episode in the long career of the ancient idea of melancholy—which was also the artist’s disease, according to the theory of the four humours. The melancholy character—or the tubercular—was a superior one: sensitive, creative, a being apart. Keats and Shelley may have suffered atrociously from the disease. But Shelley consoled Keats that “this consumption is a disease particularly fond of people who write such good verses as you have done....” So well established was the cliché which connected TB and creativity that at the end of the century one critic suggested that it was the progressive disappearance of TB which accounted for the current decline of literature and the arts.¹³

But the myth of TB provided more than an account of creativity. It supplied an important model of bohemian life, lived with or without the vocation of the artist. The TB sufferer was a dropout, a wanderer in endless search of the healthy place. TB became a new reason for exile, for a life that was mainly traveling. There were special places thought to be good for tuberculars: in the early nineteenth century, Italy; then islands in the Mediterranean or the South Pacific; in the twentieth century, the mountains, the desert—all landscapes that had themselves been successively romanticized. Keats was advised by his doctors to move to Rome; Chopin tried the islands of the western Mediterranean; Robert Louis Stevenson chose a Pacific exile; D. H. Lawrence

wandered over half the globe. The Romantics invented invalidism as a pretext for leisure, and for dismissing bourgeois obligations in order to live only for one's art. It was a way of retiring from the world without having to take responsibility for the decision—the story of *The Magic Mountain*. After passing his exams and before taking up his job in a Hamburg ship-building firm, young Hans Castorp makes a three-week visit to his tubercular cousin in the sanatorium at Davos. Just before Hans “goes down,” the doctor diagnoses a spot on his lungs. He stays for the next seven years.

She Stoops to Conquer was written in 1773, Murgers's *Scènes de la vie de Bohème* in 1848, *Uncle Tom's Cabin* in 1852, *La Traviata* in 1853, *On the Eve* in 1860, and *The Wings of the Dove* in 1902. How are we to explain that for well over a century it was possible so to romanticize tuberculosis, in spite of the irrefutable medical and human experience? It is true that there was a certain reaction against the early-nineteenth-century cult of the disease in the second half of the century. Nevertheless, TB retained most of its romantic attributes—as the mark of a superior nature, a becoming frailty—through the end of the century and well into ours. It is still the sensitive young artist's disease in O'Neill's *Long Day's Journey into Night*. Kafka's letters are a compendium of speculations about the meaning of tuberculosis, as is *The Magic Mountain*, published in 1924, the year Kafka died. Much of the irony of *The Magic Mountain* turns on Hans Castorp, the stolid burgher, getting TB, the artist's disease—for Mann's novel is a late, self-conscious commentary on the myth of TB. But the novel still reflects the myth: the burgher *is* indeed spiritually refined by his disease. To die of TB was still mysterious and (often) edifying, and remained so until practically nobody in Western Europe and North America died of it anymore. Although the frequency of the disease began to decline precipitously after 1900 because of improved hygiene, the mortality rate among those who contracted it remained high; the myth only came to an abrupt end when proper treatment was finally developed, with the discovery of streptomycin in 1944 and the introduction of isoniazid (INH) in 1952.

If it is still difficult to imagine how the reality of such a dreadful, painful disease could be transformed so posterously, it may help to consider a comparable act of distortion, under the pressure of the need to express romantic attitudes about the self, in our own era. The object of the distortion is not, of course, cancer—a disease which nobody has managed to glamorize (though it fulfills *some* of the functions as a metaphor that TB did in the nineteenth century). The comparable distortion—taking a loathsome, painful disease and making it the index of a superior sensitivity, the vehicle of “spiritual” feelings and “critical” discontent—in the twentieth century is with insanity.

The fancies associated with tuberculosis and insanity have many parallels. In both diseases, there is confinement. Sufferers are put into a “sanatorium” (the common word for a clinic for tuberculars and the most common euphemism for an insane asylum). Once put away, the patient enters a special world with special rules. Like TB, insanity is a kind of exile. The metaphor of the psychic voyage is an extension of the romantic idea of travel that was associated with tuberculosis. To be cured, the patient has to be taken out of his or her daily world. It is not an accident that the most common metaphor for an extreme psychological experience viewed positively—whether it is produced by drugs or by becoming psychotic—is a trip.

In the twentieth century the cluster of metaphors and attitudes formerly attached to TB split up, and are parceled out to two diseases. Some features of TB go to insanity: the notion of the sufferer as a hectic, reckless creature of passionate extremes, someone too sensitive to bear the horrors of the vulgar, everyday world. Other features of TB go to cancer—the hideous, demonic ones; the ones that can't be romanticized.

(This is the first part of a two-part article.) ■

Susan Sontag

Susan Sontag (1933–2004) was a novelist, playwright, filmmaker, and one of the most influential critics of her generation. Her books include *Against Interpretation*, *On Photography*, *Illness as Metaphor*, and *The Volcano Lover*.

1. Godefroy's *Dictionnaire de l'ancienne langue française* cites Bernard de Gordon's *Pratiquum* (1495): "Tisis, c'est ung ulcere du polmon qui consume tout le corp." 📄
2. The same etymology is given in the standard French dictionaries. "*La tubercule*" was introduced in the sixteenth century by Ambroise Paré from the Latin *tuberculum*, meaning "*petite bosse*" (little lump), which comes from the Latin *tuber*, meaning "*truffe*" or "*excroissance*." In Diderot's *Encyclopédie* (1765), the entry on tuberculosis cites the definition given by the English physician Richard Morton in his *Phtisiologia* (1689): "*des petits tumeurs qui paraissent sur la surface du corps*." 📄
3. As cited in the OED, which gives as an early figurative use of "canker": "enuie which is the canker of Honour"—Bacon, 1597. And as an early figurative use of "cancer" (which replaced "canker" around 1700): "Sloth is a Cancer eating up that Time Princes should cultivate for Things sublime"—Bishop Thomas Ken, 1711. 📄
4. Nearly a century later, in his edition of Katherine Mansfield's posthumously published *Journal*, John Middleton Murray uses similar language to describe Mansfield on the last day of her life. "I have never seen, nor shall I ever see, anyone so beautiful as she was on that day; it was as though the exquisite perfection which was always hers had taken possession of her completely. To use her own words, the last grain of 'sediment,' the last 'traces of earthly degradation,' were departed forever. But she had lost her life to save it." More of the reality of Mansfield's suffering is to be found in her own journal entries. 📄
5. Georg Groddeck, *The Book of the It* (Vintage, 1961), p. 104. 📄
6. One example, among many, that long predates the Romantic movement is a passage in Act II, Scene 2 of Sir George Etherege's play *The Man of Mode* (1676): "When love grows diseas'd, the best thing we can do is to put it to a violent death; I cannot endure the torture of a lingring and consumptive passion." 📄
7. The myth persists. For example, Kenneth Clark, describing Ruskin's inability to propose to Adele Domecq, says: "His passion brought on a mild attack of tuberculosis" (*Ruskin Today*, edited by Clark, Penguin Books, 1964, p. 26). So much for the germ theory of disease. 📄
8. *Esquire*, November 1977, p. 128. 📄
9. *Reich Speaks of Freud* (Farrar, Straus & Giroux, 1967), p. 6. 📄
10. Groddeck, op. cit., pp. 101-102. The passage continues: "because desire increases during the illness, because the guilt of the ever-repeated symbolic dissipation of semen in the sputum is continually growing greater, because the It allows pulmonary disease to bring beauty to the eyes and cheek, alluring poisons!" 📄
11. Reich, op. cit., p. 6. Cf. p. 20: "He was very unhappily married. I don't think his life was happy. He lived a very calm, quiet, decent family life, but there is little doubt that he was very much dissatisfied genitally. Both his resignation and his cancer were evidence of that." 📄
12. Goldsmith, who was trained as a doctor and practiced medicine for a while, had his own clichés about TB. In his essay "On Education" (published in 1759 in a magazine called *The Bee*) Goldsmith writes that a diet lightly salted and seasoned "corrects any consumptive habits, not unfrequently found amongst the children of city parents." Note that consumption is viewed as a habit, a disposition (if not an affectation), a weakness that must be strengthened, and something to which city people are more disposed. 📄
13. Cited in René and Jean Dubos, *The White Plague* (Little, Brown and Company, 1952), p. 60. 📄

Images of Illness

Susan Sontag

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I

In *Death in Venice* passion brings about the collapse of all that has made Gustav von Aschenbach singular—his reason, his inhibitions, his fastidiousness. And disease further reduces him. At the end of the story Aschenbach is just another cholera victim, his last degradation being to succumb to the disease afflicting so many in Venice at that moment. When in *The Magic Mountain* Hans Castorp is discovered to have tuberculosis, it is a promotion. His illness will make Hans become more singular, become simply more than he was before. In one fiction, disease (cholera) is the penalty for a secret love; in the other, disease (TB) is its expression. Cholera is the kind of fatality that, in retrospect, has simplified a complex self, reducing it to a sick environment. The disease that individualizes, that sets a person in relief against the environment, is tuberculosis.

