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Illness and heroics: On counter-narrative and counter-metaphor in the discourse on cancer

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Abstract: This article explores the nexus between narrative and metaphor by examining a specific and widespread metaphor in the discourse on cancer, namely “the war against cancer”, and paying attention to the function it has in the narratives we tell about cancer – personally as well as culturally and politically. Of special interest is how this dominant metaphor has a negative consequence in relation to the seriously and incurably ill, who are necessarily positioned as ‘losers’. The concepts of master and counter-narrative are applied to describe this and show how the war metaphor can be generatively turned against itself and function as the basis for counter-narratives of being ill. In the final part of the article, attention is paid to Danish author Maria Gerhardt’s autofictional novel *Transfervindue. Fortællinger om de raskes fejl* (2017) [Transfer Window: Narratives about the flaws of the healthy] as an example of a productive extension of the war metaphor. The general aim is to argue that the ‘war against cancer’ metaphor is complex and simultaneously plays a positive and negative role in health discourse. On the one hand, it structures the general effort for treatment of and research on cancer. On the other hand, it positions the incurable as losers. It is, however, argued that we cannot eradicate this metaphor from language, and that we should instead find examples of extensions of the metaphor where e.g. ‘protection’, ‘peace-keeping’ and ‘exile’ are active.

Keywords: counter-narrative, metaphor, cancer

1 Introduction

...the language used around cancer seems to revolve around wartime rhetoric: battle, fight, warrior, beat. While I recognise that these violent words may help others on their journey with cancer, as someone who is never going to “win her battle” with this disease, I find them uncomfortable and frustrating to hear. (Granger 2014)

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When professional cyclist Lance Armstrong recovered from testicular cancer in 1996, the media and others were quick to relate his established sports-character profile as a ‘fighter’ to how he ‘won’ his ‘fight against’ cancer.

Armstrong is not the only one who has been ‘fighting’ cancer. Quite the contrary, the fight/battle/war metaphor is widespread and deeply embedded in the discourse on cancer. In media coverage of new scientific breakthroughs, in political discourse regarding allocation of resources to the field, in obituaries, blogs and conversation, the war metaphor is the most common discourse for cancer (Gustafsson and Hommerberg 2016; Semino et al. 2016; Sontag 1978).

In this article, I will examine the ‘war against cancer’ metaphor and pay attention to the function it has in the narratives we tell about cancer, personally as well as culturally and politically. Of particular interest to me is how this dominant metaphor has a negative consequence in relation to the seriously and incurably ill. I bring in the concepts of master and counter-narrative to describe this, and I show how the war metaphor can be generatively turned against itself and function as the basis for counter-narratives of being ill. In the final part of the article, I pay attention to Danish author Maria Gerhardt’s autofictional novel *Transfervindue. Fortællinger om de raskes fejl* (2017) [Transfer Window: Narratives about the flaws of the healthy] as an example of a productive extension of the war metaphor. My general aim is to argue that the ‘war against cancer’ metaphor is complex and simultaneously plays a positive and negative role in health discourse. On the one hand, it structures the general effort for treatment of and research on cancer. On the other hand, it positions the incurable as losers. My argument is, however, that we cannot do without this metaphor, and that attempts to replace it are likely to fail. Instead, we should find examples of extensions of the metaphor where e.g. ‘protection’, ‘peace-keeping’ and ‘exile’ are active.

2 Narrative and metaphor – master and counter

It is generally acknowledged that our identities are created and made coherent through the narratives we tell about ourselves and others (Bruner 2004; McAdams 2001; Pasupathi and Hoyt 2009). By integrating our life experience into an internalized and constantly developing story of the self, we form our identities and provide them with an idea of unity and direction. To some degree, the narratives we tell are guided by cultural and societal master narratives, that is, paradigmatic stories of norms and values, morality and ethics, of the good and the right in relation to behaviour and actions. The scale of mastering narratives is wide and stretches from what Jean François Lyotard (1979) called the *grand récit* of western

culture (Christianity, liberalism, Marxism) to contemporary dominant narratives in political and cultural discourses about e.g. heteronormativity, ethnicity, ‘the good life’, etc. But not everyone can relate to these master narratives, and this detachment can cause resistance, individually or in groups and communities. The resistance generates what has been called ‘counter-narratives’ (Bamberg and Andrews 2004) or ‘counterstories’ (Nelson 2001).

