

‘Because Cowards Get Cancer Too’: Autopathography and First-Person Profiling in John Diamond’s columns for *The Times*

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The UK journalist and broadcaster John Diamond chronicled his diagnosis and treatment of throat cancer over a period of almost four years in regular columns for *The Times* newspaper. His revelations did not employ the traditional tropes of ‘fighting’ and ‘battling’ cancer, and he actively resisted wearing any mantle of valorised courage. In fact, he requested that *The Times* change the original title of his entries which they had called ‘Diary of Courage’. In his first-person confessions, Diamond’s embodied sense of an abject and mortal self indexes one of the central threats that illness poses because it potentially represents the antithesis of what society traditionally values: productivity and active participation. Instead of his body enacting the utilitarian story of efficiency and continuity, Diamond’s illness narratives typically portrayed disruption and disorientation.

Ironically for a former broadcaster on BBC radio, the progression of cancer saw the removal of his tongue, heightening the performative role writing played in voicing his candid thoughts to an engaged public audience. As sociologist Arthur Frank notes in his influential text *The Wounded Storyteller: Body, Illness, and Ethics*: ‘The illness story begins in wreckage, having lost its map and destination’ (1995: 164). Publishing regular newspaper columns did not ultimately offer Diamond the opportunity to defy physical death through the act of writing, but the profiling of his disease enabled an insight into the value of narrating the ‘wrecked’ self while dying.

To ‘call things by name’

To begin this chapter by referencing, and reflecting on, a Wendell Berry poem may seem a tangential introduction to John Diamond publicly profiling his life-threatening illness via weekly newspaper columns. However, the poem ‘Words’ poses two central questions not unrelated to the journalist’s practice:

What is one to make of a life given
to putting things into words,
saying them, writing them down?

Is there a world beyond words?

The poet's answer:

There is... (2005: 20).

In the next movement of the poem, Berry traverses the possibilities of such a world; a world of keeping still, existing in silence as we observe its 'vast vastness'. But the state of being an observer without speech seems an unsustainable prospect, as Berry concludes:

we must call things by name
out of the silence again to be with us,
or die of namelessness (2005: 20).

While this poem is not specifically navigating what it means to speak or write of a terminal illness and the process of dying, it nonetheless highlights the fundamental human need, in particular Diamond's pressing urgency, to be more than a mute observer.

As shown in the prodigious number of printed articles and acclaimed book Diamond wrote during a four-year period spanning his original cancer diagnosis (1998a), invasive medical treatments, radical surgeries, recurrences of disease and final palliative care, one finds intrinsic to the writer's sense of self is his ability to continue naming (profiling) what he most values, and naming (profiling) conversely what immediately threatens him. Implied in Berry's poem is the driving impulse to come back from isolation to participate again in the social act of narrating these kinds of 'things'.

'You're about to die'

For some writers, a traumatic experience shadowed by imminent death can shrink the largesse of language into a struggling stammer. This conundrum of needing to speak of a crisis and the shock and fear that potentially exceed the limits of telling is familiar to those who have experienced a cancer diagnosis or cared for someone with the disease. As Diamond reveals: 'For all that the counsellors beseech cancer patients to carry on as before, it's impossible' (1998a: 7). Largely impossible, he argues, because of the 'constraints imposed by the illness and often worse the constraints imposed by the cure' (ibid). His argument is undergirded by the sobering realisation that 'even the best-augured cancers can turn to fatal ones' (ibid), and concludes with a penultimate fear: 'Tell anyone that you have cancer and what they'll hear is that you're about to die. Why would they not? It's what you heard when you got the diagnosis, after all' (ibid).

Medical practitioner and noted poet, Raphael Campo, reinforces the common experience highlighted in Diamond's personal account:

... at the moment of diagnosis, the whole world stops. With the label the doctor places on the symptoms, pronounced matter-of-factly, it is the most crucial juncture in the story of an illness – when the now-‘patient’ most risks losing control of his or her narrative (2003: 77).

Because, as Campo points out, the word ‘patient’ shares its Latin root with ‘passive’ (ibid), writing might be regarded by some patients as a way of supplanting medical discourse with the voice of an individual. This was certainly the case for John Diamond when reporting on his own disease, and, finally, his imminent death.