What made TB seem so “interesting”—or, as it’s usually put, romantic—throughout the last and well into this century also made it a curse and inspired special dread. In contrast to the great epidemic diseases of the past (plague, typhus, cholera), in which each person is stricken as a member of an afflicted community, TB was understood as a disease that isolates one from the community. However steep its incidence in a population, TB—like cancer today—always seemed to be a mysterious illness of individuals, a deadly arrow that could strike anyone, that singled out its victims one by one.

As after a cholera death, for a long time it was common practice to burn the clothes and other effects of someone who died of TB. “Those brutal Italians have nearly finished their monstrous business,” Keats’s companion Joseph Severn wrote from Rome on March 6, 1821, two weeks after Keats died in the little room on the Piazza di Spagna. “They have burned all the furniture—and are now scraping the walls—making new windows—new doors—and even a new floor.” But TB was frightening not only as a contagion, like cholera, but as a seemingly arbitrary, uncommunicable “taint.” And people could believe that TB was inherited (think of the disease’s recurrence in the families of Keats, Trollope, the Brontës, Thoreau) and also believe that it revealed something singular about the person afflicted. In a similar way, the evidence that there are cancer-prone families and, possibly, a hereditary factor in cancer can be acknowledged without disturbing the belief that cancer is a disease that strikes each person, punitively, as an individual.

That consumption is induced by the foul air of houses is now certain,” Florence Nightingale declared in 1861. Yet however much TB was blamed on poverty and unsalubrious surroundings, it was still thought that a certain inner disposition was needed in order to contract the disease. Doctors and laity believed in a TB character type—as now the belief in a cancer-prone character type, far from being confined to the backyard of folk superstition, passes for the most advanced medical thinking. In contrast to the modern bogey of the cancer-prone character—someone unemotional, inhibited, repressed—the TB-prone character that haunted imaginations in the nineteenth century was an amalgam of two different fantasies: someone both passionate and repressed.

That other notorious scourge among nineteenth-century diseases, syphilis, was at least not mysterious. Contracting syphilis was a predictable consequence, the consequence, for example, of having sex with a carrier of the disease. So among all the guilt-embroidered fantasies about sexual pollution attached to syphilis, there was no place for a type of personality supposed to be especially susceptible to the disease (as was once imagined for TB and is now for cancer). The syphilitic personality type was someone who had the disease (Oswald in Ibsen's *Ghosts*, Adrian Leverkühn in *Doctor Faustus*), not someone who was likely to get it. In its role as scourge, syphilis implied a moral judgment (about off-limits sex, about prostitution) but not a psychological one. TB, once so mysterious—as cancer is now—suggested judgments of a deeper kind, both moral and psychological, about the ill.

The speculations of the ancient world made disease most often an instrument of divine wrath. Judgment was meted out either to a community (the plague in Book I of the *Iliad* that Apollo inflicts on the Achaeans in punishment for Agamemnon's abduction of Chryses' daughter; the plague in *Oedipus* that strikes Thebes because of the polluting presence of the royal sinner) or to a single person (the stinking wound in Philoctetes' foot). The diseases around which the modern fantasies have gathered—TB, cancer—are viewed as forms of self-judgment, of self-betrayal.

One's mind betrays one's body. "My head has made an appointment with my lungs behind my back," Kafka said about his TB in a letter to Max Brod in 1922. Or one's body betrays one's feelings, as in Mann's late novel *The Black Swan*, whose aging heroine, youthfully in love with a young man, takes as the return of her menses what is actually a hemorrhage and the symptom of incurable cancer. The body's treachery is thought to have its own inner logic. Freud was "very beautiful...when he spoke," Wilhelm Reich reminisced. "Then it hit him just here, in the mouth. And that is where my interest in cancer began."¹ That interest led Reich to propose a most influential theory about the relation between a mortal disease and the character of those it humiliates.

In the premodern view of disease, the role of character was confined to one's behavior after its onset. Like any extreme situation, dreaded illnesses bring out both people's worst and best. The standard accounts of epidemics, however, are mainly of the devastating effect of disease upon character. The weaker the chronicler's preconception of disease as a punishment for wickedness, the more likely that the account will stress the moral corruption made manifest by the disease's spread. Even if the disease is not thought to be a judgment on the community, it becomes one—retroactively—as it sets in motion an inexorable collapse of morals and manners. Thucydides relates the ways in which the plague that broke out in Athens in 430 BC spawned disorder and lawlessness ("the pleasure of the moment took the place both of honor and expedience") and corrupted language itself. And the whole point of Boccaccio's description in the first pages of the *Decameron* of the great plague of 1348 is how badly the citizens of Florence behaved.

In contrast to this disdainful knowledge of how most loyalties and loves shatter in the panic produced by epidemic disease, the accounts of modern diseases—where the judgment tends to fall on the individual rather than the society—seem exaggeratedly unaware of how poorly many people take the news that they are dying. Fatal illness has always been viewed as a test of moral character, but in the nineteenth century there is a great reluctance to let anybody flunk the test. And the virtuous only become more so as they slide toward death. This is standard achievement for TB deaths in fiction, and goes with the inveterate spiritualizing of TB and the sentimentalizing of its horrors. Even the ultra-virtuous, when dying of this disease, boost themselves to new moral heights. *Uncle Tom's Cabin*: Little Eva during her last days urges her father to become a serious Christian and free his slaves. *The Wings of the Dove*: after learning that her suitor was a fortune-hunter, Milly Theale wills her fortune to him and dies. *Dombey and Son*: "From some hidden reason, very imperfectly understood by himself—if understood at all—[Paul] felt a gradually increasing impulse of affection, towards almost everything and everybody in the place."

For those characters treated less sentimentally, the disease is viewed as the occasion finally to behave well. At the least, the calamity of disease can clear the way for insight into lifelong self-deceptions and failures of character. The lies that muffle Ivan Ilyich's drawnout agony—his cancer being unmentionable to his wife and children—reveal to him the lie of his whole life; when dying he is, for the first time, in a state of truth. The sixty-year-old civil servant in Kurosawa's film *Ikiru* (1952) quits his job when he learns he has terminal stomach cancer and takes up the cause of a slum neighborhood against the bureaucracy he had served. With one year left to live, Watanabe wants to provide something that is really needed (a playground for the children), wants to redeem his wasted life.

II

Disease occurs in the *Iliad* as super-natural punishment, as possession, and as the result of natural causes. For Homer, disease can be gratuitous or it can be deserved. With the advent of Christianity, which imposed more moralized notions of disease, as of everything else, a closer fit between disease and "victim" gradually evolved. The idea of disease as punishment yielded the idea that a disease could be a particularly appropriate and just punishment. Cressid's leprosy in Henryson's *Testament of Cressid* and Madame de Merteuil's smallpox in *Les Liaisons dangereuses* show the true face of the beautiful liar—a most involuntary revelation.

In the nineteenth century the notion that the disease fits the patient's character, as the punishment fits the sinner, was abandoned for the notion that it expresses the character. It is product of will. "The will exhibits itself as organized body," writes Schopenhauer, "and the presence of disease signifies that the will itself is sick." Recovery from a disease depends on the healthy will assuming "dictatorial power in order to subsume the rebellious forces" of the sick will. One generation earlier, a great physician, Bichat, had used a similar image: "Health is the silence of organs. Disease is their revolt." In other words, their language. In disease the will speaks, through the body. Illness is understood to be a language for dramatizing the mental; it is a form of self-expression. And the evolution of this way of understanding disease—the modern metaphors of illness—is inseparable from the evolution of modern ideas of expressiveness.

