

“Fighting” Breast Cancer Rhetoric: The Role of the War Metaphor in Breast Cancer Patient Narrative

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I looked down at the surgical area as he changed the dressing, expecting it to look like the ravaged and pitted battlefield of some major catastrophic war. But all I saw was my same soft brown skin... (Lorde, 1997, p. 44)

Audre Lorde, acclaimed Black lesbian poet and author, wrote these words in her memoir *The Cancer Journals*, reflecting on the first time her eyes met her skin after her mastectomy in 1978. Her journal entries were published in 1997, five years after her death from breast cancer. The imagery of the body as a battlefield and fighting cancer as though it is war is neither new to the United States nor unfamiliar to most of us. Starting with a diagnosis, it is not uncommon to hear of patients “battling” cancer, treatments becoming “ammunition,” and successful treatments resulting in the label “survivor” (Ness, 2014). Lorde’s expectation that her post-operative body resemble a battleground more than herself points to the normalization of the war metaphor in describing breast cancer – and the possible disconnect between medical discourse and patient narrative.

While the war metaphor is used to describe patient experiences with cancer’s many forms, many are focusing on its use in breast cancer, a disease which mostly affects females. As Lorde’s words suggest, the war metaphor, which is typically associated with violence and masculinity, may be antithetical to some patients’ genuine expression of their experiences with disease. Growing linguistic evidence points to the idea that metaphor is not simply a rhetorical device but also a way in which we conceptualize our experiences. Given that the metaphors that we use inherently affect how patients view their experiences, reevaluating the war metaphor is more important now than ever. As part of this reevaluation, the medical community and charities – the two largest stakeholders in the advancement of the metaphor – can address the connotations and pitfalls of the metaphor in the formation of patient narrative.

The Roots of Survivorship

In order to understand the current usage of the war metaphor in describing cancer, it is important to look at its history. As cancer cases grew in number, charities like the American Society for the Control of Cancer (ASCC) were founded in the 1910s to combat the disease. These charities created a type of rhetoric and propaganda that would advance their mission (Garrison, 2007). As the ASCC sought to mobilize the public to “Fight Cancer with Knowledge,” public reactions to cancer within the United States largely shifted from stigma and silencing to concerted public efforts to find a cure. Feeding off of this public fear, the ASCC mobilized women “to raise awareness about cancer and its curability” through its Women’s Field Army (WFA). The ASCC and WFA deliberately used references to the “ruthless killer” and “trench warfare” to provide “cancer patients and their families with the inspiration they wanted and needed” (Garrison, 2007). President Richard Nixon’s signing of the 1971 National Cancer Act and call for the “conquest of cancer” further validated the perception of cancer as the “enemy” and the effort against it as “war” (McLean, 2014). Through the hegemonic rhetoric of the early to mid-1900s, the militarization of patient’s bodies ensued: patients now “battled” cancer, treatments were “ammunition,” successful treatments resulted in the label “survivor,” and researchers searched for the treatment to finally end cancer – the “magic bullet” (Ness, 2014).

Metaphor has become an integral part of patient-physician communication as it allows patients to comprehend complex medical processes and practices in simpler terms. Vyjeyanthi Periyakoil (2008), associate professor of medicine at Stanford University, explains that “by using a metaphor to connect the relational pattern of new experience with that of a familiar, emotional-laden one, [physicians and patients] can create a contextual roadmap to understand and process a complex pattern of feelings” (p. 842). According to her statement, the use of metaphor in the context of cancer may clearly be benefi-

cial. Speaking to the war metaphor specifically, Paul Hodgkin (1985), a practicing physician, notes that the war metaphor and its associated imagery “encourages the virtues required to survive the long hours and intense hierarchies of hospital life” (p. 1820). Moreover, the war metaphor’s presentation of cancer as the “enemy” may decrease the physician’s sense of responsibility when cancer treatment falls short or goes awry (Hodgkin, 1985). Given that 2008 cancer deaths approached 2.5 million in the U.S. alone, the diversion of responsibility conferred by the war metaphor remains relevant to the medical community (U.S. breast cancer statistics, 2017).