The concept of counter-narrative has its origin in the fields of sociology and identity research. Molly Andrews described counter-narratives as “the stories which people tell and live which offer resistance, either implicitly or explicitly, to dominant cultural narratives” (Andrews 2004: 1), whereas Hilde Lindemann Nelson developed the concept ‘counterstories’ within the framework of moral philosophy in a study of ‘damaged identities’. According to Nelson, a “person’s identity is damaged when a powerful social group views the members of her own, less powerful social group as unworthy of full moral respect, and in consequence unjustly prevents her from occupying valuable social roles or entering into desirable relationships that are themselves constitutive of identity.” (Nelson 2001: xii)

Nelson developed what she called “an analytical and practical tool”, namely “the counterstory”, which can repair the damage done to identity by replacing it with “identity-constituting counterstories that portray group members as fully developed moral agents”. And this is the core of counter-narrative or counterstories: It is stories of resistance that form the basis on which new identity can be established. The range of areas in which the concepts of master and counter-narrative have been applied includes a great variety of topics: race, gender, sexuality, ethnicity, education, class and organization (Bamberg and Andrews 2004; Frandsen et al. 2016; Nelson 2001; Piekut 2017).

Though the specific concepts of master and counter-narrative have not (yet) played any significant role in the study of illness identity, there are several parallel approaches. Among the most notable is Arthur Frank’s seminal *The Wounded Storyteller* (1995), which brought attention to the moral choices and social ethics of personal accounts of illness. G. Thomas Couser’s *Recovering Bodies* (1997) also makes a comparable approach by examining the “counter-discourse” established through various “autopathographies” (p. 27), that is, accounts of illness and disability where patients address the damage done to their bodies by medical care.

Recent health communication studies have shown great interest in the metaphors used by patients, doctors, the public and politicians (Bleakley 2017). The theoretical framework has often been that of cognitive metaphor theory and the focus on conceptual metaphors as formulated by Lakoff and Johnson in *Metaphors we live by* (1980) (see e.g. Bleakley 2017; Penson et al. 2004; Reisfield and Wilson 2004; Skott 2002). Attention has been paid to the effect (positive or negative) of

these metaphors on the patients and in the treatment system. In that sense, the approach has had a focus on patient identity and how the strong conceptual metaphors in health discourse might have a hegemonic effect on the patients, which we will return to later. For now, we will only note that the approach to patient identity through the conceptual metaphors in health discourse shares an interest with the studies of counter-narratives, namely the interest in oppressed identity and the discourses/narratives this hegemony produces.

It is therefore also evident that pairing the two approaches would be beneficial insofar as they explore two important but different and to some extent independent aspects of discourse. Nonetheless, as Lori D. Bougher remarks, “metaphor and narrative have been examined predominantly in isolation from one another”, and we are still in need of a “unified cognitive model” (Bougher 2015: 250) to handle this double structure. Monika Fludernik also notes that metaphor “in narrative is a curiously under-researched topic” (2009: 109), and that “metaphor has predominantly been regarded as a poetic element” by narratology. This can, as Fludernik also hints, be seen as a natural outcome of Roman Jakobson’s observation that narrative and metaphor each relate to different aspects of language, combination (contexture) and selection (substitution) (Jakobson 1956). Without referring to Jakobson, this difference is clearly expressed by Bougher when she describes the cognitive, “heuristic” characteristics of narrative and metaphor:

Metaphor and narrative provide psychological structures that allow us to piece fragments of information together into a cohesive whole. With metaphor, we piece together bits of information by relying on our existing knowledge structures in other domains [substitution]; with narrative, we try to fit fragments into a running storyline [combination]. In both instances, we use embedded knowledge structures, grounded in everyday life, to make sense of our social world. (Bougher 2015: 251)

The relation between narrative and metaphor can at first glance be considered in two ways: The narrative uses the metaphor to express or illustrate its message. Or: The metaphor finds expression through a narrative. In some cases, the two structures interact more directly, as when a metaphor becomes a shortcut for a narrative and captures the story in a single, complex image (Mildorf 2007: Ch. 5) or provides compact versions of the narrative (Bougher 2015: 255). There can be interdependence and exchangeability between the two, but they are also autonomous. Metaphor can find expression without narrative, narrative without metaphor. But when present in the same message, the interaction should be studied, and when exploring the relation between master and counter-narratives, conceptual metaphors become even more interesting: What happens with the hegemonic metaphors of the master narratives if they are present in the counter-narratives?

3 The ‘war on cancer’ metaphor

Communicating about illness is by no means an easy task – neither for doctors and patients, for patients and their relatives, nor in political discourse. Not only is illness often a complex matter, needing the specialized discourses of medicine, chemistry and biology for exact description, but the emotional aspects of illness and its impact on patients and their relatives also complicate the communication. Doctors want to give the patient precise yet understandable information about their condition and the process of treatment, but they also know that it can have serious consequences for the patient’s wellbeing if s/he loses his/her hopes for recovery or simply does not understand what is at stake.

It is therefore not surprising that metaphors arise in the discourses of illness and treatment. Metaphors have both the function of expressing the complex, making it sensible, and of what we can consider as an act of externalization, with reference to Michael White and David Epston. With externalization, White and Epston refer to a practice in narrative therapy by which a client’s problem is spoken about by separating it from the person and his/her identity: “In this process, the problem becomes a separate entity and thus external to the person or relationship that was ascribed as the problem. Those problems that are considered to be inherent, as well as those relatively fixed qualities that are attributed to persons and to relationships, are rendered less fixed and less restricting.” (White and Epston 1990: 38)

Metaphors in cancer discourse have the same function, they are giving those involved in the communication the possibility of talking indirectly about what in literal terms might be too close to be spoken of, especially in relation to serious – that is, incurable or invalidating – illness.

As mentioned, the dominant metaphor of cancer is picked up from military discourse, that of ‘fight’, ‘battle’ and ‘war’. The discourse of cancer is that it is ‘invasive’ and ‘attacks’ the body. If treatment goes well, the cancer is in ‘retreat’; if it goes bad, the cancer ‘returns’. The patient and the doctor are ‘allies’ in the struggle against the cancer; the patient is (and should be) ‘fighting’ against it and is either ‘winning over’ or will be ‘losing to’ the disease if he or she is not cured.

This quite expanded metaphor is deeply rooted in Western culture (Bleakley 2017: Ch. 4). It has become a conceptual metaphor in the understanding of Lakoff and Johnson and serves as vocabulary for our societies’ master narratives about cancer and treatment – that is, stories about how the battles against cancer are fought and won, how science progresses in its cure and treatments, how families and relatives are affected and should act when cancer attacks one of its members.

As noted by e.g. Penson et al. (2004), this war metaphor is not new in illness discourse but rather has a long history. In 1627, when John Donne thought he was

dying, he wrote *Devotions Upon Emergent Occasions*: “We study health, and we deliberate upon our meats, and drink, and air, and exercises, and we hew and we polish every stone that goes to that building; and so our health is a long and a regular work: but in a minute a cannon batters all, overthrows all, demolishes all; a sickness unprevented for all our diligence” (Donne 1959 [1627]: 7). The metaphor of war is recurring in the text – here, for example, in the form of siege and rebellious fever: “The brain will hold out longer than it, and the liver longer than that; they will endure a siege; but an unnatural heat, a rebellious heat, will blow up the heart, like a mine, in a minute” (p. 69–70).