In the premodern ideal of a well-balanced character, expressiveness is supposed to be limited. Behavior is defined by its potentiality for excess. Thus when Kant makes figurative use of cancer, it is as a metaphor for excess feeling. "Passions are cancers for pure practical reason and often incurable," Kant wrote in *Anthropologie* (1798). "The passions are...unfortunate moods that are pregnant with many evils," he added, evoking the ancient metaphoric connection between cancer and a pregnancy. When Kant compares passions (that is, extreme feelings) to cancers, he is of course using the premodern sense of the disease and a preromantic evaluation of passion. Soon, turbulent feeling was to be viewed much more positively. "There is no one in the world less able to conceal his feelings than Emile," says Rousseau—meaning it as a compliment.

As excess feelings become positive, they are no longer analogized—in order to denigrate them—to a terrible disease. Instead, disease is seen as the vehicle of excess feeling. TB is the disease that makes manifest intense desire; that discloses, in spite of the reluctance of the individual, what the individual does not want to reveal. The contrast is no longer between moderate passions and excessive ones but between hidden passions and those which are brought into the open. Illness reveals desires of which the patient probably was unaware. Diseases—and patients—become subjects for decipherment. And these hidden passions are now considered as a source of illness. Blake gives as one of his Proverbs of Hell: "He who desires but acts not, breeds pestilence."

The early romantic sought superiority by desiring, and by desiring to desire, more intensely than others do. And the inability to realize these ideals of vitality and perfect spontaneity was thought to make someone an ideal candidate for TB. Contemporary romanticism starts from the inverse principle—that it is others who desire

intensely, and that it is oneself (the narratives are typically in the first person) who has little or no desire at all. We can find precursors of the modern romantic egos of unfeeling in nineteenth-century Russian novels; but Pechorin in Lermontov's *A Hero of Our Time*, Stavrogin in *The Possessed*, are still heroes—restless, bitter, self-destructive, tormented by their inability to feel. (Even their glum, merely self-absorbed descendants, Roquentin in Sartre's *Nausea* and Meursault in Camus's *The Stranger*, seem bewildered by their inability to feel.) The passive, affectless anti-hero who dominates contemporary American fiction is a creature of regular routines or unfeeling debauch; not self-destructive but prudent; not moody, dashing, cruel, just dissociated. The ideal candidate, according to contemporary mythology, for cancer.

Ceasing to consider disease as a punishment which fits the objective moral character, making it an expression of the inner self, might seem less moralistic. But this view turns out to be just as, or even more, moralistic and punitive. With the modern diseases (once TB, now cancer), the romantic idea that the disease expresses the character is invariably extended to assert that the character causes the disease—because it has not expressed itself. Passion moves inward, striking and blighting the deepest cellular recesses.

“The sick man himself creates his disease,” the German psychologist Georg Groddeck wrote. “In him are to be found the *causae internae*; he is the cause of the disease and we need seek none other.” “Bacilli” heads Groddeck's list of mere “external causes”—followed by “chills, overeating, overdrinking, work, and anything else.” He insists that it is “because it is not pleasant to look within ourselves” that doctors prefer to “attack the outer causes with prophylaxis, disinfection, and so on” rather than address the real, internal causes.²

Such preposterous and dangerous views manage to put the entire onus of the disease on the patient and deprive the patient of the means for understanding the range of plausible treatment. Cure is thought to depend principally on the patient's already sorely tested or enfeebled capacity for self-love. A year before her death in 1923, Katherine Mansfield writes in her *Journal*:

A bad day...horrible pains and so on, and weakness. I could do nothing. The weakness was not only physical. I *must heal my Self* before I will be well.... This must be done alone and at once. It is at the root of my not getting better. My mind is not *controlled*.

Mansfield not only thinks it was the “Self” which made her sick but that she has a chance of being cured of her hopelessly advanced lung disease if she could heal that “Self.”

Both the myth about TB and the current myth about cancer propose that one is responsible for one's disease. But the cancer imagery is far more punishing. Given the romantic values in use for judging character and disease, some glamor attaches to having a disease thought to come from being too full of passion. But there is mostly opprobrium attached to a disease thought to stem from the repression of emotion—an opprobrium echoed in the view of cancer propagated by Reich, and the many writers influenced by him. Reich's view of cancer as a disease of the failure of expressiveness condemns the cancer patient: expresses pity but also conveys contempt. The theory also contributes to making cancer shameful, and to making cancer patients feel, consciously or unconsciously, guilty for getting cancer.

By vitalist standards, the cancer personality is one of life's losers. Napoleon, Ulysses S. Grant, Robert A. Taft, and Hubert Humphrey have all had their cancers diagnosed as the reaction to political defeat and the curtailment of their ambitions. And the truly great, those—like Freud and Wittgenstein—whose lives can by no means be called a defeat, have had their cancers diagnosed as the gruesome though stoically endured penalty they had to pay for a lifetime of renunciation. In contrast, there never seems any ground for condescension about the disease that claimed the likes of Keats, Chekhov, Simone Weil, Emily Brontë, and Poe.

III

Cancer is generally thought an inappropriate disease for a romantic character, in contrast to tuberculosis, perhaps because unromantic depression has supplanted the romantic notion of melancholy. “A fitful strain of melancholy,” Poe wrote, “will ever be found inseparable from the perfection of the beautiful.” Depression is melancholy minus its charms—the animation, the fits.

Supporting the theory about the emotional causes of cancer, there is a growing literature and body of research: and scarcely a week passes without a new article announcing to some general public or other the scientific link between cancer and painful feelings. Investigations are cited—most articles refer to the same ones—in which out of, say, several dozen or several hundred cancer patients two-thirds or three-fifths report being depressed or unsatisfied with their lives, and having suffered from the loss (through death or rejection or separation) of a parent, lover, spouse, or close friend.³

But it seems likely that of several hundred people who do *not* have cancer, most would also report depressing emotions and past traumas: this is called the human condition. And the case histories are recounted in a particularly forthcoming language of despair, of discontent about and obsessive preoccupation with the isolated self and its never altogether satisfactory “relationships,” which bears the unmistakable stamp of our consumer culture. It is a language many Americans now use about themselves.⁴

Investigations carried out by a few doctors in the mid- and late-nineteenth century showed a high correlation between cancer and that era’s complaints. In contrast to American cancer patients, who invariably report having feelings of isolation and loneliness since childhood, Victorian cancer patients described overcrowded lives, burdened with work and family obligations, and bereavements. These patients don’t express discontent with their lives as such or speculate about the quality of its satisfactions and the possibility of a “meaningful relationship.” Physicians found the causes or predisposing factors of their patients’ cancers in grief, in worry (noted as most acute among businessmen and the mothers of large families), in straitened economic circumstances and sudden reversals of fortune, and in overwork—or, if the patients were successful writers or politicians, in grief, rage, intellectual overexertion, the anxiety that accompanies ambition, and the stress of public life.⁵

Nineteenth-century cancer patients were thought to get the disease as the result of hyperactivity and hyperintensity. They seemed to be full of emotions that had to be damped down. As a prophylaxis against cancer, one English doctor urged his patients “to avoid overtaxing their strength, and to bear the ills of life with equanimity; above all things, not to ‘give way’ to any grief.” Such stoic counsels have now been replaced by prescriptions for self-expression, from talking it out to the primal scream. In 1885, an American doctor advised “those who have apparently benign tumors in the breast of the advantage of being cheerful.”⁶ Today, this would be regarded as encouraging the sort of emotional dissociation now thought to predispose people to cancer.

Modern researchers into the psychic aspects of cancer like to cite old authorities, such as Galen’s observation that “melancholy women” were more likely to get breast cancer than “sanguine women.” But the meanings have changed. What Galen (AD 130-200) meant by melancholy was a physiological condition with complex characterological symptoms; we mean a mere mood. In 1870 Sir James Paget declared that “mental depression is a weighty additive to the other influences favoring the development of a cancerous constitution.” What a nineteenth-century physician meant by “mental depression” was a passionate state (mainly grief), something close to our manic-depressive syndrome.