In conjunction with the medical community, breast cancer charities have also popularized the use of the war metaphor. Since its inception in 1982, the Susan G Komen Foundation has become the largest charity in the “war” against breast cancer; in the 2011 fiscal year alone, the foundation raised over \$472 million (Orenstein, 2013). Much of this success can be attributed to the Foundation’s impressive advertising campaigns which rely, in part, on the use of the war metaphor. In addition to its iconic pink ribbon that has now become synonymous with breast cancer, the Susan G Komen Foundation has adopted the war metaphor as a means to raise public support. On their pink-flooded website, the Foundation uses the terms “treat” and “fight” interchangeably and provides four definitions surrounding “survivors” and “survivorship.” Contrasting the traditional definition of survivor, in which an individual lives past a life-threatening situation, the organization defines “breast cancer survivor” as “a person living with breast cancer (from the time of diagnosis)” (“Breast Cancer Glossary,” 2017). Although the organization does not state why it includes the parenthetical addition, one can infer that it is meant to foster inclusivity among all of those affected by breast cancer. This theory is supported by the inclusion of the definition for “co-survivors,” which refers to the individuals supporting breast cancer patients starting with their diagnosis (“Breast Cancer Glossary, 2017). Regardless of the reasoning for these distinct definitions, the Foundation illustrates profound intentionality when discussing disease.

In addition to creating their own interpretations of the war metaphor, the Susan G Komen Foundation makes abundant use of the war metaphor in reaching

the general public. As illustrated in Figure 1, T-shirts, laptop cases, mugs, phone cases – among a multitude of other merchandise available for purchase on their website – are laden with words related to fighting and battle. Regardless of who dons the t-shirts or uses the mugs, the Foundation’s merchandise has two main effects. First, it further perpetuates the war metaphor as the main rhetorical framework through which to discuss breast cancer. Second, and more importantly, it generates profit from the language used to describe disease. Given that the Foundation only spent 16% of its profits in 2011 on research[1] (despite its slogan “for the cure”), this raises questions regarding whether breast cancer charities should be directing the language that is used to describe patient experience. At the very least, the power that charities such as the Susan G Komen Foundation yield over the language used to discuss breast cancer begs evaluation of the rhetoric they perpetuate.

Metaphor: A Paradigm Shift

Before evaluating the war metaphor’s efficacy and appropriateness in breast cancer patient narratives, it is important to alter the lens through which we view metaphors themselves. Critical in this paradigm shift were linguists George Lakoff and Mark Johnson, whose work suggested that metaphor pervades not only language but also perception. They offer the example of the common metaphor that “argument is war.” Through this metaphor, claims can be “undefensible,” “opponents” are “demolished,” and arguments are “won.” So ingrained is this metaphor in our own culture that arguments can be won, ground can be gained or lost, and claims can be defended; in essence, the use of the war metaphor in the context of argument shapes not only the language we use to describe argument but also how we approach argument itself (Lakoff, Johnson, 1980). Through this single metaphor, the inherent entanglement of metaphor in our conceptual systems is elucidated. Adding to the accepted definition of metaphor, Lakoff and Johnson suggest that “the essence of metaphor is understanding and experiencing one kind of thing or experience in terms of another.” Key to this definition is the emphasis of the role that metaphor plays in shaping our experiences (Lakoff, Johnson, 1980, p. 158).

While metaphors may be used to comprehend something in simpler terms, they may also have unintended and potentially negative consequences. Lakoff and Johnson note that “the very systematicity that allows us to comprehend one aspect of a concept in terms of another will necessarily hide other aspects of the concept” (1980, p. 10). Within the context of argument, the war metaphor may, on the one hand, encourage well-substantiated claims; on the other hand, it may be un conducive to collaboration. Because of this duality, medical professionals and charities should reevaluate the use of the war metaphor in the context of breast cancer. Although war metaphors – in the context of either argument or cancer – may illuminate particular processes, they may fall short in other regards. In the latter case, alternative metaphors may prove beneficial to patients.

