



'WHEREOF WE CANNOT BE SILENT, THEREOF MUST WE SPEAK'; SUSAN SONTAG'S 'SILENCES'

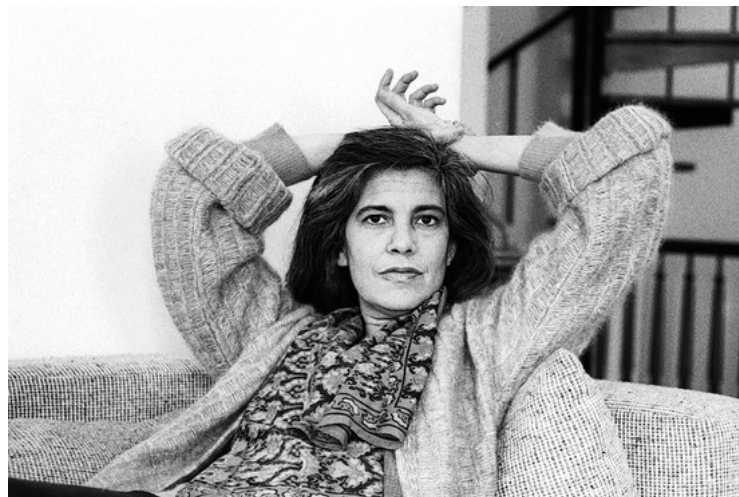
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Whereof does it seem impossible to speak? Scholar Darla Crispin turns to Susan Sontag's influential essay 'The Aesthetics of Silence' and her ground-breaking *Illness as Metaphor*, in order to make audible Sontag's own silent dilemma of her illness, while calling for a new ethics and aesthetics of silence.

Susan Sontag's influential essay, 'The Aesthetics of Silence', was written almost fifty years ago, in 1967; the equally ground-breaking *Illness as Metaphor* was published eleven years later, in 1978. In its thoroughgoing dissection of the uses and nature of silence in the fine arts and literature, the former remains necessary reading for those wishing to understand the silence trope in late Modernism; the latter still stands as a pioneering work that fused a new kind of advocacy on behalf of the ill with a sceptical stance on its titular trope, drawn from art and literature: the use of metaphor. This scepticism was later clarified and intensified in *AIDS and its Metaphors* (1988/1991), Sontag's response to the catastrophe of the emergent AIDS epidemic, both through her perspective as a New Yorker, where the crisis had severe social and cultural ramifications, and in the light of the dawning, appalled awareness of its devastation in the Third World. Taken as a binary

unity, the critiques of silence and metaphor articulate part of an argument concerning ethics. They also suggest how the interplay between these two phenomena may create provocative critical spaces within a more substantial social critique.

Given the particular, historically-conditioned nature of Sontag's arguments, it is apposite to consider whether her thoughts on silence and metaphor merit revisiting. But, in fact, at this particular moment in the cultural/political progress of the West, a repositioning of the types of silence and metaphor in the light of challenges to both high art movements and the degradation of those movements brought on by the pressures of neo-liberalism has given contemporary urgency to such questions. The lens through which this unfolding situation may be viewed can be fashioned through fusing aspects of the narratives around both silence and illness, exposing cross-currents in Sontag's writings, and highlighting contemporary problems foreshadowed by her criticism. These include the marginalising of, and aversion to, 'difficulty' in contemporary culture, and the continued use of metaphor as a silencing mechanism in the 'difficult' consideration of illness, an approach which is itself being strongly countered by the rise of the first-person survivor narrative that necessitates modified critical approaches. Both topics have beneath them the paradox of the 'plenum and void' (Sontag 1967/2002, 32) cited by Sontag in 'The Aesthetics of Silence'; understanding how this dynamic has moved on can give us fresh insights into our contemporary encounters with silence and silencing. It is also important to consider these issues in light of the rise of the artistic research movement (also known as research in-and-through the arts) in which the artist/maker is also a researcher, communicating findings through both the artwork itself and purportedly critical accompanying commentaries. The latter show how the critical task is being transformed by the 'practice turn', and their proliferation lends additional topicality to re-evaluating Sontag's writings on silence, illness and interpretation.