Grief and anxiety,” said the English surgeon Sir Astley Cooper 150 years ago, are among “the most frequent causes” of breast cancer. The same theory, put in the same terms, had long been in circulation for TB. In his *Morbidus Anglicus* (1672), Gideon Harvey declared “melancholy” and “cholera” to be “the sole cause” of TB, for which he used the metaphoric term “corrosion.” In 1881, a standard medical textbook gave as the causes of tuberculosis: hereditary disposition, unfavorable climate, sedentary indoor life, defective ventilation, deficiency of light, and “depressing emotions.”⁷ The entry had to be changed for the next edition, for in 1882 Robert Koch had published his paper announcing the discovery of the tubercle bacillus and demonstrating that it was the primary cause of the disease.

The modern work on the psychological causes of cancer finds its true antecedent and counterpart in the large nineteenth-century literature on the causes of TB. (Not in that small body of medical work from the last century on the emotional causes of cancer.) Applied to TB, the theory that emotions cause diseases survived well into this century—until, finally, it was discovered how to cure the disease. The theory’s fashionable current application—which relates cancer to feelings of isolation and depression—is likely to prove no more tenable than did its application to tuberculosis.

In the plague-ridden England of the late sixteenth and seventeenth centuries, it was widely believed that “the happy man would not get plague.”⁸ The fantasy that a happy state of mind would fend off disease probably flourished for all infectious diseases, before the nature of infection was understood. Theories that diseases are caused by mental states and can be cured by will-power are always an index of how much is not understood about the physical terrain of a disease.

Moreover, there is a peculiarly modern predilection for psychological explanations of disease as of everything else. Psychologizing seems to provide control over the experiences and events (like grave illnesses) over which people have in fact little or no control. Psychological understanding undermines the “reality” of a disease. That reality has to be explained. (It really means; or is a symbol of; or must be interpreted so.) For those who live neither with religious consolations about death nor with a sense of death (or of anything else) as “natural,” death is the obscene mystery, the ultimate affront, the thing that cannot be controlled. It can only be denied. A large part of the popularity and persuasiveness of psychology comes from its being a sublimated spiritualism: a secular, ostensibly scientific way of affirming the primacy of “spirit” over matter. That ineluctably material reality, disease, can be given a psychological explanation. Death itself can be considered, ultimately, a psychological phenomenon. Groddeck declared in *The Book of the It* (he was speaking of TB): “He alone will die who wishes to die, to whom life is intolerable.”⁹ The promise of a temporary triumph over death is implicit in much of the psychological thinking that starts from Freud and Jung.

At the least, there is the promise of a triumph over illness. A “physical” illness becomes in a way less real—but, in compensation, more interesting—so far as it can be considered a “mental” one. Speculation throughout the modern period has tended steadily to enlarge the category of mental illness. Indeed, the denial of death in this culture has led to a vast expansion of the category of illness as such.

This expansion proceeds by means of two hypotheses. The first is that every form of social deviation can be considered an illness. Thus, if criminal behavior can be considered as an illness, then criminals cannot be condemned or punished but must be understood, treated, cured.¹⁰ The second is that every illness can be considered psychologically. Illness is interpreted as, basically, a psychological phenomenon, and people are encouraged to believe that they get sick because they want to, and that they can cure themselves by the mobilization of will; that they can choose not to die. These two hypotheses are complementary. As the first seems to relieve guilt, the second reinstates it. Psychological theories of illness are a powerful means of placing the blame on the ill. Patients who are instructed that they have, unwittingly, caused their disease are also being made to feel that they have deserved it.

(This is the second part of a three-part article.) ■

Susan Sontag

Susan Sontag (1933–2004) was a novelist, playwright, filmmaker, and one of the most influential critics of her generation. Her books include *Against Interpretation*, *On Photography*, *Illness as Metaphor*, and *The Volcano Lover*.

1. *Reich Speaks of Freud* (Farrar, Straus and Giroux, 1967), p. 57. ↩
2. Georg Groddeck, *The Book of the It* (Vintage, 1961), p. 243. Cf. p. 101, where Groddeck describes sickness as “a symbol, a representation of something going on within, a drama staged by the It.” ↩
3. Most recent articles refer to at least the following: the study started in 1946 by Dr. Caroline Bedell Thomas of Johns Hopkins University School of Medicine; the writings of Lawrence LeShan, a New York psychologist and psychotherapist; a study started in the 1960s by Drs. Claus and Marjorie Bahnson at the Eastern Pennsylvania Psychiatric Institute in Philadelphia; and the work of Dr. O. Carl Simonton, a radiologist in Fort Worth, Texas, who, with his wife Stephanie, gives patients both radiation and psychotherapy. As far as I know, no oncologist convinced of the efficacy of polychemotherapy and immunotherapy in treating patients has contributed to this kind of speculation about cancer. ↩
4. Dr. Caroline Bedell Thomas’s study was thus summarized in one recent article (“Can Your Personality Kill You?” by Joan Arehart-Treichel, *New York*, November 28, 1977): “In brief, cancer victims are low-gear persons, seldom prey to outbursts of emotion. They have feelings of isolation from their parents dating back to childhood.” The often-quoted Lawrence LeShan (*You Can Fight for Your Life: Emotional Factors in the Causation of Cancer* [Evans, 1977]) divides “the basic emotional pattern of the cancer patient” into three parts: “a childhood or adolescence marked by feelings of isolation,” the loss of the “meaningful relationship” found in adulthood, and a subsequent “conviction that life holds no more hope.” ↩
5. “Always much trouble and hard work” is a notation that occurs in many of the brief case histories in Herbert Snow’s *Clinical Notes on Cancer* (1883). Snow was a surgeon in the Cancer Hospital in London, and most of the patients he saw were poor. A typical observation: “Of 140 cases of breast-cancer, 102 gave an account of previous mental trouble, hard work, or other debilitating agency. Of 187 uterine ditto, 91 showed a similar history.” Doctors who saw patients who led more comfortable lives made other observations. The physician who treated Alexandre Dumas for cancer, G. von Schmitt, published a book on cancer in 1871 in which he listed “deep and sedentary study and pursuits, the feverish and anxious agitation of public life, the cares of ambition, frequent paroxysms of rage, violent grief” as “the principal causes” of the disease. ↩
6. The English doctor was Herbert Snow; the American doctor was Willard Parker. Both are quoted in Kowal, op. cit., pp. 223 and 221. ↩
7. August Flint and William H. Welch, *The Principles and Practice of Medicine* (fifth edition, 1881) cited in René and Jean Dubos, *The White Plague* (Little, Brown, and Company, 1952), p. 69. The Harvey quote is on p. 255. ↩
8. Keith Thomas, *Religion and the Decline of Magic* (Scribner’s, 1971), p. 9. ↩
9. Groddeck, op. cit., p. 101. ↩
10. An early statement of this view, now so much on the defensive, is in Samuel Butler’s *Erewhon* (1872). In *Erewhon*, those who murdered or stole are sympathetically treated as ill persons, while tuberculosis is punished as a crime. Butler thought criminality came from an unwholesome environment, and that TB was hereditary. ↩

Disease as Political Metaphor

Susan Sontag

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I

Punitive notions of disease have a long history, and such notions are particularly active with cancer. There is the “fight” or “crusade” against cancer; cancer is the “killer” disease; people who have cancer are “cancer victims.” Ostensibly, the illness is the culprit. But it is also the cancer patient who is made culpable. Widely believed psychological theories of disease assign to the ill the ultimate responsibility both for falling ill and for getting well. And conventions of treating cancer as no mere disease but a demonic enemy make cancer not just a lethal disease but a shameful one.

Leprosy in its heyday aroused a similarly disproportionate sense of horror. In the Middle Ages the leper was a social text in which corruption was made visible; an exemplum, an emblem of decay. Nothing is more punitive than to give a disease a meaning—that meaning being invariably a moralistic one. Any important disease, whose physical etiology is not understood, and for which treatment is ineffectual, tends to be awash in significance. First, the subjects of deepest dread (corruption, decay, pollution, anomie, weakness) are identified with the disease. The disease itself becomes a metaphor. Then, in the name of the disease (that is, using it as a metaphor), that horror is imposed on other things. The disease becomes adjectival. Something is said to be disease-like, meaning that it is disgusting or ugly. In French, a crumbling stone façade is still “*lépreuse*.”