The business of ‘believable fictions’

John Tulloch's important work on the ethics of first person narration highlights some of the challenges confronting a journalist who, like Diamond, seeks to credibly convey first-hand experiences:

Consciously or unconsciously, the first choice facing any journalist in constructing a narrative is the mode of telling the story and its implications for the practice of truthfulness. The foundation of trust in journalism lies not in the objective truth of its observations but the truthfulness of its practice. Fundamental to this is the construction of an authentic narrative voice, a voice we are disposed to trust (2014: 630).

The ‘practice of truthfulness’ is something that Diamond's autobiographical accounts are noted for. In a revealing profile piece on John Diamond titled ‘Topic of cancer’, Nicci Gerrard articulates why his narrative voice is one that readers are ‘disposed to trust’. She writes: ‘Many read him and write to him because he is like the scout, going on before us to where we know we will arrive one day; he sends us back dispatches from the last frontier’ (Gerrard 2000). Importantly, however, she includes Diamond's verbatim response: ‘No,’ he chastises me, ‘I write about living, not dying’; his ‘greatest fraud’, he says, ‘is pretending to know more about dying than the rest of us’ (ibid). While Diamond may insist that he writes mainly about living, to be regarded as an authentic voice also requires the kind of self-reflexivity to interrogate the ethical implications of how to profile most truthfully his terminal illness. His writing must necessarily confront what it means to be simultaneously living with the increasing prospect of an early death, and he provides an insight into this tension:

Cancer is a word of such immense potency that one has to be careful how one uses it in a column. I know the disease is nothing special: people die of it all the time and many more live with, and through, cancer, and I may well be one of the latter (1997a: 12 April).

However, it is not just the potency of the word ‘cancer’ that Diamond has a heightened care for. He raises another ethical question (or, in philosophical terms, an *aporia*) regarding the content and tone of his copy as he seeks to remain a trustworthy voice for his readers:

The question is this: is it appropriate to write about one’s own cancer in a jaunty weekend column? Of course there’s no guarantee that I’ll be able to keep up the jauntiness, especially as the various alternative treatments have the side effect, says my doctor, of ‘making you feel a bit miserable’ (Diamond 1997a: 12 April).

In further reflecting on the appropriateness of content, he makes a case for what he now envisions his journalistic role to be:

Like all columnists, whether domestic, political or specialist, I am in the business of establishing believable fictions. I don’t mean that what I write here each week isn’t true, merely that in the 800 words or so that I have at my disposal the best I can do is to give you a summarised version of what’s going on. And it’s in the nature of newspapers with their precise number of pages to fill each day and the precise slot for each story, that news or opinion expands or contracts to fill the allotted space (Diamond 2000a: 13 May).

While describing the commercial imperatives and metrics that generally dictate newspaper columns, Diamond also clarifies what he means by ‘establishing believable fictions’; that his practice of profiling or summarising ‘what is going on’ must necessarily involve a direct referencing to the truth about a potentially irreversible illness.

‘This is a personal column’

In dealing with Diamond’s truth claims, I want to expand briefly on Tulloch’s idea of storytelling modes and the ways in which the concept of autopathography may be useful in understanding Diamond’s self-profiling and method of narrative address. In her innovative research on patient narratives some years ago, Anne Hunsaker Hawkins observed this exponentially increasing trend: ‘In even greater numbers, people are writing autobiographical accounts of their illness and treatment, narratives that are often called pathographies or autopathographies’ (1999: 127). When accounting for the origin of the latter term, John Couser explains:

One of these neologisms is my own: *autopathography*, which I coined to refer to narratives of illness and disability. In the mid-1990s I became interested in the emergence of life writing, much of it autobiographical, centred on medical conditions and impairments once considered stigmatic. Exploring this new development, I wanted to designate a particular set of narratives with a single-word term. To devise one, I merely substituted *patho* – the Greek root for suffering (as in pathography) – for bio (life) in *autobiography*.

Or to explain it a different way, I added auto to the existing term pathography, which refers to the clinical studies of illness in patients (2012: 43, emphasis in the original).

In contextualising the circulation of such texts, John Wiltshire notes: 'from the early nineteenth century, connected narratives dealing with illness were written, but [it was] only in the mid-twentieth that they became publishable' (2006: 34). What I find helpful about Wiltshire's work on 'pathography' is an observation that literary critics have seen borne out across the range of illness narratives over the past several years:

Pathography is a wild, disordered field, in which all sorts of conditions, events and experiences are represented in a great variety of modes – in lyric poems, narrative poems, diaries, autobiographies, memoirs of all kinds, even academic texts (2006: 22-23).

