

Exploding the Cancer Myths: Brian Lobel's Narrative Performance Ball

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Abstract

In his personal account of cancer, *Ball* (2003), the performance artist, Brian Lobel, intently refuses to succumb to the myths about the illness, challenging the cancer narratives that have traditionally been based on a discourse of heroism or martyrdom. While his performance is, at times, sensational with a keen focus on sexuality and a determination to produce humour out of a grave matter, they invite criticism for the way cancer has been perceived and presented as a medical condition and for the social stigma attached to the disease. This paper addresses the numerous ways in which Lobel challenges the assumptions, expectations and taboos regarding cancer, cancer patients and survivors by examining his strategies in the light of cultural studies on cancer and humour theories.*

Keywords: *Brian Lobel, Illness, Ball, Cancer, Susan Sontag, Humour*

Introduction

One of the recurring statements made by Susan Sontag (1978) in her seminal study on illness, "Illness as Metaphor", is that cancer is a disease "unimaginable to aestheticize" (p. 20), one which "nobody has managed to glamorize" (p. 35) as opposed to tuberculosis which has invariably been romanticised in both fictional and non-fictional contexts. Contemporary narratives of cancer, however, have to some extent confuted Sontag's observation, mainly following two lines of representation: either the cancer patients are depicted as fragile, over-sensitive and vulnerable humans unable to cope with the ruthlessness and competitiveness of the outside world or the cancer survivors are presented in all their glory as strong and invincible super-humans.¹ While the illness itself is usually not glamourised due to the obvious physical decline it brings on, its stark power to cause a sudden rupture by impairing life to a severe degree has inspired many to compose aestheticised

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¹ Jackie Stacey, the author of *Teratologies*, also notes this two-fold approach adopted in representations of cancer patients and survivors. See Stacey (1997), pp. 1-2.

narratives around it. In fact, the aestheticising of the disease had already shown signs of appearing in cinema as early as 1970 with one of the most romantic movies of all times: *Love Story*. The cancer narratives in cinema were still very infrequent at the time, but were followed in the eighties and nineties by a number of movies such as *Terms of Endearment* (1983), *Dying Young* (1991), *My Life* (1993) and *One True Thing* (1998), and by a significantly increased number of cancer movies in the first quarter of the 21st century, such as *Sweet November* (2001), *One Week* (2008), *Letters to God* (2010), *50/50* (2011), *Decoding Annie Parker* (2013) and *Miss You Already* (2015). These movies, most of which are family dramas touching upon themes of loss, noble suffering and emotional vulnerability, have contributed to the gradual aestheticisation of cancer along with copious numbers of publications on the disease. Treating the aspects of cancer reality in an idealised manner is sustained in particular by first-person pathographies presenting daily occurrences in the background of illness, like *Chicken Soup for the Cancer Survivor's Soul* (1996), *When God and Cancer Meet* (2002) and *When Breath Becomes Air* (2016). Compared to almost forty years ago when Sontag wrote her influential study on illness and how we perceive it, we are certainly better informed about cancer in today's world where it has become a major public health problem, particularly in upper-middle-income and high-income economies.¹ The current alertness to cancer in these countries owes much to cancer awareness campaigns and exhaustive publications, as well as to the extensive web and media coverage of the disease, all of which run parallel to the increase in the number of cancer patients and the fear mongering that usually accompanies the cancer narratives, compelling the public to take preventive measures. Books, pamphlets or websites, produced by doctors or from cancer-related institutions and societies, offer detailed information on cancer types and definitions, risk factors, prevention, treatment models, and statistical data. Cancer patients and survivors, as well as their families and friends, also share their personal experiences through books, cancer blogs and vlogs, and other social media. Considered as a "healthy" outlet for a life-threatening condition, this sharing practice allows the patient to transgress the limitations of the ill body to a certain extent and converts the suffering into something meaningful by helping other cancer patients to cope.