Patient Narrative as a Looking Glass

Narrative serves as a powerful looking glass into personal experience and identity. Within the context of medicine, the power of the patient narrative is manifold. While disease presents “a disruption, a discontinuance of an ongoing life,” narrative provides an opportunity “to fit the illness disruption into a temporal framework” (Hydén, 1997, p. 52). While x-rays are ordered, prognoses are delivered, and drug cocktails are concocted, narrative allows patients to have some control in an otherwise powerless experience. By returning autonomy to the patient, narrative has healing qualities. Narrative offers a medium through which patients can connect the concrete past to the uncertain present and keep “pre-illness lifestyle and identity intact” (Bury, 2001, p. 272). Clinical studies have shown a correlation between the catharsis associated with narrative and healing effects; one study cites a “decline of disease activity in patients with rheumatic arthritis due to writing about personal stressful experiences” (Kalitzkus, Matthiessen, 2009, p. 84). Narrative may also have healing qualities for people listening to the stories, as the permanence of written words can create a sense of unity and belonging between patients. These healing qualities and the ensuing importance that narrative holds within patient experiences should not be overlooked by charities and the medical community.

Given that the war metaphor has largely become

the hegemonic framework within which doctors and patients alike have viewed breast cancer, one can assume that it must confer some benefits – and academics agree (Ness, 2014). As English professor Kristen Garrison (2013) notes, the war metaphor “offers hope, optimism — an absolute necessity for the kind of life-death experience cancer threatens, even if it does not immediately deliver.” In emphasizing the collective effort against cancer that includes doctors and family, “survivor rhetoric is very empowering and can be a potent—and potentially valuable—antidote to the demoralizing effects of the disease” (Ness, 2014). Sociologist Dragusin (2014) confirms the war metaphor’s empowering quality, arguing that the war metaphor and its “images of power and aggression” help counter the debilitating “powerlessness and passivity” characteristic of life-threatening diseases (p. 1229). Through these different linguistic and sociological perspectives, the reason the war metaphor has become the hegemonic rhetorical framework in the context of cancer becomes clear.

Perhaps the strongest testament to the war metaphor’s efficacy comes from reading breast cancer patient narratives. In the war metaphor, breast cancer patients find a sense of agency, community, and identity. As BC Becky, one of many breast cancer patient blogs, writes, “I can fight this, because I am a warrior and one day I want to be a survivor!” (2014, July 7). Grounded in the survivor identity, this quotation speaks to the war metaphor’s ability to give patients the agency to see beyond the bleakness of day-to-day hospital life. Much like an actual war, the war metaphor also allows patients to ground themselves and their identities in the chronology of their “battles.” Fighting Fancy, another breast cancer blog, notes, “Even though Corrie and I are at different stages of our battle, we have remained friends throughout the past year and a half” (2013, December 19). Beyond a sense of agency and control over their illness, the war metaphor confers a sense of camaraderie in an otherwise-isolating experience. My Journey with IBC (Inflammatory Breast Cancer) shares her experience meeting other IBC survivors and how “encouraging [it was] to see that there can be life after IBC” (2014, September 1). Whether by grounding themselves in the stages of their “battles” or by connecting with others who were in their positions not long

before, some patients have benefitted from the war metaphor.

Where Language Falls Short

While the war metaphor may provide women a sense of clarity and community, some patient narratives point to a sense of disillusionment with the current rhetorical framework prescribed to breast cancer patients. Some breast cancer patients have pointed to a disconnect between the masculinity associated with war and their own feminine identity. While the war metaphor has become the hegemonic rhetorical framework through which discussion of most types of cancer is framed, breast cancer offers an interesting case study. Unlike most other cancers, breast cancer affects a predominantly female-bodied and feminine-identifying population. It should therefore be no surprise that some patients who identify with their femininity are at odds with the masculinity perpetuated by Western conceptions of war. Some patients point out problems with the reinforcement of masculinity in medicine beyond the individual case. In a journey entry, Audre Lorde shares:

Women have been programmed to view our bodies only in terms of how they look and feel to others...I must consider what my body means to me... The rape victim is accused of enticing the rapist. The battered wife is accused of having angered her husband (Lorde, 1997, p. 65).

