

**PARADOXICAL METAPHORS IN THE DEPICTION OF AILING
CHARACTERS IN SELECTED NIGERIAN AND AMERICAN NOVELS**

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CERTIFICATION

I certify that this work was carried out by JOY CHIOMA EYISI in the Department of English, University of Ibadan, under my supervision.



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DEDICATION
To my Dad and my Mum.

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ABSTRACT

Paradoxical metaphor, the co-occurrence of paradox and metaphor, constitutes an unusual trope in the representation of mental processes of ailing characters in novels. Existing studies on the representation of ailing characters in literature have focused mainly on therapeutic uses of language and scriptotherapy. However, scant attention has been devoted to literary tropes that foreground the mental processes of ailing characters in Nigerian and American novels. This study was, therefore, designed to examine the paradoxical metaphors in selected Nigerian and American novels. This was with a view to assessing their impact on ailing characters and exploring the influence of sociological backgrounds on characters' use of paradoxical metaphors in reacting to their medical condition.

Jacques Derrida's Deconstruction and Sigmund Freud's Psychoanalytic theories served as the framework, while the interpretive design was used. Nigerian and American novels were purposively selected based on the prevalence of depictions of mental processes of ailing characters. Ten novels (five from each country) were purposively sampled for their in-depth representations of paradoxical metaphors. The Nigerian novels were Jude Idada's *Boom Boom (BB)*, Promise Ogochukwu's *Sorrow's Joy (SJ)*, Samira Sanusi's *S is for Survivor (SIFS)*, Maryam Awaisu's *Burning Bright (BuB)* and Eric Omazu's *The Last Requiem (TLR)*. The American novels were Lisa Genova's *Every Note Played (ENP)*, Rachael Lippincott's *Five Feet Apart (FFA)*, Paul Kalanithi's *When Breath Becomes Air (WBBA)*, Patrick Ness' *A Monster Calls (AMC)* and Lisa Genova's *Still Alice (SA)*. The texts were subjected to literary analysis.

Paradoxical metaphors of identity, pain, survival and death are identified in both Nigerian and American novels. As characters dwell on these paradoxical metaphors, they additionally suffer from all forms of depression (*BB, SJ, SIFS, TLR, ENP, FFA, WBBA* and *SA*), guilt complex (*BB*), delirium (*SJ, SIFS, TLR, WBBA* and *SA*), suicidal tendencies (*SJ* and *SA*), psychotic disorders (*SJ* and *AMC*), Cotard's syndrome (*TLR* and *WBBA*), hysteria (*ENP*), enosiphobia (*ENP*), paranoia (*SJ, SIFS* and *TLR*) and schizophrenia (*SJ*). Characters who intentionally decide to stop noxious paradoxical metaphors are portrayed (*BB, BuB, SIFS, AMC* and *FFA*). The existential survival of characters depends on their significant others and their mental processes. The characters find meaning in suffering by perceiving their experiences as punishment (*SJ, SIFS, ENP* and *AMC*), sanctification (*BuB*), familial reconciliation (*SJ, ENP, FFA, WBBA* and *SA*), curse (*SJ* and *WBBA*), discovery (*BuB, TLR* and *AMC*) and understanding death (*WBBA*). Mental processes are constructed and reconstructed based on socio-cultural experiences and the character's level of enlightenment. Regardless of geographical significance, the paradoxical metaphors represented are consistent with the characters' educational backgrounds, depicting scientific educational enlightenment with regard to medical realities (*BB, SIFS, TLR, ENP, FFA, WBBA, AMC* and *SA*). Subtle religious and socio-cultural distinctions are also depicted (*BuB* and *SJ*).

Although all the selected novels depict paradoxical metaphors as hindering recovery and management of ailing characters, Nigerian novels portray subtle socio-cultural experiences, while American novels underpin scientific enlightenment.

Keywords: Paradoxical metaphors, Ailing characters, Mental processes

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CHAPTER ONE INTRODUCTION

1.1 Background to the study

This research entitled, *Paradoxical Metaphors in the Depiction of Ailing Characters in Selected Nigerian and American Novels*, focuses on how ailing characters in the selected novels comprehend the medical conditions they experience. Within this ambit, this chapter introduces the research by situating it in its field of medical humanities, precisely, literature and medicine. It discusses the conceptual issues: the relationship between literature and medicine, the development of literature and medicine in the two countries: Nigeria and America, ailment as a bionic communication, metaphors, paradoxes and paradoxical metaphors in literary communication. The statement of the research problem, which is the motivation for the study, the aim and specific objectives, research questions, scope and delimitations of the study, significance and justification of the study, the research methodology and selected novels are also components of this chapter.

Writers' use of metaphors to describe pathological diseases as well as the ailing experiences of individuals is a topic of interest in contemporary literary and medical conversations, (Susan Sontag 1978;88, Kathleen Ferrara 1994, Eula Biss 2014; Garvin Francis 2017), among others. As a result, some illness narratives portray patients mentally responding to ailments by inventing different verbal strategies that elicit psychological optimism or pessimism. In doing so, these verbal strategies offer insights into the inner workings of their minds. The essence of the human mind lies in the fact that mental processes could be generated, constructed and reconstructed. Perceptions, emotions, reasonings, imaginations and memories are built from thoughts, which are in turn rooted in words. Thoughts are like birds that fly freely over a tree. The tree could be seen as the human body that houses the mind of an individual. However, because humans are not just living-things, but functional thinking beings, all sorts of birds (thoughts) do not nestle on their minds (tree branches). Yet some do, and the effect is usually uplifting or despairing. Thoughts are powerful. Thoughts are things. Prentice Mulford (2001:22) avers that, "thought runs in currents as real as those of air and water... these act on the body or mind for good or ill. If thought was visible to the

physical eye we should see its currents flowing to and from people.” Hence, people with the same temperament, for instance, cheerfulness will have the same current of thought flowing amongst them and each person would serve as a battery constantly recharging the flow of the current. That is why when a member of a close-knitted group is ill, it affects the other members of the group.

The seeming unbeatable fact is that thoughts ‘acts on the body or mind for good or ill, and they are expressed in the mind as words. Romualdo Abulad (2007) notes that, “it is not only that we cannot think without words; it is also that what we try to understand is normally couched in words, whether oral or written.” (p.16). These words could be embellished in literary expressions. Richards (1936:94) from a psycholinguistic view, asserts that ‘thought is metaphoric, and proceeds by comparison, and the metaphors of language derive therefrom.’ This suggests greatly that one’s mental process is governed most times by or laden with metaphors. Thus, grounded in Freud’s psychological theory of interpretation, the ambiguities in the words seen as metaphors are shovelled through the mind to generate the intended meaning of the metaphor which is figurative. In literature, creative writers employ these literary tropes in recreating the experiences in the minds of characters thus, depicting the sociological, psychological and rhetorical facets of reality. Consequently, this situates this research in the literature aspect of its domain – literature and medicine.

With this explication, and with the idea that the mental processes manifest through both verbal communication and actions. This research focuses on specific words, particularly metaphoric expressions which exhibit paradoxical qualities, leading to the term, “paradoxical metaphors.” These expressions offer intriguing insights into the complexities of human cognition and communication. Notably, the mental processes act on the body either for good or for ill, the study views mental process as a connecting duct between the body and what happens to it. The human body is the site for various forms of ailments and the well-being of an ailing individual is influenced by the individual’s mental process. Therefore, the processes of the mind, become a necessary site for critical examination in relation to the impacts they have on ailing individuals. This is in tandem with the primary focus of medical humanities, which is the scientific study of the prevention and cure of diseases. This establishes this research in the medical aspect of its domain - literature and medicine.

The synergy between literature and medicine has been marked by fundamental themes that reflect the multifaceted nature of human health and well-being. The themes include: physical disease, mental illness, scriptotherapy and bioethical considerations. Physical disease depicted through various ailments and medical conditions, provides a canvas for exploring the fragility of the human body and the challenges individuals face in maintaining their health (Owonibi, 2010; Hingston, 2019). Mental illness, on the other hand, delves into the intricate landscape of the mind, shedding light on the complexities of mental health struggles and their societal implications (Kekeghe, 2018; Aberle, 2021). Scriptotherapy, an emerging concept recognises literature as the therapeutic tool, wherein the act of reading or writing becomes a means of self-expression and emotional healing (Nick, 2014; Mayaki, 2021). Bioethical issues, often depicted in medical narratives, offer a platform to critically examine moral dilemmas arising from advances in medical technology and interventions (Omobowale, 2008; Kekeghe and Omobowale, 2021).

Through the lens of literature, these fundamental themes in literature and medicine become a reflection of the shared experiences of humans, offering insights into the profound impact of health and illness on individuals and society as a whole, hence, the terms: illness narratives and narrative medicine. Illness narratives and narrative medicine represent a significant intersection between the history of literature and medicine, bridging the gap between the two disciplines and offering valuable insights into the human experience of ailments. An ailment is a health issue or illness that could be common, minor or chronic. Research has shown that disease differs from illness. Anders Wikman, Staffan Marklund, and Kristina Alexanderson, (2005:450) define disease as, “the condition that is diagnosed by a physician or other medical report,” while illness to them, is the “ill health a person identifies themselves with, often based on self-reported mental or physical symptoms... such as pain in different parts of the body, sleeping disorders, anxiety, or fatigue.” Eric Cassell (1976:27) attests to this stating that disease differs from illness as it occurs when there is any structural or biochemical change that leads to an alteration in the normal functioning of an organ of the body or body fluid. Illness in his view, ‘stands for what the patient feels when he goes to the doctor.’ Thus, disease is an impairment that affects the organs of the body and the body fluid, but illness refers to the sensations of discomfort or pain an individual feels when the intactness of his or her body is disrupted. Notably, from the above definitions, if the

impairment of an organ is not perceived, then, there is no illness. This conception does not cover health impairments like hypertension that has nothing to do with feelings or sensations. Hence, varying implications arise: one can suffer from a disease or experience an ailing condition without being ill, or one can be ill without suffering from a disease, or one can be ill and at the same time be suffering from a disease. Specifically, this research focuses on seemingly chronic ailing conditions that result in illness.

Emily Collis and Katherine Sleeman (2013:21) state that a disease is chronic when it is prolonged and terminal when it is progressive, and when a death within six months may be anticipated. Perhaps, irrespective of the level of care and treatment, a non-natural death might occur. Notably, not all diseases termed chronic are terminal. Some chronic diseases are: the common cold, cancer, asthma, HIV/AIDS, Diabetes, Creutzfeldt - Jakob disease, Influenza, Lupus Erythematosus, Polio, Ebola, among others.

The encounter with any ailment can be perceived as an external occurrence, abruptly intruding upon one's ongoing life journey. Initially, the ailment may appear disconnected from past events, disrupting one's sense of temporal continuity. If this breach remains unhealed, it has the potential to tear apart the framework of one's life, leaving them in disarray, Michael Bury (1982). They provide an opportunity to mend the discontinuity of time, developing a new framework that incorporates the disruption of ailments. A lost chronological framework is essentially recreated in narratives, giving the entire course of life new significance. In essence, narratives stand as a potent means of articulating suffering and its experiences. Through patients' narratives suffering finds expression beyond the confines of biomedical language, granting a voice to unique and personal encounters with ailments, (Lars-Christer Hyden 1997, Paul Ricoeur 1984).

In recent times, the emergence of narrative medicine as a field of study has further solidified the connection between literature and medicine. The term, Narrative Medicine (NBM) was purposively created as a distinction from evidence-based medicine (EBM) which is based on facts and findings. Notably, NBM filled the gap EBM could not fill as it acknowledges the importance of personal stories in the practice of healthcare. It emphasizes the role of patient narratives in fostering empathy, understanding and holistic care. By analysing illness narratives, healthcare professionals can gain a deeper comprehension of the patient's unique perspective.

In the historical context of literature and medicine, available literature establishes the fact that the relationship between literary creativity and medicine has endured across the ages. However, the formalization and scholarly representations of the relationship were brought to limelight in the twentieth century. The USA is credited to have birthed the formalisation and scholarly representation of the interdisciplinary field – literature and medicine. One of the foremost facilitators of this new discipline, Ann Hudson Jones (1990) in Kekeghe (2018:3) notes that:

Literature and medicine as a contemporary academic subspecialty is said to have begun in 1972, with the appointment of Joanne Trautman Bank to the faculty of the Pennsylvania State University College of Medicine at Hershey. She was the first person with a PhD in literature to hold a full-time faculty position in medical school in this country (America) and probably the world (22).

Joanne Trautman Bank's appointment led to the development of literature and medicine as an interdisciplinary field of medical humanities. With her influence, medical ethics from then on was taught via the literary approach, hence, the revamp in the medical curriculum of Universities in the US, UK, Canada and Australia. The creation by Bank, Jones and other scholars, of the journal, *Literature and Medicine*, was a giant leap towards ratifying and authenticating literature and medicine as an interdisciplinary field. The academic peer-reviewed journal was founded in 1982 and from its website (2021) it publishes:

scholarship that explores representational and cultural practices concerning health care and the body. Areas of interest include disease, illness, health, and disability; violence, trauma, and power relations; and the cultures of biomedical science and technology and of the clinic, as these are represented and interpreted in verbal, visual, and material texts. (1).

Hence, the journal accepts research in the interface of literary and medical knowledge. It gave way to the establishment of other academic journals in relation to the field such as: *Medical Humanities*, *The Journal of Medical Humanities*, among others. From then on, scholars delve into issues of human ethics, principles in health-care via literary works, and the examination of how literature from varying periods in history, reacts on, represents and is illuminated by medicine. Also, medical practitioners sustain their interests in the arts, seeing it as an effective instrument, a non-pharmacological way of

healing in clinical management. (Jones, 1990, 1996, 1997; Abse, 1998; Taylor and Kassal, 1998, Francis, 2017; Tim Harlow, 2020).

In the ambit of this research, Harlow (2020) argues that though medicine remains in the field of sciences, the practice should allow for engagements in literature and poetry. He believes that the inclusion of literature in medical practice will help, “both patients and doctors in ways which are not in conflict with science but rather allow a much completer and more compassionate picture of the human interactions that are the essence of medicine,” (2). While the practice of scientific medicine is applied to patients, the reading of literature and poetry by medical professionals, patients, and even the healthy in societies serves to inspire and sustain the mind. Allan Beveridge (2009) attests to the fact that literature helps to impart clinical wisdom and increase one’s knowledge and comprehension of pain. Consequently, this leads to a holistic picture of health care, as medical practitioners will deepen their understanding of the emotional and existential aspects of the life of their patients, (Downie, 1994; McLellan and Jones, 1996; Beveridge, 2009; Vera Kalitzkus and Peter Matthiessen, 2009; John Launer and Anita Wohlmann, 2023). Furthermore, Beveridge (2009) avers that, “several literary devices have clinical resonances,” (5). To him, “the techniques involved in understanding and analysing a novel can be applied to the understanding of a patient discourse,” (p.5). Martyn Evans (2009:18) substantiating this claim, certifies that when one studies medicine systematically, one becomes open to its connection with literature, history, ethics, philosophy and psychology. Thus, medicine cannot be separated in any form from the humanities.

Stephen Toulmin (1993:232) identifies the relationship between the existential and the natural world. He emphasises that it must be explored in the study and practice of medicine. Though Toulmin is British, the impact of his philosophies is felt in America in various universities such as: New York, Stanford, California, and Columbia Universities. Evans and Greaves (1999) propose the additive and integrated approach to utilising literature in biomedical practices. For them, “the additive view is that medicine can be softened by exposing its practitioners to the humanities; the integrated view is more ambitious, coming to shape the nature, goals and knowledge base itself,” (Kekeghe 2018:27).

In Nigeria, literature and medicine as an academic discipline is still in its early stages. It was formally introduced by Emmanuel Babatunde Omobowale when he proposed and saw to its establishment as an elective course for Master's students of the Faculty of Arts, University of Ibadan, Nigeria. Stephen Kekeghe (2018) states that Omobowale started out in 2001 by conducting research on the:

systematic exploration of the social vision in literary works of selected Nigerian physician-writers such as James Ene Henshaw, Anezi Okoro, Latunde Adeku, Wale Okediran, Tolu Ajayi, Femi Oyebode and Martin Akpaa, foregrounding the medical tempers in their creative endeavours. (4).

Omobowale's research thus, highlights how literature helps to transform medicine into a more people-oriented and interrogative profession (15). Medical professionals and caregivers become more compassionate, making investments in their own well-being as well as in the respect, value, and empowerment of their patients. It is on this note that Calman (1997:n.p) asserts that the humanities and creative arts lead to the emergence of more sympathetic medical professionals who view human valences in harmony with patients' illness. Additionally, expatiating the essence of literature in medical education, Kekeghe (2018:27) notes that,

in an interview with Omobowale, Ene Henshaw, a Nigerian-physician writer maintains that "literature and medicine are very, very related" (p. 257); and he stresses further that in his practice as a physician, he encourages his patients "to write about their experiences or read about the experiences of other people who have been able to surmount a myriad of debilitating illnesses" (p. 257). Another Nigerian-physician writer, Anezi Okoro, also confirms this fact (Omobowale, 2011: p. 248).

Oyebode (2009) notes that, literature and medicine was developed on the premise of the deteriorating doctor-patient relationship. Commenting on the maintenance of the field, he notes that, "the argument for including the humanities within undergraduate curricula has in the main been won." Thus, in "the USA, where medicine is studied as a graduate subject, a substantial proportion of students come into medicine after a first degree in the liberal arts." (224). Evans (2009) stresses his idea that literature and medicine traverse biomedical analysis of the life of humans to stir a humanistic approach to physician-patient relationship. Furthermore, Sola Owonibi (2010) delves into the illustration of diseases and psychological trauma by patient-writers while Stephen

Kekeghe (2018) examines the representation of psychiatric illnesses by Nigerian writers. Scholars also acknowledge that a pure biomedical or bio-scientific model for administering medical education provides a stunted view of humanity as a whole. Thus, medical practitioners are encouraged to engage in literary endeavours as this will enable them empathise with the circumstances of others to experience a wider context of humanity. (Omobowale, 2001; 2008; Oyebode, 2009).

By the latter part of 2018, the Provost, University College Hospital, Ibadan, hosted the maiden Arts in Medicine Week for medical students aimed at the incorporation of arts engagement towards the well-being of doctors and patients. He also organised preliminary discussions to link the MUSON centre (Musical Society of Nigeria) to the Arts-in-Medicine Fellowship Programme in the College Hospital. By acknowledging the essence of the synergy between literature and medicine, the importance of human experiences and emotions in the pursuit of comprehensive and empathetic healthcare practices is recognised.

Thus, the history of literature and medicine in America and Nigeria weaves ailing characters into narratives, portraying the struggles of ailing characters as poignant reflections of societal and individual health experiences. Ailing characters provide insight into the human experience of suffering, resilience and the search for meaning amidst health challenges. This is why this study seeks to delve into the mental process of ailing characters, unravelling the tapestry of their experiences and analysing the verbal strategies in form of paradoxical metaphors which the ailing characters utilise in expressing the ailing situation.

Paradoxical metaphor refers to a co-occurrence of paradox and metaphor. The term metaphor originates from the Greek word, *metapherein*, which means ‘to transfer.’ This implies that metaphors transfer meanings from one unrelated item, idea or situation to another. Albert Carter III (1989:156) notes that Aristotle in the *Poetics* defines metaphor as the most essential aspect of expression in Greek tragedy and it “consists in giving the thing a name that belongs to something else; the transference being either from genus to species, or from species to genus, or from species to species, or to the grounds of analogy.” This foregrounds the similarity between the signifier and the referent even though they are dissimilar. Buttressing the fact that humans think in metaphors, George Lakoff and Mark Johnson in their book entitled, *Metaphors We Live By* note that,

metaphors are ways of thinking, “pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature... the way we think, what we experience, and what we do every day is very much a matter of metaphor,” Lakoff and Johnson (2003:1).

The term paradox originates from the Greek words: *para* which means *distinct from*, and *doxa* which means opinion. The two Greek words when put together form *Paradoxon*, which means contrary opinion. Michael Clark (2007:151) opines that, etymologically, “the paradoxical is what is contrary to (para) received opinion or belief (doxa).” This implies that something unusual has been used to describe the usual, just like in metaphors. Similar to metaphors, paradoxes are encountered in everyday life. Mark Moore (1988:15) notes that the study of paradoxology in ancient Greek science deals with, “paradoxes of nature’, such as earthquakes, eclipses and other unexplainable phenomena.” At the time, paradox was rated second to cosmology in the hierarchy of studies, and in time it spread, as it became noticeable in speeches portraying more than the common sense could grasp. Moore notes that in Aristotle’s view, paradox is a concept to be studied, more reason why he classifies it under the subject of rhetoric. This is because the inherent contradictions in paradox cannot be resolved through a scientific process. He also felt that it can be used against a rival either as a snare or an assertion. As such he believes that enough evidence can be amassed against an individual by hemming the individual in a paradox or fallacy. A common illustration used in the court of law is the question, “Have you stopped stealing?” If the answer is yes, then it means the individual had been stealing and so would be the culprit, if the answer is no, more danger arises.

Moore (1988:16), in discussing the Aristotelean idea of paradox, states that, “while rhetoric focuses on probable truth, paradox expands the scope of probability by introducing a potential truth, expressed in apparent contradiction.” So, the classical philosophers used paradox in disputes and as an ornament in language – figuratively in the same way they used metaphor. The medieval scholars used it for polemical issues while the renaissance scholars applied it specifically for social and mental purposes. And the new critics stretched the term to incorporate contradictory statements in everyday speech. Subsequently, paradox has remained a figure of speech. Abrams and Harpham

(2005:267) affirmatively reiterate Cleanth Brooks' statement that, "the language of poetry is the language of paradox."

A statement could be inherently contradictory at the same time that the signifièr, (which has no relation with the signifièd), is directly compared with the signifièd. Metaphor which is a name or an idea that refers to something else other than the signified, could be contradictory in themselves, hence, having a paradoxical attribute. For instance, this statement, "my cancer is me... It is a civil war," from *The Fault in Our Stars* (2012:88), when analysed appears thus:

If M = Me, C = Cancer CW = Civil War

M = C, but then, M is being attacked by C, C needs to be eliminated for M to live,

CW ensues xxx ...

But C = M. As C is attacked and eliminated, M is attacked and eliminated.

If C = M, can C be attacked and eliminated without attacking and eliminating M?

If C dies, M dies. Do both the government and the rebel perish in a civil war?

Simply put, if C = M why should a fight ensue in the first place?

Paradoxical metaphors though meaningful, are in themselves contradictory. The idea of paradoxical metaphor then, is an attempt to indicate the instances of these double collisions of literary features in the novels understudy. In this case, the term is a working definition in the context of our critical mediation of the operations of metaphors in this study.

Willard Quine and Ivor Richards relate the figures of speech discussed above to thought. While Quine (1962:84) avers that, "more than once in history the discovery of paradox has been the occasion for major reconstruction at the foundations of thought." Richards (1936:94) from a psycholinguistic view, asserts that, "thought is metaphoric, and proceeds by comparison, and the metaphors of language derive therefrom." This is to say that the thought processes of the human mind, mental operations and perceptions, cannot be divorced from metaphors and paradoxes. Regarding this discourse which is tied to ailing characters, Keith Petrie and John Weinman (2012) in their research entitled

Patients' Perceptions of Their Illness: The Dynamo of Volition in Health Care deduce that,

A patient constructs a cognitive representation of his or her illness that guides behaviour aimed at managing that illness. Patients' models of their illness share a common structure made up of beliefs about the cause of an illness, the symptoms that are part of the condition, the consequences of the illness for the patients' life, how the illness is controlled or cured, and how long the illness will last (60).

The cognitive representation of the ailment a patient experiences refers to the patient's mental processes regarding the ailment, its cause, its symptoms and myths. The mental processes could grow into beliefs and become headlocks in the patient's mind. Consequently, they affect positively or negatively a patient's response to the ailment, what David Mechanic and Edmund Volkart (1961:52) call 'illness behaviour.' As Petrie and Weinman in the quotation above deduce, a patient's mental process determines to a large extent how an illness is managed or cured.

1.2 Statement of the research problem

Literary representations of ailing characters reveal that, as the ailing characters articulate the ailing experience, they employ mental processes facilitated by literary tropes. This is evident in Miles Beauchamp, Wendy Chung and Alijandra Mogilner's (2009) and Garvin Francis (2017). These could be restorative but, they can also be debilitating. Hence, it becomes imperative to investigate the influence of the literary tropes on the wellbeing of the ailing characters. This study seeks to answer one key research question: can literary tropes alter the progression of pharmacological and non-pharmacological treatment?

In Nigeria, critical works on the depiction of ailing characters in literature have focused on physical and mental ailments, and scriptotherapy. Owonibi (2010) investigates the representation of physical diseases and psychological trauma by patient-writers. Kekeghe (2018) examines the mental health of the Nigerian society through literature, critically examining the psychiatric aspects in his selected texts. Joseph Mayaki (2021), scrutinised how grief and creativity intermingle in the poetry of Malika Lueen Ndlovu and Niyi Osundare. Though these studies explored physical diseases and the mental state

of ailing characters, it appears that inadequate attention has been given to the literary tropes ailing characters engage in articulating their ailing experience.

Tons of essays from America are dominated with discourse on the relationship between literature and medicine, the essence of literature in medicine and vice versa, bioethics and how collaborations can be made between the two disciplines for effective understanding, appreciation and well-being of humanity. Susan Sontag's *Illness as Metaphor* (1978) and *AIDS and Its Metaphors* (1988) deal with metaphors medical practitioners use, in the treatment of cancer and AIDS. The specific metaphors were not interpreted or given meaning which is the essence of a literary endeavour. Kathleen Warden Ferrara in her text, *Therapeutic Ways with Words* (1994) examines the language used by clients and therapists in individual psychotherapy sessions in American Southwest. The focus is on the therapeutic uses of language. Garvin Francis's essay, *Storyhealing* (2017), discusses metaphor from the angle of clinicians. In his view medical practitioners who adequately engage with literature will utilise metaphor the right way for the benefit of their patients. Again, there seems to be inadequate research in the area of paradoxical metaphors used by ailing characters in describing the diseases or illnesses that affect them.