Susan Sontag

Considerations of this kind also provide building blocks for the development of a critical apparatus for engaging with forms of experimental art-making and writing – particularly those associated with the online world: the blog and vlog – that were only beginning to emerge when Sontag was most active as an essayist. The essay as a form has become more permeable; when posted online, it may attract an almost immediate series of critical comments, making periods of critical latency much more ephemeral, since the rapid rhythms of these fused narratives create a particular set of artistic and social imperatives. Indeed, modes of dissemination for research in-and-through the arts are beginning to capitalise upon this situation through

making internet-based interactivity an essential component of the critical discourse, as in, for example, the online and multidisciplinary *Journal for Artistic Research*. Given this immediacy, the contemplative spaces for art, the sites of silence, are being impinged upon and challenged.

This intrusion is perhaps most vividly illustrated, however, through the emergence of online communities around illness that evolved in the decades after the appearance of Sontag's essays on illness (though not necessarily as a direct consequence, despite frequent citation of Sontag in the blogosphere). Springing up at first as a response to a need for supportive contexts, the illness-focused communities have also become sites for various kinds of experimentation that may be seen to have an artistic dimension. Held together by shared experience, they facilitate the generation of critical discourses that challenge silencing, not just through advocacy and information-sharing but also through the construction of new metaphorical readings developed as coping mechanisms. However, in doing so, they also place the critical writer in a hazardous double-role, often caught in the crux between the imperatives of a distanced world-view and the immediacy and contingency of physical frailty. Sontag's own dilemmas during her final illness similarly bring these matters poignantly to light.

Sontag's distrust of metaphor is well-documented in *Illness as Metaphor*. But there is a sharp irony here that has emerged more recently with respect to her life and work. Although, through her writings on metaphor, she was an early advocate for cancer (and, later, AIDS) patients, she wrote about this while maintaining the essayist's critical distance, minimizing the first-person account-writing that has become so characteristic of advocacy in cyberspace. What she traced was the move away from cancer being simply 'unspeakable' to its being encountered through metaphors that returned a sense (however false) of agency to the patient. Silence gave way to a contradictory conflation of military metaphors and spiritual rhetoric, both of which, ironically, returned to silence, either through proposing cures of abolition (the militarily resonant idea of the 'scorched earth' of chemo-radiotherapy) or through offering the solace and potential psychological restoration of silence through therapies such as meditation and other practices involving inward reflection and retreat: mentally and spiritually valuable, but of debatable and even dubious value in curative terms, despite the wealth of testimonial assertions to the contrary.

Above all, Sontag maintained a rigorous 'etiquette of silence' around her own illnesses, first an advanced and aggressive breast cancer (1975) and, later, a uterine sarcoma (1998), suppressing the personal in favour of the particular 'aesthetics' of the stylized essay form at which she excelled. The irony, however, is that her professionally detached silence would appear to have masked a paradoxical terror and non-acceptance of her own mortality, revealed in harrowing detail in her son, David Rieff's account, *Swimming in a Sea of Death: A Son's Memoir* (2008). Rieff's book presents his vigil with her as she died of a yet more severe malignant disorder, myelodysplastic syndrome or MDS (which she contracted in 2004, and which was brought on by treatment for the earlier cancers) and from complications of the bone marrow transplantation procedure - offered to her as a glimmer of hope in light of the grim diagnosis and in spite of initial evaluations of her case as hopeless. By contrast with his mother's aesthetics, Rieff's memoir presents his case through the contemporary critical approach: using a first-person, revelatory, silence-abjuring mode of discourse. Arguably, Rieff also gives voice to a still relatively silent group around illness: the 'support people'. This literature, for and about the supporters and carers of the ill, has precedents in C. S. Lewis' *A Grief Observed* (1961) and Ken and Treya Killam Wilbur's *Grace and Grit* (1991) but uncovers, in a more contemporary and problematised way, the phenomenon of bystander-silencing that occurs when support people are brought into complicity with

professionals in the withholding of information from the patient. Rieff rightly presents this as both a personal and a critical dilemma that has no easy resolution; his account thus reads, in part, as a work in progress. Bystander observation of the dying brings forward a new set of critical and ethical problems: the contrasting of the desire for 'a good death' with the sometimes harrowing nature of its reality. In a sense, it is the witness who becomes the voice of the illness at the most critical point: the moment of death.