Nonetheless, Michael Stolberg writes that war metaphors in relation to cancer were not common in the late fifteenth and sixteenth centuries. In Latin, ‘cancer’ refers to ‘crab’ or ‘crayfish’, and the same meaning is found in the German ‘Krebs’, metaphorically illustrating how the “cancerous tumors ‘ate’ their way into the surrounding flesh and through the skin” (Stolberg 2014: 58). But insofar as neither crabs or crayfish were considered aggressive animals, one hardly finds physicians writing about cancer ‘feeding’ on the patients’ flesh. In their writings, early modern medical writers instead evoked a plant metaphor, referring to the deep roots of the cancer, making it nearly impossible to eliminate.

Alan Bleakley observes that it was through Thomas Sydenham’s (1624–1689) works in the mid-seventeenth century that the notion of ‘fighting’ disease as combat entered Western medicine: “Sydenham described medical intervention as if he were vigorously using an assault weapon: ‘I attack the enemy within’, and ‘A murderous array of disease has to be fought against, and the battle is not a battle for the sluggard’” (Bleakley 2017: 61). According to Bleakley, however, Sydenham’s metaphors did not constitute a dominant discourse at the time. It was not until two centuries later that this happened, through Louis Pasteur’s (1822–1895) “biomilitarism”, “an unashamedly active, militaristic language, in which diseases ‘attacked’ persons” (p. 61). This metaphoric practice served as the ground for the metaphorical discourse which today is totally naturalized, close to what could be considered ‘dead metaphors’.

It is not the time and place here to explore the long history of the war/military metaphors’ function in relation to illness, medicine and healthcare, but another, more recent example deserves mentioning due to its status in collective, political discourse: In 1971, the first comprehensive national cancer legislation was effectuated in the United States, when President Richard Nixon signed the National Cancer Act. The act was announced by Nixon as a war on cancer, and he stated that the “enactment of this legislation culminates a yearlong effort to launch an unprecedented *attack* against cancer [...]. The effort to *mobilize* a concerted national *campaign* against cancer has continued to make significant progress [...] Now this year of preparation for an *all-out assault* on cancer comes to a climax

with the signing of the National Cancer Act. [...] [T]he launching of our *great crusade* against cancer should be a cause for new hope among people everywhere” (Nixon 1971: my emphasis).

The rhetoric of the statement is characterized by a very strong use of the war metaphor – giving it both a historical and religious dimension, by bringing in a crusader perspective too. But the most interesting aspect is that military metaphorical discourse also had an effect on the organization and the power given to the National Cancer Institute (NCI), as well as advisory boards and panels: As the US Armed forces, these reported directly to the President, and the act granted authority to the NCI to bypass traditional budgetary mechanisms and submit requests for funds directly to the President. It was not just metaphorically that Nixon declared war on cancer; he also did it literally through his practice.

As shown by Donald A. Schön in his work on ‘generative metaphors’ in problem-setting in socio-political discourses (Schön 1979), a metaphorical discourse not only functions as a way of speaking and thinking, it also has an impact on our organization and action. Schön argues that “the essential difficulties in social policy have [...] more to do with ways in which we frame the purposes to be achieved than with the selection of optimal means for achieving them” (p. 255). Schön relates this to the stories people tell about their “troublesome” situations and the metaphors of the discourse. He argues that “the framing of problems often depends upon metaphors underlying the stories which generate problem setting and set the direction of problem solving”. Schön analyses e.g. the case of slum housing and shows how two different metaphors in the socio-political discourse set two very different approaches to problem-solving. In one case, the underlying metaphor was that the slum was a “natural community” (p. 263). This set a frame where problem-solving was focused on enhancing the life of the community. In another case, the slum quarter was described as a “blight” (p. 262) and in terms of “disease” (p. 265), promoting a discourse and practice governed by the corresponding medical remedies, including surgery to remove the blight. This is also the case in relation to Nixon’s framing of the National Cancer Act. The war metaphor is not only a feature of discourse but sets the frame for actions and practice.