Epidemic diseases were a common figure for social disorder. From pestilence (bubonic plague) came “pestilent,” whose figurative meaning, according to the *Oxford English Dictionary*, is “injurious to religion, morals, or public peace—1513”; and “pestilential,” meaning “morally baneful or pernicious—1531.” Feelings about evil are projected onto a disease. And the disease (so enriched with meanings) is projected onto the world.

In the past, such grandiloquent fantasies were regularly attached to the epidemic diseases, diseases that were a collective calamity. In the past two centuries, the diseases most often used as metaphors for evil were syphilis, tuberculosis, and cancer—all diseases imagined to be, preeminently, the diseases of individuals.

Syphilis was thought to be not only a horrible disease but a demeaning, vulgar one. Antidemocrats used it to evoke the desecrations of an egalitarian age. In a late note for his never completed book on Belgium, Baudelaire wrote:

We all have the republican spirit in our veins, like syphilis in our bones—we are democratized and venerealized.

In the sense of an infection that corrupts morally and debilitates physically, syphilis was to become a standard trope in late nineteenth- and early twentieth-century anti-Semitic polemics. In 1933 Wilhelm Reich argued that “the irrational fear of syphilis was one of the major sources of National Socialism’s political views and its anti-Semitism.”¹ But although he perceived sexual and political phobias being projected onto a disease in the grisly

harping on syphilis in *Mein Kampf*, it never occurred to Reich how much was being projected in his own persistent use of cancer as a metaphor for the ills of the modern era. Indeed, cancer can be stretched much further than syphilis can as a metaphor.

Syphilis was limited as a metaphor because the disease itself was not regarded as mysterious—only awful. A tainted heredity (Ibsen's *Ghosts*), the perils of sex (Charles-Louis Philippe's *Bubu de Montparnasse*, Mann's *Doctor Faustus*)—there was horror aplenty in syphilis. But no mystery. Its causality was clear, and understood to be singular. Syphilis was the grimmest of gifts, “transmitted” or “carried” by a sometimes ignorant sender to the unsuspecting receiver. In contrast, TB was regarded as a mysterious affliction, and a disease with myriad causes—just as today, while everyone acknowledges cancer to be an unsolved riddle, it is also generally agreed that cancer is multi-determined. A variety of factors—such as cancer-causing substances (“carcinogens”) in the environment, genetic makeup, lowering of immunodefenses (by previous illness or emotional trauma), characterological predisposition—are held responsible for the disease. And many researchers assert that cancer is not one but more than a hundred clinically distinct diseases, that each cancer has to be studied separately, and that what will eventually be developed is an array of cures, one for each of the different cancers.

The resemblance of current ideas about cancer's myriad causes to long-held but now discredited views about TB suggests the possibility that cancer may be one disease after all and that it may turn out, as TB did, to have one factor which causes it and need one program of treatment.² But the notion of myriad causes is characteristic of thinking about diseases whose etiology is not understood. And it is diseases thought to be multi-determined (that is, mysterious) that have the widest possibilities as metaphors for what is felt to be socially or morally wrong.

TB and cancer have been used (like syphilis) to express not only crude fantasies about contamination but also fairly complex feelings about strength and weakness, and about energy. For more than a century and a half, tuberculosis provided a metaphoric equivalent for delicacy, sensitivity, sadness, powerlessness; while whatever seemed ruthless, implacable, predatory, could be analogized to cancer. (Thus Baudelaire in 1852, in his essay “*L'école païenne*,” observes: “A frenzied passion for art is a cancer that devours the rest.”) TB was an ambivalent metaphor, both a scourge and an emblem of refinement. Cancer was never viewed other than as a scourge; it was, metaphorically, the barbarian within.

While syphilis was thought to be passively incurred, an entirely involuntary disaster, TB was once, and cancer is now, thought to be a pathology of energy, a disease of the will. Concern about energy (feeling), fears about the havoc it wreaks, have been attached to both diseases. Getting TB was thought to signify a defective vitality, or vitality misspent. “There was a great want of vital power...and great constitutional weakness”—so Dickens describes little Paul in *Dombey and Son*. The Victorian idea of TB as a disease of low energy (and heightened sensitivity) has its exact complement in the Reichian idea of cancer as a disease of unexpressed energy (and anaesthetized feelings). In an era in which there seemed to be no inhibitions on being productive, people were anxious about not having enough energy. In our own era of destructive overproduction by the economy and of increasing bureaucratic restraints on the individual, the fear is of having too much energy; or that energy is not being allowed to be expressed.

Like Freud's scarcity-economics theory of “instincts,” the fantasies about TB which arose in the last century (and lasted well into ours) echo the attitudes of early capitalist accumulation. One has a limited amount of energy, which must be properly spent. (Having an orgasm, in nineteenth-century English slang, was not “coming” but “spending.”) Energy, like savings, can be depleted, can run out or be used up, through reckless expenditure. The body will start “consuming” itself, the patient will “waste away.”

The language used to describe cancer evokes a different economic catastrophe: that of unregulated, abnormal, incoherent growth. Cancer cells, according to the textbook account, are cells that have shed the mechanism which “restrains” growth. (The growth of normal cells is “self-limiting,” due to a mechanism called “contact inhibition.”) Cells without inhibitions, cancer cells will continue to grow and extend over each other in a “chaotic” fashion, destroying the body’s normal cells, architecture, and functions.

Early capitalism assumes the necessity of regulated spending, saving, accounting, discipline—an economy that depends on the rational limitation of desire. TB is described in images of the negative behavior of nineteenth-century *homo economicus*: consumption; wasting; squandering of vitality. Advanced capitalism requires expansion, speculation, the creation of new needs (the problem of satisfaction and dissatisfaction); buying on credit; mobility—an economy that depends on the irrational indulgence of desire. Cancer is described in images of the negative behavior of twentieth-century *homo economicus*: abnormal growth; repression of energy, that is, refusal to consume or spend.

TB was understood, like insanity, to be a kind of one-sidedness: a failure of will or an overintensity. However much the disease was dreaded, TB always had pathos. Like the mental patient today, the tubercular was considered to be someone quintessentially vulnerable, and full of self-destructive whims. Nineteenth- and early twentieth-century physicians addressed themselves to coaxing their tubercular patients back to health. Their prescription was the same as the enlightened one for mental patients today: cheerful surroundings, isolation from stress and family, healthy diet, lots of rest.

The understanding of cancer supports quite different, avowedly brutal notions of treatment. (A common cancer hospital witticism, heard as often from doctors as from patients, is “The treatment is worse than the disease.”) There can be no question of pampering the patient. With the patient’s body considered to be under attack (“invasion”), the only treatment is counterattack.

The controlling metaphors in descriptions of cancer are not, in fact, drawn from economics but from the language of warfare. Thus cancer cells do not simply multiply; they are “invasive.” (“Malignant tumors invade even when they grow very slowly,” as one textbook puts it.) Cancer cells “colonize” from the original tumor to far sites in the body. And however “radical” the surgical intervention, however many “scans” are taken of the body landscape, most remissions are temporary; the prospects are that “tumor invasion” will continue, or that rogue cells will eventually regroup and mount a new assault on the organism.³

Treatment also has a military flavor. Radiotherapy uses the metaphors of aerial warfare; patients are “bombarded” with toxic rays. And chemotherapy is chemical warfare, using poisons.⁴ Treatment aims to “kill” cancer cells (without, it is hoped, killing the patient). Unpleasant side-effects of treatment are advertised, indeed overadvertised. (“The agony of chemotherapy” is a standard phrase.) It is impossible to avoid damaging or destroying healthy cells (indeed some methods used to treat cancer can cause cancer), but it is thought that nearly any damage to the body is justified if it saves the patient’s life. Often, of course, it doesn’t work. (As in: “We had to destroy Ben Suc in order to save it.”) There is everything but the body count.