While contemporary cancer narratives have largely contributed to the aestheticisation of the disease through a process of transforming a life-threatening condition into a romanticised adversity, attempts at exploding these myths – however slim they may be compared to the bulk of the victim-/survivor-glorifying rhetoric of these narratives – have also surfaced. One such attempt has been made by the London-based American academic and performer Brian Lobel who is one of

¹ According to the World Health Organisation's 2015 statistics on the leading causes of death by economy income group, cancer is a major cause of death threatening the lives of many in countries with developed economies. For further information, see www.who.int.

the millions of cancer survivors in the world. Utilising a critical approach that combines a first-person perspective on serious issues related to cancer with humour in resisting the aestheticisation of the disease, Lobel weaves a narrative around his experience as a cancer patient. Among his chief interests are bodies and body politics (<http://www.blobelwarming.com/about/>), which have resulted in performances intervening into the way bodies are culturally stigmatised and marginalised. Soon after he was diagnosed with testicular cancer in 2001 at the age of twenty, he started writing *Ball* (2003), the first piece of his trilogy of ‘cancer comedies’¹, each of which, he informs us, “marked a specific point in my thinking about cancer, my body, and the relationship between my cancer, my body and the world outside of my own experience.” (Lobel, p. 13). Alongside *Ball*, his trilogy includes *Other Funny Stories about Cancer* (2006) and *An Appreciation* (2009). Lobel has performed these three pieces either individually or as double-bills at conferences, festivals and theatres as well as in medical schools and hospitals, and in 2012 they were collectively published as a book. While primarily focusing on the text of the first part of his trilogy in the book, this essay also takes advantage of visual material in the form of Youtube videos of Lobel’s performances from *Ball*. The ways in which Lobel resists, in his performance, the norms that have been formed around cancer will be exemplified and discussed at length in the light of numerous cultural theories on illness as well as humour theories.

To begin with, it will be useful to explain Lobel’s employment of humour by referring to one of the most widely-accepted theories on humour. In his study on laughter, Henri Bergson (1900/2005) asserts that “A comic effect is always obtainable by transposing the natural expression of an idea into another key” (pp. 60-61). Bergson’s timeless remark about the means of producing humour can indeed be observed in Lobel’s entire performance. He exploits a rather light-hearted and blithe mode to tell his story of illness where the natural expression of a disease is defined by pain and suffering which is, more often than not, situated within a heroic discourse as the person inflicted with a life-threatening disease is imagined as fighting a battle.

Making humour out of such a grave matter as illness is an extremely challenging and audacious undertaking, insofar as it could easily disturb the sensibilities of other cancer patients and survivors (as well as their families and friends) who may feel as though their struggle against this fatal disease is being ridiculed and trivialised. My initial argument here is that, since Brian Lobel dramatises his very own, private

¹ In the descriptions of one of the short clips from *Ball* on Youtube (Lobel, 2016), the whole piece is described as a cancer comedy, which is the most fitting generic definition possible considering the uneasy togetherness of the grim subject matter and the light, joyful narrative style. The oxymoronic term, cancer comedy, has also been used by others such as Jeffrey P. May, Meg Torwl and H. Alan Scott in the accounts of their cancer experience: however, in their case the word comedy refers to a narrative mode, not to actual performances on cancer as it is the case with Brian Lobel.

experience of cancer, the truth of this lived experience gives him the license to represent it in the manner and style he chooses. In other words, the tragic suffering Lobel has endured during his cancer treatment authorises him to unlock more narrative possibilities within the context of illness, paving the way to comic catharsis. In the Acknowledgements section of his book, Lobel notes the taboo-breaking potential of his experience of illness and the license it gives him as the suffering agent of a tragedy that could have had a fatal outcome when he thanks his “family... for whom my cancer will never be as funny as it was to me.” (p. 6). While admitting to the horror of his illness for his family (those who are emotionally close to him but still outside his embodiment of illness), he reckons through his personal experience that it is possible to sport with cancer and to contextualise it within humour. The fact that Lobel’s was a genital cancer also arguably presents more opportunities to derive humour from it by making it all the more challenging to discuss openly. Regarding this, Sontag writes, “cancer is notorious for attacking parts of the body (colon, bladder, rectum, breast, cervix, prostate, testicles) that are embarrassing to acknowledge.” (p. 17). As a disease with an A-Z list of its more than one hundred types (National Cancer Institute, n.d.) cancer unsurprisingly spreads in the genitals and the other body parts one may find difficult to mention. In Lobel’s narrative performances on cancer, the anticipated feeling of embarrassment caused by reference to genitals is countered and subverted by the potential of humour to overturn established notions.