And increasingly too, as Diamond's work testifies, there has been a burgeoning of the columnisation of illness narratives circulated in newspapers. For example, Gerrard points to the work Oscar Moore, Ruth Picardi and Martyn Harris as examples of writers chronicling and circulating a first hand encounter with a life-threatening illness (Gerrard 2000). When accounting for his way of classifying this potentially 'wild' and 'disordered' field, Couser further outlines what shaped the initial rationale for this classification of texts, and this proves instructive when focusing on Diamond's writing:

As I understand it, then, autopathography is typically, if not essentially, *anti*-pathography, in two senses. First, in the sense that by taking control of their own narratives patients are resisting medical authority. Second, in the sense that such patients are challenging the medical scripts and/or the cultural constructions attached to their conditions. The auto in *autopathography* was meant to highlight the impulse to define one's condition one's own way – to recover one's body, so to speak, from those who would determine its story (2012: 44, emphasis in the original).

However, it is important to mention that while genre classifications such as 'autopathography' are currently widely used and circulated and may be applied to Diamond's oeuvre, Couser himself has now 'abandoned' the term because 'various people have convinced [him] that the *patho* root carries gratuitously negative connotations and thus fails, ironically, to convey [his] sense of the subgenre's aims' (2012: 44, emphasis in the original). As he qualifies:

One source of this criticism was people with disabilities, who rightly reject the notion that they are ill or necessarily suffering. But it also came from people who were, or had been, ill – like cancer survivors – but who felt the term places too much emphasis on the medical condition ... (2012: 44).

For my own referencing and description of Diamond's work and his mode of storytelling, I find the term illness narratives the least problematic to use in relation to the profiling of his own terminal disease, and Wiltshire's working definition of the 'illness narrative' and its features has proved incredibly useful in this regard:

The contemporary illness narrative is a form of writing in which an illness is the instigating or key event. Illness (or disability) is the matrix from which the narrative gets its organisation and purpose. Much else besides illness may be present in such works, since it is one of the features of sickness, whether acute or chronic, that it raises a host of issues and narrative possibilities, but this is what allows us to claim that there is such a genre or form (2006: 24).

The wider importance of Diamond directly indexing his disease, its treatment and impact can be, in part, explained in psychosocial terms. In his influential book, *The Illness Narratives: Suffering, Healing and the Human Condition*, psychiatrist Arthur Kleinman describes what is most crucially represented by the veracity of an account such as Diamond's:

... patients order *their* experience of illness – what it means to them and to significant others – as personal narratives. The illness narrative is a story the patient tells, and significant others retell, to give coherence to the distinctive events and long-term course of suffering. The plot lines, core metaphors, and rhetorical devices that structure the illness narrative are drawn from cultural and personal models for arranging experiences in meaningful ways and for effectively communicating those meanings (1998: 49, emphasis added).

Post-diagnosis, Diamond begins to draw on the resources of his individual 'plot lines, core metaphors and rhetorical devices' for his weekly newspaper column in order to share with readers what *he* would most like to feature in his own illness narrative. In Diamond's own words: 'This is a personal column: I can't pretend the event which is currently informing everything I think or do doesn't exist ... There you are: the truth, at last' (1997a: 12 April).

'I speak as I find'

In a journal article entitled 'Let journalists be themselves', Rosalind Coward makes this observation: 'In all areas of journalism, the personal voice, overt personalities and intimate personal material are in the ascendancy' (2014: 36). By way of explaining his own autobiographical impulse to prominently, and prolifically, theme the 'intimate personal' details of his illness in a weekly column, Diamond poses this self-reflexive question: 'So why do I write at such inordinate length about what's coming?' (1999a: 18 December). As an already established practitioner in his field, Diamond's answer is instinctively informed by an understanding of journalistic conventions:

In part, for reasons of habit. I've been a proper journalist, asking questions, piecing together facts, going to uncomfortable places, but for some time now I've made the bulk of my living writing about myself. It isn't entirely an exercise in egotism: the trick is to make some greater point through introspective tunnel vision, and sometimes I've carried it off. And when the self I write about got cancer it seemed natural to talk about it here (1999a: 18 December).