4 Alternative, generative metaphors

According to Schön, many of the metaphors we use in socio-political discourse remain “tacit”, and we are often unaware of their ability to shape perception and our understanding of social situations. Schön argues that there is a danger for such tacit metaphors to become counterproductive, since they can constrain and

negatively control how we shape and act in the world. But if, on the contrary, we are aware of the metaphor, we are given the opportunity to act and expand or even change the frame for problem-setting. This, Schön states, can be conceived of as the development of “generative metaphors” (p. 255). A generative metaphor allows for new ways of thinking about a problem or topic and for restructuring the frames for problem-setting, which we will return to in a moment.

As referred to above, extensive work on the war/military metaphor in relation to cancer has been done within the framework of medicine and health communication. To some extent, the studies come to the same conclusion, namely that the metaphor does play a significant positive role when it comes to both the socio-politico-economical aspects (that is, raising public and political awareness and money for research and treatment – nothing brings people together like a common threat and a need to go to war) and the personal, patient-in-treatment aspects. The war metaphor keeps the patient’s spirits up during treatment, and it makes the communication between patient and doctor, and patient and family, easier (Reisfield and Wilson 2004: 4024).

Nonetheless, there is also a common agreement that the war metaphor has negative sides. In her essay “Illness as Metaphor” (1978), Susan Sontag brings attention to a multitude of problems in the war-on-cancer metaphorical discourse. The discourse victimizes the cancer patient and puts the responsibility for both getting the disease and for getting rid of it on the patient (Ch. 8). Furthermore, cancer is being used metaphorically in socio-political discourses. Fears of uncontrolled and invasive changes in society are spoken of in terms of the bodily changes we use to communicate about cancer (Ch. 9). This puts even more psychological and existential pressure on the patient.

This negative side of the war metaphor is even more manifest when it comes to terminally ill cancer patients. It takes a special effort to carry the emotional weight of ‘losing’ the battle, both for the patient and their relatives, just as the experience of having ‘failed’ and not having ‘fought enough’ is a negative outcome. This same emotion happens to strike family and relatives insofar as the lack of a cure leaves the patient as the weak and defeated party, the one who has ‘been beaten’, disturbing the relatives’ memory and the identity of the incurable. In 2014, British medic Kate Granger suffered from cancer and wrote a now famous comment in *The Guardian*, distancing herself and her situation from the war metaphor: “When I do die, I will have defied the prognosis for my type of cancer and achieved a great deal with my life. I do not want to feel a failure about something beyond my control. I refuse to believe my death will be because I didn’t battle ‘hard enough’” (Granger 2014). What Granger expresses here is a common feeling among patients in long-term treatment. They find themselves as being the field for a battle between forces they feel detached from and without

direct influence on (the cancer and the medics); others, also in long-term treatment, find that the seemingly endless ‘fight’ is devastating and that they cannot mobilize their ‘spirit’ anymore. In Penson et al. (2004), a paediatric oncologist explains that in their team they had special concerns regarding using the war metaphor with children, since even very young children quite quickly learn to associate war and battles with dying and death. In that sense, the metaphor could work negatively and scare the child.

Serious illness has immense influence on the identity of the individual. The illness becomes a focus point in their self-narrative, often in a way where everything that has taken place before the period of illness is standing in the shadow of the disease. This is, of course, not strange at all, taking into consideration that whatever was planned for the future now needs to be changed. And it is also obvious that as long as it is possible that the patient will recover, the military/war metaphor gives a framework where the patient can still maintain an identity as being active and taking care of himself/herself with the aim of finding a way back to the original and now disturbed self-narrative. But as soon as the possibilities for a cure diminish, the war metaphor becomes an obstacle for the self-narrative. The patient’s role in the dominant master narrative changes from ‘fighter’ to ‘victim’ or even ‘loser’. Here, we see the suppressive side of the war metaphor and the basis on which counter-narratives might arise due to the damage done to the incurable person’s identity by the master narrative on cancer treatment. As quoted above, Nelson argued that “a person’s identity is damaged when a powerful social group views the members of her own, less powerful social group as unworthy of full moral respect, and in consequence unjustly prevents her from occupying valuable social roles or entering into desirable relationships that are themselves constitutive of identity” (Nelson 2001: xii). In our case, this is manifested not so much as the powerful group (the healthy) finding the less powerful group (the ill) unworthy of full moral respect, but as victimization of the ill and a forced positioning of them in a fighter role.