The specific metaphors from Sontag's research are not interpreted or given a meaning which is the essence of a literary endeavour. These essays and more first, focus on metaphors from medical practitioners, but do not give meaning to the metaphors highlighted, and when the effect of metaphors are mentioned, they are positive. This gives the impression that inadequate research has been carried out in the areas of the derailing effects of some metaphors used by ailing characters, (not medical practitioners). It is also suggestive of the fact that research is yet to be carried out on paradoxical metaphors. The study aims to fill this gap by investigating the mental processes of ailing characters in selected Nigerian and American novels.

There also appears to be limited research as regards a comparative analysis of novels based on mental processes of ailing characters. This is because, like literature, medicine is accustomed to culture and it identifies with perceptions of cultural attributes like, life, death, sanity, insanity, birth, sex, food, health, among others. For instance, the depiction of diseases in African literature brings to the fore the propelling force for African literary endeavours which are functionality, collectivity and commitment. Hence, Nigerian

literature should express the finest distillations of the spirits of Nigerians and for credibility, it must be expressed in a form, language and style that speaks from and to the very hearts of Nigerians. Therefore, there could be differences in the literary depiction of ailing characters in different societies.

Hence, this study explores the preoccupations of the mind of characters affected by diseases in selected Nigerian and American novels, with a view to assessing the impact of the paradoxical metaphors on the ailing characters. The study additionally, compares the Nigerian situation with that of the American situation and proposes a renewed academic enquiry into this domain by both Nigerian scholar critics and creative writers. It also sets out to relieve the imagination by conferring meaning to the mental processes, which is the long-established motive of a literary endeavour. This is not to incite fear, but to taper it off with the strength of knowledge.

1.3 Aim and objectives of the study

The study aims at investigating the mental process of ailing characters in selected Nigerian and American novels by highlighting the paradoxical metaphors embedded in their perceptions, as they verbalise their experiences with the ailments they suffer from. Through the critical examination of the selected novels, the study enables readers appreciate the relationship between literature as a field of humanistic study and medicine as a scientific study of methods of prevention and cure for ailments in the human body. This is essential as we are in an era of globalisation where ailments appear as main ideas in literary novels.

The specific objectives are to:

- i. identify paradoxical metaphors ailing characters construct in the experience of the ailment that affects them as represented in the Nigerian and American novels;
- ii. examine the influence of the identified paradoxical metaphors on the mental state of the ailing characters;
- iii. analyse how the characters find meaning in suffering against the backdrop of existentialism;

- iv. explore the influence of sociological backgrounds on characters' use of paradoxical metaphors in addressing their experience of the ailment that affects them.

1.4 Research questions

Attention is paid to the following questions:

- i. What paradoxical metaphors do ailing and affected characters use as they verbalise their medical situations?
- ii. What are the effects of these paradoxical metaphoric trappings on the characters?
- iii. How do Nigerian characters view their medical situation?
- iv. How do American characters view their medical situation?
- v. Are the contributions of creative writers in the humanities to medical education really effective and acknowledged?

1.5 Selected novels

Five novels each are purposively selected from Nigeria and America:

- Nigerian – Jude Idada's *Boom Boom (BB)* (2019)
Ogochukwu Promise's *Sorrow's Joy (SJ)* (2015)
Samira Sanusi's *S is for Survival (SIFS)* (2014)
Maryam Awaisu's *Burning Bright (BuB)* (2014)
Eric Omazu's *The Last Requiem (TLR)* (2011)
- American - Lisa Genova's *Every Note Played (ENP)* (2019)
Rachael Lippincott's *Five Feet Apart (FFA)* (2018)
Paul Kalanithi's *When Breath Becomes Air (WBBA)* (2017)
Patrick Ness' *A Monster Calls (AMC)* (2015)
Lisa Genova's *Still Alice (SA)* (2010)

1.6 Scope and delimitation of the study

This research highlights and critically analyses the paradoxically metaphoric thoughts in relation to the experiences of ailing characters in the selected novels. It includes a

comparative analysis to assess the ideological and contextual differences and similarities between Nigerian and American ailing characters. Literature and medicine has three layers which include creative works by patient-writers, creative works by physician writers and creative works by non-physician writers. Irrespective of the layers, the illness narratives resonate deeply with human condition. The illness narratives selected for this research cuts across the three layers. Works by patient-writers (*SJ, SIFS, BuB, TLR, FFA, WBBA* and *SA*). Works by physician writers (*WBBA*). Works by non-physician writers (*BB, ENP* and *AMC*).

However, because this aspect of interdisciplinary discourse is still in its infancy in Nigeria, novels exploring physical diseases (as opposed to mental disorders) and the workings of the human body are limited and not easily accessible. As a result, the research is limited to the available novels. This is not the situation in America, where there is a plethora of illness fiction. Nevertheless, dogged efforts are made to achieve equilibrium with regard to the parameters against which the novels are compared.

1.7 Significance of the study

This study is relevant as it not only highlights the paradoxical metaphors that ailing characters utilise in expressing the experience of the disease or illness they suffer from, but it also critically analyses their meanings, unveiling the seeming interpretations that conferred meaning to the constructions. Consequently, fears generated from these expressions are evaluated and mitigated. This is consistent with the typical goal of a literary endeavour, which is to explore interpretations and meanings of ideas, in creative expressions found in selected novels. The is effective in subverting the sacrosanct paradoxically metaphoric ideas of ailing characters concerning the ailment that affects them. Knowledge from the findings would enhance doctor-patient interaction, caregivers' services, public health delivery and encourage better communication within the medical space. As a result, healthcare will be better achieved if the mental processes of ailing characters are recognised and reviewed to comprehend the impact of paradoxical metaphors on the ailing characters. This research also demonstrates how an interdisciplinary research could impact social norms and policies.

Substantiating the significance of this research are the studies of Susan Sontag (1978, 1988), and Scott Gilbert (1979). For instance, Gilbert, (1979) states like science and

religion, society also creates its own metaphors, which are susceptible to conflict and change. Most of these metaphors are crucial to societal and individual perceptions, and changes to these analogies reflect and even contribute to changes in society. Additionally, Gilbert notes that it will become clear that many of the most significant social changes are occurring at the metaphorical level, and that metaphors can be oppressive due to their capacity to direct our perceptions. Our most important biological metaphors - those about society, nature, and humanity - are currently experiencing such upheaval (166).

The oppression Gilbert refers to, occurs most effectively when the indirect representation or figuration substitutes the actual condition and the signified is mistaken for or misconstrued as the actual object. This study also triggers more literary critical essays, narratives and studies in this emerging field. These critical essays will be effective in subverting the sacrosanct paradoxical metaphors of ailing characters. As such, readers will understand the ailments for what they are and not overrate them.

1.8 Justification of the study

Richard DJ Sheehan, (1999:48) notes that, in ancient Greek, “a metaphor is a rhetorical device for altering one’s perspective. It is used to ‘turn’ the way people think and talk about some aspects of their lives.” It is this unique characteristic of metaphor to ‘turn,’ change one’s perspective, that singles it out from other literary tropes and makes it a choice for this study. Metaphors have a way of building linkages of meanings with the external environment. They are more extensive than other figures of speech like alliteration or assonance. However, it is not the case that every metaphor expresses meaning that seems consistent with the phoric relations. Some metaphors portray meanings that are not in consonance, let alone reconcilable with the items in relation. This results in the possibility of paradoxical metaphors. In other words, the term paradoxical metaphors is used in this study to denote the co-occurrence of the two features - paradox and metaphor. It is an attempt to indicate the instances of the double collision of literary features in the novels understudy. Hence, the term is a working definition in the context of our critical mediation of paradoxically metaphoric operations, in the mental processes of ailing characters in the selected novels.

Nigeria and America are purposively selected based on the prevalence of textual depictions of the mental processes of ailing characters. Ten novels (five from each country) are purposively sampled for their in-depth representations of paradoxical metaphors. This is due to their relevance to the main subjects of this discourse: paradoxical metaphors; ailing characters, and regional specifications. The characters suffer from varying diseases. This allows for a comment on the narrative style and privileged paradoxical metaphors. The choice of the illness novels is governed by the desire to explore how far the tradition of writing influences the way the concept of an ailing character is handled.

In literary terms, an approach to investigating mental preoccupations, identifying metaphors and paradoxes, will naturally lead to the use of psychoanalysis. In addition, because victims of diseases are also affected psychologically, by language, in form of paradoxically metaphoric thoughts, the study employs deconstruction as the underlying theory. This reflects a cause and effect relationship as the paradoxical metaphors would be distilled by deconstruction and the effect on the characters would be explored by psychoanalysis.

1.9 Summary of chapters and organisation of the study

Chapter one situates the research in the distinct aspects of the fields of literature and medicine. Sections in this chapter deal with: the exploration of the global synergy between literature and medicine, an overview of the operational terms: illness narratives and narrative medicine, ailment, metaphors, paradoxes and paradoxical metaphors and how they contribute to affected meaning, the statement of research problem, research questions, the aim of the study and objectives, scope of the study, significance and justification of the study, the research methodology and selected novels. Chapter two consists of the conceptual framework, theoretical framework, methodological framework and empirical review. The analysis of the selected novels is the subject of chapters three and four. The research methodology is discussed in chapter three. In chapter four, selected novels from Nigeria are critically analysed, identifying the paradoxical metaphors and their effects on the affected characters. The same investigations as in chapter four are conducted in chapter five, but for selected novels from America. Chapter five also deals with the comparison of novels based on the

identified paradoxical metaphors, their impact, how characters find meaning in suffering and the influence of sociological backgrounds on their mental processes. It ends with a discussion of the findings from this study. Chapter six wraps up the study with a summary, conclusion, recommendations and an attempt to lay out avenues for further research that may engage the attention of future researchers in the field.

CHAPTER TWO

LITERATURE REVIEW

2.0 Chapter overview

The review of related literature in this chapter is not encyclopedic, but relevant sources that precede this research are represented, explored and criticized. The chapter is thus, delineated into four sections: the first section begins with the conceptual framework which encompasses a discussion of relevant materials on core concepts germane to this essay: illness narratives and the objectification of the human body in literature and medicine, metaphors paradoxes, paradoxical metaphors. The second section is an empirical review of previous studies pertinent to the current study. The theoretical framework, which is the third section entails the exploration of relevant theories of reading employed in the analysis of the novels. Sequel to this is the fourth section, the methodological framework, which describes the procedure used to evaluate the novels against the backdrop of the selected theories. The meta-critical studies in this chapter, foregrounds the justification and significance of this research.

2.1 Conceptual framework

The conceptual framework includes a discussion of pertinent literature on fundamental ideas relevant to this essay: an artistic illness narratives and the objectification of the human body in literature and medicine, metaphors, paradoxes, and paradoxical analogies.

2.1.1 Literature and medicine: illness narratives and the objectification of the human body

The human body is the site for various forms of illnesses. Therefore, it becomes a necessary site of critical examination in relation to the impact or effects of illnesses and diseases for which the human body is a hosting agent. For centuries, tons of research have been carried out regarding the maintenance of the human body. Books and journals

in relevant fields are replete with varying experiences that border on physical and mental wellbeing. The recreation of these experiences is a means through which writers depict sociological, psychological and rhetorical dimensions of reality. Consequently, an aspect of the reality of the existence of a society is seen in the interaction of the human body. From various theoretical frames of reference and hermeneutic insights, Eliane Campello and Rita Terezinha Schimdt (2015) assert that, the body is seen,

as a sign, a function of discourse and an aesthetic image, a presence that permeates the field of literature, of art and of the media, all cultural mediated forms subject to description and interpretation. The rich interplay among the texts, makes up a mosaic of analogies, dialogues, confluences and differences that highlight the centrality of the body as a purveyor of social, cultural and political meanings in different geographical and historical contexts, (1).

This is saying that the human body is a semiotic agent, a kind of signalling system, which is symbolic of human life in any society. Given the very fact that the reality of our existence depends on the workings of the body and the body politic, the body becomes invaluable for any socio-cultural and political discipline. An impairment on the general function of any organ in the body is regarded a disease, which is a central problem in human existence. John Donne in his great cycle of prose arias on illness, *Devotions upon Emergent Occasions* (1624), describes illness as an enemy that attacks, penetrates and ravages. In his words,

we study Health, and we deliberate upon our meats, and drink, and ayre, and exercises, and we hew and wee polish every stone, that goes to that building, and so our Health is a long and regular work; But in a minute a Canon batters all, overthrows all, demolishes all, a Sicknes unprevented for all our diligence, unsuspected for all our curiosities... (5).

This brings to mind a Nigerian adage, *something must kill a man*. In Donne's case, it is sickness, an ailment. An ailment an individual cannot prevent, not because the individual is careless or forgetful, but the situation surpassed all the individual's diligence and curiosity in consistently and tenaciously keeping healthy. Each stone, (each food), that went into the building (the body) is hewed and polished, is washed and even salted to destroy germs. Nourishment is key in choosing what would go into the building. Metaphorically, the body is seen as a building, pulled down by the canon, a weapon - ailment. The accomplishment of healthy living is also metaphorically seen as a

consistent tedious task – “and so our Health is a long and regular work.” With the discovery of bacteria and viruses, as the causative organisms of sickness, Donne’s attacker becomes, microorganisms and not ailment. According to Sontag (1988:9), “it was when the invader was seen not as the illness but as the microorganism which causes the illness that medicine really began to be effective.”

Sontag in Elizabeth Drescher (2012:207) sees illness as the “nightside of life, a more onerous citizenship.” Since illness has to do with the feeling of unwellness as a result of the malfunctioning of the body’s system, being ill is the “nightside of life,” the dark side, unfruitful, as it makes the bearer incapable of doing anything fruitful. It is “onerous citizenship” – burdensome, tedious aspect of being a citizen of life. She opines that, “everyone who is born holds a dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use the good passport, sooner or later each of us is obliged at least for a spell, to identify ourselves as citizens of that other place,” Drescher (2012:207). On this note, everyone at varying points in one’s life, is of twin-nativity: either a citizen of the country of the well or a citizen of the country of the unwell. In the country of the unwell, life is more or less formidable, gruelling and embittering, hence, the nightside. On the contrary, the dayside of life represents the country of the well which is nice, facile and peaceful. The nightside of life leaves one with some experiences of stigmatization, isolation, laced with moments of brightness and hope.

In pondering about the body, the relationship between the body and diseases and what the arts have got to do with it, one discovers that almost any study within the ambit of literature and medicine has a connection to either the body or its essence, the mind, and what affects it (them) positively or negatively. Seeing literature as an aspect of humanistic study on the one hand and medicine as a scientific study of the ways to prevent and cure illnesses and diseases in the human body, it is conspicuous that the, “medical and clinical sciences should be taught and learnt systematically and in depth,” but then, “a purely bio-scientific model of medicine neglects the ethical and artistic dimensions involved with patient interactions, offering a limited view of human illness,” Martin Conwill (2013:1). Patrick McCray reviews Charles Percy Snow’s talk during the annual Rede lecture at the Senate House in Cambridge titled, *The Two Cultures and The Scientific Revolution* (1959). McCray’s review entitled, *C. P. Snow’s 1959 Diagnosis of a Detrimental Divide Between British Scientists and Humanists Took on New Meaning*

in America, (2019) notes that Snow believes that the challenge that would endanger the future of all western democracies is the difference, the “incomprehension and dislike” (1) between British humanists and scientists. He points out Snow’s claim,

the inability of literary scholars and scientists to understand and communicate with one another was not just an intellectual loss, but something that threatened the ability of modern states to address the world’s problems (p.1).

In other words, to effectively handle the world's pressing issues, scientists and literary academics must collaborate in some capacity and have a high degree of mutual respect and understanding. Also observing this divide, Marie Mulery Roberts and Roy Porter, in the discourse on, *Literature and Medicine During the Eighteenth Century*, note that,

medicine and literature are widely seen as falling on different sides of the 'two cultures' divide. This was not so in the eighteenth century when doctors, scientists, writers and artists formed a well-integrated educated elite and often collaborated with each other. (1).

From the above excerpt, in the eighteenth century, Erasmus Darwin, who was a physician, was also a poet. Tobias Smollett was a physician-writer regardless of his medical career. Others who at the time appreciated the relationship are: John Keats, Tobias Smollet, Georg Buchner, Anton Chekhov, Arthur Conan Doyle, Mikhail Bulgakov, Arthur Schnitzler and William Carlos William. The question of the essence of the arts in healthcare can also be gleaned from Susan LaLonde (bio)’s statement (2013), as she is provoked by Gilles Deleuze’s (1925-1995) proposal that, “the ultimate aim of literature is to create health,” (LaLonde 2013:2). LaLonde ponders about the sort of literature that would be involved in health issues; the kind of literature that would yield the same results as medical science would for a particular health issue: physical or mental, and the sort of relationship that would exist between the two disciplines where literature is subjective and imaginative and medicine is objective. Her questions were answered while she examines Le Clézio's novel *Desert* (1980). Reading it, she experiences the healing of Lalla, the main character in the novel, from trauma, the curative and palliative treatment involved listening to stories, music and fairy tales.

Perhaps, the discrepancies about the relationship between the humanities and medicine are ameliorated by Snow’s talk for McCray points out that, “what was originally formulated to diagnose specific British conditions started to diffuse into American public discourse,” (2). Recall that from the first chapter of this essay, the academic

formalisation of the relationship between literature and medicine began in America. Snow's talk stirred up sensations from the United Kingdom and America, his talk which was turned into a book, was made a required reading for all freshmen in Columbia University. McCray also notes that Senator John F. Kennedy was full of praise for Snow's insights and the book was offered to members of American book clubs. His speech may have paved way for widespread recognition of the value of the arts in all aspects of medical education, and it also coincided with the "burgeoning field of medical humanities in which literature plays an important role," Conwell (2013:1).

Barbara Wilcox (2014) in her essay on Alvan Ikoku's examination of how the transnational fields of medicine are shaped by literature, observes that for Ikoku, it is an important call for all to get back to the idea of how literature seemingly worked in the nineteenth century as Charles Dickens and Elizabeth Gaskell who were novelists were at the same time seen as "advocates-in-fiction for development in public health." (p,2) Furthermore, Garvin Francis in his essay, *Storyhealing* (2017) states clearly that, "literature can enthuse medicine, and medicine can inspire literature. They are complimentary treatments for human beings," (1). The essence of the correlation between the two disciplines is highlighted in Francis's statement. Literature and medicine are two sides of a coin and should not be separated from each other. As literature makes medicine or every aspect of it more interested in and appreciative about human life and the sustenance of it, medicine on the other hand, brings to life, enlightens, motivates and inspires every aspect of literature. Thus, it provides content for literature. Buttressing how medicine provides content for literature, in the autobiographical essay *The Practice* (1951), the general practitioner and poet, William Carlos Williams notes that the din and variety of medicine can be inspirational and refreshing if one approaches it with the right state of mind. His words,

was I not interested in man? There the thing was, right in front of me. I could touch it, smell it ... it was giving me terms, basic terms with which I could spell out matters as profound as I cared to think of, (p.4),

denote that his sensibility as a writer, that spirit of being humane is cultivated by medicine which provides him with the vocabulary he uses in writing. On the aspect of how literature feeds medicine, Conwill (2013) avers that,

reading literature can enable us to see things from multiple perspectives and cultivate our empathy, allowing students

to connect more deeply with the emotions of patients. Moreover, depictions of medicine in literature give us an artistic and culturally contextualised view of its practice, allowing students to reconnect with the wider context and significance of their field. Literature also provides a space for personal reflection and connection with emotions suppressed in day-to-day clinical education, (4).

Empathy and a more intentional profound connection between caregivers, health practitioners, doctors, and patients, can be gleaned from Conwill's words as the essence of literature in medical education. It also gives room for the health practitioners' societal and emotional rejuvenation. Regardless of these clear benefits, he emphasizes that, "art need not be a substitute for science or crutch for the inexperienced and un-personable," (2013, it should be second nature to one's life, an invaluable tool for inspiring purposes, adding colour, comfort, insight and room for reflection.

There are parallels amongst creative arts, illnesses and the body or simply specifically, literature and medicine. The sustenance is assured by an attitude of curiosity, openness, intentional creative and artistic engagement, empathy for one another's challenges, and embracing a broader aspect of human life. Members of the medical and artistic professions perform better when they have a thorough understanding of not just human existence, but also personal experiences pertaining to health, socioeconomics, and political situations, including the context of health, specific to this essay.

2.1.2 Metaphor

Metaphors connect objects, ideas or beings to other objects ideas or beings highlighting their similarities. Christopher Curley (2019) notes that, "they are powerful because they upset our expectations of a boring, literal connection between ideas, and force our brains to work harder to understand the writer's intent. Once we grasp that intent, the revelation leads to a more vivid image and/or emotional response," (2). This is why it is the core literary trope of this essay, not just because non-literary connection between ideas is bland – like saying, "oh! You look so much like your mother," and literary connection tickles and stirs one's imagination – like saying, "oh! You are a carbon copy of your mother," (making you associate a human, the mother's daughter, to the duplicate of a receipt behind a carbon paper, that is placed after the original copy in an invoice

booklet), but because, it is used in everyday language. So, it can be spotted in the language of characters in literary texts, and more intensely, it embodies images and emotions. What more would have been sought for in exploring the feelings of characters affected by diseases?

IA Richards in his *Philosophy of Rhetoric* (1936) cited in MH Abrams and Geoffrey Harpham (2015) notes that there are two elements in a metaphorical statement: the tenor, the subject to which the metaphorical term is applied and the vehicle, the metaphorical term itself. The “common associations of the vehicle which, in a given context, apply to a tenor are called the grounds of a metaphor,” (102). Bipin Indurkha (1992:36) sees the subject as the target while the metaphorical term is the source. Hence, there is the:

Tenor – vehicle – grounds
Target – source – grounds

However, by conceptual choice, this essay works with the Ferdinand de Saussure’s terms: signifier and signified. Metaphors are classified into different types which include as stated by Richard Nordquist (2021:8): absolute, complex, conceptual, conventional, creative, dead, extended, mixed, primary, root, submerged, therapeutic, visual, and organisation. Regardless of these types, only metaphors that are paradoxical are highlighted from the selected novels as they remain the focus of this essay.

Most human thoughts are metaphoric in nature, Gannon (2001, 2004), Kao (1997), Lakoff and Johnson (1980), Morgan (1986), Ortony (1975), Richards (1936) among others. In categorizing metaphors Lakoff and Johnson (2003) introduce the orientational, ontological and structural metaphors, stating that all metaphors are structural. This suggests that all metaphors have fundamental meanings or all metaphors have formational or constructural meanings, in the sense that, the meaning derived from a metaphor is based on the way it is constructed or structured. Hence, one arrives at metaphorical meanings by following a step by step procedure. If this is so, then to Lakoff and Johnson, metaphors operate in a systematic, methodised, framed or logical manner, a closed system so to speak.

This essay differs from this view. It aligns with the deconstructionist view of the indeterminacy of metaphors that points to the idea that metaphors have open ended meanings based on diverse interpretations or what Nelson Fashina in his 2016/2017 Master’s Class calls, “flickering of meanings.” Richard and Sheehan (1999:59) to

substantiate this idea states that, “there is no essential meaning for the metaphor, instead, what the metaphor means is widely dependent on its use to invent a meaning that coheres with the advertising agent’s contextual narrative.”

2.1.3 Paradox

Paradoxes are characterised by absurdity, and having contradictory mutually exclusive elements, Joyce Osland and Ashjorn Osland (2006:92), Lewis (2000:760), Cameron and Quinn (1988:2), Quine (1962:84). On a first glance, paradoxes seem to have a senseless prerogative, but when one mulls over them, they seem logical. Cuonzo (2004:n.p) states that it is, “a set of mutually inconsistent claims, each of which seems true.” So, the assertions in the statement are equal and varying at the same time. By way of illustration, in the University of Ibadan, it is preferable to study in the open tent in the Roman Catholic Church, other than the classrooms even though the classrooms are more conducive. This is arguable because regardless of the harsh weather effect in the open tent, power supply is guaranteed. Simpson’s hospital paradox is also an example where despite the glaring result that the survival rate in Charity hospital is more than that of Mercy hospital, it is still very much safer to go to Mercy hospital. This is because, Charity hospital is faced with easier cases for treatment while Mercy hospital is faced with tougher cases.

While one can arrive at plausible conclusions for some paradoxes, some other paradoxes are irresolvable, notwithstanding the truthfulness of their premises. Sainsbury in Clark (2007:151) is of the opinion that, “a paradox is an apparently unacceptable conclusion derived from apparently acceptable premises.” Here, the conclusion is clearly unacceptable. To exemplify, in the paradox of the heap which proposes that a pile of 10,000 grains is a heap.

If n = number of grains, and n = numbers greater than ($>$)
1.

It implies that $n - 1$ = heap.

Deconstructing this by mathematical induction,

If $n = 2$, seeing that n = numbers greater than 1,

It then means that $2 - 1 = 1$

The implication is that 1 is a heap. One grain = a heap?

Regardless of the fact that the premises are acceptable, the conclusion is fallacious, an unacceptable conclusion as Sainsbury notes, contradicting general beliefs, for one grain is far from being a heap, except proven otherwise.

There are varying classifications of paradox. Paradoxes with: acceptable premises and unacceptable conclusions; fallacious premises and acceptable conclusions; fallacious premises and unacceptable conclusions. These are Sainsbury's classifications and they are based on acceptability or unacceptability of the premise or conclusion. The scope here is limited as what is acceptable to one might not be acceptable to another. Again, the classification does not encompass paradoxes with contradictory conclusions.