Explicit in Diamond's rationale is an argument for normalising his deeply embodied subjectivity. For him to continue writing truthful first-person observations post-diagnosis, the ethical practice of truth telling now obliges him to include and foreground the immediacy of his illness experience. By logical extension, Diamond's comments seem to also suggest that to *not* write about his terminal disease, when his professional reputation and regular column were already firmly founded on the narrating 'I', would come to lack integrity. Any blatant act of airbrushing the status and treatment of his cancer – and, ultimately his pending death – from his weekly columnar ruminations could be seen as compromising the journalistic pact of authenticity previously established with his audience.

It is Diamond's vow to represent the real that garners, and sustains, both the support of and respect from many of his regular readers. To gain a greater insight into this dyadic relationship between Diamond and his commitment to profiling and legitimising the experience of a terminal illness to (and for) his readers, it is important to quote him here at length:

For a while this column was immodestly heralded in *The Times's* own ads as 'John Diamond's Diary of Courage'. It wasn't my description and I found it embarrassing enough to ask for it to be dropped, but even so, many readers have written to tell me that what I do here is in some way courageous. They may be right, but, as I've said before, it certainly doesn't feel courageous. I can't pretend that I have to search particularly deeply to find the words I use here to describe my plight, or that I'm conscious of a version of this continuing story which I could tell in any way other than the way I tell it. Within the constraints of my family's privacy I speak, as they say in Alan Bennett country, as I find (1999b: 2 October).

This notion of speaking of his illness experience as he directly finds it consolidates the reader's view that his journalistic voice can be a trusted source that will not distort, omit or sanitise the impact of disease and its treatment. There is also something cathartic in speaking so openly about cancer, for both him and his reader.

'I am talking'

Some of the most direct profiling on the effect of Diamond's advancing disease is produced after his first encounter with radical surgery. In full confessional mode he writes: 'As you will know, constant reader, they took the back of my

tongue out in June, leaving me unable to talk in any meaningful way for a while, although the exact definition of the term “a while” is still in some dispute’ (1997b: 25 October). The intensified physical and psychological impact on someone who, in part, was formerly paid to talk for a living on BBC radio broadcasts is mediated movingly by Diamond’s candid admissions:

For when we talk about my new voice we are not talking commanding tones by any means. Most of the time we’re not talking tones at all or, come to that, talking. Which wouldn’t be quite so bad were it not that having spent all these years opening my mouth and hearing properly formed words come out in the normal way, I forget that currently I sound like somebody doing a honking impression of Charles Laughton in an underwater version of *The Hunchback of Notre Dame* (1997c: 23 August).

While Diamond’s specificity of detail draws on a humorous analogy to underscore his post-operative status, he is also capable of sparse language that cogently summarises his grief: ‘In not being able to talk, I am not me, not the me I think of when I think of me’ (1997d: 20 September). Readers can readily deduce his embodied sense of an abject and mortal self confronting one of the central threats that illness poses as it assails him with ‘a real loss of control that results in ... becoming the Other whom we have feared’ (Gilman 1998: 2). Perhaps, for Diamond to become the ‘other’ – the ‘I am not me’ – is to fear becoming the antithetical embodiment of what society traditionally values: productivity and active participation. Instead of his body enacting the utilitarian story of efficiency and continuity, the self he now profiles increasingly encounters illness performing disruption and disorientation. Campo astutely describes what happens when a person like Diamond becomes seriously ill: ‘A double transmogrification occurs: the ailing person becomes a patient, who in turn is yoked helplessly to his or her disease, ready to be fed into the health care assembly line’ (2003: 78). Sociologist Arthur Frank provides further insight into this regressive process in his influential text *The Wounded Storyteller: Body, Illness, and Ethics*: ‘The illness story begins in wreckage, having lost its map and destination’ (1995: 164). And Diamond allows his reader to be privy to this personal sense of wreckage and dislocation:

Pre-operatively I was profligate with words, throwing away jokes and cracks and little sarcasms to fill up the spaces between thoughts. Now no word is wasted. I use the words I need to use but there is a second busy dialogue playing – but only to me – in the background.

I *am* talking: talking is what I do. OK not Oscar Wilde or Moss Hart but to have a riposte or a description or a question sitting there on my lips waiting to be shot into the conversational melee and not being able to shoot it is crippling.

And though there are plenty who say that my old incontinency was a bad thing, that it made me facile and unthinking, I enjoyed being the person I was and there are times when I don't enjoy being the person I am ... At the back of it all is the most basic question of self-image (1997d: 20, emphasis in the original).