There are therefore solid grounds for new, generative metaphors (Schön) to occur. Based on interviews with cancer patients, Carola Skott (2002) demonstrates how some patients invent their own metaphors to express their personal cancer narrative and consciously or unconsciously detach themselves from the war metaphor. One patient described her cancer as something that is “hollowing out, something eating, and moving around in tissues, and in the blood”, that is, an alien organism that has moved into the patient’s body. Another described it in similar, but less frightening terms, as “a garlic with lots of roots moving around” (p. 232). Yet another patient described the chemotherapy as a “Christmas clean-up”, signalling necessity, end of the year and the party, etc. The second most-used metaphor on cancer and treatment is ‘the journey’ (Semino et al. 2017). As

Reisfield and Wilson note, this metaphor “allows for discussions of goals, direction, and progress. Quieter than the military metaphor, it still has the depth, richness, and gravitas to be applicable to the cancer experience” (p. 4026).

What characterizes these alternatives is that they are all substitutes. They are generative in the sense that they restructure the framing of the issue in focus and open up new ways of conceiving it, thereby providing a basis for those involved to tell alternative stories and create a new identity. But there are also examples where the war metaphor is maintained but considered from another perspective. Skott refers to a patient who described chemotherapy with reference to the war metaphor as “UN soldiers”:

Cancer is ... when you speak of cancer it is almost the same as death; it is a path to ... The first time I expressed that I had cancer ... people asked me if I felt something growing inside but I do not feel like that. It is rather some foreign stuff around in my body that we will beat and kill. So those soldiers they are sending in now, they will drive it back as far as possible and keep it in place ... I mean you have things like war and then you have got the UN—you can see it like the UN. I will focus on this, that I have the UN, and go on with this therapy to stay alive. (p. 232)

Where the other patients mentioned created new, alternative metaphors to describe their condition and situation (the alien, the garlic, the clean-up, the journey), this patient stuck to the military metaphor but opened up a new perspective on it, telling another story not present in the master narrative: The chemo is not ‘send in’ as troopers battling the cancer but instead as a peace-making force.

We can explain what is happening in this example as an ‘extended metaphor’, that is, an implication hitherto ‘hidden’ in the base metaphor (the military) now being made present for us. This, of course, happens consistently within the discourse, informally as well as formally. A formal example is found in Douglas Hanahan’s “Rethinking the war on cancer”, where it is argued that further development of the metaphor is needed. Hanahan argues that to maintain and enforce the common efforts to ‘fight’ cancer, the metaphor should be extended: “much like in modern warfare, the war on cancer needs to have a battlespace vision” (Hanahan 2013: 558). Hanahan describes this new frame as follows: “A military battlespace is a strategic approach that takes an integrative, holistic view of war, incorporating information about the enemy’s characteristics and armamentarium, precise topographical maps of all potential battlefields and war zones, the weather, and other environmental factors, along with a census of friendly forces and their capabilities, in all relevant geographical locations.” (Hanahan 2013: 559) But where Hanahan’s suggestion is confirmative in relation to the base metaphor, there is more at stake in the example where chemotherapy is described

as UN soldiers, insofar as the tenor of the metaphor here changes character from being that of ‘battling’ to that of ‘peace-making’. Formulated in terms of narratives, this patient uses the metaphor to tell a narrative that counters the dominant master narrative. He tells a story of making peace, whereas the master narrative is one of war. His counter-narrative is expressed in the same base metaphor as the master narrative but slightly turns the metaphor against itself. This we could describe as the creation of a ‘counter-metaphor’ and make a definition hereof by rephrasing Molly Andrew’s definition of counter-narratives quoted above as “the stories which people tell and live which offer resistance, either implicitly or explicitly, to dominant cultural narratives” (Andrews 2004: 1). Counter-metaphors are the metaphors which people use and live by which offer resistance, either implicitly or explicitly, to dominant cultural metaphors.

