CHAPTER NINE

Deadly Funny

How John Diamond Used Humor to Tackle the Taboo Subjects of Cancer and Dying

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This chapter will examine how humor is employed defensively by writers who are processing/performing trauma and how they mediate the crisis to a reading public by using wit as a coping strategy. It will largely focus on John Diamond's *C: Because Cowards Get Cancer Too* (1998a), which draws on his journalism columns, and look at the ways in which he uses humor during a health crisis and what consolation, if any, this offers him and his readers. It is, indeed, amazing that he can still be 'funny'/witty when his tongue has been surgically removed and his prognosis is terminal. The chapter will show how Diamond uses humor in writing about traditionally taboo and uncomfortable topics that do not typically sell papers—such as life-threatening illness and pending death.

ODES TO PNEUMONIA

In one of her essays, 'On Being Ill,' Virginia Woolf humorously (and hyperbolically) raises the subject of the representation of illness as a discursive practice:

> Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed … when we think of this … it becomes strange, indeed, that illness has not taken its place with love and battle and jealousy among the prime themes of literature. Novels, one would have thought, would have been devoted to influenza; epic poems to typhoid; odes to pneumonia; lyrics to toothache. But no… (2008 [1926]: 101).

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If Woolf were commenting on shifts in narrative themes over the last century, instead of finding absences, or lacunae, she would find a burgeoning field of published illness stories—where authors attest that writing about bodily and psychic trauma is essential in gaining a sense of control over their illness.

In a recent book entitled *Illness Narratives*, literary scholar Ann Jurecic contends that there is no direct 'evidence that Woolf's argument about language, plot and illness influenced writers of her era' (2012: 5) because '… no rush of novels, epics or lyrics about influenza suddenly materialized' (ibid.). However, Jurecic notes that non-fiction narratives about illness gained more regular circulation during 'the first half of the twentieth century' and these often included 'biographical case studies by psychologists and psychoanalysts, brief snippets of professional memories by nurses, and doctors' heroic narratives of discovery' (ibid.). Establishing the context and a chronology of illness narratives, she agues that 'these were precursors to the patients' own illness narratives' (ibid.).

In more contemporary times, the private and personal voice presenting a patient's *own* illness narrative has gained primacy. In the context in which UK journalist and broadcaster John Diamond produced and circulated his illness narrative, John Tulloch observes: 'Using the first person in journalism is now nearly universal. Only the genre of news still maintains the pretensions to an objectively based third person point of view' (2014: 636). Increasingly, there is a commercial currency attached to the production of such texts, especially if a high profile writer and media personality such as Diamond chooses to directly, and strategically, reveal his illness and subsequent treatment to a reading public.

BUT JOHN DIAMOND ISN'T GRIM

Diamond's newspaper columns and award-winning book *C: Because Cowards Get Cancer Too* received praise (and some criticism) for their confessional mode. When a minority of critics began linking his work to an uncomfortable trend in writers collapsing protective barriers to make the once private overtly public, Diamond responded with this rebuttal:

> It was, I suppose, grist to the mill, but each word on the 'confessional industry' description offended. 'Industry' suggested smoking chimneys with identical products plopping off the end of a line, 'confessional' that in writing about my cancer I was admitting to something of which I should be ashamed (1998a: 244–245).

He further articulates why he is so professionally affronted by criticism of his choice to write about his experience of cancer:

> More: the complaint made journalistic nonsense. If I'd gone to my editor and said that I'd learned that cancer affected a third of the population and might soon affect half of it, and

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> on that basis I wanted to find your typical cancer patient and report on this progress over the year, nobody would have regarded it other than a long-term newspaper series. Certainly nobody would have suggested that it was impossible for a journalist to get at the truth of such an emotionally charged story and thus that he should leave it alone altogether? After all, journalists write about such emotionally charged subjects as rape and murder all the time and nobody suggests these lie. But because the subject of the progress report was me it counted not as reporting but confessing (ibid.: 245).

This ability of Diamond to interrogate his own motivation and praxis is revealed in one of his less polemical and more witty self-reflections:

> Every broadsheet paper in Britain nowadays has at least one domestic columnist, somebody who sits in the bath and writes a piece which starts 'I was sitting in the bath the other day…' Some of the columns are no more than extracts from a personal diary, others attempt to move from the specific to the general and make a point about modern life as it is lived. I've always tried to do the latter but even so I still have a sneaking feeling that mine is the most self-indulgent of the professions (ibid.: 66).