Why is the silence around personal experience in Sontag's writing worth discussing? Because understanding how this very public intellectual navigated the contradictions of her own condition helps us to penetrate the nature of her work, and to reflect upon it as part of the world here-and-now. For the world of ideas and their manner of communication has changed since Sontag's most active time as a critic and, even more so, since her death in 2004. The emphasis, even in critical writing, is increasingly upon first-hand experience and the subjective eye. There are obvious reasons for this, but having the legitimacy of the questioning of 'boundary experiences' (Sontag 1967/2002, 11) placed before us in Sontag's writing, it behoves us to go deeper.

As noted above, the rise of fields exploring research into arts practices, carried out through the perspectives of practitioners of that art, rather than through detached criticism, is remaking processes of critical writing, since those same artists are the individuals engaging in that writing. One of the more difficult problems with this approach is the most obvious one: a purely subjective mode of discourse is generally insufficient, collapsing its critical expression into constellations of solipsistic descriptive writing. Subjectivity can only work in this kind of frame when it is set up to reverse itself; that is, the artist-researcher devises critical approaches and theoretical frameworks whereby that which is most personal, most subjective, is flipped into its opposite, the universal and impersonal. This requires the surrender of aspects of the myth of art, and the understanding that human experience, while infinite in its diversity, has a few, common, shared, meta-level topics, and that these provide the field and ground for a writing that can be both personal and rigorous in its applicability outside the subject.

For this reason, the calculated absence of Sontag as the subject of her own reflection on illness both gives a historical sense of where her writings on this topic are situated and also raises questions about the nature of her critical work when read today. But there is a critical rupture when Sontag *does* use her own voice to tell of her struggle; significantly, this occurs not in the writings focussing upon cancer, but in the follow-up: *AIDS and its Metaphors*, where it takes the form of a compassionate, intellectual and critical response to an emergency that was not first-hand. In the introductory words to that text, Sontag permits herself to reflect back on its antecedent, *Illness as Metaphor*, and her rationale for its composition. In doing so, she does write in the first person, yet she writes of herself historically: the crisis being past (by that time), she now turns to others with a different kind of illness, and comments upon her own situation as if safely distanced from it by the passing of time.

“‘Rereading *Illness as Metaphor* now, I thought:’...”

— (Sontag 1998/1991, 91)

The statement (coming before the actual chapter heading, like a motto), places the reader into a new relation with Sontag, who now 'speaks' in the first person. She is able to write about the first book as a historian would

about a discrete and distant past, 'rereading' her own words and reflecting upon them from a safe chronological vantage point. The chapter itself has two purposes: the first is to restate and refine the principal arguments against the use of metaphorical language in relation to illness; the second is to explain the absence of her first person 'self' and its experience of the illness about which she wrote in the first book:

“I didn't think it would be useful – and I wanted to be useful – to tell yet one more story in the first person of how someone learned that she or he had cancer, wept, struggled, suffered, took courage... though mine was also that story. A narrative, it seemed to me, would be less useful than an idea.”

— (Sontag 1998/1991, 98)

The breach of silence here is significant; the hint at vulnerability has its own communicative power. But it also matters that this statement is sealed off from the main arguments of the text, that it is to be found in a text about AIDS (not Sontag's illness, not cancer), and that the first person confession underlines an aspect of the persona: the notion that the mind can save one from the course of disease, but only the calm, rational mind. Indeed, Sontag declares that 'a narrative... would be less useful than an idea' as if narratives are free from ideas. But this relates to the crux of her point here: 'To regard cancer as if it were just a disease – a very serious one, but just a disease. Not a curse, not a punishment, not an embarrassment. Without meaning'. (Sontag 1998/1991, 100)

Most ironic of all, given the account of Sontag's death by her son, is this admonishment:

“Get the doctors to tell you the truth. Be an informed, active patient; find yourself good treatment, because good treatment does exist.”