After further radical surgery to reduce the further spread of cancer, Diamond refuses to euphemise the medical procedure, or to shield his readers from the psychological and physical impact of his diminished sense of self:

It makes a certain sort of sense, for as long as I had the remnant of a tongue, as long as I could make some attempt at eating and talking to strangers, then I could believe that I was still a slight variant of the person I had been before all this started. But with the last operation I am past a point of no return. Unlike the changes of circumstance which come upon the middle-aged, this is one that hit suddenly and I can't get used to it. So there: after all these months, and at last I descend to self-pity on my own page. My only excuse is that at the moment I'm beyond lying about it (1998b: 31 October).

Yet despite the dire and changed circumstance Diamond finds himself in, he continues to enact the chief tenet of ethical journalism: that storytelling needs to be beyond lying. Diamond's clear-sighted and irrevocable pact with his readers is further evidenced in a column written three months before his death:

My position is this: I have an apparently terminal disease which doesn't allow me to make any realistic plans for more than a couple of months ahead, a voice which stopped when my cancerous tongue was removed, a diet entirely dependent on the food blender, and a fair to middling amount of pain on most days (2000b: 31 December).

While he may be unable to envisage a long-term future, crucially he is able to visualise the completion of a column on a week-by-week basis. For Diamond then, to maintain his professional role of writing for newspapers when he cannot speak empowers him to continue to (re) produce textually the story of his illness experience, and this is one way in which writers of trauma seek to repair, reorient and re-establish the self. And in Diamond's case, this offers him an active resistance against the haunting thought of personal oblivion.

'A kind of therapy for me'

Accompanying Diamond's honest reports about the invasive influence of cancer on his body and mind are comments from a reflective practitioner who continues to contemplate the role of, and motivation for, his work as a journalist. He wryly acknowledges: 'There is just a chance that I might be getting a little fetishistic about my illness' (1997e: October 11). And, he outlines in greater detail to his readers why he first began profiling his medical diagnosis:

When I got the first call to tell me – as I misheard it – that it was all over and that it was only a matter of weeks before I'd be back here as a gnat or a guppy or whatever they've got lined up for me next, I wrote about it here out of fear. I mean, a doctor phones you up and says: 'Oh, by the way, did we mention you've got cancer?' you aren't going to hand in a column about the commercial theology of the Smarties Easter egg, which was what I had prepared by way of a sermon for that week (ibid).

Countering the alternative suggestion that he could have chosen to omit recording this fear of death, he explains:

... that I abandon the column pending the guppy transformation – wasn't a real alternative, given the limited columnising opportunities for guppies and my suspicion that the repossession computer at the Abbey National can't tell work-interrupting throat cancer from dropping the mortgage money on the 3.30 at Haydock Park (ibid).

Although witty retort defines much of his reflection on journalism praxis, Diamond is equally capable of incisively analysing the pragmatic and strategic uses of his personal column. He admits: '... although I can't bring myself to accept that these oncological meditations have anything other than a selfish motive, I do understand that facing what's happening, albeit in print, makes more sense than repressing it' (ibid).

Diamond's choice not to elide any fear of disease and death may be seen as a therapeutic exemplar affirming the growing consensus from clinicians and theorists that expressive writing can be a tactical intervention in traumatic situations. Especially relevant to this discussion is a question posed by academics James Kaufman and Janel Sexton: 'What is it about a narrative that makes writing therapeutic?' (2006: 275). In determining an answer they point directly to the benefit that comes from creating the kind of narrative that 'helps make sense of an upsetting event' (ibid). Kaufman and Sexton also advance the now well-accepted theory that in writing about illness an author may find personal trauma becomes more 'organized', and that she or he is able to gain a 'new meaning' (ibid). Diamond himself provides a whimsical insight into what inflects his thinking and how his thoughts are now organised accordingly:

One week there I am telling you about the hooded man with the scythe over his shoulder and the next I'm being jocular about losing socks in the wash or popping down to the garden centre and finding only French marigolds. I mean, bathos doesn't begin to describe it. I have things, so very many things, to say about socks and garden centres but I really can't bring myself to say them. It would be like the Queen sitting down to open Parliament and instead reading her shopping list. Not that queens have shopping lists and not that this column is the equivalent of Her Majesty's plans for the year, but you take my point (2000a: 13 May).

Diamond's primary point being that dealing with a terminal illness is demanding his full 'writerly' attention.