Here he highlights the potential occupational hazard of writing from a first-person perspective what might appear to the reader as impulsive, 'self-indulgent' pieces of work. In critiquing Diamond's narration of illness and the promotion of his and his family's private experiences via newspaper columns, a book, television documentaries and stage plays, trauma theorist Roger Luckhurst posits:

> The display of the disturbances to boundaries of public and private demonstrated by this family seemed to be one of the starkest evidences of how an injunction to perform their traumatic identities had taken over certain elements of the liberal intelligentsia, even as the press complained about the pervasion of the 'misery memoir' (2008: 130).

However, any over-simplified characterization of the 'misery memoir' presents as a misleading summary of Diamond's oeuvre because his signature use of humor actively prevents any recurring profiling of the miserable and the morbid. As Rosalind Coward importantly notes:

> Diamond's early columns had this tone: a humorous, modest take on domestic life, displaying his sharp sense of humor and gift with words. When it came to writing about his illness he brought both of those attributes. But he also wrote without sentimentality about the gruesome physical aspects of the disease and his fear of dying and leaving his children (2014: 619).

Diamond's ability to write of medical incursions, bodily rupture and a life under active threat from disease—without primarily focusing on the morose—is underscored by Gerrard's feature article:

> When you picture a man in his mid-forties, with two small children, who will probably die soon, who's been in and out of hospital under the knife, who has no tongue, can't eat, can't

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> properly talk—well, that sounds pretty grim and scary. But John Diamond isn't grim. There is a feeling of lightness about him, and of zest. His days are spent writing his columns, or his play, or (more rarely) the novel he is working on, tossing coffee or his liquid gloop down his opened throat (2000).

Diamond's own words provide an insight into how he retains a buoyant style of narrating, even when reporting on the experience of a life-threatening illness:

> I've only ever been really comfortable writing copy in my own voice rather than that of the newspaper style book. People say: 'A journalist, eh? What sort of style do you use?' And I say that I don't really have a style: I just write down what I'd say if I were talking to the reader face to face (Diamond 2000).

Diamond's ability to eschew potentially limiting and sobering narrative conventions, and instead employ wit while he 'talks' face-to-face with the reader, allows him to carry out two crucial functions. He is destigmatizing illness generally, and his cancer more specifically.

IT'S LIKE GETTING THE BUILDERS IN

Diamond's sardonic and humorous observations about his diagnosis, treatment and palliation allow his readers to engage more fully with his writing, and in so doing gain a greater understanding of cancer. In exploring the motivation for moving beyond columnar weekly reflections on his illness to writing a more sustained account of his experience in *C: Because Cowards Get Cancer Too*, Diamond explains:

> Meanwhile, I have an inkling of an idea about what cancer is, and what it does physically and mentally and about how it's cured. I know more than I once did about what people say to you when you tell them you have cancer, and what they think, and the many mad ways they believe you can be cured. And for some while now I have written about some of these things in my weekly *Times* column, and readers have written to me and said they wished I'd been writing before they heard their own diagnosis, or that of their spouse or their child or their parent or their friend. This isn't a collection of those columns, although there are a few of them reproduced here, but rather an attempt to write the book I was looking for the night I got the bad news (1998a: 9).

While the writing of *C: Because Cowards Get Cancer Too* acts as a kind of therapeutic sense-making exercise for Diamond, his text also socially, and significantly, challenges some of the cultural resistances that Susan Sontag had urged in relation to the way illness is publicly discussed and discursively presented. In her influential work *Illness as Metaphor and AIDS and Its Metaphors*, Sontag strongly rejects the idea of using metaphorical language to represent illness, arguing '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, metaphorical

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thinking' (1991 [1978]: 3). Sontag contends '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' (ibid.). When writing this work in the late 1970s, Sontag was not only dealing with her own experience of breast cancer and its subsequent treatment, but also the common cultural representations of cancer which she found so demoralizing. She felt it important to critique the nineteenth and twentieth century representations of cancer and tuberculosis in order to demonstrate how unhelpful, indeed damaging, the dominant tropes were in dealing with the disease—tropes that are, to a large extent, still circulating decades later when Diamond is writing. One of the chief criticisms of the way these metaphors have produced negative effects is highlighted in Sontag's following commentary:

> Punitive notions of disease have a long history, and such notions are particularly active with cancer. There is a '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 the cancer patient who is made culpable. Widely believed psychological theories of disease assign to the luckless 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 (1991: 59).