— (Sontag 1998/1991, 100)

Within this apparently open, non-silent sequence of pages, one that ostensibly solves the matter of the 'self' that is Sontag, silence still lurks amongst those aspects of dealing with illness that cannot be known until events drive the knowledge. For Sontag did not seek the truth when confronted with her final illness; she sought a cure; she both knew and did not know that the bone marrow transplant procedure for which she eventually opted was a vain hope. Ultimately, she relied most upon her past success in beating cancer into remission, and on her own strength of will. Writing, heartbreakingly about the situation of having, in a sense, to lie to his mother about her treatments and her prospects because of the urgency of her need for hope, David Rieff uncovers the much less orderly aspects of both dealing with illness and trying to construct critical arguments around it. The prefatory writing to *AIDS and his Metaphors*, with its presentation of the intellectual approach to cancer as its own kind of medicine, is also vulnerable to the vagueness of illness: if cancer returns, has intelligence failed? And: what is the truth to be told about cancer, if silence is to be

breached? For, at the end of her life, Sontag was not actually prepared to hear the truth.

“But if the news was very bad, as we feared it already was, and soon would probably get a great deal worse, then was not the assumption that somehow it could then be “used” in a way that would materially improve my mother’s situation itself a grotesque, Pollyannaish conceit? Was it not, when all was said and done, magical thinking disguised as practical research – the old human fantasy of dominion over death, but in which we now substituted the acquisition of information for the philosopher’s stone and the alchemist’s potion, all on the false premise that with that information there would be something new and transformative that could be done?”

Question: What was my mother looking for? Answer: What the condemned always hope for – a commutation of sentence, a reprieve.”

— (Rieff 2008, 59)

But if there was deep – and entirely understandable - fear behind aspects of Sontag’s more general reticence about the first-person narrative around illness, there are other matters to be considered. Sontag’s authorial voice, her rational arguments and avoidance of the biographical, are consistent with the stylistic ‘signature’ of criticism – and come from one deeply mindful of the nature of style – as well as complying with criticism’s deeper customs and etiquettes. Rieff’s account of his mother’s final illness and death creates a breach in this critical fabric from a distance. We see that her argumentation offered her little consolation, and that her mind drove her to seek radical experimental treatment which had little hope of success. It also causes us to ask the question: To whom does a death belong?

It would seem that we require of our public intellectuals that they die a death congruent with their critical life-projects. Often, this is what happens, and even within those first-person narratives. John Diamond writes with a particular kind of humour and pathos about the cancer that first took his voice and then his life (Diamond 1999); Christopher Hitchens writes uncompromisingly about facing death in the absence of faith (Hitchens 2012); Lisa Lynch writes a funny, ribald – and often frighteningly frank – account being a young woman with advanced breast cancer, enduring treatment, treatment failure and the approach of death (2010). We admire these narratives both because of a kind of consistency of voice – in that the critiques are concordant with the deaths – and because these writers also offered a great deal of valuable, practical advice. Moreover, it would seem that, despite Sontag’s hesitation about offering ‘yet another first person cancer narrative’, the need for these narratives is real and intense. The question, then, is how intellectual discipline might meet the first-person voice, so as to breach the silences in a more compassionate way.

Our bewilderment with Sontag has something to do with the disjunction between her sober and scholarly, yet passionate advocacy for the ill and the

reality of the near-magical thinking that accompanied her near the end of her life. For all that we may claim that we accept the right of the individual to 'die well', we also seem relentless in our craving that the dying should die in the way that we would wish. Our own terror of death is to be found in the 'help' we try to offer the dying, first of all in colluding in attempts to avoid death, offering false hope, and then, when remedies fail, making the death of the other into a dream for our own. We seem to believe that death has a 'style' and that this style should be consistent with the life inscribed. When it is, we are comforted.