To confine the catastrophe

Other scholarship adding to an understanding of the psychic benefit of Diamond profiling a self subjected to the prospect of dying comes from the work of Reinekke Lengelle and Frans Meijers. In a journal article entitled 'Mystery to mastery: An exploration of what happens in the black box of writing and healing', they maintain that writing functions as a therapeutic modality when it enables a person to 'work toward a more life-giving perspective' which 'may include a shift in perspective, acceptance, or meaning found/constructed' (2009: 59). Therefore, as Diamond's journalism exemplifies, writing about illness may provide the opportunity for an author 'to create a "second story" that makes sense of experience, especially when a life-threatening illness has suddenly removed all sense of control' (Rickett, Greive and Gordon 2011: 265).

Diamond's process of designing and narrating autobiographical columns on illness involves him undertaking activities involving self-disclosure that are 'purgative, reconstructive, integrative, transformational' because, as Marilyn Chandler suggests, 'the basic requirements of narrative – pattern, structure, closure, coherence, balance – all engage a writer in creating a whole out of fragments of experience' (1989: 6). Because a cancer diagnosis can be destabilising and the invasive treatment dehumanising, autobiographical writing offers Diamond an opportunity to counter this sense of overwhelming fragmentation through authoring/producing a patterned, coherent and manageable text. Crafting, (re) structuring and profiling weekly sequenced stories allows him to create new textual contexts, so in this specific sense 'telling, and even more so writing', becomes 'a way of taking control, creating order and thus keeping chaos at bay' (Rimmon-Kenan 2002: 23). In reviewing the protracted process of him trying to linguistically control the chaos of illness, Diamond writes:

Over the years, and it has been years now, the column has turned into a kind of therapy for me. Why should you be asked to take part in the therapy of somebody you don't know and might not much warm to if you did is another matter, of course, but that's one for the editor and not for me. I'm not suggesting that writing about mortality forces me to confront it any more honestly, but it certainly helps me deal with what's happening, how I feel about it, what it might mean in the greater scheme of things (1999a: 18 December).

Conscious that this kind of journalism may be more therapeutic for him than his readers, Diamond is still able to privilege his writing as an essential component/compass in making sense of the radical dislocation caused by his life-threatening disease. In so doing, he, and other authors writing about their illness experiences, recovers 'variously dysfunctional bodies from domination by

others' authority and discourse' ... and thus converts 'the passive object into active subject' (Couser 1997: 291).

When reflecting on the wounding that results from an illness such as Diamond's and the importance of authenticating the experience through personal narratives, Frank suggests that 'becoming a communicative body is an ethical end' (1995: 163). As the journalist's body actively communicates rather than passively represses through his columns for *The Times*, Diamond's imagination is called upon to re-orientate him, and also to work creatively against pending negation. Anatole Broyard – literary editor and critic for *The New York Times* who also charted his own experience of illness – suggests that for an ill person it 'may not be dying we fear so much, but the diminished self' (1993: 25). By assiduously profiling the particular grief associated with cancer, and the spectral presence of 'a tallish man in hood and gown with a scythe over his shoulder' (1999c: 23 January 23), Diamond is able to reclaim and assert the value and meaning of his *own* lived experience. His journalistic work highlights that by making these kinds of structuring and interpretive choices a writer (and reader) can become arrangers and adapters of life events that otherwise may have proved monstrous and uncontrollable if only internalised within their respective psyches. Because Diamond is adept at this kind of integration he seems to consider it a natural way for writers to assert linguistic control over traumatic events, and concludes:

I remain surprised that not everyone finds it as easy as does garrulous old me to talk about cancer, and more surprised still that others should be offended by my garrulousness, but the only answer to the question of why I do it is this: it's because I can (1999d: 10 July).

Diamond's columns illustrate Broyard's observation that writing can function as a crucial strategy in first containing (and then potentially re-imagining) a sense of unbordered ruin:

My initial experience of illness was as a series of disconnected shocks, and my first instinct was to try to bring it under control by turning it into narrative. Always in emergencies we invent narrative. We describe what is happening as if to confine the catastrophe (1993: 19-20).