Lobel starts *Ball* by introducing its subject matter to his audience: “this is a story about cancer... But I don’t die at the end, so this is less dramatic than you want it be – sorry to disappoint you.” (p. 22) First by ruling out the likelihood of death in his pathography, which is stating the obvious as Lobel himself is the narrator/performer, and second by confronting the audience about what he presumes to be the secret expectation of healthy people from the sick, Lobel, sets the mode of his performance as both a critical and comic one. His mere existence on the stage as a cancer survivor defies the stamp of mortality on cancer, while his sarcastic approach invites the audience to re-evaluate their views on the disease and form a fresh perceptive ability to assess the performance being staged in front of them.

Lobel then continues with a dramatisation of how he responded to being diagnosed with a “problematic” (p. 22) testicle. By emphasising his doctor’s choice of the word ‘problematic’, he criticises doctors’ customary treatment of their patients: “Problematic? I am a twenty-year-old boy whose last concern should be bumpy balls...problematic? A testicle as big and hard and bumpy as mine – I’d say that’s more than just *problematic*.” (p. 22). Lobel’s words lay bare the patients’ perspective when faced with an inconclusive word like ‘problematic’ and the absurdity of doctors’ avoidance of the word cancer in an attempt not to terrorise the patient. It should be noted here that the common practice of not naming cancer contributes to its mystification, ultimately causing the completely opposite effect of magnifying it

in public imagination. Charles E. Rosenberg (1992) observes, “In some ways disease does not exist until we have agreed that it does, by perceiving, naming, and responding to it.” (p. xiii). This rule also seems to apply in the microcosmic world of the patient. Medical authorities refrain from alarming their patients by not enunciating a cancer diagnosis as a way of lessening the enormity of the disease. However, research shows that “The terms used to talk about cancer or a tumour without saying the actual words have the same emotional impact on the patient” (Fainzang, 2016, p. 30). In Lobel’s account of the occasion when he asks his doctor if he had cancer, we find a similar line of discussion:

‘Well, I can’t tell conclusively from the ultrasound’ – but that was definitely bullshit. Later that night, I opened the ultrasound up and I don’t even read ultrasounds and I knew it was cancerous... And sure enough, my right testicle, lymph nodes in my abdomen and seventeen spots on my lung had cancer. Now that was problematic. (p. 25)

Lobel’s dwelling on the word ‘problematic’ used by his doctor to explain his medical condition opens up for discussion this common practice of avoiding to name the disease in front of the patient. In a humorous way, he criticises this by suggesting that as a twenty-year-old young adult with no medical knowledge at all, he could tell he had cancer while his doctor, a specialist in the field, preferred to define it in an unprofessional public term. Humour, in this instance, stems from the obvious contradiction in the attitudes of the patient on the one hand and the doctor, on the other.

The way in which Lobel playfully treats the grim issue of illness may be disconcerting; however, his discourse is never disrespectful nor is it short of statements declaring his awareness of the magnitude of his experience. For instance, in underlining the absurdity of doctors’ concern over his sexual capabilities under the circumstances, he says:

Every doctor I saw reassured me that I would have a normal and healthy sex life... they seemed obsessed with my erectile function as if it were my heartbeat. I’m sorry but when they said the word cancer, the farthest thing from my mind was – *oh, no! Will I still have regular erections? Early-morning boners? Awkward semi-hard-ons?* I mean, cancer. (p. 23)

As discussed before, the fact that Lobel narrates a first-hand experience entitles him to stretch the premise on which he builds his story. He employs humour initially by drawing a comparison between erection and heartbeat – two incompatible organ functionalities in terms of vitality. What causes laughter, in the humour scholar John Morreall’s (1987) words, “is simply the sudden perception of the incongruity between a concept and the real objects which have been thought through it in some relation, and laughter itself is just the expression of this incongruity.” (p. 52)

Doctors' repeated attempt to reassure Lobel that he would still have a healthy sexual life is indeed incongruous in the face of a life-threatening disease. The common response to reassurance is a sense of relief and gratitude as it is an entirely humanistic strategy used, in this context, by doctors to relieve their patients from unnecessary aggravation and worry. However, Lobel uses his stretched liberty of expression to undermine this humanistic attitude, albeit in a humorous manner, by using words to define erection in an attempt to unearth the implications in doctors' reassurance. In doing so, he emphasises the occasional ludicrousness of the attitudes of medical staff and their practice of reassuring cancer patients about details which are only important if they actually manage to survive the disease.