5 The hospice as an exile

In Danish author Maria Gerhardt’s novel *Transfervindue. Fortællinger om de raskes fejl* (2017) [Transfer Window: Narratives about the flaws of the healthy (in the following all translations from Danish will be my own)] we find a comparable but much more extensive example of a counter-narrative and counter-metaphor on cancer.

Maria Gerhardt was born in 1978 and took part in both the Danish squatter movement and the movement for LGBT rights. Later, she earned a reputation as DJ Djuna Barnes in the club culture and in the media and became a lesbian icon. In 2013 she was diagnosed with breast cancer and had both her breasts removed. She published the autofictional book *Der bor Hollywoodstjerner på vejen* [Hollywood stars are living on the street] in 2014, describing her daily life as young and reckless and living with cancer. Her cancer broke out again in 2015, and two weeks before she died in 2017, she published another book about cancer, *Transfervindue*. This book is also autofictional, but much more fiction than auto compared to the former.

Transfervindue is a relatively short novel told in two tracks and written in brief, unnumbered chapters. It is told by the protagonist with a focus on episodes from her daily life as a cancer patient. The ‘now track’ of the narrative is set sometime in the future and tells the story of a young woman, Maria, with incurable cancer. She has chosen to move to a (fictive) resort for the terminally ill. The resort, which (in real life) is the most attractive and expensive part of Copenhagen, has (in the novel) been made into a giant hospice, isolated from the rest of the world. The hospice is managed by a group of nuns growing cannabis and making pain-relieving oils out of it, and it is populated with patients in

different stages of cancer, but all terminally ill. The patients are not allowed to leave the hospice, and visitors are only accepted on Sundays. But after two visits our protagonist Maria decides not to have her wife and son visit her anymore. Instead, she visits the Virtual Reality Shop “if I want to feel anything” (p. 56), as she says. Here, she has the opportunity to reconstruct a memory that she has decided to keep. In general, the patients are protected against the world outside and against strong emotional influences – no music is allowed (at least not when you are alone), and the nuns arrange special days for organized crying. The ocean is close by, and the patients go for swims and saunas with their doctors. But the protagonist has mixed feelings about living at the hospice. She is constantly breaking the rules and thinking about “escaping”, and her description of life in the retreat is ironic in its mode of telling. Nonetheless, it is obvious that the retreat is a better solution for her than living on the ‘outside’. This is also signalled in the subtitle of the novel, “Narratives about the flaws of the healthy”.

This points towards the narrative’s second track. Besides the fictive, futuristic track about the time at the hospice, we learn of the period before, when the protagonist lived with her wife and their child. These stories are a mixture of hope, uncertainty, challenged love, pain and grief, of not being sufficient for a child and observing how the relationship to the beloved wife, and to their relatives and friends, gradually becomes more and more exhausting. Maria’s life is characterized by her being in increasing conflict with her surroundings. A very brief chapter tells us how Maria “recalls the weekly revisions of the list of which of my friends couldn’t cope with me anymore” (p. 26); other chapters illustrate the development of the estrangement and hostility between Maria on one side and her wife and son on the other, as the illness develops and her ability to function as a partner and mother decreases. In this track, the protagonist recalls the endless pity and trivial advice she faces from her surroundings – “People with cancer get quite a lot of emojis” (p. 28); “But you were so positive last summer!” (p. 78) – and we are told about the never-ending quest for treatment, both medical and alternative, and the damage the constant failure of these attempts does to the identity of our protagonist.