A different classification of paradox, based on one's ability to figure things out, is Quine's classification, Lycan (2010:3). It entails three distinctions: veridical paradox, which has a truthful conclusion despite the absurdity inherent in it; falsidical paradox, with a false conclusion, and antinomies with contradictory conclusions. One con with this classification is the probability of imposing one's ideas on another, since the classification is based on one's state of knowledge. Yet, this study chooses to stick with the class of antinomies because they "bring on the crises in thought," Quine (1962:85).

Antinomies are, "contradictory statements both of which can be deduced according to accepted rules of inference from obviously true premises." Rolf Breuer (1993:226). Antinomies reflect contradistinctions, an inherent counterattack in the statement. More reasons why they result in crisis in thoughts. Research shows that the discovery of antinomies led to constructions and reconstructions at the bedrock of reasoning. Notably, an outstanding instance of an antinomy is the paradox of Epimenides known as the Liar paradox by Eubulides. Epimenides, a Cretian is known to have said that all Cretians are liars. Saint Paul in the Christian Bible, precisely the first chapter and second verse of the book of Titus, also made reference to the paradox, "one of themselves, even a prophet of their own, said, The Cretians are always liars..." The statement is contradictory and seems like an inherent counterattack on the original speaker, Epimenides. If all Cretians are liars, then, Epimenides, a Cretian, is a liar, so the statement is rather a lie, because, Epimenides is not supposed to be seen as a liar.

If all Cretians are liars and Epimenides is a liar, the statement is false – because Epimenides is not seen as a liar

If all Cretians are liars and Epimenides is not a liar, the statement is true – meaning that all Cretians are not liars, hence, the original premise is fallacious.

So, the statement is true (that all Cretians are liars) only if the premise is false (because Epimenides is not seen as a liar), and it is false (if it is not true that all Cretians are liars) only if it is true (because all Cretians are not liars). The resulting contradictions are mirror images of each other, making the challenge a puzzle. Like an axiom, the statement points to its own truth value, self-evident, but equally self-contradictory. The researcher does not deny the experience of a crisis in thought in the explication of this point.

Ratifying the view, that antinomies result in a crisis in thought, Lycan (2010:3) asserts that, they highlight the necessity for radical adjustment in our conventional way of looking at things. Since there is room for interpretation, it allows for ideas from different perspectives, thus, curbing rigidity. This is germane to this research as distilling paradoxical metaphors and critically analysing them against the backdrop of deconstruction negates rigidity or the customary way of looking at things. This unfixed or undetermined meaning characteristic of the use of metaphors and paradoxes is akin to the yin-yang symbol of East Asia which denotes that the yin is not exclusive of the yang. Consequently, one's attention is drawn to the self-contradictory mutual exclusivity, for in every yin there is a yang and, in every yang, there is a yin. None exists without the other. So, even though opposites exist, they are not in themselves absolute.

2.1.4 Paradoxical metaphor

From the point of view of the researcher, it is not the case that every metaphor expresses meaning that seems consistent with the phoric relations. Some metaphoric interpretations contradict one another and reflect perspectives that are not even proportionate to the terms being compared. It gives room for the possibility of metaphors that are contradictory in themselves (paradoxical), hence, paradoxical metaphors.

The researcher created this term as an attempt to indicate the circumstances of double collisions of literary features in the novels to be critically analysed. The paradoxical metaphors identified in this study are put together in groups of metaphor themes. As an illustration, John Green's *The Fault in Our Stars*, (2012), is a story of how two teenage cancer patients: Augustus Waters (Gus) and Hazel Grace, fall in love and struggle to

live. The death of Gus' ex-girlfriend, Caroline Mathers, makes Hazel worry so much that she decides to stay away from people so that she does not replicate what she feels were Caroline's actions. As she declares, "Caroline Mathers had been a bomb and when she blew up, everyone around her was left with embedded shrapnel," (40). Hazel does not want to be a bomb like Caroline. As such she exclaims painfully to her parents, 'I'm like a grenade, Mom. I'm a grenade and at some point, I'm going to blow up and I would like to minimize the casualties, okay? ... I'm a grenade ... And I can't be a regular teenager, because I'm a grenade,' (41). This scientific metaphoric description is enhanced by Van Hounten's (another character in the novel) description of sick children. He was precisely referring to Gus and Hazel on their visit as he says, "you are a side effect of an evolutionary process that cares little for individual lives. You are a failed experiment in mutation," (78). He thus, refers to cancer as an evolutionary process.

However, Hazel's belief, *I am a grenade*, is a paradoxical metaphor. If Hazel is a grenade, this suggests that all cancer patients are grenades. This also suggests that the human body infected by Cancer is a grenade. A grenade is a small bomb or explosive device made to be thrown by hand or shot from a grenade launcher. The grenade is functional because it contains an explosive. Consequently, if the cancer infected human body is a grenade, then the cancer in the body is the explosive. Notably, it is found from the novel that Patrick and Lida have a somewhat long remission from cancer, Isaac has been declared NEC – No Evidence of Cancer and Hazel is keeping her life with Phalanxifor. So to speak, cancer can be destroyed, eliminated or controlled. The contradiction lies in the premise drawn from the calculation,

If Cancer = C, Grenade = G, Body = B, E = Explosive
G contains E = Explosive and
B = Grenade contains C = Explosive
Hence, C = E as B = G

However, if C can be destroyed, eliminated or controlled in action, can E be destroyed, eliminated or controlled while it is in action? To the best of the researcher's knowledge when a grenade is in action, everybody flees and takes cover. The focus here is on the explosives and not their containers. Perhaps, the containers might not be remedied once explosion occurs. Regarding the explosives, E does not explode, it remains dormant till it is triggered. And once it is triggered, it destroys. On the other hand, C begins its destructive mechanism the moment it settles in its container or host which is the body.

So the question still remains, the moment C is triggered it can be stopped but can E be stopped the moment it is triggered?

Another statement that is a paradoxical metaphor is, God is dead. In the sense that, God the one who Christians say is the creator of the world, ever alive watching over the world is directly referred to as inanimate perhaps because, a creator who is alive watching over the creation cannot bear to see the chaos and injustice emerging from his or her creation. This implies that God, alive, should or will act. This is paradoxical in the sense that the creature reflects the creator. Do not forget, the credibility of deconstructive analysis and interpretation is hinged on one's inferences, one's deductions or suppositions. So, if the creature reflects the creator, then, the universe (all the creatures of the creator) reflects God, God = Universe. It is thus, paradoxical, because, if God is dead, then, the universe is dead. This is because, just like the paradox of Epeminides, if the universe is dead, the speaker of the statement that God is dead, is dead too, and as such cannot be speaking.

If X = God/Universe which is made up of L = Living things,
plants and the speaker, E = Elements,

Then, X = dead if and only if L and E are dead.

But L cannot be dead while L is speaking, saying that God
is dead.

So, can God be dead?

Hence, the paradox of Epeminides, explained in the section
of paradox above, is a paradoxical metaphor.

This is more reason why this essay focuses on antinomies as they cause some crisis in thought. One can thus, say that a number of antinomies are paradoxically metaphoric.

A person's conceptions and beliefs which are frequently metaphoric, paradoxical or paradoxically metaphoric, could result in negative or positive consequences. As a persuasive strategy for this essay, Joel Afolayan, Deborah Oyeleye, Omowumi Adebisi, Omowumi Durojaye, and Donald Bitrus (2015:133) in examining the factors influencing the perception of pain among clients in the pain and palliative care unit of the University of Ilorin Teaching Hospital, conclude that cultural practices have significant effects on pain experienced by patients with terminal illnesses like cancer, HIV/AIDS, heart or kidney failure amongst others. Cultural practices encompass language and language

encompasses metaphors, paradoxes and paradoxical metaphors. Therefore, paradoxical metaphors can determine the extent of a patient's emotions.

Other authenticating relevant essays, not directly related to this research, include: Gilbert (1979) and Akhinwu, Osunde, Omeje, Efunkoya. and Amole (2013). Akhinwu et al, note that unfavourable perceptions and discovered myths of ailments or treatments must be addressed with effective counselling to help patients better accept appropriate treatment procedures. In his essay entitled, *The Metaphorical Structuring of Social Perceptions*, Gilbert (1979:166) claims that metaphors can be "oppressive" since they can influence an individual's perception and they cannot be separated from how each member of society perceives the world. This occurs most effectively when the signified is mistaken for or misread as the actual object and the indirect representation or figuration takes the place of the actual occurrence. Hence, the study examines selected Nigerian and American novels to identify the paradoxical metaphors used by ailing characters in verbalising their ailing experience. It also analyses the effects of the paradoxical metaphors on ailing characters and explores the function of sociological backgrounds on characters' utilization of paradoxical metaphors in addressing their medical condition.

2.2 Review of empirical studies

This section evaluates previous studies that are significant to the current study. The evaluation is carried out in sections based on the point of relatedness to the current study.

2.2.1 Metaphorical representations of illnesses in literature

In her books, *Illness as Metaphor* (1978) and *AIDS and Its Metaphors* (1988), Sontag accentuates three categories of metaphors: those used by the medical personnel in treating cancer and AIDS, those used to classify the effects of the diseases, and those used to refer to individuals 'living with' rather than 'suffering from' the illnesses. The metaphors are in relation to the symptomology and mythology of the diseases under her study. Though Sontag's exploration relates to ailing individuals, her exploration dwells on metaphors used to refer to ailing individuals, not metaphors used by ailing individuals. She does not also make efforts to interpret the metaphors, thus, the metaphors are deprived of their meaning.

In *AIDS and Its Metaphors* (1977:14), Sontag emphasises the aim of the book which remains to, “calm the imagination not to incite it. Not to confer meaning which is the traditional purpose of literary endeavour, but to deprive something of its meaning: to apply that quixotic, highly polemical strategy, ‘against interpretation,’ to the real world this time.” Contrary to her aim, this research is a literary endeavour, so, it does not aim to deprive metaphors of their meanings, making them meaningless, it rather aims to interpret, to demystify the paradoxical metaphors and discuss their impacts. The researcher believes that engaging in hermeneutics, interpretation of the metaphors, paradoxical metaphors to be specific, adds to knowledge and strips individuals: affected characters, readers and patients of fear.

From a discourse-centred perspective, Ferrara (1994) focuses on how metaphors are actually used and where they are used in therapeutic discourse. In her book, *Therapeutic Ways with Words*, a chapter, “Glimmers: Therapeutic Uses of Metaphor,” investigates how metaphors can be used for healing purposes during interactions with therapists and their patients. Hence, the healing quality of metaphors. Ferrara also notes that one benefit of metaphor is its ability to distil and compress thoughts and sentiments and allow for an economical condensation of themes. With metaphors, peculiar thoughts and feelings are identified, allowing for streamlining of ideas. She emphasises that, by summarizing and reiterating universal principles, metaphors offer a glimmer of understanding, (6), thus, enhancing mutual understanding. Adoring the use of metaphors, she emphasizes the ambiguity of metaphors and the limitlessness of implications, stating that how much the concepts X and Y resemble one another is to be determined by the discussants. However, this leaves the main issue, the grounds, the premise of the statement vague. To Ferrara, this vagueness is an advantage.

Per contra, this research argues that interpretation, figuring out of ideas could be uncertain and could lead to unwanted premonitions. The majority of metaphorical encumbrances embedded in social perceptions of diseases are damaging to the psyche. Sheehan supports the point of view of this essay stating that, “there is always a risk in describing a process when discussing interpretation, especially when one refuses, as I do, to hazard guesses about what is going on inside the grey matter,” (1999:59). Metaphors have unresolved meanings and the effect of this is a reverberation of tensions in the mind of affected individuals. Illustrating this, if the affected person believes or is informed from life experiences, that he or she is a grenade about to explode, the person

might start to worry about how to separate himself or herself to prevent annihilating others when he or she explodes. If the person thinks that he or she is cursed, the concern shifts to attempting to figure out what he or she did to earn the curse, suffering or sentence to death, why it would be him or her, when, by whom, where, for what reason and how they were cursed? These inquiries are not only depressing but also delirious.

As a support to the idea that this current study upholds, Rousseau, (1981) asserts that,

Language is a common ground in literature and medicine, metaphors commonly used in both fields require scrutiny: “wasting away,” “invaded by,” “personality type,” words connected to “consume” and “consumed by.” These words are cultural signifiers and should be probed in their literal as well as metaphorical dimension, for when used in the latter sense they designate far more than the actual words denote. (412).

Metaphors should be used cautiously, because they imply more than the literal words denote. On this account Rousseau places emphasis on the power of language as a unifying force between literature and medicine. He also draws readers’ attention to the relationship between culture and language. Regardless of the slight conceptual link between Ferrara’s idea and this study, Ferrara does not explore metaphors that are contradictory in themselves. Apart from the therapeutic benefits of metaphor, she does not explore other effects of metaphor.

Eula Biss’ book, *On Immunity* (2014:5), deals with metaphors used generally in the medical space. She states how the immune system of humans is better compared to a kosher garden rather than citizen soldiers. Perhaps, it is because metaphors of war in medical education can hold water but they generate varying interpretations in the minds of different individuals. This suggests her preference for tender metaphors that reflect unity in the struggle to remain unsusceptible to diseases since “immunity is shared space, a garden we tend together.” Biss does not specify the users of the metaphors. She does not also analyse the impact of her disliked metaphors on its users.

Francis’ opinion paper on how clinicians use metaphors posits that metaphors should not be used for ornamental purposes but for effective and meaningful purposes. In his words, “a deeper engagement with literature can help clinicians with the metaphors they use: if a cancer is incurable, it doesn’t make sense to think of it as a monster to be defeated but as an inner ecology to be held in balance.” (2017:4). His proposition

suggests that there is no need of using a metaphor of war, when a disease is incurable, clinicians should rather use a metaphor that depicts maintenance and sustenance. Reinforcing the essence of the need for proper use of metaphors by clinicians, Anatole Broyard, in Francis's essay, who is diagnosed with prostate cancer,

wanted his physician to spin metaphors that would reconcile him to his condition: 'the doctor could use almost anything,' he wrote in *Intoxicated by My Illness* (1992). "Art burned up your body with beauty and truth." Or "You've spent yourself like a philanthropist who gives all his money away." Broyard wanted language to conjure dignity from illness, to help him 'look upon the ruin of his body as tourists look upon the great ruins of antiquity' (4).

Broyard wants words to soothe him. Broyard wants to feel the tranquillity that only words can offer. Broyard wants to still see beauty in the ugliness he experiences and he feels that this could only happen via words. Since Francis' paper is opinionated, no theory or methodology is engaged. And despite the link it creates with metaphor (literature) and medicine (clinicians), it does not highlight metaphors commonly used by clinicians, let alone critically analyse them to explore their effects on ailing individuals. This research is rather patient-centred as it analyses and explores the effect of not just metaphors but paradoxical metaphors used by ailing characters (patients) not physicians.

Joseph Mayaki's investigation on scriptotherapy, specifically, the reciprocal relationship between sadness and creativity employs the psychoanalytic theory in the literary analysis of the poetry collections of Malika Lueen Ndlovu and Niyi Osundare. The poetry entails language used by authors which include metaphors. Mayaki utilises the interpretive design for his analysis. His findings reveal that poetry has "substantial mental and literary potentials relevant to enhancing human health and literary creations," (2021). Mayaki's research shares similarities with the current study in using the interpretive design to explore the impact of literature on humanity. It also employs one of the theories used in this research – the psychoanalytic theory. However, the studies are distinct in that, while Mayaki analyses poetry and focuses on the relationship between grief and creativity, utilising only psychoanalysis, the current study analyses novels and focuses on the mental process of ailing characters, utilising deconstruction and psychoanalysis.

The reviews do not conduct critical analyses on the metaphors when they are highlighted. Moreover, it appears that the term, paradoxical metaphor, is yet to be

examined and scant attention has been given to the exploration of the negative impact of metaphors.

2.2.2 Depictions of ailing characters in fiction

Rolleston, J. D.'s *Venereal Disease in Literature* (1934) makes reference to three main venereal diseases: syphilis, gonorrhoea and chancroid, across nonmedical literature from the ancient times to the present. Despite the link this creates with literature and medicine, and ailing characters in literature, Rolleston's study is disease-centred. It does not highlight the ailing characters' experiences as a result of their medical condition. This study is rather patient-centred. It explores the mental process of ailing characters, distilling paradoxical metaphors which serve as catalysts that alter treatment and recovery.

Andrea Kottow and Michael Kottow (2007) propose that, to better comprehend and support patients who are re-evaluating and reconstructing their being, doctors must learn to interpret the writing of disease-subjects. They posit that patients reconstruct their life-world by changing the intertwinement between lived and living body. Thus, with the theory of the living and lived body, they explore the literary creation and modification of the disease-subject (patient) as a literary subject in Max Frisch's *The Wilderness of Mirrors* and F. Kafka's *Metamorphosis*. To them, the living body is open to investigation, causal explanation, and therapeutic restoration while the lived body arises from the inside as a deliberate way of being in the world. On the other hand, the lived body corresponds to subjectivity "and can only be known to others if it expresses itself," (2). Kowttow and Kowttow (2007) share similarities with the current study in investigating patients/ailing characters in literature. In spite of that, their approach differ as the current study utilises the theories of deconstruction and psychoanalysis as against the theory of the living and the lived body of the Kowttows. In addition, though the Kottows comprehend the importance of the subjectivity of the lived body, in that, it "can only be known to others if it expresses itself," they do not examine this subjectivity which is definitely a mental process. The current study, however, focuses on the mental processes of ailing characters, distilling the factors that influence their treatment or recovery.

Miles Beauchamp, Wendy Chung and Alijandra Mogilner's (2009) discussion on illness in literature proposes the appropriate portrayal of the disabled in literature as it will expand the literary scope and increase readership. They insist that authors must continue to discover ways out of the norm of seeing the disabled as the other or maladjusted and disability as a loss of one's humanity. Notwithstanding the patient-centredness of this research, it does not investigate the perception of the patients regarding their ailing situation.

Sola Owonibi's (2010) examination of the representation of physical diseases and psychological trauma by patient-writers posits that the psychosomatic collapse of writers is caused by their physical situations. Although Owonibi's focus on ailing characters is significant, his conclusion does not explain the literary factors that lead to the psychosomatic collapse of writers. Also, the scope of his research is on autobiographical texts whereas, this current study simply deals with novels that foreground ailing characters.

Bennett Kravitz's *Representation of Illness in Literature and Film* (2010) offers a didactic framework for examining the causes of various diseases that are currently prevalent as opposed to the diseases that existed in prior eras. He suggests that diseases are not just as a result of diabolic possessions but as a result of how humans regard their bodies. Amongst other moral ideologies, he opines that no one should be expunged from the society due to health conditions, thus, there should be cultural acceptance for the impaired. Kravitz's literary investigation of the manifestations of the interactions between culture and disease differs from this current study as it is simply disease-centred. This study rather takes a patient-centred approach, proposing an interrogation of the mental process of ailing characters for effective treatment and recovery.

The investigation of literary illness by Literary Articles (2012) asserts that illness is an inevitable aspect of real life that serves as a strong device for authors. It also states that the representations of illness could convey grief, hope or despair and it could potently illustrate the human experience. Thus, regardless of the similarity in the exploration of illness in literature, this research differs from the current study as it addresses the portrayal of mental and physical illness in literature, with the purpose of confirming the essence and place of illness in real life. It is not patient-centred. Also, it does not investigate the mental process of ailing characters.

Susan Nussbaum (2014) discusses the portrayal of disabled characters by novelist. She avers that old misconceptions can be dispelled by the authenticity of characters created by someone who lives through or has lived through oppression. Nussbaum also claims that she does not discredit novelists who write about persons not in their background since she does the same sometimes. This research shares similarities with the current study as it is an exploration of ailing characters in novels. However, its focus is on the novelists and not on the ailing characters.

Stephen Kekeghe's *Psychiatric Conditions in Selected Nigerian Texts* (2018), provides an exploration of mental disorders as portrayed in modern Nigerian poetry, prose and drama. He employs the theory of psychoanalysis to explore the mental health of the society through literature and the theory of deconstruction to critically analyse psychiatric aspects in his selected texts. While there appears to be parallels in the theoretical dimensions between Kekeghe's research and this current study, distinctions abound. First, while Kekeghe's focus deals with psychiatric conditions, this study, deals with ailing characters with physical conditions. Second, the data for Kekeghe's research cuts across all genres whereas this study focuses on novels, and while he explores only Nigerian texts, this study explores and comparatively analyses Nigerian and American novels. The study also differs from Kekeghe's as it employs the theory of deconstruction for identifying paradoxical metaphors in the text, and the theory of psychoanalysis in analysing the effect of the paradoxical metaphors. Moreover, Kekeghe's investigation of the mental process of his ailing characters does not explore the figurative language used by his characters.

Daniela Fois (2018) examines various ways that young adult authors objectify and disparage invisible disability. She does this with the purpose of distilling the characteristics of poorly written disability fiction. In addition, she unveils the reason and the ways disability biases can harm ailing and non-ailing readers. Fois proposes that in order to properly represent invisible disability in fiction, authors should depend on studies that focus on disability. Notably, Fois does not investigate the mental process of the ailing characters to identify the literary catalysts of their mental process.

Indigo DaCosta in his exploration of ailing characters, focuses on the existence of romantic relationships in young adult novels that foreground mental illness. He compares representations of romantic relationships, which match average adolescent

experiences with representations of mental illness, which do not. Consequently, he proposes that, “the extent to which mental illnesses appear as standard teenage behaviour,” (2018) can be better understood by considering the interplay between mental illnesses and romantic relationships. Despite the link between DaCosta’s research and this current study, which lies in the exploration of ailing characters, DaCosta does not investigate the mental process of the ailing characters. Also, his selected texts for analysis (Chbosky’s *The Perks of Being a Wallflower*, Vizzini’s *It’s Kind of a Funny Story*, Asher’s *Thirteen Reasons Why*, Anderson’s *Winnegirls*, Warga’s *My Heart and Other Black Holes* and Green’s *Turtles All the Way Down*) differ from that of this research.

Kylee-Anne Hingston undertakes a formalist and narratological approach to disability in her book, *Articulating Bodies: The Narrative Form of Disability and Illness in Victorian Fiction* (2019). Thus, at the level of narrative structure in generic conventions, she considers both the micro and macro illustrations of disability in specifically Victorian fiction. Hingston does this with a view to unveil the collisions between the social forms evident in the themes of the novel and the structural form of narration in the novel. She posits that the Victorian fiction upholds the healthy vs ill and normal vs abnormal binaries. But this idea is eroded as the fiction positions disability and disease as commonplace components of the body's normal instability. Hingston (2019) shares similarities with this current study as it deals with ailing characters in fiction and engages close reading in the critical examination of Victorian fiction. Nevertheless, disparity is seen as it emphasises the Victorian fiction and its narrative form as against the Nigerian and American novels and the mental process of ailing characters which the current study investigates.

Ashley Aberle conducts a qualitative content analysis on the representation of mental illness in award winning young adult literature. She analyses ten novels between 2013 and 2020, to determine how interactions with peers and adults are portrayed in young adult literature that discuss characters with mental illness. Aberle (2021) is similar to the current study as it explores ailing characters in fiction. However, it is distinct from the current study as the current study utilises the interpretive design to explore the mental processes of ailing characters experiencing physical medical conditions not mental illnesses.

Cristina Garrigós (2021) analyses Lisa Genova's *Still Alice* with the purpose of examining Alzheimer's disease in contemporary American fiction. She points out lessons from the disease based on individual memory as she dwells on the narrative strategies the author uses to portray "how the disease is perceived and represented," (iii). This shares similarities with the current study in terms of text, and how ailing characters perceive their situation. Nonetheless, the disparity lies in the focus, theory and scope of both studies. While Garrigós aims at examining the perception and representation of diseases, this study focuses on examining the mental process of ailing characters in the representations of their ailing conditions. Also, Garrigós employs narrative theories while this study employs the theories of deconstruction and psychoanalysis. And while Garrigós analyses only one American text, this study comparatively analyses five texts each, from Nigeria and America.

The examination of mental illness in literature by Public Libraries Singapore (2021) unveils some negative ways in which mental illness and its treatments are viewed. It also reveals some compassionate ways, highlighting the inadvertent illustration of how callous and ignorant society and the significant others of the sufferers can be. This research focuses on the varying depictions of mental illness in literature, hence, it does not investigate the experiences of the ailing characters much less their mental processes.

None of these authors considers the paradoxical metaphors as a catalyst that could alter an ailing character's treatment or recovery. Hence, they do not examine the mental process of ailing characters not to mention critically analysing the language used to describe the ailing condition they experience. While some of the studies are disease-centred, the current study takes a patient-centred approach, suggesting that in order to treat and recover effectively, the minds of ailing characters should be investigated.

2.2.3 Meta-critical studies on the selected novels

The novels are finely detailed representations of how literature in the humanities can permeate the nitty-gritty of medical culture and knowledge. Because the selected novels are relatively current, there are not many critical analyses on them. Below is a review of seemingly relevant essays on them, buttressing the justification of this study.

Nigerian novels

Jude Idada's *Boom Boom* (2019)

Geraldine Akutu (2019:1) in summarising *Boom Boom*, praised Idada's unique character mix: humans, animal (Kompa, the dog), and the elements of the universe (the star), as they served as major determiners and stakeholders in human activities, giving the novel some sort of magical realism with all characters working together to create an intriguing narrative. In addition, she highlights his style of exotic description which draws empathy from readers, making readers able to relate with the challenges of the characters. Noirledge publishing (2019:1) and Chukwudi Nwaefulu (2021) corroborate the fact that, *Boom Boom* is an enthralling and enlightening novel.