To experience the catastrophic as Diamond progresses towards his untimely death is to confront directly the forces of dissolution and fragmentation. As Harris notes: 'The creative writer contends with various types of fragmentation – temporal, intrapersonal, interpersonal, sensory, ontological' (2003: 5). Moreover, particularly in a scenario dealing with the shattering effect of a cancer diagnosis, writers often draw on the 'uses of associative language to unify disparate experiences' (Harris 2003: 5) as Diamond does when he considers his own reality:

These days the only person I can ask questions of with any accuracy is myself. I can't write about having emphysema at the top of a lifeless tower block in Oldham, only about having cancer among the chattering classes of Hammersmith. Like a correspondence-school journalist, I'm limited to writing about my own experiences (2000c: 9 September).

Diamond candidly acknowledges that some readers and critics of his work reacted negatively to him graphically (and gratuitously) 'talking too much' about his progressing illness in his newspapers columns:

I have, the essayists say, some form of journalistic incontinence which forces me to confess the most intimate details of my life as a cancer patient in a way which is beyond the bounds of good taste and, worse, just not very British. Moreover, say the critics, what I write here about my illness has no real value because I am too close to the subject to be objective (1999d: July 10).

Replying to these critics with an ontological justification he writes:

... I have only one partial defence of my incontinence, which is that I seem to have done something to have furthered discussion about an illness which confuses and kills in equal measure (ibid).

This claim is confirmed by the thousands of letters he received during the years his column furthered a public discussion on illness. The value of his contribution is typified by a reader's letter published on a tribute page to Diamond's legacy appearing in *The Guardian*:

I have been greatly moved by reports about John Diamond ('Love and pain in Diamond's last words', 5 March). Just as the death of the Princess of Wales gave many people an opportunity to express their feelings of loss, John Diamond's decision to make his experience available to millions allowed people to feel the intense and conflicting emotions evoked by a life-threatening illness. Descriptions of his love for his family and how much he was loved are uplifting (Mumford 2001).

The last word

As Diamond describes in his own words, cancer 'started by threatening me, moved on to hurting me and now just haunts me' (1997f: 13 December). This annexing threat to survival is partly met by his weekly testimonial enterprise where he identifies, and at times resists, the spectral presence. The importance of him continuing to use his own words reactively to the threatening, hurting and haunting trajectory of his advancing disease can be understood more fully in dialogue with De Salvo's work on storytelling and it can provide some recourse for a writer like Diamond:

Writing gives us back the voices we seem to lose when our bodies become ill or disabled. We want to speak for ourselves and our particular

experience of illness and disability rather than have someone speak for us. *Writing helps us assert our individuality, our authority and our own particular style. All are seriously compromised by medical treatment and hospitalization ...* (1999: 183, emphasis added).

Speaking for himself and in his own style became all the more vital when Diamond ‘started dying so publicly’ (2001: 6 January). Others too particularly valued Diamond’s individual way of narrating a disease that affects so many. When contacted by an editor from *The Observer* to write an article responding to the existential quest to find some kind of meaning in the experience of a terminal illness, Diamond offers this rejoinder:

Like most journalists I’m loath to let light in on the magic that is the editorial process, but this was the first commission I’ve had in 20-odd years in the game which read quite so much like an extract from a suicide note. ‘Just tell me, John, what the hell is the point of it all?’ said the email from the editor, although it probably had somewhat more potency before I coyly changed the word to ‘hell’ (2000b: 31 December).

The signature article which Diamond titles ‘Reasons to be cheerful’ highlights one of the palpable features of profiling terminal illness as asserted by Frank in *The Wounded Storyteller*: ‘Storytelling is less a work of reporting and more a process of discovery’ (2013: xvi). While Diamond’s journalistic reporting resolutely confronts the irrefutable and inexorable prospect of death, this is robustly harnessed with an insistence – an insatiable desire – for both him and his readers to contemporaneously (re) discover and remember, while still possible, ‘the point of it all’:

Why am I happy? Because I’m alive. And the simple answer to the question ‘What the hell is the point of it all’ is this is the point of it all. You aren’t happy? Yes you are: this, here, now, is what happiness is. Enjoy it (2000b: 31 December).

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Acknowledgements

I wish to acknowledge Dr Robyn Priestley, Dr Sue Joseph and Associate Professor Maria Northcote for their interest in John Diamond's work and their generous academic mentorship. I wish to also thank Dr Victoria Burrows, Dr Jill Gordon, Dr Rebecca Johninke and Dr Bernadette Brennan for engaging scholarly conversations around the narrativisation of trauma and life-threatening illness that ultimately helped shape considerations for this chapter; a chapter dedicated to my ever-supportive mother and my four-footed research associate, Lily Isabel Rickett.

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