For Sontag, cultural language about cancer had been radically impoverished because the disease fundamentally figured in metaphorics connected with combat.[1] She writes: 'The controlling metaphors in descriptions of cancer are, in fact, drawn not from economics but from the language of warfare: every physician and every attentive patient is familiar with, if perhaps inured to, this military terminology' (1991: 65). She further laments:

> 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. Treatment aims to 'kill' cancer cells (without, it is hoped, killing the patient) (1991: 66).

While Sontag resented the ways in which illness is mystified through such metaphors, it would be wrong to say that she refuted comprehensively the use of all metaphorical thinking about disease. She herself invokes a powerful metaphor to open her eloquent essay:

> 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 (1991:3).

What she—like Diamond—is most vehemently opposed to are monolithic metaphors that are pejorative and restrictive. These kinds of accusatory and repressive representations are what she wants ill people—'citizens of that other place'—to be

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'liberated' from. It is the kind of liberation Diamond offers by writing so candidly and humorously about his illness.

In the opening pages of *C: Because Cowards Get Cancer Too*, Diamond emphasizes a similar abhorrence to Sontag's about the ways in which language and imagery have increasingly constrained and judged those experiencing cancer:

> There are some things this book isn't. It isn't a book about a battle against cancer because I despise the set of warlike metaphors that so many apply to cancer. My antipathy to the language of battles and fights has nothing to do with pacifism and everything to do with a hatred for the sort of morality which says that those who fight hard against their cancer survive it or deserve to survive it—the corollary being that those who lost the fight deserved to do so (1998a: 10).

In commenting on the ongoing proliferation of military comparisons used to describe cancer in contemporary culture, Ulrich Teucher writes:

> The imagery of war is rousing and gives voice to the anger that one feels, and it provides a focus for one's energies in times of chaos. However, the imagery of war is also divisive. Searching for fault, it sets up the body or psychological imperfections as the enemy. It demands that one be strong and fight hard to be victorious and it leaves those who have an incurable disease feeling like losers who have not done enough and must die defeated (2003: 4).

Teucher opens up a conversation that includes metaphorical thinking that has the possibility of going beyond the reductionist 'imagery of war.' He argues that 'As metaphor reinterprets the unknown in terms of the known, and substitutes order for chaos, it helps to dissolve panic or paralysis and, at least momentarily, makes existence more bearable' (2003: 5). As Sontag convincingly argued, and Teucher reiterates, 'consider how difficult it must be to express the experience of cancer if the comparison is war, an experience that many have said is itself impossible to relate' (2003: 5).

Diamond, in relating his illness narrative through the use of a humorous register, increasingly sought to create individual and independent meanings and metaphors for his experience of cancer, thereby allowing the attendant cultural vocabulary to expand beyond the hostility and constraints of battle comparisons. For example, after the medical intervention that resulted in the removal of his tongue Diamond devises his own humorous analogies to represent the traumatic legacy of surgery, leaving the reader in no doubt about the ways in which cancer can radically affect a life:

> And just as my missing taste-buds had continued to surprise me every time I put food in my mouth and found for the first time that it had no taste, so was I continually surprised by what came out of my mouth when I opened it to speak. In the milliseconds before I

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> spoke I would hear the words in my head, sounding quite normal, very John Diamond, and I'd open my mouth to say them and what would come out would be someone doing that honking impression of Charles Laughton in a bubbly, underwater version of *The Hunchback of Notre Dame* rendered doubly liquid when, as often as not, the reservoir of saliva which gathered at the front would start to leak out by the thought's third word. I was forever speaking through the corner of my handkerchief like a dandy in a bad Reformation comedy (1998a: 207).