Ogochukwu Promise's *Sorrow's Joy* (2015)

The publication of *Sorrow's Joy* added to Isidore Diala's belief that contemporarily, the emerging body of Nigerian fiction has its focus on the critical examination of the human body especially the challenges with epidemics and terminal diseases like cancer, diabetes, among others. Editors of Readersareleadersbookshop.com (2021), Bookville world (2021) and The Punch (2021) accept the compelling nature of the narrative as it not just reveals the blitz of cancer but the nerve required to face it.

Samira Sanusi's *S is for Survivor* (2014)

S is for Survivor is an autobiographical novel. The editors of Bellanaija.com (2019), Theartsmusefair.com (2017), and Victoria Bamas (2017), note that the novel portrays the author's experiences as a sickle cell patient and her journey towards survival and advocacy for aid for sickle cell patients. Additionally, it discourages the union of people with blood types that appear to be medically incompatible because the resulting suffering will be worse.

Maryam Awaisu's *Burning Bright* (2014)

In reviewing *Burning Bright*, Abubakar Evuti (2016) notes that Awaisu's writing style, though "clean and to the point" (1) could be better if she incorporates the effect of all other special senses in addition to the sense of sight which she utilised extensively. Barnes & Noble (n.d) adds that the story is set within the intricacies of the Nigerian society, embodying pain, relief, love, conflicts and the development of faith.

Eric Omazu's *The Last Requiem* (2011)

Editors of Amazon.com (2021) highlight the fact that the protagonist in a bid to make sense of her life, writes the story for her daughter. There seems to be no related reviews.

American novels

Lisa Genova's *Every Note Played* (2019)

Maureen McCarthy (2018:1), Helen Simonson (2018:3), Kirkus reviews (2018:4) shower their encomiums on the novel, highlighting its gripping, stunning, and searing nature.

Rachael Lippincott's *Five Feet Apart* (2018)

Noting that currently, everyone can reckon with keeping six feet apart from others because of Covid-19, Christany Edwards (2020:2) opines that this, in addition to the story's important themes, make the story more intriguing. Mike McCahill (2019:1), Mary Cosola (n.d), Sarah Martin (2019:1) view the book as bohemian, rhapsodic, and awesome.

Paul Kalanithi's *When Breath Becomes Air* (2017)

When Breath Becomes Air is a memoir. Janet Gould (2016) is enthused by the great determination and difficulty the author faced in writing his memoir, stating that each paragraph exudes beauty, precision and swift economy. Corroborating this fact, Yale Medicine Magazine (2015:3) avers that the book is for everyone and something about a reader must change after reading the book, while Sangam Sharma (2021:2) notes that it is compelling.

Patrick Ness' *A Monster Calls* (2015)

Charlotte May (2017:1) indicates that anyone from any discipline can take pleasure in the novel. He adds that the present-tense third person narrative and clear-cut style makes the reading of the novel undemanding. Ali (2016:1) and Kirkus Reviews (2011:3) endorse the idea that the novel is powerful in the anger, grief and love it reflects.

Lisa Genova's *Sill Alice* (2009)

Kim Kovacs (2010:6) expresses his admiration for the book, stating that it is suitable for in-depth debate in a book-club and anyone who is interested in the “sneaky disease,” Alzheimer’s disease. Lynn Malcom and Olivia Willis (2016:3) report that Genova used fiction to highlight “human stories behind neurological diseases.” Off the Shelf Staff (2018) and Wendy Smith (2009) gave personalised summaries of the novel.

These reviews do not discuss the metaphors in the novels let alone the metaphorical and paradoxical trappings in relation to the experiences of the affected characters. As such, these questions are yet to be answered: What paradoxical metaphors are used to describe the experiences of ailing characters in the selected novels? What are the effects of these paradoxically metaphoric trappings on the ailing characters?

2.3 Theoretical framework: deconstruction and psychoanalysis

In literary terms, an approach to investigating mental process, identifying metaphors and deciphering paradoxes, will inevitably lead to a sense of psychoanalysis and deconstruction. And because, victims of illnesses are affected more psychologically than physically by language in form of paradoxical metaphorical preoccupations, the study employs deconstruction as the underlying theory. This would reflect a cause and effect relationship – the paradoxical metaphors are distilled by deconstruction and the effect on the characters are explored by psychoanalysis.

2.3.1 Deconstruction

In distilling the metaphorical and paradoxical expressions and situations in the novels, deconstruction is appropriate as it seeks to highlight opposing instances of signification within the novels. Deconstruction, as Peter Barry (2002:54) opines, is “not synonymous with 'destruction'". Barry further notes that deconstruction is much closer to the original meaning of the word, 'analysis', which etymologically means 'to undo.' Extant research shows that deconstruction has both philosophical and literary sources. Its literary aspect is relevant to this study and hence is discussed. It is also known as post-structuralism and in literature it is a reading strategy. Though it stemmed from structuralism, it is a deviation from the principles of structuralism. A tenet of structuralism is the principle of the nucleus, centre and circumference, or binary opposition, that holds that a text has

a unified meaning, and that human beings think in dual oppositions, in the form of good/bad, black/white. On the contrary, deconstruction is built on the premise of pluralism, that there are multiple meanings for a text and that there is an inter-relationship between two pairs. Each pair cannot exist completely on its own. Hence, they are not static but fluid. As with the yin-yang symbol of East-Asia – in every yin there is the yang and, in every yang, there is the yin. This brings to mind the characteristic of paradox – the self-contradictory mutually exclusiveness. Key proponents of the deconstructionist reading of a text are Roland Barthes and Jacques Derrida.

The term was used first by Jacques Derrida, a French scholar in his book, *Of Grammatology* (1967). Derrida proposed the term, ‘transcendental signified,’ implying that meaning transcends, goes beyond just what is referred to. No concept is universally held true by all sects of human beings. Barry, (2002) and Sass, (1994) certify that in Derrida’s essay entitled, ‘Structure, Sign and Play in the Discourse of the Human Sciences,’ questions established norms and recounts the disasters of the modern era: World Wars, Holocaust and French Flu which gave rise to absurdity in the minds of people of that age. Characteristic of the age was disillusionment and decentredness. And philosophers like Friedrich Nietzsche and Martin Heidegger reflected this in their postulations.

Barry (2002:55) notes that Barthes, formerly a structuralist, later tilted to post-structuralism proposing an advanced independency of texts. He made an explication of this principle in his essay, *The Death of the Author* (1968) which the metaphoric death of the author clearly gives way for the birth of the reader. According to Barthes, texts are immune to any authorial influences, intention or context; and as such, are subject to the interpretation of the reader. This gives way for what Barry calls “free play of meaning” (2005:51) or what Nelson Fashina in his 2017/2018 Master’s class, calls “flickerings” of meanings. This multiplicity of meanings is an escape from the structural, organic or constructural way of defining texts. Notable is the fact that the deconstructionist activity is not just an effete dislodging of all structural constraints but a sedulous stripping of the text’s seemingly organic wholeness. This is how the principle of autonomy of texts was arrived at. It is in alignment with the concept of intentional fallacy proposed by William Kurtz Wimsatt and Monroe Beardsley (1967) of New Criticism. The concept negates authorial intrusion in the analysis of literary texts. On

this note, analysing a text with the theory of deconstruction, ‘must always aim at certain relationships; unperceived by the writer, [it] attempts to make the not seen accessible to sight,’ (Derrida, *Of Grammatology*, 158-163).

Hence, a text means a whole lot outside the seemingly conspicuous meaning it appears to have. Barry (1995:72) avers that a deconstructionist reading aims to unravel internal contradictions because, “in a single text one can find many meanings, all of them possible and all of them replaceable by others,” Ann Dobie (2009:156). The theory as such, “recognises that any human utterance has a multitude of possibilities for meaning,” Dobie (2009:156). With deconstruction, there are no fixed points, no nucleus as in structuralism and like post-modernism, no absolute truth. Varying interpretations are the result and these interpretations are governed by no forces. It thus enhances the freedom of judgement.

2.3.2 Psychoanalysis

Carter (2006) succinctly states that psychoanalysis can be summed up on the basis of “the assumption that there are unconscious mental processes, the recognition of the theory of resistance and repression, the appreciation of the importance of sexuality and of the Oedipus complex – these constitute the principal subject matter of psychoanalysis and the foundations of its theory,” (70). Sigmund Freud's (1856–1939) ambition to comprehend the human psyche and also help mentally ill people gave rise to the study of the human mind, (Saul McLeod, 2017; Abhijit Naskar, 2016; John A. Bargh, 2014; Roy F. Baumeister and John A. Bargh, 2014; William Siegfried, 2014; Daniel Lapsley and Paul Ste, 2012; Yamin Liang, 2011; John A. Bargh and Ezequiel Morsella, 2008; and David B. Stevenson, 1996). Hence, Freud investigated topics of repression, hysteria, sexuality, and dreams in his assessment of the human mind: thoughts, dreams, and fantasies.

Barry (1995: 96) states that psychoanalytic theory was developed on the grounds of how the mind, the instinct and sexuality operates and it is relevant to most disciplines such as medicine, sociology, philosophy and literature. Apart from Sigmund Freud and Josef Breuer, other proponents of the theory include: Carl Jung, who proposed the idea of collective unconscious, myth, and archetypes; Northrop Frye, who built on Jung’s ideas

making it better applicable to literature, and Jacques Lacan, who developed Freud's works. Some of the tenets of the theory are: primacy of the unconscious, the theory of repression and transference, defence mechanisms, dream symbols and dreams, the meaning of death, the significance of sexuality and Oedipus complex, tripartite psyche, and symbolisms. Though there are some post-Freudian postulations, such as, views from the object relational school, that rejects some of Freud's ideas, the fact still remains that, "Freud lurks wherever one considers the human condition: a "whole climate of opinion under whom we conduct our different lives." (Lapsley & Ste 2012:37). Within the ambit of this essay, the supremacy of the unconscious, tripartite psyche, repression and dream symbols, are utilised in analysis of biased perspectives in the minds of ailing characters discussed in the novels.

Human consciousness is a marvellous phenomenon "unifying: sensation, perception, emotion, and interpretation, often understanding events in sequences that include causal analyses and extensive narrative structure." Baumeister and Bargh (2014:35). The human consciousness influences what humans do and why humans do what they do. Discussing the levels of consciousness distinctly, Naskar (2016) states thus,

In short, your Conscious mind is responsible for all your perceptual reality. It is the part of your consciousness that enables you to be aware of your environment as well as interact with it. Now comes the subconscious mind. This one is the part of consciousness that in usual circumstances of your daily life remains hidden right below the surface of your conscious awareness. It is the mind where all your suppressed emotions and desires are trashed. And in the end comes the unconscious mind. This part of your mind remains asleep throughout your lifetime at the bottom of your consciousness. It is the most primitive mental construct which you share with the reptiles. It holds an innate beast that has been there since your reptilian days.
(2)

Naskar differentiated the levels of consciousness based on awareness noting that there is complete awareness of one's environment at the conscious level while the state of awareness declines from the subconscious to the unconscious levels.

The question of what drives behaviour led to the discourse on the conscious, subconscious and unconscious levels of the mind. Some scholars chose extreme ends – either the conscious or unconscious thought, while others view both processes as complementary other than competing systems. In addition, while some scholars see the

conscious as having more influence and the unconscious as shaping the content of the conscious, others regard the unconscious or automatic processes as the core influence of behaviour with the conscious serving as a regulator to check the stream of behaviour, Baumeister and Bargh (2014:37). This research is in tandem with the view of the primacy of the unconscious however, just like no man is an island and humans survive by being supportive of one another, the levels of consciousness are powerful and essential in themselves, but they rely on one another, and work hand in hand. They are not exclusive.

The idea that human beings are driven by anxieties, desires, demands, and conflicts of which they are oblivious is referred to as the "Primacy of the Unconscious" Tyson (1999:15). In psychoanalysis the unconscious is a dynamic force that interacts with us on the most fundamental level of our being rather than a passive repository of neutral material. In terms of the unconscious, Eze (2015:31) states that Freud believes that the human mind is comparable to the iceberg. The conscious level of the mind, which is visible, is like the visible portion of an iceberg. But, the unconscious, the invisible portion of the iceberg, is enigmatic, in that it is overshadowed and hidden in a person's mind. A third part of a person's personality that defies awareness but may still be measured is their pre-consciousness or subconscious. However, despite one's insensitivity to the presence and actions of the unconscious, the unconscious is a significant influence of one's feelings, expressions, dispositions and actions, (Dobie, 2002:57). Also, "in both phylogeny and ontogeny, actions of an unconscious mind precede the arrival of a conscious mind—that action precedes reflection." (Bargh and Morsella 2008:1)

Freud's division of the mind comprises the tripartite psyche: the id (instincts), ego (reality) and superego (morality). The separation is not a physical structural and functional partition but a non-physical distinction based on the workings of the human mind, Stevenson (1996). The id is driven by the pleasure principle and seeks for immediate gratification not minding the sort of circumstances involved. The ego acts to override, redirect and alter the irrational intentions of the id. Defence mechanisms are employed by the ego to repress the intentions of the id. While it controls the id, it also develops a strategy to satisfy the desires of the id. This generates the mastering of skill in an individual making the individual a self rather than a mixture of wants, needs, or desires. The superego, instead of strategies of defence mechanisms, utilises, guilt, self-

reproach, self-satisfaction and pride to enforce societal norms and values in the mind of an individual. Self-satisfaction and pride come with achievement but guilt and self-reproach come when one does something wrong. The superego consists of the conscience and ego ideal. The conscience guides one's ability to know what is right and wrong consequently, hindering the id via the ego from pursuing pleasure but morally acceptable ideas, while the ego ideal leads one into pursuing society's ideal perfect goals. (McLeod 2017 and Lapsley 2012).

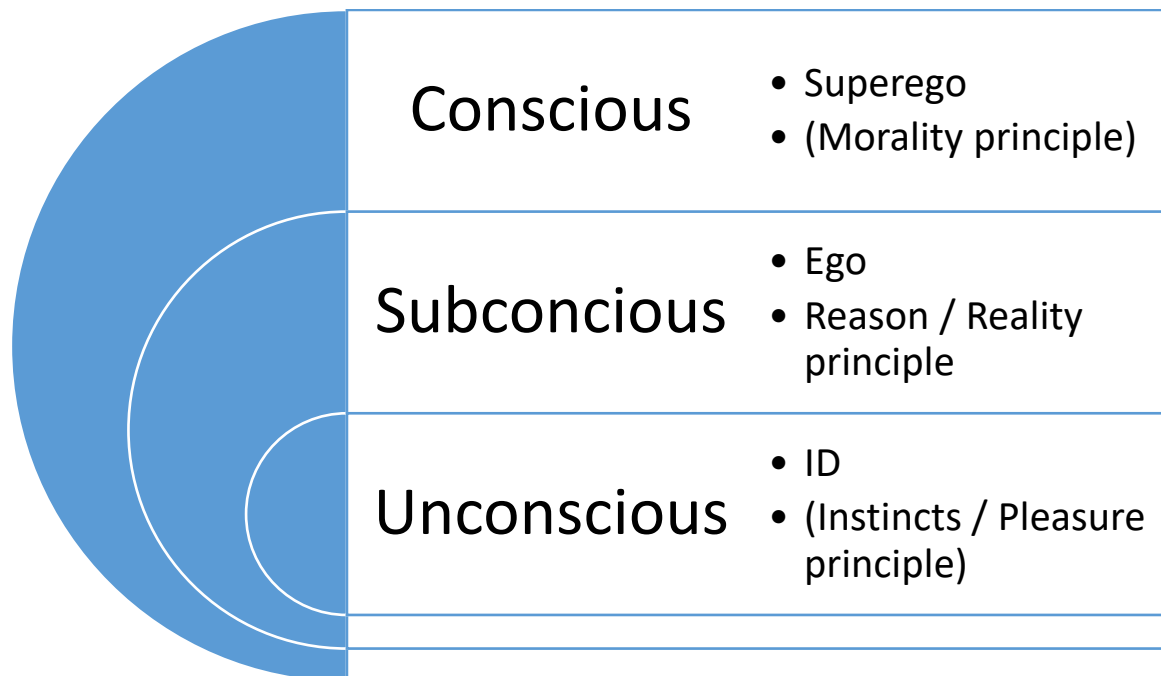


Figure 2.1 - Relating Freud's level of consciousness to his tripartite psyche. Source: Researcher (2023).

Notably, from Figure 2.1., which relates Freud's level of consciousness to his tripartite psyche, one can place the levels of consciousness at par with the tripartite psyche. The id – the unconscious, the ego – the subconscious and the superego - the conscious. The ego intermediates between the id and superego. Lapsley & Ste 2012 note that if the id is laden with passions, the ego is the instrument of reason, common-sense, and defence. "Yet the ego is never sharply differentiated from the id. Freud argues that the "lower portion" of the ego extends throughout the id, and it is by means of the id that repressed material communicates with (presses "up" against the resistances of) the ego." (37). Summarising Freud's description of the tripartite personality, the grave determining factor of human behaviour is the unconscious stemming from the id (instinctual drives) – Eros instinct: self, self-preservation and Death instinct: aggression, sadism among others.

Carl Gustav Jung proposed psychological ideas such extroversion and introversion, synchronicity, dream symbols, archetypal events, and the collective unconscious in his investigation of the interactions between the conscious and unconscious. To him, they are the foundation of human maturation. In his exploration of dream symbols, Jung first makes a distinction between symbols and signs stating that while signs only refer to the item to which they are linked, symbols are used in daily life, and still, they possess particular "connotations in addition to its conventional and obvious meaning." (1964:3). As a result, symbols are fundamental to human language and contain meanings that go beyond their obvious referents. The unconscious was first studied by Freud, who revealed that dreams are a component of the unconscious and are viewed as "points of departure for a process of free association." Jung acknowledges this (1964:11). Dreams are also, "the various parapraxes of normal life ("Freudian slips," accidental self-injury, and other putatively "haphazard" acts) ..." Lapsley & Ste (2012:4). Jung notes that like neurotic symptoms dreams portray meaning that can be explored by critical analytical interpretations.

At this point, he departs from Freud, claiming that "free association" takes one outside the text of the dream, but dreams are symbolic and convey precise information from one's unconscious to one's awareness. Jung (1964) states thus,

Perhaps, I have now said enough to show how I came increasingly to disagree with 'free' association as Freud first employed it. I wanted to keep as close as possible to

the dream itself, and to exclude all the irrelevant ideas and associations that it might evoke (12).

Free association, in Jung's opinion, detracts from the real meaning of the dream. It is on this note that he avers that dreams turn out to be the most accessible and fundamental source of information when we wish to examine how humans can create symbols. He adds that when dealing with dreams, it is important to remember two key concepts: first, the dream should be taken as fact, and one should not assume anything more than that it makes sense in some way. Second, the dream is a particular manifestation of the unconscious (17-18).

So, it appears that dreams are the material that enlightens a person's mental faculties. It is also a reflection of the unconscious. As such, they should be seen as a stand-alone idea in and of itself but not to be separated from its essence and the dreamer. Jung also states that dreams function to balance one's psyche, what he calls "the complementary (or compensatory) role of dreams in our psychic makeup" (1964:34). He also asserts that no single interpretation exists singly from a dream and to successfully analyse a dream, it should not be separated from the one who dreamt it and from its context. (1964:38,50). Distinctly, for Freud, dreams are influenced by desires repressed in the unconscious that seek satisfaction, what he calls "wish fulfilment," thus, dreams reflect a disguised attempt at satisfying an unconscious wish that was denied expression. It also serves as a recompense for personality inadequacies. Expatriating this, Lapsley & Ste state thus:

Dreams represent, then, a disguised attempt at fulfillment of an unconscious wish that was denied satisfaction. The attempt is disguised, that is, the manifest content is strange and bizarre, because of the efforts of a restrictive, disapproving agency in the mind (e.g., the ego). Dream censorship, according to Freud points to the same mental process that kept the wish repressed during the day. So, on the one hand, there is an unfulfilled, repressed wish that is striving for expression. On the other, there is a disapproving, censoring ego that is striving to repress it. The result is a compromise formation that takes the form of dreams, in normality, and of symptoms, in the case of neurosis. Dream formation and symptom formation, then, are expressions of identical mental dynamics. Both are compromise formations that reflect the conflict between unconscious impulses (wishes) and the censoring ego. (4).

Freud's interpretation of dreams aims at identifying pointers to the nature of the unconscious and the manner in which symptoms were formed. As such, he classifies dreams into the manifest and latent content – the weird, unusual content is the manifest content while the compressed debris of the previous day are latent dream thoughts.

Regarding repression, Brown (1954:3) observes that knowledge of repression is necessary in order to comprehend Freud's ideas. According to him, the entirety of psychoanalysis is predicated on the tenet of repression, Brown (1954:3). Repression happens when someone opposes or rejects an idea that they have. Repressed material is pushed aside and frequently shoved out of consciousness. The person does not recognize or appreciate the truth of its existence. According to Freud, a person's dreams and neurotic symptoms reflect suppressed thoughts.

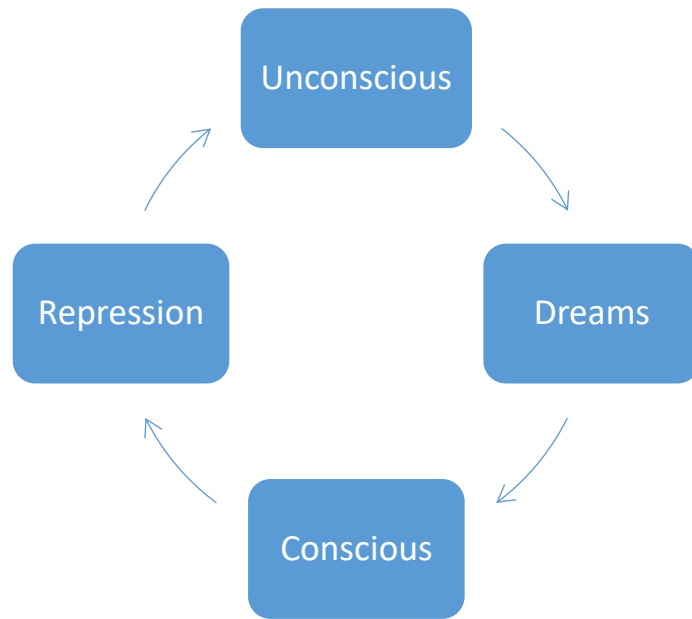


Figure 2.2. Recurring tie-in between the conscious and the unconscious. Source: Eyisi, Jr., (2018:39).

The cyclical interaction between the conscious and the unconscious is illustrated in Figure 2.2. Repression causes the conscious to become obscured and unconscious, and dream content causes the unconscious to resurface. This is due to the fact that dream symbols are primarily representations of one's mind that is beyond the control of one's consciousness, Jung (1964:53). Repression, according to Brown (1954:8), results from the tension between the reality and pleasure principles. The reality principle forbids man from pursuing the quest for peace and joy, but the pleasure principle supports this quest. As a result, the principles are at odds, and this leads to repression.

The aforementioned psychological ideas are significant in analysing characters' mental processes. In the novels, the unconscious cues influence the ailing characters because in some way they align to the sociocultural perceptions of the ailment the characters suffer from. Eze (2015:32) notes that Beystenher (2008) views psychoanalysis as the most effective method of obtaining knowledge of the mind. The study provides access to the suppressed unconscious of ailing characters in the selected novels. In certain cases, these exposed experiences serve as the foundation for the experiences depicted in creative writing.

The selected novels are analysed with the tenets of these theories - the supremacy of the unconscious, tripartite psyche, repression and dream symbols for psychoanalysis, and autonomy of texts and decentring of the centre for deconstruction - to accomplish the aim and objectives of the research.

2.3.3 The idea of psycho-deconstruction

The concept of psycho-deconstruction stems from the fusion of two pivotal theories central to this essay: deconstruction and psychoanalysis. In the domain of this essay, deconstruction enables the free rein of embracing multiple interpretations literarily. To highlight the unconscious aspects of the novels, the paradoxical metaphors, shifts and breaks of various kinds are distilled, as evidence of what is repressed in the novels. The paradoxical metaphors are identified with deconstruction, and the compass of psychoanalysis for exploring the human mind is used to investigate the effects of the paradoxical metaphors on characters. Within the framework of this essay, it is a psychological deconstruction.

2.4 Methodological framework

2.4.1 Via hermeneutics

In association with signs, “words hold the chief place,” however, since they seem to evaporate into thin air, without lasting long enough in human’s specification, humans created signs, letters to form words. “Thus, the sounds of the voice are made visible to the eye, not of course as sounds, but by means of certain signs” (St. Augustine in Romualdo Abulad 2007:14). In this sense, writing redeems speech. What we say is redeemed by what we write. The written is more authentic and more prone to better translation and interpretation. Consequently, the significant task is to deduce meaning.

Meaning foregrounds interpretation – “the act of uncovering the meaning of a text,” Domenic Marbaniang (2014::2), specifically, the interpretation of the reader or listener. As a deduction, this characterises hermeneutics – “the art of interpretation,” Abulad (2007:1). The reader’s attention is drawn to varying ways of perceiving reality. By figuring out unexpected associations the tropes reflect, the reader arrives at diverse meanings. It thus follows that, the selected novels in this study are critically analysed from the rhetorical-hermeneutic perspective. In studying metaphors – the foundational literary trope in this essay, Richard DJ Sheehan, (1999:48), pointed out perspectives such as: substitution, comparison, interaction and hermeneutics. Substitution, comparison and interaction are not relevant to this study because, meaning is the focus and not the interpreter. Richard and Sheehan posit that, there is an interaction between the speaker/text, the interpreter, and the setting where the rhetoric is used. By making hermeneutic assumptions, the interpreter attempts to connect the text's content with his or her personal experiences, and comes to a comprehension within the context of the conversation. It is noteworthy that by identifying metaphors in a text or speech, inventing meaning, and producing a narrative from the meaning, one engages in a cyclical hermeneutic process in which the text or speaker uses a metaphor to create a narrative. In turn, the interpreter, via hermeneutic guesses, distils the metaphor, generates meaning, and produces another narrative from his or her understanding of the text. (p.21).