US government medical research policy got started in 1927 in a frontier, bounty-hunting spirit, with a senator proposing that a \$5 million “reward” be posted for whoever collared cancer. (In 1977 \$815 million of federal money was given to the National Cancer Institute.) More recently, the fight against cancer has sounded like a colonial war. In a decade when colonial wars haven’t gone too well, this militarized rhetoric seems to be backfiring. Pessimism among doctors about the efficacy of treatment is growing, in spite of the strong advances in chemotherapy and immunotherapy made since 1970. A few years ago one science writer found American Cancer Society proclamations that cancer is curable and progress has been made “reminiscent of Vietnam optimism prior to the deluge.”⁵ Still, it should be possible to be skeptical about the rhetoric that surrounds cancer without concluding, as many doctors do, that cancer is not curable and that no real progress has been

made. The bromides of the American Cancer Society—self-appointed GHQ—tirelessly promising that cure for cancer; the professional pessimism of a large number of cancer specialists, talking like battle-weary officers, still unable to distinguish guerrillas from civilians, mired down in an interminable colonial war—such are the twin distortions of this military rhetoric about cancer.

As TB was represented as the spiritualizing of consciousness, cancer is understood as the overwhelming or obliterating of consciousness (by a mindless It). In TB, you are eating yourself up, being refined, getting down to the core, the real you. In cancer, nonintelligent (“primitive,” “embryonic”) cells are multiplying, and you are being replaced by the non-you. Immunologists class the body’s cancer cells as “nonself.”

It is worth noting that Reich, who did more than anyone else to disseminate the psychological theory of cancer, also found something equivalent to cancer in the biosphere.

There is a deadly orgone energy. It is in the atmosphere. You can demonstrate it on devices such as the Geiger counter. It’s a swampy quality.... Stagnant, deadly water which doesn’t flow, doesn’t metabolize. Cancer, too, is due to the stagnation of the flow of the life energy of the organism.⁶

Reich’s language has its own inimitable looniness. But more and more—as its metaphoric uses gain in credibility—cancer is felt to be what he thought it was. A cosmic disease: the emblem of all the destructive, alien powers to which the organism is host.

As TB was a disease of the sick self, cancer is a disease of the Other. Cancer proceeds by a science-fiction scenario: an invasion of “alien” or “mutant” cells, stronger than normal cells (*Invasion of the Body Snatchers*, *The Incredible Shrinking Man*, *The Blob*, *The Thing*). In a science-fiction tale by Tomasso Landolfi, the spaceship is called “Cancerqueen.” (It is hardly within the range of the metaphor of tuberculosis that Landolfi could have called it “TB-Queen.”) When not being explained away as something psychological, cancer is being magnified and projected into a metaphor for the Other—the biggest enemy, the farthest goal. Thus Nixon’s bid to match Kennedy’s promise to put Americans on the moon was, appropriately enough, the promise to “conquer” cancer. Both were science-fiction ventures. And the federal legislation of 1971, “The Conquest of Cancer Act,” did not envisage the near-to-hand decisions that could control the politics and the industrial economy that pollutes—only the great destination: the cure.

TB was a disease in the service of a romantic view of the world. Cancer is now in the service of a simplistic view of the world that can turn paranoid. The disease is often experienced as a form of demonic possession—tumors are “malign” or “benign,” like forces—and many terrified cancer patients are disposed to seek out faith healers, to be exorcised. (Perhaps right-wing groups are the main organized support for quack cures like Laetrile because they also share a paranoid view of the world.) For the more sophisticated, cancer signifies the punitive rebellion of the biosphere: Mother Nature taking revenge on a wicked technocratic world. The industrial civilization is causing undreamed of damage; the springs are silent; and it is regularly estimated that 70 or 80 percent, or between 80 and 90 percent, of all cancers are “environmentally caused.”

To the accompaniment of this numbers game (it is difficult to see how *any* statistics about “all cancers” could be defended), cigarettes, hair dyes, bacon, saccharine—a lengthening roll call of products we consume—have been found to cause cancer. X-rays give cancer (the treatment meant to cure kills); so does the light emitted by the television set and the florescent clock face. As with syphilis, an innocent or trivial act—or exposure—in the present can have dire consequences far in the future. It is also known that cancer rates are high for workers in a large number of industrial occupations. Whatever the exact processes of causation lying beneath these statistics may be—and they remain unknown—cancer is not the sin of capitalism. Within their much more limited industrial capacities, the Russians can pollute worse than we do.

The medieval experience of the plague was firmly tied to notions of moral pollution, and people invariably looked for a scapegoat external to the stricken community. (Massacres of Jews in unprecedented numbers took place everywhere in plague-stricken Europe of 1347-1348, then virtually stopped as soon as the plague receded.) With the modern diseases, the scapegoat is not so easily separated from the patient. But much as these diseases individualize, they also pick up some of the metaphors of epidemic diseases. TB was associated with pollution (Florence Nightingale thought it was induced by “the foul air of houses”) and now cancer is thought of as a disease of the contamination of the whole world. TB was “the white plague.” With awareness of environmental pollution people have started saying that there is an “epidemic” of cancer.

II

Illnesses have always been used as metaphors to express a sense of what was wrong socially. In Shakespeare, there can be an infection in the “body politic,” an abscess that has to be lanced. But full of disease imagery as the Elizabethan theater may be, it does not project the modern idea of a master illness—a *total* contagion of society.

Master illnesses like TB and cancer are used to define the ruling ideas of individual health, and to express a sense of dissatisfaction with society as a whole. Unlike the Elizabethan metaphors—in which illness denotes a social aberration or imbalance that is, in consequence, dislocating to individuals—the modern ones arise when the ideas about individual and society are coming to be polarized, with society conceived as the individual’s adversary. Disease metaphors are used to find society not out of balance but repressive. They turn up regularly in Romantic rhetoric which opposes heart to head, spontaneity to reason, nature to artifice, country to city.

When travel to a better climate was invented as a treatment for TB in the early nineteenth century, the most contradictory destinations were proposed. The south, mountains, deserts, islands—their very diversity suggests what they have in common: the rejection of the city. In *La Traviata*, when Alfredo wins Violetta’s love, his first act is to move her from unhealthy wicked Paris to the wholesome countryside: instant health follows. And Violetta’s giving up on happiness is tantamount to leaving the country and returning to the city—where her doom is sealed, her TB returns, and she dies.

The metaphor of cancer expands the theme of the rejection of the city. In *Lost Illusions*, in the section called “A Provincial Celebrity in Paris,” Balzac describes Lucien de Rubempré after a literary party:

This evening he had seen things as they are. And instead of being seized with horror at the spectacle of that cancer in the very heart of Paris...he was intoxicated with the pleasure of being in such intellectually brilliant society. These remarkable men, with their dazzling armor of vice....

Before the city was understood as, literally, a cancer-causing (carcinogenic) environment, the city was seen as itself a cancer—a place of abnormal, unnatural growth, and extravagant, devouring, armored passions.

Throughout the nineteenth century, disease metaphors become more virulent, preposterous, demagogic. And there is an increasing tendency to call any situation one disapproves of a disease. Disease, which could be considered as much a part of nature as is health, became the synonym of whatever was “unnatural.” In *Les Misérables*, Hugo wrote:

Monasticism, such as it existed in Spain and as it exists in Tibet, is for civilization a sort of tuberculosis. It cuts off life. Quite simply, it depopulates. Confinement, castration. It was a scourge in Europe.

The French physician Bichat in 1800 defined life as “the ensemble of functions which resists death.” That contrast between life and death was to be transferred to a contrast between life and disease. Disease (now equated with death) is what opposes life.

In 1916, in an article, “Socialism and Culture,” Gramsci denounced

the habit of thinking that culture is encyclopedic knowledge.... This form of culture serves to create that pale and broken-winded intellectualism...which has produced a whole crowd of boasters and day-dreamers more harmful to a healthy social life than tuberculosis or syphilis microbes are to the body’s beauty and health....

In 1919 Mandelstam paid the following tribute to Pasternak:

To read Pasternak’s verse is to clear one’s throat, to fortify one’s breathing, to fill one’s lungs; such poetry must be healthy, a cure for tuberculosis. No poetry is healthier at the present moment. It is like drinking *koumiss* after canned American milk.

And Marinetti, denouncing communism in 1920:

Communism is the exasperation of the bureaucratic cancer that has always wasted humanity. A German cancer, a product of the characteristic German preparationism. Every pedantic preparation is anti-human....