Diamond's skill in uniquely conveying the effects of cancer is demonstrated by his clever and humorous appropriations. In the following example, he employs a building renovation association to depict his advancing illness and the impact of invasive treatment:

> 'MY GOD, MAN' said Coren when I told—when I still could tell—him the latest: 'It's like getting the builders in isn't it?' which is precisely what it's like. You notice a bit of peeling paint and the next thing you know the jobbing plasterer who comes in to patch it has grown to 20 men standing round shovels while their foreman explains why the back half of the house will be out of bounds for the next month, possibly three, and the Georgian bay window will have to finish up as concrete blocks, necrotizing paint canker being the problem that it is. And the architect says not to worry because nowadays they can disguise concrete blocks with some very stylish finishes, and you say. … Well, look, I know I don't have to come round and stretch the metaphor for you detail by detail, but yes: it is like getting the builders in. And, as is always the way with builders or doctors or whatever, having got them in, one lives among them for, seemingly, ever (1997).

This use of wry comparison as a way of re-imagining illness—beyond the warlike metaphors culturally dominating public discourses on cancer—demonstrates the way in which 'the morality of humour' can come not 'from the humour itself but from the purposes to which it is put' (Billig 2005: 242). Diamond's use of humor moves from simply being the product of an idiosyncratic style and preference, to a mode of address that redresses stigma and re-educates the reader.

WHO WOULDN'T WANT TO WRITE ABOUT IT?

In making the case for the 'naturalness' of why a writer such as Diamond would seek ways to articulate their illness through the written word, Coward highlights: 'There are strong personal reasons why journalists who receive a cancer diagnosis might write or broadcast about their experiences. They are communicators: why wouldn't they communicate such a significant event?' (2014: 615). Diamond himself confirms:

> As for my bravery in writing about my cancer, this was way off the mark. I write for a living; I earn the mortgage money translating what I see and feel into words on the printed page

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and while I've never been concerned about the service I thus provide to the public, I know, as does every third-rate psychotherapist, that writing things down helps. Who, given the opportunity and this diagnosis, *wouldn't* want to write about it?

(Lots of people as it turns out: I've come across a number of journalists and writers who suffered cancer and worse and were never so tasteless as to bring the matter up in print. Some of these regret that they couldn't do so, others can't understand why I would want to, and a third group seem to feel that whatever my motives for wanting to I should supress them in the name of British good taste) (1998a: 76–77).

It is obvious that writing about his terminal illness is something Diamond inherently *wants* to do. But in reviewing the wider social value/purpose of Diamond's contribution to truth telling and debunking 'British good taste,' it is important to come back to Coward's observation: 'At its worst confessional journalism breaks taboos gratuitously for the shock effect… At its best confessional journalism brings difficult subjects into public view (2014: 618). While Diamond might be uncomfortable with critiques constellating around confessional journalism, his witty confessions perform the important task of bringing the difficult subject of cancer into wider appreciation. Diamond's fellow journalists Jay Rayner and Roy Greenslade praise the way in which his writing raised social consciousness:

> He also did it in the most public way, telling his story in weekly instalments in a memorable *Times* column so poignant and so witty it was difficult not to end each one with a tear in one's eye. As the drama of his disease and treatment unfolded, so his exploration of his own condition became deeper and more intense. Yet he rarely allowed his humour to be infected by sentimentality, a quality he brought to his book, which was rightly pronounced by Melvyn Bragg as a classic (2001).

Their observation about Diamond's work suggests something of Billig's argument that 'humour and seriousness remain inextricably linked' (2005: 243). Despite the occasional dissenting voice, many of the commentators and reviewers of his work acknowledge Diamond's wit working effectively to break the kind of societal taboos Sontag references. One such newspaper correspondent wrote after Diamond's death: 'Friends from the media and cancer charities paid tribute to a writer whose honest, unsentimental and humorous commentary on his predicament in *The Times* helped to break down the taboo surrounding the disease' (Leonard 2001). In an earlier summing up of his own contribution, however, Diamond is much more self-effacing:

> … As for breaking a taboo, well the simple fact is that I didn't know there was a taboo about mentioning cancer. This probably has something to do with the Jewish thing for I come from a culture where all illnesses—colds, flu, bowel complaints, cancer—are discussed interminably and without reserve. But the letters told me otherwise. Now I come to think

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> of it, of course, I realised that cancer was a disease more beset with euphemisms than any other (1998a: 77).

While Diamond wrote to counter euphemism, his writing about illness in a conversational and clever way—with both pathos and humor—allowed him to remain inextricably connected with his readers.