Consequently, it stands to reason that hermeneutics stresses the relationship between interpretation and understanding. Therefore, the hermeneutic-interpretive design is used to critically analyse the selected novels.

2.4.2 Via existentialism

Existentialism seen by scholars as the “side-effect of the second World War,” is a philosophical and literary movement that had its peak between 1940s and 1950s (Philip Coulthard 2020, Stanford Encyclopaedia of Philosophy 2020, Nasrullah Mambrol 2016). While Søren Kierkegaard and Friedrich Nietzsche are the outriders of the movement, Jean-Paul Sartre, and his colleagues, Albert Camus, Simone de Beauvoir, and Maurice Merleau-Ponty, propagated the concept as a cultural movement, mid-twentieth century. Other notable philosophers who explored the idea include: the Germans: Martin Heidegger, Martin Buber and Karl Jaspers; the Russians: Nikolai Berdyaev and Lev Shestov; the French: Jean Wahl and Gabriel Marcel and the Spaniards: José Ortega y Gasset and Miguel de Unamuno.

Satre and Beauvoir propose that existentialism emphasizes the liberty of human existence as “the core of all human existence”, placing existence over the idea of essence, Jonathan Webber (2018:2). Noreen Khawaja points out that an existential mindset is hinged on personal authenticity (2016: 24). The Stanford Encyclopaedia of Philosophy avers that the twentieth and twenty-first century philosophical enquiry greatly impacts the fields of theology through philosophers like Paul Tillich Rudolf Bultmann. The philosophical enquiry also impacts psychology through philosophers like Otto Rank and Viktor Frankl. Viktor Frankl’s idea is within the ambit of this essay.

Viktor Frankl’s reflections on the meaning of life generated the concept of logotherapy, a remedial treatment to boost other therapies by focusing on the aspect of the meaning of existence of human beings. Melissa Madeson (2020:5) identifies three philosophical and psychological tenets that make up Frankl’s theory of logotherapy: will to meaning, meaning of life and freedom of will. Meaning of life prioritizes the search for a purpose in one's existence, whereas will to meaning emphasises the appreciation of the meaning of moments in every circumstance. It reflects humans as “capable of surpassing pleasure and supporting pain for a meaningful cause.” (3). The freedom of will “provides the client with room for autonomy in the face of somatic or psychological illness,” (3). In

the same vein, an individual has a guarded liberty to choose his or her response to any sort of circumstance. Yes, guarded, because “freedom in this context is defined as a space to shape one’s own life within limits of specific possibilities.” (3).

The idea of existentialism in this essay is simply to view how ailing and affected characters are able to find meaning in the challenges they experience. This would be against the backdrop of Frankl’s freedom of will which permits autonomy and the freedom to decide how to react in any situation. Frankl’s statement in his book, *Man’s Search for Meaning* (1959), buttresses this:

First to rescue comes a cold detached curiosity concerning one’s fate. Swiftly too come strategies to preserve the remnants of one’s life, though the chances of surviving are slight. Hunger, humiliation, fear, deep anger at injustice are rendered tolerable by closely guarded images of beloved persons, by religion, by a grim sense of humour and even by gloms of the healing beauties of nature – a tree or a sunset. But these moments of comfort do not establish will to live unless they help the prisoner make a larger sense out of his apparently senseless suffering. If there’s a purpose in life at all, there must be a purpose in suffering and in dying. But no man can tell another what this purpose is. Each must fine out for himself and must accept the responsibility that his answer prescribes. If he succeeds, he will continue to grow in spite of all indignities. The indignities suffered and the eventual victory at the end of them, account for the completeness or perceived roundness of an existentialist protagonist. (11).

Little wonder Frankl dotes on Nietzsche’s point of view, “he who has a ‘why’ to live can bear with any ‘how’.” Madson (2020:8). Worthy of note is the fact that it negates Freud’s primacy of the unconscious and pleasure principle (“According to existentialist the human is neither the slave of any unconscious desires ... but we as an individual being existing freely can give any meaning to our existence and is responsible for that meaning.” Namood-e-Sahar (2017:1)). As a result, in relation to the drivers of human behaviour, it is not used as a theory for analysis in this study but as a method against the backdrop of the already outlined theories. Also, since existentialism involves living and how humans live, it is predictable that existentialist thoughts can be found in literary works. Characters or individuals especially those affected by ailments, experience challenges in varying superfluity of contexts that could be both emotional and existential.

2.5 Chapter summary

The review of relevant literature emphasises the significance and justification of this study as it is pertinent to examine the mental process of ailing characters. This is with a view to identifying paradoxical metaphors (literary features) that could alter pharmacological and non-pharmacological treatment.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Chapter overview

An outline of the research methods used in the study is provided in this chapter. As a result, the goal of this chapter is to examine the study's setting, population and sampling procedure, design, methods of data collection, and data analysis.

3.1 Study setting

To identify and examine the impact of paradoxical metaphors on ailing characters, with the purpose of exploring sociological influences on the use of paradoxical metaphors to address medical experiences, focus has to be on physical illness-based novels. Additionally, the mental process of affected characters should be discernible from the novels to enable the deconstruction of paradoxical metaphors. Although the illness novels in Nigeria meet this criterion, illness novels from America are added to investigate societal influences on the use of paradoxical metaphors by ailing characters in their description of medical experiences. The study's setting, Nigeria and America, has been purposively selected based on the prevalence of the depiction of the mental process of ailing characters in their illness novels.

3.2 Research population and sampling procedure

Ten novels (five from each country) are purposively sampled for their in-depth representations of the mental process of ailing characters which are laden with paradoxical metaphors. The Nigerian novels are Jude Idada's *Boom Boom (BB)*, Promise Ogochukwu's *Sorrow's Joy (SJ)*, Samira Sanusi's *S is for Survivor (SIFS)*, Maryam Awaisu's *Burning Bright (BuB)* and Eric Omazu's *The Last Requiem (TLR)*. The American novels are Lisa Genova's *Every Note Played (ENP)*, Rachael Lippincott's *Five Feet Apart (FFA)*, Paul Kalanithi's *When Breath Becomes Air (WBBA)*, Patrick Ness' *A Monster Calls (AMC)* and Lisa Genova's *Still Alice (SA)*. The sampling is inclusive as it reflects both male and female affected characters

3.3 Research design

The study utilises the hermeneutic and existential interpretive design, while Jacques Derrida's Deconstruction and Sigmund Freud's Psychoanalytic theories serve as the descriptive framework. The theories enable the investigation of the mental process of the affected characters, hence, the distilling of the paradoxical metaphors and the analysis of their impact on the affected characters. In the bid to accomplish the objectives of the study, the study comprises six chapters. Chapter one states the motivation to the study and justifies the topic of the study with the highlighted sub-topics: background to the study, the statement of problem, aim and objectives of the study, research questions, significance and justification of the study. Chapter two entails a meta-critical study of articles such as: journal articles, books, online materials, relevant to the study. of this study reviews existing and important literary works central to the problem selected. It engages an eclectic mix of sources without veering off the purpose of the study. The research methodology is discussed in chapter three; the critical analysis of the selected novels is the subject of chapter four and five, while the summary, conclusion and recommendations are covered in chapter six.

3.4 Methods of data collection

For the purpose of gathering data, this study uses a descriptive qualitative data technique. Literary tools used in the collation and critical analysis of data from the selected novels are dialogue, monologue, setting, narrative voice, tone and mood. Table 3.1 answers the question of the paradoxical metaphors Nigerian and American ailing characters utilise in verbalising their medical situations. Table 3.2 delineates the effects of the identified paradoxical metaphors. Table 3.3 portrays how characters find meaning in suffering while table 3.4 depicts the influence of sociological backgrounds on characters' use of paradoxical metaphors in addressing their experience of the ailment that affects them. The three tables give the frequency of occurrence of paradoxical metaphors, comorbidities (by way of the impact), and identified sociocultural influences in all the novels.

3.5 Data analysis

Text-based qualitative data analysis was used. The materials on which the analysis was carried out are novels. This strategy is crucial due to the unique nature of the research. Within the ambit of the qualitative approach: content analysis highlights the frequency of paradoxically metaphoric expressions; the narrative approach reflects the patterns of narration for exploring the impact of paradoxical metaphors and how characters find meaning in suffering; discourse analysis permits the understanding of language use, and thematic analysis enables comprehension of the content and the comparability of the selected novels.

3.6 Chapter summary

This chapter provided an overview of the study's research design and methods. While the study is text-based and the setting is Nigerian and American, the hermeneutic and existential interpretive design is employed. Jacques Derrida's Deconstruction and Sigmund Freud's Psychoanalytic theories serve as the descriptive framework. The novels are examined via close reading and in-depth critical analysis. The methods allow the researcher to disentangle the complex nature of literary tropes (paradoxical metaphors) in the context of medical humanities.

CHAPTER FOUR

CLINICAL PARADOXICAL METAPHORS AND THE NEGOTIATION OF EXISTENCE IN SELECTED NIGERIAN NOVELS

4.0 Chapter overview

The critical analysis in this section reveals the unconscious parts of the novels by letting the novels deconstruct themselves. This reveals flickerings of meanings, and contradictions (paradoxical metaphors) intended to highlight the influence of both personally and socially created perceptions surrounding the experiences of ailing characters, in the selected novels. The perceptions are reflected in the characters' symptomological and mythological expressions, and the treatment of the disease that affects them. The unreliability and slipperiness of the paradoxically metaphoric perceptions will also be critically analysed.

The critical evaluation of the novels will follow this pattern: synopsis of the novel, identified paradoxical metaphors, classification and effects of paradoxical metaphors on affected characters, how affected characters struggle to survive in an existential context.

4.1 Navigating detrimental paradoxical metaphoric mental processes in Jude Idada's *Boom Boom*

4.1.1 Synopsis

The story could pass as a semi-fable because, the character mix is made up of humans, an animal (Kompa, the dog) and an element of the universe (the star). Set in Lagos, Nigeria, the thirteen-chapter story revolves around the closely-knit family of the Osagie's, consisting of the father called JJ, who is "thirty-three years old strong," mother Erese, "thirty years old frail." Osasumwen Ikpomwoma (Osaik) their first son "eight years old small," Eghosa Aignobamsimwin (Eghe Boom Boom or Boom Boom for short) their last child and daughter "five years old tiny," and Kompa the dog, "the Border Collie," (16). Kompa is also Osaik's closest friend. The dog and the star play an

important role in the development of the story as they are directly involved in conversations and activities in sustaining hope in the mind of the Osagie's who throughout the story battle with keeping Eghe Boom Boom free from the pains of Sickle Cell Anaemia. The story therefore, depicts a family's struggle to preserve the life of a member who suffers from sickle cell anaemia.

The peace and contentment in the family of the Osagie's are periodically upended by the crises from the sickle cell disease (SCD) Erese and Boom Boom suffer from. SCD is a "genetically determined disease," Emechebe, GO, Nnamdi Benson Onyire, Orji ML and Kingsley Achigbu (2017:2). "An autosomal recessive disorder caused by the inheritance of abnormal sickle haemoglobin (Hb) S or C from both parents," Agatha Nkiruka David et al (2018:2). It follows that it is inherited and it affects red blood cells causing severe painful episodes and other symptoms that are episodic. It could be triggered by cold, infection, dehydration or low oxygen levels. The symptoms could be: acute chest syndrome, episodes of pain, anaemia and infections. Besides the stem-cell transplant which factors in availability of appropriate donors and procedural side effects, "SCD cannot be cured, so lifelong treatment and monitoring are needed. There are a number of different treatments which help to prevent sickling episodes, or prevent related problems such as infection," Colin Tidy (2020:4).

The Osagie family soon gathers information and plan to fix Boom Boom for a bone marrow transplant since she is younger and is more likely to survive the treatment. While JJ and Boom Boom are on the trip away from home, for Boom Boom's confirmation of the transplant, Erese dies. On the night of her death, Osaik dreams of his mother as a star looking after him and when he awakes in the early hours of the morning, he discovers, as he puts it, that his mother has slept the forever sleep. From that time onwards, his mother becomes a star to the family. Osaik calls his father, who in pain, relays the information of his wife's death to Osaik's uncles and aunt. The uncles and aunt carry out the necessary procedures of taking Erese to the mortuary.

On their arrival JJ and Boom Boom find it hard to live in their home without Baby Girl. JJ, the father calls his wife Baby Girl and Boom Boom takes after that, meanwhile, Osaik, calls his mother, mummy. They stand together in love, not leaving out Kompa, the dog, who is also Osaik's brother and Boom Boom's new friend. Soon they begin the search for a suitable donor for Boom Boom, because Osaik's blood HLA type does not

match that of his sister. Demoralised they are in doubt of the fact that they might be able to find a donor. Meanwhile Boom Boom begins to experience more painful crises than she has ever experienced. At this juncture, Osaik, kompa and Boom Boom plead with the star, their mother, to find a matching donor for Boom Boom. Kompa, the dog, receives the answer from the star, and leads the family to Morenike, the matching donor.

Having found a matching donor, they try to solve their financial challenge by carrying out a fund raiser, with Kompa and Osaik performing in a Stadium near their house, Boom Boom collecting the money and JJ in his car keeping watch. About the second time they carry out the fundraiser, Boom Boom experiences a crisis, she gets rushed to the hospital where she remains in coma for days, the money from the fundraiser is lost and JJ is distraught. Meanwhile days after, Morenike dreams of Boom Boom pleading that she (Morenike) comes to her aid. To this end, Morenike and her mother visit Osaik, and with the help of Osaik's aunt they get to the hospital. Morenike taps Boom Boom informing her that she, Morenike, has come as Boom Boom wants. Few hours later, Boom Boom wakes up. When Morenike's mother realises that the Osagie's cannot afford the transplant hence, there is no way to financially compensate Morenike for the assistance she would provide in donating the bone marrow, she calls her husband out of compassion. Her husband calls his boss (her husband is a cook in New Face's compound) who in his philanthropic nature, offers to bear all the financial burden.

With the finances ready, Morenike and her mother, Boom Boom and her father, and JJ, all travel for the transplant. The transplant is successful and Boom Boom becomes a new kind of star, overcoming sickle cell anaemia and becoming popular in Lagos State. Morenike also becomes popular as the brave donor. And the Osagie family that prefers to be private, becomes popular as New Face took the situation to the media in order to raise funds and create awareness for the new treatment option of sickle cell anaemia – the bone marrow transplant.

As the Osagie family return to appreciate the star, their mother, Boom Boom makes one more plea asking their mother to find a new wife for their father, before she departs the sky and ascends to heaven. Boom Boom request specifically for a new wife who does not have the S genotype. The star winks in acceptance and approval of the request and they all bid the star farewell as it rises farther into the sky to heaven.

4.1.2 Identified clinical paradoxical metaphors in Jude Idada's *Boom Boom*

In *Boom Boom* and the entirety of the chosen novels, the metaphorical cliché of life as a battlefield resonates consistently across the narrative spectrum. Life and the mind reflect an intangible battle field, encapsulating varying war scenes to keep the goal or target – the body – alive. There is consistent fight for survival, not just from the vicissitudes of life but specifically from a challenging disease. In the battle portrayed in *Boom Boom*, the seemingly tangible soldiers are the cells, specifically the white blood cells armed with lymphocytes. Osagie's mother in *Boom Boom*, teaches Osagie, that, the cell, though the “smallest part of our bodies... and can be seen under a microscope,” is “like a workshop,” (17) complete with machines and benches. When Osagie could not imagine the picture, she relates the cell to the kitchen in their home where all her friends engage as a group, to accomplish specific tasks like washing, pounding, among others, towards the success of making sumptuous meals for a party. Each group of cell carries out specific assignments, (one of which is to fight against viruses, bacteria and other foreign invaders that threaten human health), to keep the body functional. The body becomes less functional as each team-cell, especially the white blood cells, declines in its duties. The more they fail, the more the human body weakens giving way for diseases and illnesses, and if the cell function is not restored, the body weakens much more that, one day it dies, (19).

However, Osiak's mother's case is different. It is not the situation where a team cell becomes less functional or the soldier white blood cells lose their ability to function, it is rather that, one of the team cells in her body called, “the red blood cells are not flexible but rigid, and they are shaped like sickles or the crescent moons that hang high in the sky, because of this they get stuck in the small blood vessels in” her “body, which slows down or blocks the blood flow, which in turn reduces the amount of oxygen” her “body gets.” (24). But that is not the only problem, as Osaik's mother explains to him, “there is also the incredible pain that comes with it, ... a horrible kind of pain that spreads all over,” her “body, particularly,” her “joints, ... spleen and even ... entire bones,” (25) making her scream out in anguish – exactly what she means when she says she is in crisis. Osaik understands this, and in his narration notes,

... my mum and my sister were both born with a dangerous illness. *It attacked my mum frequently...* (12). *Emphasis mine.*

Osaik's explanation and that of his mother's, reflect one of the irregularities in the novel, unveiling disunities, flickerings of meanings, and contradictions (paradoxes) in the novel. His mother says her red blood cells are sickled, he says that an illness attacks his mother and both agree that she was born with a dangerous illness. From the highlighted statement for analysis, it is metaphoric that there is an assault from an external source or a sudden dysfunction or disorder. The contradiction arises with the mother's explanation as there is no sudden attack from an external source, she is rather born with the kind of cells she has. This begs the question because one wonders if she fights herself? Instead of being an attack from an external source, should it not rather be a case of management with the kind of cells she is born with or entirely relieving her of the cells in exchange for a new one? This notion of being attacked weighs Osaik down terribly as he begins to feel he is powerless,

I would stay in my room and cry when she cried because I knew I couldn't stop the pain and *it made me realise how powerless I was: a superhero without any powers.* (12).
Emphasis mine.

His statements reveal him as a metaphoric superhero, wallowing in thoughts that make him feel he is utterly weak, incapacitated and seemingly paralysed at all fronts. Besides the fact that, all humans are heroes (most of whom have no capes) to survive the harsh realities of the world, superheroes to put it simply, are characters with exceptional abilities. Jonathan Scott (2021:2) notes that the powers/abilities could be: supreme, in terms of skill, technology or wit, super-speed, magic or spells, unbridled strength and endurance, or shapeshifters. Most of these forms are supernatural. Natural forms are related to skill set, use of technology or wit and the use of these are superhuman in the parlance of the escapades of superheroes. Paradoxically, what supernatural or natural powers does Osaik have at his age? Can superheroes be out-rightly clueless in their area of strength? If they can, then it means their super powers failed them. What super powers failed Osaik?

Arguably, the emphasis of the essence of life and its beauty, in the novel, creates an unstable opposition between life and death because the novel undermines its own awareness that death appears to be preferred, a place where there is no more pain but happiness. Kompa underlines this idea while consoling Osaik, as Osaik finds out that his mother has been dead beside him, her hand heavy and cold on his forehead. While

Osaik moans, Kompa does the same too, stating in between moans, “Please don’t cry. She has just left her body and gone to a place where there is no more pain. She is happy.” Death is metaphorically described as happiness in Kompa’s statement. This suggests that Osaik’s mother is happy as she is exempt from the miseries of life. Osaik’s dream before he wakes up to his mother’s dead body also reiterates this. He dreams about fairies with colourful, transparent and fiery wings, soaring high up in the starry sky. The scene looking like various colours of fireworks.

As the fairies fly, zigzagging around a bright light that is rising higher towards other stars in the sky, they make flute-like sounds with low deep drum-like rhythm. He feels happy about this scenario. This bright light races at breakneck speed and he feels that there is something familiar about it. The bright light at that moment brings his mother to his memory. He finds himself feeling strongly that the bright light is his mother and he calls out to her asking her to wait for him. As the light waits for him, he feels all his worries disappear and a sweet happiness overwhelms him. In his words,

I felt like there was nothing to fear in the whole wide world and that my mum would always look after me. ...I heard my mum’s voice in my mind and felt her presence right in my heart. “I am up here in the skies looking down at you always. Whenever you need me...” ... (37).

And his mother goes on to explain to him the new way they will continue their communication, she as a star and he as a human. In addition, during his mother’s burial, after each member of the immediate family had picked up handfuls of sand and thrown into the grave, Osaik looks caringly at Boom Boom, taking her hand in his, to know how she is doing, and Boom Boom smiles at him saying, “Baby girl is happy now.” (59). Note, Osaik and Boom Boom’s parents call themselves Baby boy and Baby girl. Though Osaik grew to call them Daddy and Mummy, Boom Boom calls them Baby Boy and Baby girl, so, Baby girl in her statement refers to her mother. Her statement additionally suggests that death seems to be preferred as life seems to be full of pain. When Osaik questions Boom Boom to find out how she came about such statement, she says that their mother came to her room and told her. (60). Paradoxically, if death is happiness and contentment, why do they strive to keep Eghe Boom Boom who also suffers from the same disease alive? Why do all the characters not find peace with death? Why do they struggle to stay alive?

With the consistent search for unification of meaning in the novel, apart from the binary opposite of death and life, dreams and reality, there is also, the private and sociable. The Osaiks seem to be very quiet in nature and do not reveal their problems to other people. Osaik's narration confirms this,

the truth was that my mum and my dad always kept whatever happened in the house inside the house. They were very private people. My mum would often say to me, "Be cautious of what you tell people and hide your secrets behind your smiles so that people would not know how to easily predict you and have what to use against you." (43).

Though this insinuates fear of what people might do with the information one gives them about oneself, an unstable pendulum is formed as the statement debilitates the novel's idea that the private life is preferred. It seems to say that this sort of life will make one unpredictable and save one from the vices of people's tongues. Yet for Boom Boom to live, a lot of socialisation is involved ranging from meeting with New Face, and Morenike's family, and getting a donor, to the street stage display with Kompa to generate funds for Boom Boom's operation. The question then is, what if Osaik had called for help the night his mother died after her crisis? In his words, "I remembered telling my mum that I could call Dauda to help her as she moaned in pain and all she did was shake her head. I wondered why she didn't want him to help her or why she didn't call someone else to take her to the hospital that night." (43).

Consequently, Osaik's mother dies. But prior to her death the family had a discussion on how Eghe Boom Boom who also suffers from sickle cell anaemia would be flown out of Nigeria for a bone marrow transplant. It is while JJ the father and Boom Boom were away on the trip to check if Boom Boom is qualified for the transplant that the mother dies. After her death and the Doctors report that Boom Boom is qualified, the challenge becomes finding a matching donor as Osaik's cells do not match his sisters. At this point, readers of the novel see the star, the element of the universe and the animal, the dog as relevant and vital components of the story. Osaik finds the star and is able to convince Boom Boom and his father, with proofs, that the star is their mother and wife respectively. Osaik already sees the dog, Kompa as his brother and he is able to convince Boom Boom to be friendly to Kompa. The star aids in the revelation of an available donor while Kompa leads the family to the donor, Morenike.

Morenike's family accepts the request from the Osagies, to let their daughter, Morenike donate her bone marrow in order to give Boom Boom a healthier life. The next hurdle is then, finding the funds for the transplant and the funds to pay the donors. In working towards raising money, Kompa comes up with an idea which the family agrees with. They plan to stage a show in a stadium near their compound. Kompa and Osaik are to do some tricks. Osaik in the process encourages viewers to donate to his sister's surgery. Boom Boom sits in a corner with a table and a jar for collecting the money while their father is in his car at a park watching over them.

After one of the outings the children want to know how much they had gathered and especially how much is left from the bulk of the money. They ask their father who responds, "sometimes if you think about all that is left for you to get, you will get discouraged and stop trying to get what you can, so let's just keep trying to raise more money, and when we get enough money, we will stop. Is that okay?" (179). But they do not understand him. They do not understand how one can run a race if one does not know where the end is. Their father tries to convince them and they accept to keep raising funds without bothering about how much money is left. So, they get ready for another Saturday and on that day, while Kompa and Osaik play the game of freeze, Boom Boom experiences a crisis. Their father rushes her to the hospital, she goes into coma, and the doctor says she suffered a sequestration crisis and a massive stroke. Their father, JJ, listens silently to the doctor's diagnosis and then says,

I shouldn't have taken them to that field, ... *It is my fault.*
The stress was too much. She was under the sun. She was
concerned about the money for the transplant. *I should have*
protected her from all that. (189). *Emphasis mine.*

Metaphorically, his statement implies that he is not living up to his responsibilities as a father and he is incapable of protecting his children. It also suggests he is financially incompetent as he should have been able to provide enough funds for their needs and avoid involving his children in fund-raising. The contradiction lies in the fact that the children brought up this idea and were ever willing to do it and as the doctor said, "these things can come up suddenly. She could have suffered the same thing, if you kept her locked away in her room." (189).

4.1.3 Classification of identified clinical paradoxical metaphors in Jude Idada's *Boom Boom*

The classification of the identified clinical paradoxical metaphors is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity:

- "It made me realise how powerless I was, a superhero without any powers." (12)
- "It was my fault... I should have protected her from all that." (181)

Paradoxical metaphors of pain:

- "It was my fault... I should have protected her from all that." (181)

Paradoxical metaphors of survival:

- "It attacked my mum frequently." (12)

Paradoxical metaphors of death:

- "She has just left her body and gone to a place where there is no more pain. She is happy." (36)
- "I am up here in the sky looking down at you always." (37)
- "Baby girl is happy now." (59)

4.1.4 Psychological effects of clinical paradoxical metaphors on patient relations in Jude Idada's *Boom Boom*

The narration is given by Osaik, the human son of the Osagie family. He is affected by the circumstances of the ailing characters: Erese, the mother of the children and Boom Boom, the daughter. Although Erese and Boom Boom do not speak much, their voices can be heard in Osaik's narration. Hence, most of the paradoxically metaphoric thoughts

highlighted are those of Osaik and his father. The psychological effects of the identified clinical paradoxical metaphors are discussed below:

Depression and guilt complex

Osaik and his father, in *Boom Boom*, are burdened by the clinical paradoxical metaphors they hold on to, which weaken their self-esteem and personalities and cause them to experience depression and guilt complex. Regardless of his tender age of eight, Osaik isolates himself in his room, constantly crying, because he feels he is a useless or helpless superhero. He forgets that he helps when he could by giving moral support, time and assistance in his capacity whenever he is needed to. JJ, the father on the other hand feeling he is incompetent as a father gets his former robust personality punctured, as he becomes guilt-trapped.