It is for the same thing that the protofascist Italian writer attacks communism and the future founder of the Italian Communist Party attacks a certain bourgeois idea of culture (“truly harmful, especially to the proletariat,” Gramsci says)—for being artificial, pedantic, rigid, lifeless. Both TB and cancer have been regularly invoked to condemn repressive practices and ideals, repression being conceived of as an environment that deprives one of strength (TB) or of flexibility and spontaneity (cancer). And to invoke an ideal of social well-being that is analogized to physical health, and not necessarily an ideal of political order.

Illness as a metaphor for political disorder is one of the oldest notions of political philosophy. If it is plausible to compare the *polis* to an organism, then it is plausible to compare civil disorder to an illness. And the classical formulations which analogize a political disorder to an illness—from Plato to, say, Hobbes—presuppose the classical medical (and political) idea of balance. Illness comes from imbalance. Treatment is aimed at restoring the right balance—in political terms, the right hierarchy. The prognosis is always, in principle, optimistic. Society never, by definition, catches a fatal disease.

When a disease image is used by Machiavelli, the presumption is that the disease can be cured. “Consumption,” he wrote,

in the commencement is easy to cure, and difficult to understand; but when it has neither been discovered in due time, nor treated upon a proper principle, it becomes easy to understand, and difficult to cure. The same thing happens in state affairs, by foreseeing them at a distance, which is only done by men of talents, the evils which might arise from them are soon cured; but when, from want of foresight, they are suffered to increase to such a height that they are perceptible to everyone, there is no longer any remedy.

Machiavelli invokes TB as a disease whose progress can be cut off, if it is detected at an early stage (when its symptoms are barely visible). Given proper foresight, the course of a disease is not irreversible; the same for disturbances in the body politic. Machiavelli offers an illness metaphor that is not so much about society as

about statecraft (conceived as a therapeutic art): as prudence is needed to control serious diseases, so foresight is needed to control social crises. It is a metaphor about foresight, and a call to foresight.

In political philosophy's great tradition, the analogy between disease and civil disorder is proposed to encourage rulers to pursue a more rational policy. "Although nothing can be immortal which mortals make," Hobbes writes,

yet, if men had the use of reason they pretend to, their Common-wealths might be secured, at least, from perishing by internal diseases.... Therefore when they come to be dissolved, not by externall violence, but intestine disorder, the fault is not in men, as they are the *Matter*; but as they are the *Makers*, and orderers of them.

Hobbes's view is anything but fatalistic. Rulers have the responsibility and the ability (through reason) to control disorder. For Hobbes murder ("externall violence") is the only "natural" way for a society or institution to die. To perish from internal disorder—analyzed to a disease—is suicide, something quite preventable; an act of will, or rather a failure of will (that is, of reason).

The disease metaphor was used in political philosophy to reinforce the call for a rational response. Machiavelli and Hobbes fixed on one part of medical wisdom, the importance of cutting off serious disease early, while it is relatively easy to control. The disease metaphor could also be used to encourage rulers to another kind of foresight. In 1708 Lord Shaftesbury writes:

There are certain humours in mankind which of necessity must have vent. The human mind and body are both of them naturally subject to commotions...as there are strange ferments in the blood, which in many bodies occasion an extraordinary discharge.... Should physicians endeavour absolutely to allay those ferments of the body, and strike in the humours which discover themselves in such eruptions, they might, instead of making a cure, bid fair perhaps to raise a plague, and turn a spring ague or an autumn surfeit into an epidemical malignant fever. They are certainly as ill physicians in the body politic who would needs be tampering with these mental eruptions, and, under the specious pretence of healing this itch of superstition and saving souls from the contagion of enthusiasm, should set all nature in an uproar, and turn a few innocent carbuncles into an inflammation and mortal gangrene.

Shaftesbury's point is that it is rational to tolerate a certain amount of irrationality ("superstition," "enthusiasm"), and that stern repressive measures are likely to aggravate disorder rather than cure it, turning a nuisance into a disaster. The body politic should not be overmedicalized; a remedy should not be sought for every disorder.

For Machiavelli, foresight; for Hobbes, reason; for Shaftesbury, tolerance—these are all ideas of how proper statecraft, conceived on a medical analogy, can prevent a fatal disorder. Society is presumed to be in basically good health; disease (disorder) is, in principle, always manageable.

In the modern period the use of disease imagery in political rhetoric has another, much darker implication. The modern idea of revolution, based on the most despairing analysis of the existing political situation, shattered the old, optimistic use of disease metaphors. John Adams writes in his diary, in December 1772:

The Prospect before me...is very gloomy. My Country is in deep Distress, and has very little Ground of Hope... The Body of the People seem to be worn out, by struggling, and Venality, Servility and Prostitution, eat and spread like a Cancer.

Political events started commonly to be defined as being unprecedented, radical. As might be expected, it was not with the American but the French Revolution that disease metaphors in the modern sense came into their own—particularly in the conservative response to the French Revolution. In *Reflections on the Revolution in France* (1790), Edmund Burke contrasts older wars and civil disturbances with this one, which he considers to have a totally new character. Before, no matter what the civic disaster, “the organs...of the state, however shattered, existed.” Not so, he addresses the French, with their Revolution: “your present confusion, like a palsy, has attacked the fountain of life itself.”

As classical theories of the *polis* have gone the way of the four humors in theories of disease, so a modern idea of politics has been complemented by a modern idea of disease. Disease equals death. Burke referred to palsy (and to “the living ulcer of a corroding memory”). The emphasis was soon to be on diseases that are loathsome and fatal. Such diseases are not to be managed or treated; they are to be attacked. In Hugo’s novel about the French Revolution, *Quatre-vingt-treize* (1874), the revolutionary Gauvain, condemned to the guillotine, absolves the revolution with all its bloodshed, including his own imminent execution,

because it is a storm. A storm always knows what it is doing.... Civilization was in the grip of plague; this gale comes to the rescue. Perhaps it is not selective enough. Can it act otherwise? It is entrusted with the arduous task of sweeping away disease! In face of the horrible infection, I understand the fury of the blast.

It is hardly the last time that revolutionary violence would be justified on the grounds that society has a radical, horrible illness. The melodramatics of the disease metaphor in modern political discourse assume a punitive notion: not of the disease as a punishment but as a sign of evil, something *to be* punished.

Modern totalitarian movements, whether of the right or the left, have been peculiarly—and revealingly—inclined to use disease imagery. The Nazis said that someone of mixed “racial” origin was like a syphilitic. European Jewry was repeatedly analogized to syphilis, and to a cancer that must be excised. Disease metaphors were a staple of Bolshevik polemics, and Trotsky, the most gifted of all communist polemicists, used them with the greatest profusion—particularly after his banishment from the Soviet Union in 1929. Stalinism was called a cholera, a syphilis, and a cancer.⁷ To use only fatal diseases for imagery in politics gives the metaphor a much more pointed character. Now, to liken a political event or situation to an illness is to impute guilt, to prescribe punishment.

This is particularly true of the use of cancer as a metaphor. It amounts to saying, first of all, that the event or situation is unqualifiedly and unredeemably wicked. It enormously ups the ante. In Hitler’s first recorded speech, an anti-Semitic diatribe delivered in 1919, he accused the Jews of producing “a racial tuberculosis among nations.”⁸ Tuberculosis still retained its prestige as the overdetermined, culpable illness of the nineteenth century. (Recall Hugo’s comparison of monasticism with TB.) But the Nazis quickly modernized their rhetoric, and indeed the imagery of cancer was far more apt for their purposes. As was said in speeches about “the Jewish problem” throughout the 1930s, to treat a cancer one must cut out much of the healthy tissue around it. The imagery of cancer for the Nazis prescribes “radical” treatment, in contrast to the “soft” treatment thought appropriate for TB—the difference between sanatoria (that is, exile) and surgery (that is, crematoria). (The Jews were also identified with, and became a metaphor for, city life—with Nazi rhetoric echoing all the Romantic clichés about cities as a debilitating, merely cerebral, morally contaminated, unhealthy environment.)

To describe a phenomenon as a cancer is an incitement to violence. The use of cancer in political discourse encourages fatalism and “severe” measures—as well as strongly reinforcing the popular perception that the disease is necessarily fatal. The concept of disease is never innocent. But it could be argued that the cancer metaphors are in themselves implicitly genocidal. No specific political view seems to have a monopoly on this

metaphor. If Hitler called the Jews the cancer of Europe, Trotsky called Stalinism the cancer of Marxism, and in China in the last year the Gang of Four have become, among other things, “the cancer of China.” John Dean called Watergate “the cancer on the presidency.”