'LETTERS FROM FELLOW SUFFERERS'

In her tribute to Diamond, Victoria Coren, who wrote a stage version of his column, said: 'You'd forget in 30 seconds that he had cancer because he was so dazzlingly alive. His achievement was to write about it in a straightforward, funny way and an awful lot of people wanted that' (Leonard 2001). What is evident is many people did connect with the authentic and 'funny way' in which Diamond mediated his experiences of cancer. When recounting the overwhelming public response to the first column he wrote after receiving his diagnosis:

> I was stunned. If I'd expected any reader response at all it was a couple of anonymous emails telling me that I wasn't the first bastard to get cancer and to stop making a fuss. After all if my previous columns about my children and my friends and my navel were self-indulgent, then what was one about my illness?
>
> Instead, though, there were letters from fellow sufferers, from the husbands and wives and parents of those with cancer, from those who had once had cancer and had been cured, who'd had love ones who'd died of cancer. There were home-made 'get well soon' cards (who would have guessed that *Times* readers cut out crêpe paper and sticky-backed plastic to make get well soon cards for columnists they never met?) and pictures of young children for whom correspondents said they'd forced themselves to get better... I sat in the car and read them, and for the first time since the diagnosis, I wept (1998a: 68).

What is clear in Diamond's account of the responses to his writing (sustained during the four-year period of his illness) is that humor was an important tool in connecting him with the reading public. As Carroll argues:

> Humour may serve many functions. It can be used to relieve stress, to promote amity among strangers, and dissipate tension within a fractious group, to display intelligence, to castigate injustice, to seduce and so forth. Inasmuch as it discharges these functions well, humour accrues value (2014: 76).

In the case of Diamond's writing, his humor accrued social value and currency because it enabled intimacy and trust to be established with readers, and gave them permission to correspond candidly about their own experiences with illness.

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Diamond provides an insight into the way in which his truth telling invites a similar response from his readers:

> I realised that cancer was a disease more beset with euphemisms than any other. These days we understand the word 'tumour' to be synonymous with cancer: in fact, it simply means a swelling and was introduced into the medical vocabulary by doctors who couldn't bring themselves to use the word 'cancer' in front of punters. These were the doctors about whom my correspondents wrote. There were letters from people whose parents had died of cancer without the word being mentioned to them, people who had malignant tumours cut out by surgeons who would only ever talk about 'a bit of a lump', people who were now on heavy-duty chemotherapy but whose relatives only ever talk about them being 'ill' (1998a: 77).

In one of his wry and egotistical observations about the way his book allowed him to gain prominence and connect with the public, he writes:

> I would be lying to you if I said that I'd never looked forward to a possible day when people would stop me in bookshops and ask me to sign their copies of my best seller, or come up to me in John Lewis and say how much they liked the film, but you knew that didn't you? I have temporarily stopped being a journalist and become a writer, which is not to say that my writing has changed but that my behaviour has (1998b).

As an established author, Diamond's writing about cancer not only meant he signed books, but could also continue an empathic conversation with readers in person or in the pages of his present and future narratives. Frank suggests that 'Empathy is not so much an attitude toward another person; it is primarily a response that is, in turn, responded to, and that cycle of response is dialogue' (2004: 219). The dialogue Diamond initiates and maintains with his readers is one of mutual benefit: 'I've got used to having public symptoms of my public disease. And as I've written here before, I'm equally used to, and appreciative of, the mailbag that goes with that public status' (Diamond 1998c).

Diamond's ever-expanding mailbag signified the important role writers fulfil by producing meaningful texts about cancer experiences. These texts might be interpreted by readers to offer meaning, nourishment and potential inspiration. His work serves as a reminder that while the construction and narration of personal meaning is the task of an author, there is a particular sense in which stories are social (Frank 1995). When listeners/readers read and hear the story of Diamond's cancer experience, they may share with him a dialogic space outside of the dominant model of biomedicine. This dialogic space extends to informing professional practice:

> My one great pride in all of this is that there are now medical schools where they use the book I wrote about being cancerous as a textbook to give apprentice doctors some

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> idea of what it's like to be a patient. What greater compliment could anyone pay me? (2001).

This 'compliment' also marks an important ethical contribution. His writing is something other than the biomedical model, which is often critiqued for positioning itself as a universal 'grand narrative.' This narrative privileges scientific/rationalist discourse above the personal, creative and localized narrative of an individual.