In another example from his personal pathography, Lobel renders problematic the measured politeness and attentiveness he received from the health personnel out of consideration for his life-threatening illness. He informs us that once his condition was apparent after ultrasound detection at the hospital,

Humanity was truly embracing me, which could only mean that in five days they were chopping off my right testicle. It's my somewhat cynical belief that in life, people are only unconditionally nice to two types of people, and those are beautiful people and cancer patients. I knew I hadn't become beautiful overnight... (p. 24)

Lobel's cynicism is not only befitting but also vital in giving way to a comprehension of the way cancer is perceived in public imagination. He presents the disease as comparable only to beauty, but in the case of the latter, others are fascinated by its power and the ocular pleasure it provides whereas the former frightens with its power to arrest bodies and minds demanding from others a level of respect and tolerance not short of pity.

Lobel's humorous criticism of the attitudes towards cancer patients is not only directed at the medical authorities. He extends the span of his critical approach to include others immediately surrounding the patient such as acquaintances, friends and family. For instance, he presents the likelihood of a cancer patient's uneasy position when faced with questions about discovering the tumour: "I, Brian Lobel, found my grand, life-changing lump while sitting in a hotel bathtub and pleasuring myself as I listened intently to an episode of the family television series *Seventh Heaven*." (p. 23) The rhetoric Lobel uses here is one of testimony. Highlighting the investigative nature of such questioning – be it intended or not – his words make explicit the clash between the rhetoric of his statement (response to a public investigation) and its content (private matter). His playful use of adjectives in describing his cancerous lump demonstrates an understanding that the people asking to hear about the moment of discovery are actually making a clandestine demand on the cancer patient for a 'grand, life-changing' story. While providing humour, Lobel's story of discovering his testicular lump also highlights the simple

fact that these stories peculiar to individual patients are hardly inspiring, despite the tendency to create the anticipated hyperbolic narratives.

The hyperbolic narratives, which often make use of a heroic discourse, aim to dignify the cancer patients in order to keep them motivated. Often these narratives are built around a military language describing cancer as a 'battle' or a 'fight' the 'brave' patient can 'win' with strength and resilience. Such discourse has only recently been contested, on the grounds that it is not the active choice of patients to be involved in a fight they may never be able to win. (see Granger, 2014; and Worland, 2014). This also means that if the disease eventually kills them, it does so by leaving them to be remembered, based on this wartime rhetoric, as losers. From the beginning of his performance, Lobel repeatedly attempts to transform this discourse into one free from such tendencies and expectations, and in so doing, he expands the space of illness narratives to include more possibilities. For instance, one of the recurrent points in his performance concerns Lance Armstrong, the American former professional cyclist who won the Tour De France seven times after his recovery from an aggressive form of testicular cancer. Armstrong's (2000) widely-cited assertion that "cancer was the best thing that ever happened to me" (p. 4) is striking in its conversion of an extremely negative situation into something positive. While his heroic stance against cancer may admittedly be inspiring to some, for some others it signifies a level of heroism impossible to match. Lobel criticises such expectations from the cancer patients sarcastically by referring to Armstrong:

People think that the greatest possible achievement for a testicular cancer survivor is to win the Tour De France seven million times like Lance Armstrong. Well, that's a close second. In reality, however, the greatest possible achievement for a testicle-cancer survivor is... Does anybody know? (*Solicits answers from the audience. The first answer is inevitably 'To survive?' which is met with a laugh and a 'Not good enough!'.*) Nobody knows? To be fruitful and multiply – fathering two blond male progeny would of course, of course, be ideal. (p. 26)

Here Lobel emphasises what must otherwise be the bare truth: surviving the disease must be the only concern for the cancer patient who is both physically and mentally distressed enough as it is. Cancer myths have, nonetheless, constantly been constructed regardless of the pressure they may inflict upon the patients. Lobel takes issue with this alarming situation, and by utilising humour, asks his audience if surviving the disease is not demanding enough, what is? Setting unrealistic and extremely challenging goals for the patient based on the heroic narratives of some cancer survivors is unnecessary and could cause feelings of insufficiency in the patients when they least need it.