At some point, Osaik understands the power of thoughts and how they generate fear. He recalls how his father states that their fears (the fears of JJ and his wife, Erese) hemmed in thoughts came to pass when they conceived again (after giving birth to Osaik with an AA genotype) and gave birth to Boom Boom with the SC genotype. As a result Osaik discovers a strategy to overcome the derailing thoughts. He is grateful he is able to overcome his fears as he notes, “These words,” (the words from the doctor highlighted below)

What you don't want is for Boom Boom's body to reject the cells taken from the donor. That can really be bad and can happen at any time after the transplant has been done. That is why we insist that the patient stay back for at least three months after the transplant so we can monitor their progress while we administer the drugs that will make the body have a better chance of accepting the donor's cells. The truth is that death is a high possibility if these things are not managed well. (200).

“lingered in my mind and weighed on my heart, and no matter how I tried to shake it free, it didn't,” (200). He tries to ease himself from the hold of the thoughts but the thoughts defy his attempts burdening his emotions. Then, he discovers a strategy that helps him,

So, I allowed it (the words) wash over me and it grew and grew and grew until it had nowhere else to grow other than to completely disappear. It was a weird way of resolving the

issue of fear, a strategy I had stumbled upon by chance, but as long as it worked, then nothing else mattered. (200). Emphasis mine.

Since Osaik, at this point, understands the consequences of mental obsessions, he cautions his sister while they depart for the procedure. At the time, Boom Boom in bidding him farewell hugs him and whispers in his ears, "...please don't be afraid, nothing bad is going to happen to me. But if anything happens to me, don't be sad and don't cry. I will be up in the sky with Mum looking after you, Daddy and Kompa." Osaik gets sad at the latter statement and with tears in his eyes replies,

Please, don't speak like that Boom Boom. Nothing bad will happen to you. ... Remember what Mum used to say about saying only positive things so that only positive things happen to you because what you say is what you attract. ... She called it self-fulfilling prophecy. So, say that nothing will happen to you and that you will come back to me without any of that sickle cell anaemia in you. (201).

Of course, Boom Boom accepts, remakes her statement, and when she returns, Osaik exclaims,

Eghe Boom Boom became a star too. But unlike my mum who winked at me from the night sky, Boom Boom's smile shone brightly when her eyes made contact with me. It was a happy smile. A new kind of smile. A healthy smile. *Eghe Boom Boom had lived up to her words and come back home alive.* (203). Emphasis mine.

In the above excerpt, Osaik reflects on Boom Boom's transformation into a star, drawing a comparison with their mother (symbolically represented in the night sky). Unlike their mother who they believe is now in heaven as a star and watches over them, Boom Boom is alive and victorious as she has conquered the disease that had been tormenting them. Boom Boom's smile radiates upon making eye contact with Osaik, portraying a joyful, new and healthy demeanour. The emphasis of living up to her words and returning home alive justifies the significance of this research in assessing the words ailing characters hold on to. It also implies that Boom Boom has overcome the challenge and fulfilled her promise of coming back to Osaik, signifying her resilience. Osaik also displays a sense of pride and relief.

4.1.5 How ailing characters struggle to survive in an existential context in Jude Idada's *Boom Boom*

JJ Osagie's wife and daughter suffer from sickle cell anaemia. His wife dies and he is laden with guilt. explains to Osaik his son that his mother never wanted him to marry her as a result of their genotype. "She told me not to marry her but I didn't listen. ... She begged me. But I loved her too much to let her go." (95). JJ marries Erese because he loves her and is convinced that their offspring will not carry the SS gene. The oldest child, Osaik has the AA gene. Against their doctor's advice, they deliver the second child, Eghe Boom Boom with the SC genotype. Consequently, they find meaning in suffering by perceiving their experience as a season of discovery. This is stipulated below:

Learning from mistakes

Individually, JJ, in *Boom Boom*, realises that mistakes are essential aspects of transition in one's life, "And hopefully other AS genotype carriers will hear the story of my daughter Boom Boom and my late wife, and stay clear of repeating the mistake my wife and I had made..." (221). He realises that he should examine and analyse his mistakes in order to learn from them rather than letting guilt consume him. This is why on their return after the successful surgery, he speaks to the crowd at the airport emphasising that lovers with the AS genotype should rather become friends and not go into marriage. And if they do get married, they should take further precautions to prevent having more children who are born with the SS gene, or they should forgo having children altogether.

Individual vs. communal life style

The Osagie's prefer a private life, but in their suffering, they understand the need for a communal life style, the need for relating with those outside their family as no man is an island. They ask for help in search of a donor for Eghe Boom Boom's bone marrow transplant. They also go as far as organising a fund raiser for Eghe Boom Boom's surgery since JJ seems to have no other means of generating funds. Towards the end of the story, the Osagies become very popular in their community as depicted in the excerpt below:

In the weeks that followed, the newspapers spoke about
Eghe Boom Boom. The people on the radio spoke about

her, the people on television spoke about her too... Somehow Boom Boom was on everybody's lips. And people also spoke about Morenike, who some called, 'the other brave little girl,' and others, 'Atasweswe, the donor.' (215-216).

The popularity of the Osagies came through: the success of Boom Boom's surgery, interviews carried out by press men to educate viewers and readers on the prevention and management of the sickle cell anaemia, and activities of fundraising for the Sickle Cell Foundation, "New Face... brought all his powerful friends together in a big fundraiser... to donate to the Sickle Cell Foundation..." 204.

Strategic overcoming

Osaik, in *Boom Boom*, discovers a strategy to check his fearful mental processes, "It was a weird way of resolving the issue of fear, a strategy I had stumbled upon by chance, but as long as it worked, then nothing else mattered. (200). He in turn encourages Boom Boom to stay with positivity. As a result, to Osaik's words of encouragement, "...so say that nothing will happen to you and that you will come back to me without any of that sickle cell anaemia in you." (201), Boom Boom replies, "Okay, Osaik, nothing bad will happen to me during the transplant and I will come back totally cured." (201). And she does come back totally cured.

4.2 Weaving the looms of paradoxically metaphoric thoughts in Ogochukwu Promise's *Sorrow's Joy*

4.2.1 Synopsis

In Promise Ogochukwu's *Sorrow's Joy: a passage through cancer*, the protagonist Sefi Nodi, who suffers from cervical cancer. With cancer, the cells of the human body divide and multiply uncontrollably, spreading through connected tissues, but they do not grow into typical cell types with specific functions like normal cells. Cancer is a "genetic disease... caused by changes to genes that control the way cells function, especially how they grow and divide," National Cancer Institute (2015:3). Symptoms depend on the part of the body affected but generally, there could be: lumps under the skin, fatigue, changes in weight, fevers or night sweats that are persistent or unexplainable. There are varying types named based on the organ or tissue where it is formed, for instance, sarcoma forms in bones and soft tissues; leukaemia starts in the blood forming tissue of the bone marrow, while lymphoma forms in the lymphocytes, National Cancer Institute (2015:6). Though it is life-threatening, survival rates are increasing as a result of consistent technological developments in cancer screening and treatments, Mayo Clinic Staff (2021:4).

Sefi is married to Kosi Nodi and both have the twin Kinky and Kelo, as their children. The novel begins with Sefi's doctor explaining her diagnosis to her. They agree to wait till her husband's return from his trip before they decide on an action. On his return the processes of treatment begin and the narrator, Sefi takes the reader through her psychological, and physical journey throughout the treatment. She also relays the background of her biological family - her mother, hurt by poverty, suddenly begins to taste wealth, gets diagnosed with cervical cancer and dies of the disease (though it was seen as retributive). Before her mother even starts to enjoy affluence, her father leaves the family, and they subsequently learn that he is in the UK offering sex services. Afterwards, her brother joins their father to assist him. Apart from her mother, no one else in their generation was found to have the condition, and she did not engage in any of the wrongdoings her mother was accused of. Thus, she begins to wonder how she got the illness.

Sefi's doctors support her fully in their fight to destroy the metastasising cancer cells. They also encourage her to keep a positive mind-set as there is nothing worse than

approaching an illness with a defeatist mind-set. She also has her husband by her side fully, and her children too. Her mother's sister, her aunt, Aunt Bena, comes in with help from a traditionalist. As she strives to keep an optimistic outlook, she discovers her sorrow's joy by helping accident victims. Ironically, the suffering of the victims begins to drain her emotional reserves and she is advised to quit rendering her services. Her doctors and loved ones strive to keep her alive as the cancer progresses.

4.2.2 Identified clinical paradoxical metaphors in Promise Ogochukwu's *Sorrow's Joy*

In *Sorrow's Joy*, Sefi experiences severe shock arising from a cancer diagnosis that deeply demoralises her, "I look out the window and all I see is the micrograph the oncologist showed me, bearing the heinous odenosquamous carcinoma lodged in my cervix," (3). And when the doctor explains the diagnosis, "... the flattened epithelial cells that line your cervix have been affected by a near malignant neoplasm. We need to do a local excision." (8), she is dumbfounded, as she states, "I mope." (8).

With Sefi's diagnosis, her mind gets flooded with thoughts and her thoughts become words. Notably, the human mind seems never to be free of thoughts. Thoughts of the past, future or present. Thoughts mostly guided by one's current circumstances. Sefi's thoughts become words. At first, they are words that emphasize the recurring motif of the fight to stay alive, giving the novel an ambience of a war scene, "I am an adult female that must engage in an iron-vested war," (151). Her mother Sisi Sigi also fought almost the same war. But even before the diagnosis of their illness, both of them were taking precautions against the vicissitudes of life. As Sefi puts it,

... it was my mother who kept telling me to always be ready for the unexpected as guards are. Just like sea waves could lash out at anything at its vivacious moments, drawing it in, swallowing it even, life's vicissitudes could come after anyone, drag them about and try to hold them down, (1-2).

And so, like guards Sefi and her mother take precautions, not wanting anything to tamper with the life they cherish and try to secure. They avoid alcohol, bread with bromate, smoking, excessive drinking, sleeping with more than one partner, (3). She further narrates,

My mother was a good guard, protecting her body with all her might, up to a point. Yes, up to a point. ... Sleeping with more than one partner was a taboo - a lie she kept up with as we found out, or as she put it, she had to do what would keep us going in a world that spurned failure. But everything she kept and watched over fell away. I am my mother's daughter, guarding everything as she guarded them. I tell my children all she told me and more. ... Maybe, just maybe, by being prepared, the guard might save a life or two, including his own, which counts (3).

It is assumed from Sefi's words that the love for life does not just end with one generation, it transcends from generation to generation, hence, the battle to keep living. And each generation tries to outlive the other. Sefi, her mother, her children and seemingly every character around them are guards, guarding their body from 'life's vicissitudes.' The body here, is seen metaphorically as a building guarded from waves (illness of any kind) by the owner of the body. When Dr. Idigo tells her that the illness, cancer, is not much of a big deal, she replies in grimace, "it's not, even when terror has become a tenant of a very private part of my body?" (159). The body is also seen as a building here, harbouring cancer, a dreadful tenant, and a source of horror and intense panic.

Paradoxically, the healthy living Sefi and her mother seek, pulls them down. They exert considerable effort towards a health objective but they fall short of attaining it. However, other individuals in the novel who appear indifferent to their well-being seemingly accomplish the same goal. All her mother put in for a healthy long life and prosperity, are brought to naught. However, one can argue that the mother lost it and betrayed herself because, she did not keep her principles till the end. She sold semen, implying that she had sexual relations with multiple men, as explained in the line, "a lie she kept up with as we found out." (3). Regardless of this, Sefi who keeps to her mother's precepts without failing, suffers the same "heinous oedoesquamous carcinoma," that took her mother's life. It lodges in her cervix making her suffer from cervical cancer. The novel does not state that Sefi failed in her pursuit for healthy living. It rather confirms from Sefi's statements that she even added carrying out pap smears to her health routine after her mother's death and she does not engage multiple sexual partners. However, there is a slip in language of the novel, that Sefi claims she is her mother's daughter, "I am my mother's daughter, guarding everything as she (her mother) guarded them," (3). The statement, guarding everything, as her mother did, provides room for

the argument if she did as her mother did, then, she must have also done some things that are questionable like her mother did.

The diagnosis of cervical cancer which Sefi receives from her doctor does not stop her from fighting to stay healthy. She engages the help of oncologist(s) and asserts, "I want him (the doctor right before her, Dr. Ibrahim Watega) to get involved in my battles, to hit what is hitting me, to punch life out of it," (9). And her doctor, in turn assures her, "we don't like the disease either, that's why we hit hard at them. They shouldn't be allowed to bug lovely people like you," (10). Responding to her doctor's quest, regarding her readiness for the tests to be conducted, Sefi rather declares that she wants to live – "We shall be conducting further tests today. I hope you feel up to it?" the doctor asks and Sefi replies, "I want to live, doctor," (95). This shows how much the novel upholds life. Though the novel seems to criticize death, Sefi, in time, becomes at peace with death when she states, "if I could say goodbye now, I would do so with a smile," (387).

Though Sefi fights to stay healthy, she tends to feel that she has been subdued by cancer. She believes to some extent that cancer has more power and authority than not just anyone else around her but also herself. When her doctors tell her that metastasis has taken place, she remarks that she is aware of the failure of the medications and the fact that they keep contending against the "almighty it," with hopes of success (380). At that point, Sefi views cancer as the "almighty it," emanating total dominance, authority, and significance. Considering her grave and the reasons why those who love her would only be with her until her grave is within reach. She laments, wondering why she has to be the one that would lie in an engraved box, in a grave with the tears of people trickling down to the soil which she feels she would become. She finds it difficult to decipher why the ailment chose her, thinking that having killed her mother, it would spare the only daughter of her mother (27).

It is demonstrated that cancer, as Sefi characterizes it, can take or spare life, supporting the novel's notion that cancer is synonymous with death. According to Sefi, cancer has the power to decide who it kills and who it does not kill. It has the power to decide which parts of a person to take or spare. This is supported by the fact that Sefi's mother, Sisi Sigi, appears to her daughter in the hospital. And in the conversation that followed between her and her mother (dead), Sisi Sigi informs her daughter that, cervical cancer

is one of those anomalies of life that hugs on anyone it chooses (86). Paradoxically, if cancer is the same as death and can both give and take life, can death also offer life? So, the notion that cancer is the almighty it, and an aberration of life that hugs on whoever it chooses, is paradoxically metaphoric.

As Sefi goes on to express her thoughts, she sees cancer as a guest, a visitor waiting at the door, skulking by the window sill, clueless, nameless, faceless, hence, unidentified but determined to block her path. She feels that there is nowhere to run from what she does not want, especially when it pursues her with such merciless evasion that defies tact. Thus, she believes that her husband will fight for her since he is a man who is capable of defending his wife (4). The word, guest, has the same root as host, and in Latin, the root word is *hostis* which means enemy, exuding hostility. This hints the dual meaning of the word, guest. A guest could either be welcome or unwelcome or both in varying situations. In this case, the guest, cancer is unwelcome as it is hostile. This notion of hostility is the repressed unconscious of the word. This guest, cancer, lurks – waits in a secret place in order to do something harmful, to ravage the immune systems of the body, *the building*. *The door and windowsill* are orifices in the body where the guest – the illness, comes through to ravage the body, overpower the body and make the body a depiction of nothing less than sorrow.

In the novel, *Sorrow's Joy*, the guest is described as faceless, nameless and clueless, without an identity and purpose, yet it is determined to hinder an individual's life. This seems contradictory because the fact that it is obstructive signifies a purpose to hinder, and as such, there is no cluelessness. The novel describes the guest, cancer, as also nameless and faceless, that is, lacking identity. However, from the novel, the guest cancer bears the identity the characters give. The characters give the illness a face and meaning. For instance, the illness, cancer is staged. Dr. Watega informs Kosi, Sefi's husband, that, "... the result of the biopsy we carried out on your wife indicates that she had stage 1B2 cancer," (181). Notably, the guest, cancer has a name, but the characters dread calling the name as the name seems to send shudders down the spine of hearers. Sefi notes that, "it is ... something even the doctor hesitated to call by its name, perhaps because its name is too ugly to recall," (4).

Cervical cancer is also viewed as the society's nemesis or curse for those who violate sexual mores. Sefi, in her distress, recalls all the derogatory statements made about her

mother when she was still alive, battling with the same illness. And she relates this to her husband, Kosi,

you remember what they said about my mother when she had this! *All the snide, impish remarks about nemesis catching up with her, invading what she had used as cocaine channel*, (209). *Emphasis mine.*

In addition, when Auntie Bena visits and hears of Sefi's illness she laments,

... by the time I return in a fortnight, you shall have been feeling better and maybe you can go with me to put an end to this rubbish. How can it be said that our family is now cancer ridden? Anyone who wants to come to us for marital relationship for instance, will be directed elsewhere. Ah, no, if it is a curse, we have to break it! If someone did a charm for us, we shall render it ineffective, (237).

Consequently, Auntie Bena decides to do all in her power to stop this curse she confirms after meeting Igorogiri. Thus, she states,

I consulted him when Sisi Sigi was critically ill. He told me to bring her, that all the semen she collected and sold, all the ruins she orchestrated had converged to work against her. He told me she would die if she didn't come. He needed her to be cleansed so that the conspiracy and the wrath of the men she destroyed would not be a curse to her generation. He said if she did not come, what killed her would kill her daughter and daughter's daughter and so on, (247).

This implies that the nemesis that befell Sisi Sigi has become a curse for Sisi Sigi's generation. Additionally, Sefi seems to believe that her ailment is the result of a curse from her classmate, Andrew Jnr. Emodi, in primary school. She denies him of sex and so he curses her, stating that she would die of the worst type of disease, either AIDS or cancer, but it must be a terminal disease (185). Additionally, auntie Bena further affirms that, cancer is not a disease that comes by itself, something must have triggered or invited it (237).

In a sense, Sefi sees the medical situation as the retributive force that catches up with Sisi Sigi's immorality. She is believed to have been avenged for having multiple sexual partners, for using her cervix to transport cocaine, and for collecting semen for dubious purposes. Sefi states this in her discussion with Kosi, "you remember what they said about my mother when she had this! All the snide, impish remarks about nemesis catching up with her, invading what she had used as cocaine channel," (209). And Auntie

Bena confirms this, stating, “but she pushed drugs! That’s a fact even you stumbled on just before she retired from that. You know, nemesis catches up with people sooner than you can imagine,” (246). Referring to Auntie Bena’s statement from Igorogiri, as highlighted above, “He needed her to be cleansed so that the conspiracy and the wrath of the men she destroyed would not be a curse to her generation. He said if she did not come, what killed her would kill her daughter and daughter’s daughter and so on,” (247), Sefi declares that it is a cruel fallacy. Yet, she in assurance, tells Auntie Bena, “Auntie, this is an ugly one, yes. But it is not only our family it afflicts. As a matter of fact, it can also be hereditary. I must have inherited it from my mother,” (237). One wonders then, the difference between her statement and that of Igorogiri. Then, Auntie Bena asks, “... who did your mother inherit it from?” (237). The contention here lies in Sefi’s ideology. She believes the statement of her scientific doctors that the disease could be hereditary, yet she tries so hard not to believe Auntie Bena’s native doctor. She forgets that if the disease is hereditary, it implies that she got it from her mother, who got it from her mother’s mother (which seems false from Auntie Bena’s question) and her daughter and all in her lineage are bound to get it. And this, is also same with Aunt Bena’s assertion from Igorogiri. One begins to wonder if a hereditary impairment is a curse.

The antinomy lies in the inference that if cancer is nemesis, then Sefi is also being punished. But for what wrong? Sefi asserts to her spouse Kosi, that she did not engage in any of her mother’s improper social behaviour, “you must know that I do not know why this is happening,” (209). She might have committed other offenses which she is being penalised for. Also, this suggests that Dr. Watega, who suffered from lung cancer but has now received the all-clear diagnosis, was also being penalised for certain wrongdoings. But why are Eddy, Kadiri, Ayo, and Rhoda not held accountable? They live their lives basking in unrestrained sexual pleasure. The idea that cancer is a curse or a nemesis is paradoxically metaphoric.

Cancer is viewed paradoxically-metaphorically, as a parasite, as reflected in Sefi’s statement,

again, I wonder where I am headed, as this truculent leach tugs at me. It promises to take up whatever challenge I give it, (152). Emphasis mine.

This illustrates how disgusting cancer is. She views it as a dangerous, obstinate parasite that resists all attempts to remove it from her body. The parasite remains in her body,

relying on and stealing her own resources. The cells of her body, here, are consequently in intense danger. The paradox lies in the premise that for reproductive adaptation, most parasites produce egg, sperm or cyst. If cancer is a parasite, does cancer produce any substance or egg, sperm or cyst that entails some sort of metamorphosis? In addition, sex which is meant to be pleasant and life giving, yields pain.

You know the disease I have is believed to be sexually transmitted. (208).

With this statement, one is left to question how she contracted the disease given that she has remained devoted to her husband. And the semen which is also meant to give life becomes destructive, a killer, as it becomes a risk for Sefi "...semen appears to increase the risk of precancerous changes. There is a strong likelihood that the prostaglandin in semen may fuel the growth of cervical and uterine tumours," (183). As a result, Sefi wonders, "what depraved condition is that, which would not allow a woman have a taste of her own beloved husband's semen," (184).

In Sefi's daughter's dream, cancer is further portrayed as both an enemy and a punishment. Kinky is troubled by a dream in which Robo Cop picks up and throws down her mother while their father is away. There is nothing her children, Kinky and Kelo, could do to stop Robo Cop as he continues to walk all over her and crush her. This is the first dream. In the second, she sees her mother in the ring with Dick Tiger, and it is presumed that her mother lost as well, because Kinky stops short of finishing her story due to the anxiety it would bring. The conflict that Sefi is currently engaged in is shown in these dreams (79). Although she tells her children to do away with the dreams, (80), she attests to the notion that the dreams mirror her current ailing condition (81).

It may be argued that Dick Tiger represents cancer as a foe or adversary. Furthermore, the claim that Robo Cop was cancer ingeminates her belief that cancer is a punishment. Robo Cop is a robot police officer created for crime prevention. It appeared in the 1987 American cyberpunk action film. Since the film character, Robo Cop attacks only criminals, and it came for her, then she has committed an offence. Robo Cop's determination to crush her suggests that the crime she committed is serious. This strengthens her belief that the illness is a punishment for something she did wrong. But then, paradoxically, the question still remains, what is the punishment for?

4.2.3 Classification of identified clinical paradoxical metaphors in Promise Ogochukwu's *Sorrow's Joy*

The classification of the identified clinical paradoxical metaphors is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity:

- "... keep fighting the almighty it, hoping for the best." (380)
- "Cervical cancer is one of those aberrations of life which hugs anyone they choose." (86)
- "...a guest standing at the door, lurking by the window sill, fearless, nameless, clueless, yet determined to stand in my way..." (4)
- "it is not a disease that comes on its own" (237)

Paradoxical metaphors of pain:

- "...this truculent leach tugs at me..." (152)
- "... I am wrestling with something more lethal than Dracula, Dick Tiger, and Mike Tyson put together... Robo Cop which has come in the form of cancer is about to crush me." (81)

Paradoxical metaphors of survival:

- "...nemesis catching up with her, invading what she had used as a cocaine channel" (209)
- "...if it is a curse, we have to break it..." (237)
- "... I am wrestling with something more lethal than Dracula, Dick Tiger, and Mike Tyson put together... Robo Cop which has come in the form of cancer is about to crush me." (81)

Paradoxical metaphors of death:

- "...may you die of the worst kind of disease, AIDS, no cancer... she will die of a terminal disease..." (185)

- “If she did not come, what killed her will kill her daughter and daughter’s daughter and so on...” (247)

4.2.4 Psychological effects of clinical paradoxical metaphors on ailing characters in Promise Ogochukwu’s *Sorrow’s Joy*

Notably, all affected characters in the selected novels seek within themselves, creating and recreating concepts, in relation to their ailing experiences. In *Sorrow’s Joy*, Sefi maintains an internal dialogue and frequently wonders why she suffers from cancer. Hence, she affirms that she keeps reaching within her being, in search of a company of an old friend she does not recognize. She points out that it is in her mental process that she will spin the web of ideas that just might get her across the turbulent sea she sees in front of her (4).

Language brings her mental process to the fore. In this situation, the language which is paradoxically metaphoric, is derailing because it continuously weakens the psyche of the characters (inexorably). The psychology of characters is negatively impacted by these silhouettes of paradoxically metaphoric views.

Paranoia, guilt and persecution complex

Due to Sefi’s mental constructs and reconstructions surrounding the ailment she suffers from, she experiences a severe level of guilt complex. Before her ailing experience, her superego had battled with her id to repress into her unconscious, her socially unacceptable thoughts. At the time she suffers from cancer, her irrational guilt overtakes her, making her develop a severe guilt complex. Sefi clings to the conviction that her mother's ailment was as a result of her mother’s faults. She seems to think that her mother sold semen for questionable reasons, had many sex-partners, and smuggled cocaine through her cervix. She therefore wonders what her own faults are since she did not participate in the specific behaviours for which her mother was judged guilty. Her thoughts are woven in a way that reflects this, for she claims that her heart and body belong only to her husband. Although she recalls that when she was twelve, her neighbour Kadiri made love to her once, she doubts if that one act of the idiocy of her adolescent years was enough to earn her the punishment of cancer (36).