Given that both stylised and literal accounts of illness are growing in number, the matter of this 'comfort' is complex. Contemporary interfacing with serious illness in the West remains coloured by the will for improvement that marked the European Enlightenment, but also conflates it with aspects of the New Age movement. This equation can lead to distressing aporias, especially since the Enlightenment's emphasis on progress, in conjunction with the generally over-simplified body-mind models of the New Age movement (in which one's relative health becomes a function of choice and will) creates a combination that, for those who fall outside the norms, amounts to health as a ruthless search for perfection. More recent governmental austerity agendas - that also make health a domain of the wealthy and the successful - have sharpened the brutal anomalies of the quest for health, for cure. This quest goes beyond the desire for legitimately-desired good health and becomes a flight from judgement - and back into silence. It may even be said to have a counterpart in the 'dumbing down' agendas that are being forced upon education, where complexity, difficulty, non-solution and unpleasantness are increasingly to be avoided for the sake of success in the marketplace. Yet, Sontag's 'plenum and void' model applies once again: for all that any real discussion about death and dying remains, for the most part, an arena of silence, the articulately ill appear on talk shows, in medical dramas and in the print media; illness is to be avoided, but is fascinating to observe, especially when packaged as an empathy-inducing tragedy or a heart-warming 'happy ending'.

But there are certain mores surrounding how these observations are to be 'sounded-out'. Rieff's memoir has met with considerable criticism as well as much praise; his 'outing' of the difficulties around his mother's death and, more generally, his uncovering of the many problems of being a 'support person' in that situation, appear to have made many readers ill at ease. His circular narrative, his returning again and again to the question of whether he was right or not to withhold the full truth, although vulnerable to criticism as a stylistic weakness in his writing, actually rings true. He offers no easy solutions, rather, a persistent and ongoing sense of unease in trying to work through the unsolved problem - something that his mother might have appreciated:

“As some people know now, there are ways of thinking that we don't know about. Nothing could be more important or precious than that knowledge however unborn. The sense of urgency, the spiritual restlessness it engenders, cannot be appeased and continues to fuel the radical art of this century.”

— (Sontag 1967/2002, 18)

This sense of urgency within the arts is a counterpart to the sense of urgency around the very nature of existence. The narratives of illness are another form of response to the urgency in art, though the formulation of this as theory is difficult. The reasons for such communicative challenges go back to the core of words:

“...The radical critique of consciousness... now administered by unorthodox psychotherapy and high modernist art... always lays the blame on language.”

— (Sontag 1967/2002, 23)

The yoking together of ‘aesthetics’ and ‘etiquette’ in terms of their relationship to silence can tell us much about the path of critical writing on cancer, and on illness more generally, since the appearance of Sontag’s essays. The particularly chilling ‘silence’ that used to surround the very word ‘cancer’, and the way the ‘etiquette’ of this silence conditioned the ‘aesthetic’ quality of prose about the disease, has given way to writing about cancer as a resolutely first-person phenomenon. Unsurprisingly, this newer wave of literature has been dominated first by journalists (Rollin 1976, Diamond 1998, Picardie 1998, Lynch 2010) then by cultural critics (Ehrenreich 2009, Hitchens 2012) and, yet more recently, by the medical establishment itself (Kalanithi 2016, an account by a physician witnessing his own death through lung cancer, and Mukherjee (2011), an encyclopaedic ‘biography of cancer’ that is also, periodically and cumulatively, an autobiography of a physician learning to overcome his own despair for the plight of his patients). But if, as Sontag asserted, silence creates its own myths, then these authors, for all their merits, have often done the same, foregrounding attributes of ‘humour’, ‘guts’ and ‘wit’ (and the falling away of the latter – as in Margaret Edson’s 2000 play, *W;t*, portraying the illness and death of a literature professor with Stage 4 ovarian cancer). This professional phenomenon has been accompanied by waves of amateur writing online, creating supportive communities whose members are conditioned stylistically by the echoes of their own critical voices in the blogosphere. But, in the process, this has generated another kind of ‘silence’ – that of the ‘echo chamber’ from which the interior sounds rarely escape into the wider world.