Lorde's words strike a chord that is still relevant today. In the growing conversation surrounding women's rights, Lorde's words extend the conversation to the female breast cancer patient. Her words force her readers to consider the irony in the continued situating female illness within a male-centric framework. Although many are able to look past this aspect of the metaphor and rightfully use it to their benefit, issues of gender cannot be overlooked by the medical community and breast cancer charities.

While some patients have found the war metaphor to masculinize their disease, others find that it encourages an extreme sense of individual responsibility. Even before their diagnosis, women are endowed with the personal responsibility of detecting cancer early through routine mammograms (Garrison, 2007). If a tumor is found, this individual responsibil-

ity only intensifies: breast cancer patients must keep up with complex medical lexicon, potential prognoses, the latest breast cancer treatments, among other information. Among this slew of information, the war metaphor insinuates that, like any battle, "fighting" bravely will inherently lead to desired results. To this individualism purported by the war metaphor, some patients have responded by viewing their experiences with illness not as a battle, but rather as parts of the natural progression of life. Jesse Gruman, a patient treated for five different cancer diagnoses ranging from gastric cancer to Hodgkin's lymphoma, notes that while "some could call [her] a cancer survivor," she calls herself "lucky" (Gruman, 2013). Gruman draws the connection between cancer patients and victims of natural disasters. Just as one cannot control being involved in a flood or an earthquake, cancer patients cannot control tumor formation or how their bodies will respond to novel treatments; simply put, cancer patients should consider themselves lucky "if the stochastic spin of the mutation roulette wheel gives them tumors that respond [to treatment]" (Gruman, 2013). Audre Lorde echoes Gruman's sentiments when her own doctor suggests that "no truly happy person ever gets cancer" (Lorde, 1997, p. 64). To Lorde, the blanket individualism in part supported by the war metaphor represents a "monstrous distortion of the idea that we can use our psychic strength to heal ourselves" (Lorde, 1997, 64). Although perhaps unintentional, this burden of individual responsibility placed on cancer patients is worthy of consideration.

The last concern patients have voiced with the war metaphor concerns those whose breast cancer treatment is unsuccessful. While the war metaphor acknowledges the struggle that breast cancer "survivors" and current breast cancer patients have overcome and are overcoming, patients and doctors alike are concerned about what the war metaphor insinuates about those that don't live to hear the label "survivor." Barbara Ehrenreich (2000) famous author and former breast cancer patient, writes,

...the mindless triumphalism of 'survivorhood' denigrates the dead and the dying. Did we who live 'fight' harder than those who've died? Can we claim to be 'braver,' better people than the dead? (p. 53).

Ehrenreich's poignant words raise an important point about the way in which we treat not only those that are currently facing breast cancer, but also the many who have had unsuccessful breast cancer treatment.[2] Through the desirable end-goal of the survivor label, patients may be burdened with feelings of failure and inadequacy. This is especially true when patients are facing a terminal diagnosis and no longer have the survivor identity to look forward to. Referring to these cases in which there is not yet a cure, Caroline's Breast Cancer Blog questions "if there is no cure, how do you survive it?" (2013, December 6). This question makes the war metaphor's shortcomings apparent: while it may be effective at evoking a sense of strength and motivation, the metaphor ignores a large subset of patients. This provides an excellent opportunity for medical professionals and breast cancer charities to intervene and better accommodate the people they exist to serve.

After the Gunpowder has Settled

The patient voice is gaining ground in the medical field. This comes as a result of a burgeoning realization that patient narrative may point physicians to better, patient-specific treatments. The growing philosophy is coined Narrative-Based Medicine (NBM), aptly named to counter Evidence-Based Medicine. Rather than relying on the facts and figures on which "modern" medicine is based, NBM views patient narrative as a tool with which physicians can tailor treatments. Through this view, NBM "[brings] the patient as a subject back into medicine" (Kalitzkus, Matthiesen, 2009, p. 81). Breast cancer poses a unique opportunity for physicians to apply this growing tool for multiple reasons. The first reason is that it affects a relatively homogeneous population, which consists of female-bodied patients over the age of 30. Second, the large number of breast cancer patients provides a large sample population to analyze; this large population also makes a timely intervention even more crucial. Third, and perhaps most importantly, the astonishing public awareness of breast cancer, due in part to charities such as the Susan G. Komen Foundation and their control over public discourse, offers a unique platform through which real change can be made.