The standard metaphor of Arab polemics—heard by Israelis on the radio every day for the last twenty years—is that Israel is “a cancer in the heart of the Arab world” or “the cancer of the Middle East,” and an officer with the Christian Lebanese rightist forces besieging the Palestine refugee camp of Tal Zaatar in August 1976 called the camp “a cancer in the Lebanese body.”² The cancer metaphor seems hard to resist for those who wish to register indignation. Thus Neal Ascherson wrote in 1969 that the Slansky Affair “was—is—a huge cancer in the body of the Czechoslovak state and nation”; Simon Leys, in *Chinese Shadows*, speaks of “the Maoist cancer that is gnawing away at the face of China”; D.H. Lawrence called masturbation “the deepest and most dangerous cancer of our civilization”; and I once wrote, in the heat of despair over America’s war on Vietnam, that “the white race is the cancer of human history.”

But how to be morally severe in the late twentieth century? How, when there is so much to be severe about; how, when we have a sense of “evil” but no longer the religious or philosophical language to talk intelligently about evil. Trying to comprehend “radical” or “absolute” evil, we search for adequate metaphors. But the modern disease metaphors are all cheap shots. The people who have the real disease are also hardly helped by hearing their disease’s name constantly being dropped as the very epitome of evil. Only in the most limited sense is any historical event or problem like an illness. And the cancer metaphor is particularly crass. It is invariably a call to simplification—always to be resisted. And it is, in most cases, a justification of fanaticism, of harsh measures, including, usually, violence.

It is instructive to compare the image of cancer with that of gangrene. With some of the same metaphoric properties as cancer—it starts from nothing; it spreads; it is disgusting—gangrene would seem to be laden with everything a polemicist would want. Indeed, it was used in one important moral polemic—against the French use of torture in Algeria in the 1950s; the title of the famous book exposing that torture was called *La Gangrène*. But there is a large difference between the cancer and the gangrene metaphors. First, causality is clear with gangrene. It is external—gangrene can develop from a scratch; cancer is internal, as well as external. Second, gangrene is not as all-encompassing a disaster. It leads (often) to amputation, less often to death; cancer is presumed to lead to death in most cases. Not gangrene—and not the plague (despite the notable attempts by writers as different as Artaud, Reich, and Camus to impose that as a metaphor for the dismal and the disastrous)—but cancer remains the most “radical” of disease metaphors. And just because it is so radical it is particularly tendentious—a good metaphor for paranoids, for those who need to turn campaigns into crusades, for the fatalistic (cancer = death), and for those under the spell of ahistorical revolutionary optimism (the idea that only the most “radical” changes are desirable). As long as so much militaristic hyperbole attaches to the description and treatment of cancer, it is a particularly unapt metaphor for the peace-loving.









It is, of course, likely that the language about cancer will evolve in the coming years. It must change, decisively, when the disease is finally understood and the rate of cure becomes much higher. It is already changing, with the development of new forms of treatment. As chemotherapy is more and more supplanting radiation in the treatment of cancer patients, an effective form of treatment (already a supplementary treatment of proven use) seems likely to be found in some kind of immunotherapy. Concepts have started to shift in certain medical circles, where doctors are concentrating on the steep buildup of the body’s immunodefensive system against cancer. As the language of treatment changes from an aggressive, militarized language to one centered on the body’s “natural defenses,” cancer will be partly demythicized; and it may then be possible to compare something to a cancer without implying either a fatalistic diagnosis or a rousing call to fight by any means whatever a lethal, insidious enemy. Then perhaps it will be morally permissible, as it is not now, to use cancer as a metaphor.

But at that time, perhaps nobody will want any longer to compare anything awful to cancer. Since the interest of the metaphor is precisely that it refers to a disease so overlaid with mystification, so charged with the fantasy of inescapable fatality. Since our views about cancer, and the metaphors we have imposed on it, are so much a vehicle for the large insufficiencies of this culture, for our shallow attitude toward death, for our anxieties about feeling, for our reckless improvident responses to our real “problems of growth,” for our inability to construct an advanced industrial society which properly regulates consumption, and for our justified fears of the increasingly violent course of history. The cancer metaphor will be made obsolete, I would predict, long before the problems it has reflected so persuasively will be resolved.

(This is the third part of a three-part article.) ■

Susan Sontag

Susan Sontag (1933–2004) was a novelist, playwright, filmmaker, and one of the most influential critics of her generation. Her books include *Against Interpretation*, *On Photography*, *Illness as Metaphor*, and *The Volcano Lover*.

1. Wilhelm Reich, *The Mass Psychology of Fascism* (Farrar, Straus and Giroux, 1971), p. 82. 
2. Since writing the above, I have come across a similar speculation by Lewis Thomas, president of the Memorial Sloan-Kettering Cancer Center. Dr. Thomas is quoted (*The New Yorker*, January 2, 1978) as saying: “It has become something of a popular notion to say that the diseases we are left with now that we have got rid of the major infections are in some sense so complicated and so multifactorial, as the term goes—that they have something to do with the environment, or have something to do with stress and the pace of modern living—that we can’t do anything about them until society itself is remade.” 
3. Every physician and every attentive cancer patient will be familiar with, if perhaps inured to, this military terminology. Those unfamiliar with the metaphors might try the chapter “Principles of Neoplasia” by Emil Frei III and Gerald P. Bodey, in *Harrison’s Principles of Internal Medicine*, seventh edition (McGraw-Hill, 1975), pp. 1684-1689. 
4. Drugs of the nitrogen mustard type (so-called alkylating agents)—like Cyclophosphamide (Cytosan)—were the first generation of cancer drugs. Their use was suggested by the findings of autopsies performed on a large number of American sailors fatally gassed toward the end of World War II, when their ship, loaded with poison gas, was blown up in the Naples harbor. 
5. Daniel Greenberg, ” ‘The War on Cancer’: Official Fiction and Harsh Facts,” *Science and Governmental Report*, Vol. 4 (December 1, 1974). 
6. *Reich Speaks of Freud* (Farrar, Straus and Giroux, 1967), p. 89. The Reichian imagery of energy checked, not allowed to move outward, then turned back on itself, driving cells berserk—all this, in its more respectable version as a theory of the psychological causation of cancer, is already the stuff of science fiction. 
7. Cf. Isaac Deutscher, *The Prophet Outcast: Trotsky, 1929-1940* (Oxford University Press, 1963), p. 431: ” ‘Certain measures,’ Trotsky wrote to [Philip] Rahv [on March 21, 1938], ‘are necessary for a struggle against incorrect theory, and others for fighting a cholera epidemic. Stalin is incomparably nearer to cholera than to a false theory. The struggle must be intense, truculent, merciless. An element of “fanaticism” is salutary.’ ” And *ibid.*, p. 425: “Trotsky spoke of the ‘syphilis of Stalinism’ or of the ‘cancer that must be burned out of the labour movement with a hot iron.’ ” Meyer Schapiro has called my attention to an article written in late 1939 by Trotsky denouncing two former disciples (Max Schachtman and James Burnham) with the title “From Scratch to Gangrene.” This was a favorite Bolshevik metaphor, meaning that party members who deviate only slightly invariably end up as full-fledged counterrevolutionaries. 
8. “[The Jew’s] power is the power of money which in the form of interest effortlessly and interminably multiplies itself in his hands and forces upon nations that most dangerous of yokes. Everything which makes men strive for higher things, whether religion, socialism, or democracy, is for him only a means to an end, to the satisfaction of a lust for money and domination. His activities produce a racial tuberculosis among nations.” In *Documents on Nazism, 1919-1945*, edited by Jeremy Noakes and Geoffrey Pridham (Viking, 1975), p. 37. A late nineteenth-century precursor of Nazi ideology, Julius Langbehn, called the Jews the cholera of Europe (Fritz Stern, *The Politics of Cultural Despair* [University of California Press, 1961], p. 42). But in Hitler’s TB image there is already something easily transferred to cancer: the idea that Jewish power “effortlessly and interminably multiplies.” 
9. “Tal Zaatar, in Ruins, Has Symbolic Value,” *International Herald-Tribune*, August 10, 1976. 