If all these examples pass the test of writing-as-craft, whether or not they succeed equally in those aesthetic categories that are already widely established, the issue of writing-as-art remains as one needing to be addressed. The emergence of the blog as a form creates the need for new aesthetic criteria. The communities of bloggers often challenge the established worlds of both the literati (as in, for example, the controversy surrounding the blog and Twitter feed of the metastatic breast cancer advocate, Lisa Boncek Adams, including criticism of Adams by journalists Emma Gilbey Keller (*The Guardian*) and Bill Keller (*The Times*), both of whom ‘questioned the ethics of dying out loud’ [Shapiro, *The New Yorker*, March 18, 2015]), and medicine (blogs serving as medical advice for reaching – and often challenging – diagnoses). Post-modernist theory proposes that the nature of literary ‘skill’ needs to be reconfigured in light of the developments of the world and the collision of genres to create new, fused forms of expression (whether artistic or otherwise). This goes back to the revivification of art itself, and to its role as a proxy for the functions of the spiritual, something that is presaged in ‘The Aesthetics of Silence’:

“Every era has to reinvent the project of spirituality for itself... spirituality = ideas of deportment aimed at resolving the painful structural contradictions inherent in the human situation....”

— (Sontag 1967/2002, 3)

So, in the opening paragraph of ‘The Aesthetics of Silence’, we have a set of statements pointing up an area of tension that has a lasting resonance as we reconsider Sontag’s critical project. The yoking of ‘silence’ to ‘spirituality’ gives a sign as to the nature of her analysis of silence within the arts, but also takes us beyond art into existential reflections. Sontag’s use of the idea of ‘deportment’ at this stage is arresting; it suggests a linking of the spiritual to accepted processes of ritual, and implies that an appropriate deportment must also colour the nature of the critical project that raises the questions on silence. It links to codes of conduct, to acceptable modes of behaviour within social situations and, in this case, to the viable ethical practices of the literary critic (and, in the case of Sontag, of a critic who also has a novelist alter-ego). In addition, it points up the potential aporia of the omnipresent frailty of the human creator – despite the phantasmagorical myth that presents him or her as possessing the key to perennial mastery and perfection; it lays bare the constructed persona of creator and critic, both subsumed within art and apart from it and, in the case of the critic, distanced from the material by the critical etiquettes and practices deemed essential to the project of criticism itself. The ostensible removal of the ‘self’ from the project of criticism, itself a non-viable aspiration, thus strains the idea that criticism bears a ‘spiritual’ component, even while it may comment upon notions of spirituality as they are encountered in the work critiqued. But Sontag views art in terms of its metaphorical relation to the spiritual and her position on metaphor is one of profound distrust.

“In the modern era, one of the most active metaphors for the spiritual project is ‘art’.”

— (Sontag 1967/2002, 3)

As such, modern art is, for Sontag, a site of problems which supply the work with a necessary communicative energy. Within this dynamic, myths of the absoluteness of art play into the trope of art’s self-negation, creating the appeal for silence within – and as – art.

“So far as he is serious, the artist is continually tempted to sever the dialogue he has with the audience... Silence is the furthest extension of that reluctance to communicate, that ambivalence about making contact with an audience which is a leading motif of modern art... Silence is the artist’s ultimate other-worldly gesture: by silence, he frees himself from servile bondage

to the world, which appears as patron, client, consumer,
antagonist, arbiter, and distorter of his work.”

— (Sontag 1967/2002, 6)

“For, to be a victim of the craving for silence is to be, in
still a further sense, superior to everyone else.”

— (Sontag 1967/2002, 7)

It may also be inferred that this ‘superiority’ is conferred upon the project of criticism in the silencing of aspects of the person making the critique. The standard models of science are proxies for this in their promulgation of the idea that the self can be removed from the field of hermeneutics, severed from hypothesising, observation, experimentation and analysis. In the post-Kuhnian world of ideas, however, such a separation of the self from the field of action is deemed an impossibility. The scientific arena itself is increasingly becoming a locus of questions concerning the self and the spiritual, while the artistic fields, pressured by fiscal and social change to move ever closer to instrumentality, make incursions into the languages of the sciences, devising work that falls into the created category of ‘artistic experimentation’ (see Rheinberger 1997, Schwab 2013, Crispin and Gilmore 2014).

“...As long as art is understood and valued as an
“absolute” activity, it will be a separate, elitist one. Elites
presuppose masses. So far as the best defines itself by
essentially “priestly” aims, it presupposes and confirms
the existence of a relatively passive, never fully initiated,
voyeuristic laity, that is regularly convoked to watch,
listen, read or hear – and then sent away.”