Lobel ends his performance by relating how, soon after he became a cancer survivor, he decided to compete against eight little children at The Indiana University-Purdue

University Indianapolis Hospital Stem Cell Transplant Reunion Picnic Hula Hoop Contest:

But what do I win? Lance Armstrong got Tour De France, speaking gigs and a ghost writer named Sally Jenkins (who I'm pretty sure never had testicular cancer...), everyone else gets all this wisdom and depth that only derive from cancer, and what do I get? If I wasn't going to become a better person because of all of those procedures then I sure as hell better win some kind of competition. (p. 47)

Lobel's argument here is that there is yet another source of uncalled-for pressure on the cancer patients to experience a huge mental leap as a result of which s/he views the world in more constructive terms. Such is the 'inspiring' cancer saga of Lance Armstrong! This expectation from the sick person is related to "the romantic view... that **illness exacerbates consciousness.**" (Sontag, p. 36). Faced with the imminent possibility of death, cancer patients are expected to have a moment of epiphany wherein they are transferred to a new level of existence. Lobel makes it clear that he has not learned any such lesson from cancer. The feeling of insufficiency he has experienced highlights the incongruity of this expectation; the mystical value often attached to the disease is thus disputed. Lobel's criticism of these pressures formed by cancer narratives manifests itself even more clearly in his mention of Sally Jenkins, the author of Lance Armstrong's books on his cancer. By referring to the fact that the most inspiring testicular cancer narrative was written by a woman who could not possibly have comprehended how the disease and the treatment affect the patient, he renders problematic the credibility of cancer narratives that make sweeping claims about the patients and the disease.

Another cancer myth Lobel argues against in *Ball* is that there is "an urgent medical reason to embrace cancer with a smile: a 'positive attitude' is supposedly essential to recovery." (Ehrenreich, 2010). During treatment, he goes through extremely difficult times, but he keeps reminding himself "This is just the hard part, but don't worry Brian, your spirit, your spirit will get you through it" (p. 39; p. 40; p. 41). Lobel repeats the reassuring words most cancer patients hear from the people around them revealing his wish to believe them, but in the end he concludes that 'your spirit doesn't get you through shit... My spirit made me not kill myself or get angry about losing months of my life to a silly bump on my ball... period, end of sentence.' (p. 44). Society may expect the cancer patients to transcend to a new level of understanding where the patients' positive attitude will effect a good result however, as Lobel's example evinces, these expectations turn into normative values imposed on to the patients compelling them to respond. Lobel responds to this imperative, in a humorous way, when he decides to compete against little children in a hula hoop contest mimicking the way Lance Armstrong won the Tour De France seven times. As he relates his thoughts and feelings during the contest, he starts

twirling a hula hoop on the stage. His extremely funny hula hoop experience merges feelings resulted by the pressure to win with insights like “If cancer didn’t define who I was, then the pressure of Lance Armstrong-like success or masculinity would never even apply... I would just be me. And that was, surprisingly OK.” (p. 51-52). Lobel, thus, finalises his performance by underlining that any cancer narrative would naturally relate the personal and subjective experience of the patient and constructing myths around the disease only overburdens the patients with unnecessary expectations.

As Frank Krutnik (2000) writes of comedians, “Thrown into conflict with the social codification of gender and sexuality, the body and identity, class and ethnicity, comedians inspire a disorderly rewriting of normative protocols” (p. 14). Viewed from this perspective, in *Ball*, Lobel attempts to rewrite the illness protocol by emphasising the need to halt producing myths around an extremely difficult human experience. His performance may be viewed in different ways: to some, they may be providing a fresh perspective on the issue of illness while others may consider them as the exploitation of a serious condition to evoke a series of feelings in the audience varying from pity and guilt to shock. Some may even feel as though Lobel trivialises an extremely severe state of suffering to draw laughter from his audiences, but it is difficult to ignore the fact that Lobel relates his very own story of cancer, which he has every right to approach in any way he likes. In the final analysis, his private story surely has wider implications as it connects to a universal landscape of suffering. If it is true that ‘all of us, as we read, use the literary work to symbolize and finally to replicate ourselves’ (p. 816) as Norman Holland (1975) asserts, then it could be suggested that Lobel’s performances on cancer may transform both the cancer patients and people without disease, because his narratives are, in a way, performative manifestoes that thwart the norms enveloping cancer, implying that each patient has the right to deal with the disease in any way they want and need not succumb to the expectations from them.

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