TURNING THE ILLNESS INTO A LITERARY EXERCISE

By engaging with Diamond's illness narrative, readers become part of a dynamic process that receives and creates new knowledge and understanding about illness. In our reception of Diamond's storied performances we are taking part in the work of expanding the epistemological frame around illness. Previously this was narrowed by medicine's traditional, empirical focus on identifying and treating disease. The traditional frame did not accommodate, promote and restore the singularity of patient storytelling. As Smith and Watson highlight:

> Writers positioned at the margins of discourse at various historical moments – women, slaves and colonized subjects, the dislocated and disabled – have narrated bodily experiences as a way to intervene in social arrangements while seeking to ameliorate their conditions (2010: 141).

Reading Diamond's autobiographical acts as interventions that work to ameliorate negative cultural representations of illness, we can be part of a process that acknowledges and values his construction and transmission of personal meaning: the making and re-making of the self through writing. As Diamond's columns and book testify, identity formation can be profoundly ruptured by a cancer diagnosis, and damaged by cultural expectations and judgments that constellate around illness. To renovate or repair the textual self in the imagined (and real) company of a compassionate reader may enhance a writer's ethical capacity to negotiate and offer a coherent life story, even in their dying. Because cancer is a disease that can radically fracture and mark the body, it has the capacity to render a sense of bodily shame and engender feelings of abjection. Yet, when we read an account of such feelings of isolation and marginalization, our reading can symbolically and rhetorically bridge this sense of separation through the intersubjective moments *shared* between Diamond and his readers.

In commenting on the responsibilities of health professionals to listen to patient stories, medical practitioner and educator Rita Charon highlights what I

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see as the role of the ideal reader of Diamond's newspaper columns and books: 'Narrative ethics exposes the fundamentally moral undertaking of selecting words to represent what before the words were chosen was formless and, therefore, invisible and unhearable' (2006: 55). This 'moral undertaking,' or in Frank's terminology this 'ethics of listening,' is not always an easy task because, as he states: 'One of the most difficult duties as human beings is to listen to the voice of those who suffer' (1995: 25). As Diamond writes:

> Hardly any of the thousands who had written and would write to me about my presumed courage under cytological fire actually came clean with the details of what they thought I was being courageous about. If they were at all specific it was to say that I was brave to suffer the pain, or the depression, or the therapy. What they meant, and what I was repressing by turning the illness into a literary exercise, was that I was brave not to break down, having been told that I might die soon (1998a: 128).

Diamond's suffering is typically infused with humor, and this somehow makes his voice more audible and palatable. So clearly evidenced by Diamond's weekly mailbag is Frank's assertion that in 'listening for the other, we listen for ourselves' (1995: 25). Suggested here is an ethics of care contingent upon the *presence* of a teller and a listener because, as Frank further contends, 'there is no such thing as a self-story … only self-other-stories' (1995: 163). Or as Carroll explains in a way that might be applied to Diamond's work, '… much of the positive value humour accrues is due to the social function that it performs…' (Carroll 2014: 115). Diamond elaborates on the social function of his work:

> By writing about the cancer each week (and subsequently by writing this book and sitting in front of the BBC's documentary cameras) I was trying to change the problem from one of pain and physical constraint and possible impending death into one of best journalistic practice. Faced with a new symptom, a new oncological possibility, I'd found a way of thinking of it, not in terms of how it would affect my life, my psyche, my family, but of how to share it with readers, of how to make a momentary thought a greater philosophical reflection (1998a: 127).

That Diamond can continue to voice his experience without a tongue, that he can continue to be whimsical and funny throughout the dire trajectory of an advancing disease indicates something of Critchley's point: 'Humour defeats our expectations by producing a novel actuality, by changing the situation we find ourselves in' (2002: 1). One of the changed situations shaped by his faithful narrative is the endurance of a writerly self who transcends physical extinction from disease. In this way, Diamond cleverly opens up a gap to be filled, an invitation for postmodern readers to move beyond a hermeneutics of suspicion to not only identify absences and deferments within literary texts, but also locate visceral and voiced textual presences, reminding us: '… meanwhile here I am on the page now in the present tense rather than the past' (1998a: 232).

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NOTE

1. Also see Barbara Clow's (2001) Who's afraid of Susan Sontag? Or, the myths and metaphors of cancer reconsidered, *Social History of Medicine*, Vol. 14, No. 2 pp 293–312.

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