— (Sontag 1967/2002, 8)

The question becomes one of the extent to which we can read the critical project as co-existent with the artistic one.

“And finally, even without imputing objective intentions
to the artwork, there remains the inescapable truth about
perception: the positivity of all experience at every
moment of it.”

— (Sontag 1967/2002, 10)

“Programmes for a radical reduction of means and effects
in art – including the ultimate demand of the renunciation
of art itself – can’t be taken at face value, undialectically.

Silence and allied ideas... are boundary notions with a very complex set of uses, leading terms of a particular spiritual and cultural rhetoric."

— (Sontag 1967/2002, 11)

The objective and subjective are also part of the framework of dialectically posed notions. In the essay, language and the 'etiquette' of its use create a veil of authorial silence, both muting the subjective and asserting a kind of prestige and superiority. But this soon shifts to its opposite; the very nature of the formulation of words, the stances taken, the positions tried (for an 'essay' is merely a 'try') outline the authorial voice as a subjective self with unique predilections, albeit expressed within the limits of the common terrain of acceptable discourse.

When such authoritative-subjective utterances stray into wider circulation, they often generate censure, whether in terms of the formality of the language or the ways in which such formality validates and privileges a certain type of covert subjectivity over others that are more candidly personal. This demonstrates that while the earlier silence metaphors surrounding illness may have been displaced, the non-solution of silence-related paradoxes permeating narratives of illness remains. Accordingly, the broader message must be that a socially-conscious art and literary criticism should take account of this changed ethical landscape, as it also attempts to understand the aesthetics of the new — often untutored — artist-advocates. To do this, we need not just a new aesthetics but also a new ethics and perhaps — despite the quaintly outmoded sound of the word — a new etiquette.

Before closing this discussion, one final observation needs to be made (and the irony of the use of the passive mood here will soon become apparent). Although always drawn to Sontag's writing from an intellectual and aesthetic standpoint, the intensity of my interest has inevitably been amplified by the fact that, like her, I have experienced both breast cancer and myelodysplastic syndrome. The parallels are far from exact, in that I was diagnosed with MDS nearly thirty years ago and, following a then experimental regime, have been able to live with and control it throughout the subsequent decades. My breast cancer, diagnosed in 2015, was caught early and treated successfully although, as is common, I have ongoing therapy that will last for a number of years.

Do these facts make me less or more qualified to discuss Sontag's approaches to art and to illness? A cogent case could be made for either view. What I do know is they contribute to the forces that draw me to her writing and to her chosen subjects. As a musician and musicologist (in which one might see parallels with author and critic) I, too, am drawn to questions about meaning and metaphor in my chosen art-form and how the strategies of the artist might be used as tools for knowledge generation. But as a former concert pianist whose professional career ended when MDS produced impairment of the strength and sensitivity in my right hand, I also speculate on issues of my own identity inside and outside my current professional context of higher arts education. Does my personal history have a validity inside the writing, lecturing and other activity that I now undertake as a scholar? And do the new, more open and subjective mores emerging within the field of artistic research offer an avenue whereby that validity might be increased? If so, can such an opening up be valuable not just to me but also to my peers?

For now, these questions, for me, are still open-ended; yet I cannot escape the idea that in a world increasingly peopled by long-term survivors of serious chronic illness, an ethics of imperfection as an adjunct to the critical task is sorely needed. As I ponder this, one of my abiding companions in thought, through the medium of her writings, is and always will be Susan Sontag.

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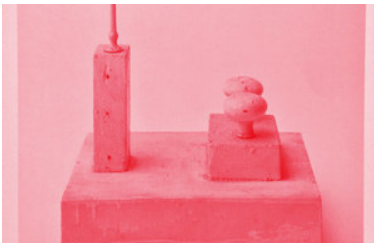
Recommended

Every day
the distance
between word and thing
gets bigger.

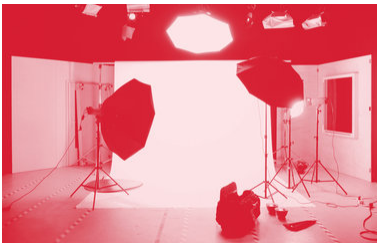
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