In systematically changing how disease is dis-

cussed, we must consider alternative rhetorical frameworks. In the case of breast cancer (and other cancers), it is important to note first that disease is discussed differently depending on the culture in which it is rooted and, second, that war is not the only way in which to discuss disease. Khalid (2008) makes the important distinction that "the language (not to mention the conclusions) of any science reflects the particular society within which it exists" (p. 698). While war may seem like the "natural" way to discuss disease, it is very much a Western way of framing illness. Khalid contrasts the Western, war-rooted concept of disease with the Traditional Chinese Medicine emphasis on "balance." She notes that, in Traditional Chinese Medicine, "referring to the experience of disease as warfare would be completely foreign" (Khalid, 2008, 698). This distinction poses the exciting possibility of using alternative rhetorical frameworks to frame disease, as there clearly is no one "natural" way to discuss illness.

In rejecting the war metaphor, some alternative rhetorical frameworks have started to gain momentum. Some patients have begun viewing their experience with breast cancer as a journey, as opposed to a "war" (Ness, 2014). As with any road trip, patients may have passengers (family members, doctors, etc.) alongside them and experience "high points" and "low points." This metaphor also encourages viewing cancer not as an "enemy" within the body but rather as another passenger on the journey. In turn, this metaphor confers a sense of agency over the disease back to the patient and lacks the intensely individual aspect of the war metaphor. Others have started to view their bodies as cities (Khalid, 2008). Just as a city has buildings and "good" and "bad" people that inhabit these buildings, so too can patients. In facing cancer, patients have "good" (i.e. immune) and "bad" (cancerous) cells which respectively reside in different organs – or "buildings" within the context of this metaphor. These frameworks are just two examples of metaphors patients have integrated in telling their stories and by no means are right for everyone. However, conversation regarding new ways in which to discuss disease, as well as concerted efforts by the medical community and breast cancer charities, proposes the exciting possibility of ushering in novel, patient-centered ways of discussing illness

Where You and I Fit In

In 2000, my father came home from a business trip to find my mother distressed and holding her bruised and fatigued three-year-old son. Consultations with four different physicians all yielded a likely-flu diagnosis. Upon the fifth, bloodwork was ordered; I was diagnosed with Acute Lymphoblastic Leukemia, a common childhood blood cancer. After three years of drinking crushed-up chemotherapy regimens mixed with condensed milk, begging the nurses to stop pricking my finger in a three-year-old's Spanglish, and slowly piecing together that I, along with the other kids dressed in gowns at the hospital, were different from my friends at pre-school, I was declared in remission. I was a survivor. For my parents, the survivor label stood and continues to stand as a testament to our family's strength in its most difficult time. As for myself, I have just started to consider the role the war metaphor has played in shaping my own identity.

[1] In that same fiscal year, the Foundation spent more on "administrative costs" and "fundraising" combined than on breast cancer research (Orenstein, 2013).

[2] In 2017 alone, over 40,000 women are estimated to die of breast cancer (U.S. breast cancer statistics, 2017).

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The war metaphor has become the hegemonic framework with which diseases ranging from childhood leukemia to prostate cancer to HIV/AIDS are discussed within the United States. The human stories and voices presented in this essay speak to something much larger than breast cancer patient blogs or journal entries. If reading these intensely human experiences is important, learning from and acting on them is paramount. Breast cancer poses an interesting case study in that it is a disease with great public awareness and whose cure has significant financial support. Changes to how it is discussed may serve as an important paradigm shift in how the language regarding disease is determined. Especially in cases where patient language does not align with those of doctors and charities, it is our collective responsibility to evaluate and act on the language used to describe the experiences of our parents, our children, our aunts, our uncles, our friends, our loved ones, and ourselves.

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