She is twelve years old at the time of the incident and is thirty-six years old at the time of this memory recollection. This incidence she had locked up in her unconscious is brought to the fore not as a result of the ailment she currently experiences, but as a result of the paradoxically metaphoric perceptions of her ailing experience. She compares the experience of cancer to the experience of being punished. In her opinion, individuals who abuse their cervix are punished by cervical cancer. She cites her mother as a reliable source and her paternal aunt, auntie Bena affirms that, “it is not a disease that comes on its own,” (237). Sefi assumes that since she did not engage in any of the social wrongs her mother carried on, she must have engaged in other societally unacceptable deeds. So, she begins to blame herself, feeling that the cancer could be because, Kadiri made love to her much earlier. She becomes puzzled on hearing that Kadiri’s wife also suffers from cancer and she wonders if cancer was in the spermatozoa that were lodged in his loins he distributed at random (61).

As a result of the guilt complex she experiences, another incident from her unconscious that has been locked up for more than twenty-four years starts to haunt her. She declares,

I locked up that incidence in my heart. Occasionally, I would recall it and shudder at all the things I could not explain. My life and that of others I do not know, remaining a puzzle. ...I am surprised that this silly experience locked away pops up from its hiding without any prompting, refusing to remain in the recess of my mind,’ (178).

Sefi makes a reference to her childhood experience. She regularly arrives late to school at the time. On one particular day, her teacher spansks her. Because of this, Andrew Jnr. Emodi, a senior pupil, in order to assist her, decides to let her to join him in the vehicle that brings him to school. On a fateful day, Andrew dispatches the driver and strips for her, but she verbally lashes out at him before getting off his car. He responds to her insult by cursing her; hoping that she will be killed by the worst type of disease: AIDS or cancer. He repeats this to onlookers swearing that she will definitely die of a deadly condition. Cancer and AIDS can both kill people, but he wishes that a particular cancer that affects women will possess her and her death will be hastened by its claws, (173-174). However, despite her best efforts to push the thought away, it continues returning uncontrollably. And when she succeeds in telling her husband, without telling him the details, he tells her not to be superstitious. She decides to continue to repress the thought,

to deaden it, and destroy it, (179). She does this because the thought embarrasses her. Nevertheless, Sefi's observation that the terrifying aspect of the situation was that, "everything followed that sequence" (175) is significant. Although it might be argued that, "everything," refers to all her head teacher says regarding disciplining Andrew, there are many possible interpretations of the word "everything," especially when it lacks any specificity. Additionally, if "everything followed that pattern," then Sefi's experience of cancer contributes to the completion of that sequence.

She also believes that if these incidents with Kadiri and Andrew are not against her, then her allegedly brutal words to her father's lover Rhonda are. From the slums of England, Rhonda rescues her inebriated and shattered father, cleans him up, provides a roof over his head, and feeds him. And Sefi's father does not even think that serving Rhonda in any way for the rest of his life and beyond will be enough to show how much he values her. Hence, Sefi's father washes the dishes and sexually satisfies Rhonda. And when he grows weak and is about to pass away, he allows his son, Ayo, to pick up where he left off. At the time Sefi visits Rhonda's apartment, she is repulsed by the sight of her father in a wheelchair, all bones, and her brother Ayo, busy having sex with Rhonda right in front of her father. She becomes agitated and starts talking loudly. She now believes that her remarks were so reprehensible and that the anguish she feels as a result of her ailing experience is her way of making up for her unkind words. She claims that she made despicable statements that sound ruthless if reviewed and she did not tender any apology when she finally met Rhonda. But, she pleads that no one should judge her harshly for she feels she is already paying the price. And that her conscience has kept her on bended knees even if she gets any further penalty, perhaps with a life sentence or anything worse than radiotherapy and chemotherapy (273).

Sefi consequently believes she is being punished. The guilt complex frequently transforms into what she refers to as the "persecution complex" (338). This is because she occasionally feels as though she is being persecuted or tormented solely for choosing a worthwhile cause. However, she later feels that the complex is unfounded, not only because she believes she may not have any worthwhile cause to pursue but also because she believes her character to be worse than that of her father, mother, brother, and Rhonda, making sainthood seem like a far-off goal. Hence, Sefi also experiences

paranoia, a psychotic disease characterized by delusions and persecutions, as a result of her paradoxically metaphoric beliefs.

Irrational behaviour, manic depression, paranoia

As the novel, *Sorrow's Joy*, suggests, Sefi experiences an unstable psychological state at times, ranging from moments of repression to joy, a decline into depression, a surge of hope, signs of recovery, and a swing back to relapse. This irrational behaviour is sometimes caused by the perception of the terminality of the disease, rather than the actual disease itself. Sefi's erratic behaviour is manifested in the fights she starts with her husband. She says she does not understand why she does it, but she still does it. She believes that because she feels she is dying, she deserves to be treated with care and compassion. She suspects her husband of having another lady in mind as he leaves for work. Occasionally Sefi makes him angry, but he chooses to leave rather than confront her (269). Sefi's spouse, Kosi does not want her to wallow in misery. He feels for her suffering and believes that her attitude is more important than the illness because, as Dr. Idigo puts it, though the disease is substantial, our fear of it is more of a major concern. The ailment is not so much a problem as is how we approach it. Dr. Idigo stresses that her attitude bears the whole weight of everything and that there is no disease worse than a defeatist attitude toward it (159).

Sefi attempts suicide at one point while driving at top speed on an unfamiliar deserted expressway. This suggests a sign of manic depression characterized by mood swings, going from a high-energy condition to a very low state. She allows her internal monologue to persuade her to, drive her vehicle into a ditch at a very high speed so that none of her bones are left unbroken (311). She asserts that she could, and another idea urges her to plunge headlong and if she cannot drive into the nearby sea, she should park her car by the side and take a dive. (312). But, when she recollects her family, she starts to reconnect with herself and her consciousness, and she decides to stop the suicide attempt, (312).

She slows down, leaves the speeding lane, and exits the lonely expressway after being completely overcome by her wish to live. At this moment, she comes in contact with a near fatal accident. She offers to assist in carrying victims to the nearest hospital, and by saving lives, she claims that she seems to have discovered her sorrow's joy. Regardless of this, she appears to be more distraught, which makes it rather debatable to state, that

it could be joy's sorrow. This is because, she experiences a severe case of depression and suddenly starts to grieve even more deeply. With a dangerously high blood pressure, she soon finds herself in the hospital. The essence of the joy she discovers in sorrow then begs the question. Dr Watega, her physician, offers some advice relating to her practice of taking accident victims to the hospital. He states that she should avoid anything that would get her emotionally down, anything that would make her cry or faint or make her hospitalised. And she should engage in any other activity that does not have any negative impact on her (354).

One may observe Sefi allowing her id space as she experiences these psychological processes. When she behaves recklessly, she loses awareness of her surroundings since her ego and superego are dissolved. Her superego and ego, which are supposed to direct her to act in a socially acceptable manner, are overpowered by her narcissistic id.

Schizophrenia

Carl Jung would frequently say, "Let's get back to your dream," when speaking with clients in a professional capacity. This is stated in his article, "The Importance of Dreams," included in a book of essays titled "Man and His Symbols," Jung (1964:14). Jung is convinced that dreams are the unconscious' means of expressing itself when dealing with psychological problems. To him, dreams serve to maintain one's psychological process by providing dream content that re-establishes, in a subtle way, one's whole psychic equilibrium, as well as represent the conflicts occurring in one's personality (1964:34). He views this as the "complementary (or compensatory)" function of dreams. Dream symbols are frequently manifestations of one's unconscious, which exists outside the realm of consciousness. Hence, the dreams in *Sorrow's Joy*, that are pertinent to this essay, mirror Sefi's psyche, making her appear prescient. Yet the dream elements depict the ideas Sefi forms in her head about her ailing condition.

Sefi consequently has a variety of nightmares and internal dialogues. This cognitive level suggests that she is schizophrenic. She briefly appears confused at one point and then displays delusion and mental instability. These additional psychopathological disorders result from the paradoxical metaphors she clings to in relation to the ailment she suffers from. On an occasion while she lies on the floor, drowsy, she admits that she could have been dreaming, (41). She appears to know someone is at the gate, opening it to let a car in and she notices shadows, despite this, she feels numb and is unable to stand

and see what is going on. She tries to open her eyes but it seems futile as she feels shadows all around her taking different positions in her house, (42).

Her perspective that cancer is a visitor waiting at the door, hiding by the window sill, faceless, nameless, clueless, yet determined to stand in her way matches with this dream (3-4). She gives herself the impression that cancer is a visitor, an adversary who has come to annihilate. In her dream, she is able to bring this subconscious concept to conscious awareness. While she does not anticipate a guest, she is certain that someone is at the gate. Perhaps, the person at the door reflects the unwelcome visitor, cancer. When she questions Sule, the gateman, in the morning, he responds that he was awake the entire night and did not see anyone around the gate.

In later chapters of the book, Sefi appears to believe that some of the shadows she sees are that of her parents. She discusses at length with them. The shadows also seem to torment her, they seem to get under her skin, walk about inside her and she feels that she could not ask Mike and Sule if the shadows are under their skin, (44). She attempts to shut the shadows off as she watches them walk across the window in their numbers, twenty-nine of them and counting, with no end in sight. This suggests that the shadows make her act erratically. She cuts her wrist with a kitchen knife just barely missing a vital vein (59). She even starts speaking carelessly to people, disregarding the repercussions (158)). Lamenting about her situation she states that she hears voices, dreams bad dreams, and chases her dead parents away (134). Perceptual abnormalities, which result in a schizophrenic psychosis, are characterized by symptoms including hearing voices and seeing shadows.

4.2.5 How ailing characters struggle to survive in an existential context in Promise Ogochukwu's *Sorrow's Joy*

Sefi finds meaning in suffering by perceiving her experience as a type of retribution, a room for engaging in selfless deeds and chance for familial reconciliation. Dr. Watega observing Sefi's devastated state, urges her to get busy and do something that will bring her joy. Using himself as an example, he states, "helping others beat cancer and overcome the vicissitudes of life is my sorrow's joy. Each trouble we face has its hidden treasure, its thrills, its bliss, even. What is your sorrow's joy, Mrs. Nodi? You have to

find it and revel in it,” (74). And so, in time Sefi begins to help transport accident victims to the hospital. She takes pleasure in this because it results in saving more lives than it otherwise would have. So, she feels she has found her sorrow’s joy. She explains to Dr. Watega, “who knows, I might just have found my sorrow’s joy,” (319). This implies that she finds joy even in sorrow, thus, she experiences both delight and distress at the same time.

Sorrow’s Joy depicts a reversal of the polarity of common binary oppositions such as good – bad, boy – girl among others. One of these oppositions is usually privileged and regarded more appealing, hence a distinct differentiation of both ends. In this case, against the conventional distinction of “sorrow – joy”, one finds joy in sorrow. With the conventional meaning, one cannot find joy in sorrow. When there is sorrow, there is utter displeasure, distress and heartache. Socio-culturally, if one begins to laugh in this sorrowful state, it is termed madness, let alone, when someone begins to crack jokes in a mournful ambience. The individual who cracked the joke becomes a suspect, as the attendees of the burial ceremony begin to wonder if he or she has a hand in disrupting the life of the mourned. On the other hand, where there is joy, there is no sorrow, else the perpetrator of sorrow is termed a harbinger of doom. Contrary to this convention, joy seems to be found in sorrow. *Sorrow’s Joy*, is an oxymoron, a two-word paradox. The paradox reflects the way the world of the novel is simultaneously a clear-cut version of the world we live in. It portrays the contradictions inherent in life. Deep in her ailment, Sefi finds moments of joy helping others. She joins a rescue team and most of the time is seen in taking accident victims to the hospital.

The Nodi family bask in wealth, health, joy and tranquillity then, cancer brings sorrow. The initial joy the Nodi family experienced is shattered by cancer. But ironically, the experience of the disease seems to cement the remaining strands of the relationship existing in the family of the Atufe’s, Sefi’s biological family. At the point that Sefi seems to be nearing death, Ayo, her brother, visits, a visit he might not have made if Sefi did not appear to be on her way to the great beyond. By implication, the cancer experience, belittles everything the remaining Atufe’s: Sefi and her brother, Ayo, hold against themselves in relation to their filial background. They find brotherly love again, which brings them together in a redemptive manner.

4.3 Paradoxically metaphoric numbness in Samira Sanusi's *S is for Survivor*

4.3.1 Synopsis

This autobiographical novel, relays the experiences of the author, Samira Haruna Sanusi, as she strives for survival from the disease, sickle cell anaemia. The Sickle Cell Disease, SCD, is a “genetically determined disease,” Emechebe, GO, Nnamdi Benson Onyire, Orji ML and Kingsley Achigbu (2017:2). “An autosomal recessive disorder caused by the inheritance of abnormal sickle haemoglobin (Hb) S or C from both parents,” Agatha Nkiruka David et al (2018:2). It follows that it is inherited and it affects red blood cells causing severe painful episodes and other symptoms that are episodic. It could be triggered by cold, infection, dehydration or low oxygen levels. The symptoms could be: acute chest syndrome, episodes of pain, anaemia and infections. Besides the stem-cell transplant which factors in availability of appropriate donors and procedural side effects, “SCD cannot be cured, so lifelong treatment and monitoring are needed. There are a number of different treatments which help to prevent sickling episodes, or prevent related problems such as infection,” Colin Tidy (2020:4).

Samira is the second of eleven children from her parents, Haruna and Zainab Sanusi. Amongst her siblings, she and her sister, ya Habibah are diagnosed with the sickle cell gene. However, in her narration her experiences seem more severe as she encounters greater crises than her sister does. Even during the bone marrow transplant scheduled for both of them, she experiences complications while her sister's procedure was successful with little or no complications.

The beginning of Samira's story is her interaction with Nigerian medical professionals and how they wrongly diagnose her situation. This results in complications. She gets billed for series of operations and when she does not get any better, her father seeks advice from foreign doctors. As a result, she is transferred to Saudi Arabia. Although the surgeries are repeated in Saudi Arabia, the medical professionals predict she will never be able to walk normally again. Her father refusing to believe them makes more enquiries and re-transfers his daughter to an Austrian hospital. In the hospital, the operations are again, repeated and she undergoes series of therapies for her recovery. She is also billed for a bone marrow transplant and regardless of the challenges that

arise: the transplant almost failing, the facial paralysis, among others, she survives, becomes even more grateful and tells her story via her novel.

4.3.2 Identified clinical paradoxical metaphors in Samira Sanusi's *S is for Survivor*

In *S is for Survivor*, on Friday May 1988, Samira is born into the family of Haruna and Zainab Sanusi. After her birth, with series of high fevers and continuous cries, she is constantly taken to the ER – Emergency Room. Finally, she is diagnosed as having sickle cell anaemia. Her parents ignorant of the discourse on genotypes, receive the news with shock and the doctors give them the assurance that with “healthy life style, diet, and daily doses of folic acid and vitamins, ...” (4), she will live a long and prosperous life. But it seems they were wrong.

At age six, in May, 1994, she loses her mother. Haruna and Zainab her parents go for a pilgrimage to Saudi Arabia. The trip is a gift from Haruna to Zainab, a way to appreciate her for standing by him all through their lives. But her mother never comes back. About nine years later, her father remarries, and by age fifteen, Samira has grown to be able to take care of herself whenever she experiences a crisis. She loves road trips. On one of the road trips with her siblings, she begins to experience crisis and is taken to the hospital. Though she notifies the doctor of her diagnosis - with sickle cell anaemia, adding that she is experiencing an episode – the doctor rather says that, at the time, she is down with typhoid fever. She is given shots of painkillers and an IV – intravenous – line for more medications. But the pain persists. Her new mother takes her to a different hospital where it is found that she has been wrongly diagnosed, so the medications she had taken are flushed from her system. By the time her father returns from his trip and takes her to the State House Clinic in Abuja, the wrong medications for the wrong diagnosis of typhoid had already started damaging her hip and knee joints. Consequently, the doctors at the State House Clinic bill her for three surgeries. With this demoralising news, she thinks,

I felt like my whole world had crashed. I could not believe I was about to undergo three surgeries at once. Life didn't make sense to me because I felt like I was being punished but I didn't know what for. (11).

Samira's statement, "... I felt like I was being punished but I didn't know what for." Implies that she dwells on trying to figure out the purpose of the suffering she experiences. Is she being punished for some crime she had committed? If she is receiving punishment, what crime did she commit? This is metaphorical as it indicates that she has done something wrong. On the other hand, the paradoxical contradiction lies in the fact that if she is being punished, there would have been a way to prevent the punishment. Perhaps she would have been something other than what she is, done something other than what has been doing, or exhibited some qualities that will result in an aversion of the punishment. And then, to mitigate or end the punishment she should either be something else or do something else. However, in this case, she is born with the type of cells she has, so what would she have done?

On one of the days while she is at the State House Clinic, after the knee and hip surgeries, the orthopaedic team comes in for the morning ward rounds. They try straightening her legs, carrying out some leg extensions, bending of the knee and hip, among other physiotherapeutic activities. The pain in the procedure leads her to dwell on the thought that she is,

... helpless and alone, as though everyone was purposely trying to hurt me while they claimed to be helping. (15).

So, Samira begins to hate them. She sees everyone around her as a source of pain. Because physiotherapy has become her enemy, "physiotherapy was supposed to make things better and easier but it became my enemy since all it did was put me through pain," (12), anyone who helps her with the therapy becomes her enemy too. For she, "kept wondering how anyone expected me to move, let alone exercise when I was in excruciating pain. They certainly had no idea what I was going through." (12). In contradiction, she forgets the goal – that everyone around her is doing their best to help her get well and back on her feet. And as her body begins to peel because of her constant bed ridden state, she becomes,

... convinced that no one understood what was really happening because even I didn't understand what was going on with me. All I knew was that it didn't seem like I was going to get better anytime soon. So, I lay there, and for the first time, I begged God to take my life. (16).

This means that everyone around her including the doctors and nurses were clueless about her situation. The contention lies in the fact that the cluelessness is hinged on the idea that she seems not to understand why everyone is making a fuss about her engaging in physiotherapy while she is in pains. As a result, she does not comply with them, hence, the situation worsens. And because the situation worsens, she blames them for being clueless about what is going on with her.

Samira's situation deteriorates and her father transfers her to King Fahd Hospital, Jeddah in Saudi Arabia. Although the medical practitioners redo the surgeries, they communicate to her and her father that there is nothing else they could do to help, as they are certain that she is never going to walk again. Some of them even think she might die soon, (21). That same week her father, promising her that he will do everything to make her well again, sends her medical reports to hospitals in Europe and the US. An Austrian hospital in Europe responds. The Haruna family decides to give the doctors in the Austrian hospital a try. So, Samira finds herself in St. Anna Kinderspital, Vienna, Austria. Since the wounds are infected and are not healing, the hip and knee surgeries are again carried out. She is given time to recover after the initial round of operations, while the medical professionals keep an eye on her condition and plan their next course of action. In her state of recovery, she begins to realise that,

... imprisonment went beyond being behind bars for crime committed; my condition became my shackles and being confined within the stark white walls of a hospital room became imprisonment for me, (26).

One might argue that from the excerpt above, Samira is actually in a prison of the disease she suffers from and so she needs freedom from the pain. Nonetheless, keep in mind that a jail is a structure where people are formally detained as a form of punishment for crimes they have committed or while they are awaiting trial. Recall, that this re-emphasises one of her paradoxically metaphoric thoughts, highlighted above - that she is being punished. But then for what wrong? If she is being held back for trial, in what court of law will the trial be held? Being in prison seems to be much more of a wrecking thought than being in a rehabilitation centre. Understanding that the reason she is where she is, is simply for her own benefit, will in a long way boost her morale and strength for survival.

The medical professionals at Vienna transfer her to a rehabilitation centre in Graz where she keeps recuperating. It is at this point that her father and doctors plan to get her ready for a bone marrow transplant. While at the rehabilitation centre, alongside physiotherapy, she engages in meeting other patients, making new friends with both patients and nurses, and engaging in music or art therapy. During some of the sessions, she learns to play the guitar and paint pictures, some of which make sense to her and some of which do not. Time passes, each patient gets discharged and Samira begins to feel,

... cheated – why did they deserve to go home any more than I did? (36).

The metaphorical inference in Samira's statement above, particularly with the word, "deserve," is that the other patients did something, possessed something, or displayed attributes deserving of an appropriate response that rewards or punishes them. In this case, the patients receive their rewards of being discharged from the hospital – going home. Hence, she wonders what makes them eligible to be let to go home, what they did differently that she has not done, what they had differently that she does not have, and what qualities they exhibited differently that she has not exhibited. Notably again, this paradoxically metaphoric thought is akin to her earlier paradoxically metaphoric mental process regarding punishment, as one has to do something, be something or have some qualities for a reward or punishment. On the contrary, what would they have possibly done, been or exhibited? It is perhaps because, they seem simply fit to go home and so they are let to go. If she is let to go home because every other person is let to go home, she might not achieve her goals, the sole reason for which she is in the hospital in the first place.

29 October 2004, Samira's bone marrow transplant is carried out and by the hundredth day, it becomes good news, a big breakthrough for Samira. February 2005, she gets another transplant. About two or three weeks after, the doctors discover her cell count is decreasing and it seems the transplant is failing. Samira becomes heartbroken beyond words. She had been alarmed, confused and heartbroken at the time Dr. Peters tells her that she has to get more bone marrow from her twelve-year-old brother, Mustapha. But this time, she feels completely devastated as she lets the highlighted thought below take its root in her heart,

I was so hurt and confused. How could it be possible? Everything seemed to have been going well before then and I was told I was no longer a carrier, yet here I was on the verge of losing everything. If the transplant really failed, everything would have to be done all over again from step one and it wouldn't be done immediately as my body had to be allowed to recover for at least one year, (46).

From Samira's statement, one can glean that though everything seems to be going well for her at some point, at the moment she makes the statement, she appears to be on the verge of losing everything. Everything implies all things, and the effect could be on the far extremes, either entirely derailing or uplifting depending on the situation. Losing everything entails losing everything including the person's life. But then, if the transplant fails, as her statement indicates, she still has her life, her family and other good things, including an opportunity for another transplant. How then is she on the verge of losing everything? The thoughts deepen and,

It felt like I had sacrificed and given up so much only to keep finding myself on the brink of failure, (47).

As an implied metaphor, granted, she has given up valuables to get better: time, school, relationship with family members, the willingness to accept drugs and treatment, among others. This thought seems derailing and contradictory because the transplant has not failed yet. But she holds on to this thought, praying every night,

I went to bed every night praying to God for a miracle, praying that I wouldn't wake up in the morning on the battlefield for my life again, (47).

Life itself seems to be a battlefield, hence, every human wakes up each morning to strive for survival in whatever means he or she chooses. Paradoxically, if Samira does not wake up in the morning on the battlefield of life that means she might find herself on the other side of life or somewhere else not life. Also, since, life seems to be a battlefield, every human is on the field. At some moment or another, each individual or group encounters an opponent or a challenge on the battle field of life.

The transplant turns out successful, for a year or two Samira is allowed to recuperate before she gets billed for her left and right hips replacement in 2009 and 2010 respectively. Finding herself again in the wheelchair after the surgery, (that is about her

fourth or fifth year in Vienna, Austria), she changes the password of her Email to, “cagedbird,” (68). Because she feels caged and,

Having no say in my life decisions depressed me, (68).

In the statement above, Samira is almost equating herself to an invalid. On the contrary, she does have a say. She makes up her mind to live. Earlier, she let herself go down the drain by not cooperating with the doctors or therapists. Subsequently, her doctors come with the news that there was nothing they could do about her legs. This makes her more devastated. In a different country, Austria, where the doctors see that they could save her legs and not amputate it, she decides to cooperate, understanding that the state of her mind is crucial for her full recovery. She does have a say. She decides to stay positive and does stay positive. And like the warrior she says she is, she fights and wins. After her experience at the hospital, she avers that, “my only thoughts were, “Alhamdulillah, I came, I fought, and I won,” (71), “the more serious question was how I was able to survive and overcome it all. In truth, I have no idea how I made it, but I know part of it was my spirit never giving up,” (72-73). “... when my body kept trying to reject the donor cells, I knew I dared not give up,” (78). Are these positive attitudes and decisions characteristic of one who does not have a say?

4.3.3 Classification of identified clinical paradoxical metaphors in Samira Sanusi’s *S is for Survival*

The classification of the identified clinical paradoxical metaphors is based on the researcher’s interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements’ impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity:

- “... my condition became my shackles and being confined within the stark white walls of a hospital room became imprisonment for me” (26)
- “I felt like I was being punished but I didn’t know what for?” (11)

Paradoxical metaphors of pain:

- “I felt like I was being punished but I didn’t know what for?” (11)
- “... helpless and alone, as though everyone was purposely trying to hurt me while they claimed to be helping.” (15)

Paradoxical metaphors of survival:

- “...convinced that no one understood what was really happening because even I didn’t understand what was going on with me” (16)
- “... cheated... why did they deserve to go home any more than I did?” (36)
- “... here I was on the verge of losing everything” (46)
- “it felt like I had sacrificed and given up so much only to keep finding myself on the brink of failure” (47)
- “...praying that I wouldn’t wake up in the morning on the battlefield for my life again” (47)
- “Having no say in my life’s decisions depressed me” (68-69)

4.3.4 Psychological effects of clinical paradoxical metaphors on ailing characters in Samira Sanusi’s *S is for Survival*

The paradoxical metaphors described in the previous section result in Samira’s unstable and dampened psychological state as discussed below:

Depression

Depression is a complex mental health condition that casts a shadow on emotions and thoughts often affecting one’s vitality and ability to find joy in everyday life. It manifests as a profound sense of sadness. In Samira Sanusi’s *S is for Survivor*, Samira experiences bouts of depression as depicted in the following excerpt:

I spent my days in pain and agony, living a nightmare. The smiling and bubbly girl I used to be had been replaced by a depressed sick girl. Daddy or Baba as I call him, used to talk to my siblings and me about life and its struggles – it mostly had to do with getting good grades I school and shaping our future. He also told us about being the best we could be in everything we did and helping the people who were less fortunate than we were. However, noting he had ever said prepared me for the life I was facing at 15, (14).