Looking at *Transfervindue* through the considerations presented earlier regarding the dominant cultural narrative surrounding serious illness as something that should be fought against and defeated, Maria Gerhardt has written a counter-narrative concerning the identity of the terminal patient. At the beginning of the novel, the controlled environment of the hospice seems frightening. Everything is controlled and organized – music is not allowed, questions concerning incidents on the sea or in the outer world are quietly put aside. But after a while it becomes obvious that there is a value in this isolation. Despite Maria being very much aware of how long she has been at the hospice – “380 days” (p. 11) – time does not

really exist here and is being neglected (watches are not allowed), and a protective shield is created around the extended moment of living the patients are in.

In that sense (but without it being expressed directly), the hospice functions as an exile for the ill, and the protagonist's identity is that of the refugee who has had to escape from the battlefield of her illness; that is her family and surroundings due to the fact that she is losing her fight against cancer. The hospice is not only a place for care and treatment (as a normal hospice would be), it is also a safe zone against all the pressure and pity of the surrounding society, against the emotional impact and relations to even close family members.

What Maria Gerhardt does is therefore comparable to the aforementioned patient's formulation of a counter-metaphor out of the base metaphor 'cancer treatment is war', when he described chemotherapy as "UN soldiers" and turned the military into a peace-keeping instead of a warring force. First of all, by illustrating how being a terminal cancer patient not only is a battle against the illness but also against the people around her, she makes it clear to us that the 'war against cancer' is complex and has other fronts than the one we generally recognize (the illness): As the battle against cancer is lost, other battles are growing.

Gerhardt picks up on another extension of the war metaphor by making the patient a refugee who has found exile. With this metaphor, she establishes a counter-narrative against the (from the incurable person's point of view) hegemony of the master narrative of how patients need to fight cancer, keep up high spirits and never surrender. By introducing the metaphor of the exile, Gerhardt tells the story by positioning her protagonist as a refugee – that is, one who is not defeated but who has left the war behind and found a retreat. This is, as we all know, a hard position to take, but it at least offers peace and is a matter of choice.

6 Conclusion

The purpose of this article has been twofold:

On the one hand, I wanted to make a methodological contribution and demonstrate the value of combining the study of counter-narratives and conceptual and cognitive metaphors. As shown above, researchers of counter-narratives in cultural and sociological spheres share an interest with researchers in health communication who study the hegemonic effect of the metaphorical discourse on cancer and cancer treatment. Both are interested in the effects hegemonic discourses have on those who, for different reasons, reject or are rejected by these discourses. By paying attention to different manifestations of the 'master metaphor' war-on-cancer and examples of both master narratives and counter-narra-

tives on cancer illness, it was demonstrated that combining the two perspectives provides a fuller understanding of the issue.

On the other hand, I wanted to demonstrate the value of approaching both narrative and metaphor from a generative perspective. As argued by Donald A. Schön, there generally is a clear value proposition in conceptual metaphors, and the framing made by a given, perhaps even tacit, metaphor can constrain and negatively control the problem-solving that was the original purpose. If so, we need to reflect on the metaphors we use and perhaps introduce new generative metaphors to promote novel perspectives and solutions. This is what happens in the garlic example we saw earlier and in the case of the journey metaphor.

One should, however, not neglect the fact that it is not easy to get rid of 'old' metaphors, especially when they are as dominant as "cancer treatment is war". Here, it might be better to extend the metaphor and bring hitherto hidden sub-metaphors forward and perhaps turn them against the base metaphor. This was what we saw happen with the counter-metaphors of the peace-keeping UN soldiers and Maria Gerhardt's futuristic exile for terminal cancer patients. This, as we all know, is the value of metaphors. They might pinpoint and visualize something we find hard to express literally, but they are always open for interpretation and association. We can always find new meaning, new perspectives in them, and thereby tell new stories that can serve as the ground for reclaiming identity and heroics.

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