This depicts the power of words, implying that she needed words, words from her father to fuel her thoughts. Her father's words could fashion the kind of thoughts that would help her in her situation. The beliefs she rather ingrains in her memory: being punished, everyone around her trying to hurt her and being imprisoned, keep her constantly in a depressed state, "I was mostly indoors bound to my room and, soon enough, depression wrapped its cloak around me," (26).

She is depressed because she prefers to accomplish things on her own, but since she uses a wheelchair, she has to rely on others to assist her, (48). This, from the novel fuels the thought that she has no say in her life. Most times she feels lost, looking bleak, struggling with keeping her hopes up and strong, wondering why she even exists and why she finds herself in the situation. She also recognises that, "trials are harder when we don't know the reason we are being tried," (56). This might have led her into wondering why her parents even had to meet each other and get married, for she points out that they were unaware of genotype-related difficulties when they got married. She does not just bother about why her parents got married but also why she was conceived in the first place – this thought leads her to nowhere else but to the goals of depression.

Numbness

Samira is psychologically battered most of the time, as a result of the thoughts she lets take roots in her mind. When the doctors set her up for the transplant of more bone marrow, after the successful hundred days succeeding the first transplant, she feels confused and heartbroken wondering why she should need more cells. The transplant was not failing at the time. When the transplant seemed to be failing, she almost gives up thinking that she is on the verge of losing everything. She is so burdened by this thought that she becomes extremely frightened of ever experiencing happiness again. Thus, becomes numb.

 Numb, I returned to Tannheim, my spirit more broken than when I had first checked in there. I was afraid to do anything, I didn't want to breathe too deeply or even stretch my mouth into a smile. I felt like I had to be extra careful about being happy in case anything happened. I felt like I had to mentally and emotionally prepare myself for bad news so that when it came, I wouldn't feel like my world was crashing.

 That was how I learnt the art of shutting off my emotions and being numb. ... (regardless of every form of

encouragement she received from her immediate family that things were going to get better), I chose to protect myself by remaining emotionally closed off, (46-47) (Emphasis mine).

But could shutting off one's emotions help? Does Samira really shut off emotionally? Even though she tries to, she sees herself back in her room every night crying herself to sleep. That is no shut-off or suppressed emotion. Studies show that crying is healing. If Samira had truly lost feeling, shut off or suppressed her emotions, the outcome might have been something else. Perhaps, the thought of writing her story would not come to her, and she would not have been able to write her book or her book would not see the light of the day.

4.3.5 How ailing characters struggle to survive in an existential context in Samira Sanusi's *S is for Survivor*

From the novel, *S is for Survivor*, Samira seems to have been stirred up when she heard the doctors in Saudi Arabia say she might not be able to walk again. But, with her father's resolution to see her back on her feet again, she becomes determined to work towards survival.

In Vienna, the doctors transfer Samira to a rehabilitation centre in Graz. They carry out the same physiotherapeutic sessions that made her dislike everyone in the Nigerian hospital, thinking that their aim was to hurt her. She decides to cooperate with them, since she now understands that they are there to help her. In her words, "... I made up my mind to co-operate with them and be strong, after all they were there to help me," (29). She begins to see every process of her recovery as her opportunity to be free again, free with those she loved, (37) and she tries to remain positive while looking forward to each new stage in her process of being free from sickle cell anaemia, (39). Though she does not like her situation, she believes that the only way that she could truly be happy is to be strong and continue to work hard to achieve her goal, (52). So, at this stage she stops suppressing her feelings; she stops forcing herself to be numb, and she starts thinking and acting positively.

While at St. Anna Kinderspital, Vienna, Austria, she understands like all other affected characters in other novels that she is in a war:

I had no family there besides Uncle Abba, and I had no friends. My friends and family were in Nigeria and I had left them all behind to fight for my life. ... my only companion was pain and my new best friends were named: tramadol and Morphine pumps.

In just three months my life had changed beyond recognition. I was fighting a battle I wasn't prepared to for, and my battle was taking me on a journey where I had to learn to fight for my survival, sanity and discover strength and courage I never knew I had. Life is indeed full of lessons but, somehow, I was sitting for an examination with no previous lessons attended. (23).

Thus, she opens up her mind and embarks on an introspective journey seeking to discover profound meaning and personal growth amidst the pain she encounters.

Gratefulness

When Samira begins to comprehend the part her thoughts play in her survival, understanding that from the perspective of the physicians, survival meant destroying the sickle cells before they destroyed her (78), she decides to work towards survival. She begins to be grateful for her situation,

One winter afternoon, the doctors decided that I could go out to the hospital terrace for an hour... It didn't matter if I wasn't walking the streets or going anywhere. I was content just sitting there looking at the building surrounding the hospital and watching people and cars on the street below. It made me realise what freedom meant (NB: she is still in the hospital; she still suffers from sickle cell anaemia as she had not yet taken a new bone marrow. But, notice the change of thought as she no longer thinks it as imprisonment) and how something as little as sitting on a terrace could teach me to be grateful for little things. You know? Just being able to breathe in fresh air without the aid of an oxygen tank was blessing enough, (27) (Emphasis mine).

Note: she is still in the hospital; she still suffers from sickle cell anaemia as she had not yet got the bone marrow transplant. But, notice the change of thought as she no longer thinks her situation as imprisonment. In her newness, one sees the picture of the real

assertion of Lori Manning's quote, "the real gift of gratitude is that the more grateful you are, the more present you become." And that, she becomes.

Gleaning from others

At a time in the hospital in Vienna, she is transferred to a rehabilitation centre in Graz. They bill her for a minor procedure and in the morning of the day the procedure will be carried out, her roommate tries to encourage her assuring her that all would go well. Surgery is no longer a source of anxiety for her roommate since, as Samira describes, her roommate has been in the hospital for up to a year due to a tumour that keeps growing, requiring ongoing surgery to remove it each time it develops. (30). Samira is astounded by her roommate's experience, hence, describing how their conversation had an impact on her she states, "there I had been all this while, depressed and complaining about being in the hospital for a few months and here was someone who had gone through worse and for longer. I drew strength from her optimism..." (30). She becomes encouraged, as the nurses come to take her to the operating room where the procedure is carried out and within an hour, she is awake.

Art therapy

Alongside physiotherapy, she engages in art therapy, meeting other patients, and making new friends. During the sessions, she learns to play the guitar and paint pictures, some of which make sense to her and some of which do not. She also gets involved in some sporting activities, sculpturing, bowling, seeing a movie at the cinema or shopping, (45).

Beliefs

Samira believes and uses her trial to get close to her God, to gain compassion and kindness for others, to earn the rewards that come with being patient, faithful and trusting her God. (85). In her words, in times of trials as she calls it,

... we are left with no choice but to realise that the only One who can truly understand our pain is the One who put it there, and He put it there for a reason. He puts us in deep waters not to drown us, but to cleanse us. He tests only those he loves. (85)

She concludes that her God loves her and that is why her God passes her through the tests. Holding on to this conviction helps her later through her challenges.

Love

This seems to be a recurring motif in all the novels as more affection is showered on the ailing characters, and ailing characters fight in unity, whether or not love existed in their midst before the ailment was discovered. Samira's father calls frequently because he is not always in Austria. Her step mother and siblings visit during summer and her friends and friends of her family visit when they could. These, “reminded (her) that (she) had (her) family’s love and support a continent away,” (27). The love she feels and the love that keeps her moving is so much that even after had come back to Nigeria, she sees how much her father and her uncle had put in emotionally. She believes they have PTSD (Post Traumatic Stress Disorder). This is because, the minute she wakes them up at night, they panic and grab their car keys and some money, ready to rush her to the hospital, even if she only woke up to get some water from their rooms or chat with them because she was unable to sleep. (74). When she notices this, she decides not to wake them at night anymore.

She also adds that despite her suffering, she develops compassion and the ability to be resilient even in the face of overwhelming circumstances. She takes on all the suffering and picks up the lessons that come with it. Like her roommate in the rehabilitation centre in Graz, she uses her experience to remind her friends of how horrible life can be, despite the fact that there is always beauty.

4.4 Religious paradoxical metaphors in Maryam Awaisu's *Burning Bright*

4.4.1 Synopsis

The novel, *Burning Bright* encapsulates the life of Nadia and her struggles with sickle cell disease (SCD). SCD is a “genetically determined disease,” Emechebe, GO, Nnamdi Benson Onyire, Orji ML and Kingsley Achigbu (2017:2). “An autosomal recessive disorder caused by the inheritance of abnormal sickle haemoglobin (Hb) S or C from both parents,” Agatha Nkiruka David et al (2018:2). It follows that it is inherited and it affects red blood cells causing severe painful episodes and other symptoms that are episodic. It could be triggered by cold, infection, dehydration or low oxygen levels. The symptoms could be: acute chest syndrome, episodes of pain, anaemia and infections. Besides the stem-cell transplant which factors in availability of appropriate donors and procedural side effects, “SCD cannot be cured, so lifelong treatment and monitoring are needed. There are a number of different treatments which help to prevent sickling episodes, or prevent related problems such as infection,” Colin Tidy (2020:4).

Nadia is the second and only child with the gene, out of the five children of her mother and father, Mr. and Mrs. Abubakar Habeeb. Her mother is shocked when the doctors diagnose Nadia as having sickle cells. Almost throughout the novel, she keeps fighting thoughts of blaming her husband for the situation. It is noted that her husband at the time of their marriage deceived her into believing that his genotype is AA, because he did not want to lose her. He had hoped that God will take care of their children no matter what type of genotype they have.

4.4.2 Identified clinical paradoxical metaphors in Maryam Awaisu's *Burning Bright*

In *Burning Bright*, as Nadia tries to understand the reason behind her painful experiences, she believes in the same way, Samira does in *S is for Survivor*, that God put the disease in her for a purpose. If not, He should have put it in the body of her other siblings. Thus, the narrator notes,

In Islam, any sort of ailment – even if it were the prick of a thorn – is accompanied by the obliteration of sins. So, except for the days where she had been completely free from any form of ailment or pain, her sins were

continuously erased during the rest of her days of suffering. This was the sole thought that she usually held on to during dark and painful moments when she was tempted to lose her faith. How merciful is God! Her pain, although highly unwelcome, was not in vain. Until such a day as she would be able to walk again without pain, her sins would be erased every single day. She was not perfect, and so it was great knowing that the Lord always compensated her in such a reassuring way, (10).

From the indented excerpt, “any sort of ailment...,” (10), connotes that the creator puts ailments in the body of humans for the purpose of cleansing the sins of humans. One begins to wonder, if the creator of Hyundai motors intentionally installed an item in the vehicles that would accelerate wear and tear, so that wherever the vehicles are, they could be purified of the flaws they bring to their drivers when they fail to start or when they dissatisfy the driver. Note, humans are not cars. But in this sphere, there is a creator and a creation. It is rare to find a creator that derives joy in seeing to the impairment of his or her creation. The creator produces a wholesome creation and works towards fixing any impairment in the already created creation, because he or she is aware that the impairment may have a negative impact on the creation's durability, life expectancy, or life cycle.

The excerpt, “So, except for the days where she had been completely free from any form of ailment or pain, her sins were continuously erased...” (10) within the indented selection metaphorically suggests that, the presence of the ailment makes her pure, clean, probably, a saint or an angel, as white as snow (in the religious parlance). Paradoxically, it implies that on the days she is free from any form of pain or ailment, she is dirty, impure, probably a demon, as black as charcoal or as red as a scarlet (in the religious parlance). And how about all those who seemingly do not experience any ailment, like her siblings, father and mother, her best friend, Ayman, now turned sister? It means they are all filled with sin and dirt, perhaps they are disgusting, freakily smelling and no one should want to be around them.

From the same excerpt the narrator states that, “Until such a day as she would be able to walk again without pain, her sins would be erased every single day. She was not perfect, and so it was great knowing that the Lord always compensated her in such a reassuring way,” (10). Paradoxically, one begins to wonder why Nadia still expects to be free or walk without pain, since being free from pain is akin to impurity. Why does she fight?

Why does she fight, (not just fighting to live) specifically to win over sickle cell anaemia, the disease she believes her creator uses to keep her sin free? Arguably, the evocation of the essence of a sin-free life in the novel, creates an unstable opposition between the sin-free life and the sinful life, because, the novel undermines its own awareness that a sinful life appears to be preferred (so the sinful can be continuously cleaned by diseases). So, if there is no ailment, what then will cleanse a sinful soul? Disease is metaphorically described as a sanitiser, a cleanser, that blots away any form of sin from a sinful life.

After Nadia's hip replacement surgery and her recovery from septicaemia, she begins to wonder why she lost consciousness for about four days.

Funny how she had been depressed about the notion of using crutches before. Now she could not wait to be able to do that again. Maybe if she had not been ungrateful, none of these would have happened to her. Maybe it all happened to teach her a lesson, (88).

This is another paradoxical metaphor of punishment. She commits a sin of ingratitude and she is being taught a lesson. The narrator of the novel states that, "Maybe if she had not been ungrateful, none of these would have happened to her," (88). How would she have been ungrateful in her mother's womb when her being was in the process of formation? How grateful enough could she have been to stop the S genotype of her parents from coming together to create her own genotype? Or how grateful enough could she have been to hinder one of the S and attract an A which would make her free from the disease, so that "none of these would have happened to her"? (88). Nadia's mentality thus, presents a situation that appears self-contradictory and counterintuitive.

4.4.3 Classification of identified clinical paradoxical metaphors in Maryam Awaisu's *Burning Bright*

The classification of the identified clinical paradoxical metaphor is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity:

- “So, except for the days when she had been completely free from any form of ailment or pain, her sins were continuously erased,” (10). This implies that she is a sinless.

Paradoxical metaphors of pain:

- “So, except for the days when she had been completely free from any form of ailment or pain, her sins were continuously erased,” (10).
- “Until such a day as she would be able to walk again, without pain, her sins would be erased every single day. She was not perfect, and so it was a great knowing that the Lord always compensated her in such a reassuring way,” (10).

Paradoxical metaphors of survival:

- “... any sort of ailment ... is accompanied by the obliteration of sins” (10).
- “Maybe if she had not been ungrateful, none of these would have happened to her,” (88).

4.4.4 Psychological effects of clinical paradoxical metaphors on ailing characters in Maryam Awaisu’s *Burning Bright*

In *Burning Bright*, statements that weigh Nadia down are facts from her doctors as she seemed optimistic giving no room to negative mental processes all through the novel. An illustration is when her doctor in New York, where she worked and studied for four years, tells her, “I am afraid you have non-traumatic, avascular necrosis,” (xii). This disease is a complication caused by the sickle cell anaemia she is born with. The narrator notes that,

Nadia’s heart skipped a couple of beats whenever those words replayed in her mind. The scene of her doctors in New York telling her that, kept playing in her head, every day, (xii).

From the above excerpt, the words from the doctors remain in Nadia’s subconscious, it expresses itself via dreams. Thus, when her parents insist that she comes back to Nigeria where her family will be with her during the surgery, she gets tormented by dreams – seeing herself rather in the surgical room for amputation and not hip replacement.

Notable is the fact that the torment from dreams is not caused by paradoxical metaphors but by the constant replay of “the scene of her doctors in New York telling her,” (xii) about the results of her tests. This wearies her but she keeps fighting to stay positive.

In her struggle for survival, she draws strength from the religious paradoxically metaphoric ideas discussed in the previous section. While she feels she is being taught a lesson as a result of her ungratefulness, her optimistic mind-set prevents her from sinking deep into depression. She pushes negative mental processes away, “she would think about that later and scold herself later, now, it was time to rejoice and tell her mother she could go home and rest,” (88). Rather than dwelling on derailing mental processes, she moves on from one activity in finding purpose, to another: helping out sacrificially in a Sickle Cell Foundation close to her home and getting a well-paying job in Lagos.

4.4.5 How ailing characters struggle to survive in an existential context in Maryam Awaisu’s *Burning Bright*

Positive mind-set and gratitude

Nadia’s story reflects one who has sworn to never allow any room for mental disorientation in her life. She stays positive all through the novel, a trait she imbibes from her mother, (62). It seems as if there are no “ifs” in Nadia’s mother’s language. It is most of the time, “when,” not “if.” “If,” is a conditional statement, there is a probability that the inference might or might not happen. With “when,” there is no such probability. The speaker is certain that whatever is said will happen though he or she is unsure of the exact time. “If? If she moves? I will send for you when she moves and opens her eyes. You should definitely get out of here with all of your negativity,” (74). This is Nadia’s mother’s response to one of the doctors who examines Nadia in her unconscious state. At the time, Nadia loses consciousness in the hospital after her surgery due to “extreme pain from pneumonia coupled with low blood pressure from septicaemia (60). Nadia’s mother sees Nadia’s finger move and immediately sends for the doctor who after examining Nadia says, “please calm down madam, you can always send for me if she moves again,” (74).

Nadia's resolve, to stay positive and maintain a positive mental process, is so intense and contagious that it rubs off on her elder sister, Hafsa. When the doctors declare Nadia unconscious, her father, mother and sister become distraught, But Hafsa cautions herself with the statement, "No, I'm going to think positive thoughts only. – that is exactly what Nadia would do, she decided," (51). Exactly what Nadia will do, think only positive thoughts. Butressing this, the narrator notes,

if there was one thing Nadia prided herself on, it was her ability to take things in stride and be hopeful. She might have a good cry before that, but she usually accepted reality and was able to move on with optimism, (6).

Nadia's belief in her God becomes impregnable as she struggles with the impact of sickle cell anaemia on her life. She believes that the ailment she suffers from has spiritually strengthened her relationship with her God. Since the age of seven,

She had made a resolve since then to make God the priority in everything she did, because He alone could save her from the anguish of sickle cell anaemia. She had tried drugs and injections, but they provided temporary relief only. The hospital stays still continued, and she was tired of asking, *why me?* She started feeling ungrateful for asking that. She needed a more powerful sense of hope, and so she had turned to God, (7).

The narrator asserts that since Nadia's turning to God, Nadia has been experiencing changes in her life. The painful experiences become more bearable. She develops a new mind-set that God has a reason for letting her pass through such situation and the reason is part of His master plan for her. She stops sulking as much, figuring out that she has seen enough pain in life and it will be stupid of her to indulge in depressing thoughts that would yield more pain.

Statements like, "she did not let it get to her," (8) and "Nadia had refused to be broken," (8), remain consistent throughout the novel, *Burning Bright*, emphasising Nadia's resilience to remaining positive in her thoughts for survival. Nadia also believes that though she might use the crutches for a while, she is rather blessed and grateful to her God for keeping her strong, cleansing her from her sins and letting her find purpose in helping others, (104).

NGO

Nadia joins an NGO, a Sickle Cell Foundation in Kaduna, that caters for patients living with sickle cell anaemia (149). Thus, she turns her pain to a passion (153). She takes up the responsibility of going to media houses requesting for a slot to advertise the NGO and all they do to benefit members of their community in Kaduna. She also reaches out to pharmaceutical companies so that they can, in a philanthropic manner offer medications to the patients suffering from sickle cell anaemia, (164). In doing this, she finds meaning in suffering, believing that her God keeps her alive for this purpose, to be able to help sickle cell patients start over their lives with hope.

Love

Love and encouragement from family and friends inspire Nadia to stay strong and live healthy. For instance, she feels like quitting at a point in her secondary education in Nigeria, because it seems pointless to strive for excellence when she constantly finds herself in the hospital, losing out on classwork. Regardless of the fact that most of her school-friends visit and check on her, Ayman, her closest friend now turned sister, is the only one who encourages her not to give up, stating that she could not imagine what Nadia is going through but, she knows that, “giving up the fight was the same as letting sickle cell win,” (35). Her friends and family proactively and passionately care for and encourage her not to give up.

4.5 The scalpel of words over paradoxically metaphoric thoughts in Eric Omazu's *The Last Requiem*

4.5.1 Synopsis

Ogugua, in *The Last Requiem*, is the only daughter and second child of her parents, Mr. and Mrs. Caleb Obi. Her parents give birth to her six years after they had given birth to Nkem her elder brother. They wait for her for so long, hence, her father meets a medicine man, Ekwewe,

I had married your mother for six years and had only your brother, Nkem. Among my mates, I was the second person to marry after Udekwe, who married three market weeks earlier, the others who married after me were already suckling their third and fourth issues while I was stuck with one. And as you know in our culture a man with only one eye is indebted to blindness. There was nowhere I did not go in search of more fruits of the womb. It was Ekwewe, the medicine man, who recommended that I offer certain sacrifices to Orion, that the great river will bring a child in its flow, (10).

Ogugua's father does as Ekwewe directs. Three months later, his wife conceives, and they give birth in nine months' time to Ogugua, which means one who wiped away tears from their eyes. At the age of twenty-two, as she rounded off her Compulsory Citizen Service as a Baderian, Ogugua gets married to Ebube Orji, a marketing executive with Rock Insurance Company Plc. Ogugua is a Cesco scholar. The Cesco group is an international conglomerate with interests in oil prospecting, trading, stock market, marine, law, real estate, health and education. They offer undergraduate scholarships to best brains in different universities and afterwards retain the individuals in their affiliated work firms or establishments, 24. Ogugua gets a postgraduate degree with specialisation in Pharmacology and gets posted to the Cesco health establishment in Ibari, Good Hope Hospital, Ibari. Years into her marriage, her and her husband still have no child. Her mother-in-law and sister-in-law become her new enemies, a pain in her neck. She rather buries herself to her work with her husband's moral support and by dint of hard work and intelligence, she rises to the head of the Pharmaceutical Department in the hospital.

The pregnancy that was so much expected of Ogugua did not come till after the tenth year of her marriage. She is thirty-two years old at the time. Her husband bans her in

love, from driving, he takes her to work and back. In the eighth month of her pregnancy, while in her office, hours after her husband had dropped her off, she gets a call that Ebube, her husband had an accident and has been admitted into the teaching hospital. She rushes to the hospital, goes into labour, and is delivered of a baby girl. Defiantly with the baby in her arms, she finds her way to her husband in the ICU – Intensive Care Unit, her husband sees the baby, says, “thank you, darling” (43), and begins to cough uncontrollably, the doctors try to stabilise him, they could not and he gives up the ghost right before his wife and newly born daughter.

Five years later, Ogugua is diagnosed with having full blown AIDS. The Mayo Clinic (2019:1) and NHS (2018:1) describe AIDS – Acquired Immune Deficiency Syndrome as a chronic lethal condition. It is caused by the human immunodeficiency virus which hampers the human body’s immune system hindering it from fighting infections and diseases. The term, AIDS, is used to refer to a group of lethal infections that occur when the immune system has been hampered by the HIV. Symptoms vary based on the phase of the infection. There is the primary phase (acute HIV), clinical latent phase (chronic HIV), symptomatic HIV, and progression to AIDS. Both sources mentioned above state that no cure currently exists for the disease but there are effective medications that slow the progression of the disease making those infected live long and healthy lives.

From the story, Ogugua, having been chaste all through her life with the exception of her union with her husband, and also having taken all necessary hospital precautions during work hours, she does not have a clue to how she got contaminated. And as the question of how she got contaminated remains unanswered, almost everyone saw it as a testimony of her own promiscuity, (76). She keeps struggling to survive even after she gets laid off from work. Her mother could offer her only moral support when she needed money to survive. Her brother refuses to help her financially, and she has no one else to help her except the founder of the NGO, Save the Victims’ Souls, Mrs. Rita Dumuno. At the time she feels she has almost zero financial support to stay alive, she finds herself in a dilemma of choosing whether to die in the city of Ibari or to go back home to her mother in the village. She decides on going back home to her mother. While staying with her mother, she feels she causes her mother a lot of anguish, since both she and her mother are severely stigmatized, (people stop buying from her mother at the market, she is called AIDS and shooed away by children wherever she goes, etc.). Thus, she travels

to Ikpankwu, her husband's village, where she finds answers to her questions which only raised new questions.

Ogugua encounters another AIDS-afflicted woman at Ikpankwu who has a child named Ebube, an exact replica of her husband. As both women interact, Ogugua discovers that her husband Ebube, had married another wife, Regina, in his village, he stays with her in the day and stays with Ogugua at night. That way, his first wife, Ogugua has no reason to suspect any changes in his actions. One can glean from the novel that it is the wife who he hid at the village that transmitted the virus to Ebube, (since she had affairs with other AIDS-afflicted men who died before her). It is assumed that Ebube, in turn contaminated Ogugua. The second wife, Regina, dies, and Ogugua writes this novel for her daughter to read as she believes that she might not be alive to tell her daughter the story.

4.5.2 Identified clinical paradoxical metaphors in Eric Omazu's *The Last Requiem*

Five years after the death of Ogugua's husband, Ogugua goes from experiencing migraine aches to hepatitis, pneumonia, cough, constant diarrhoea and bowel involuntariness – a situation where her bowel empties itself no matter where she is and what she is doing. At this point, she returns to her doctor, Dr. Titilayo, who advises her to meet with a counsellor and take an HIV test because of her weakened immune system. The test result reads, "HIV/AIDS Positive. Advanced stage," (71). She tries all she could in her thoughts to figure out how she got contaminated but she could not. It becomes an unresolved mystery for her.

The stigmatisation she experiences begins to get to her daughter who comes home from school on a particular day and asks her mother if she is suffering from AIDS. To the question, Ogugua looks over the ceiling, a gesture she often adopts whenever she does not want to answer her daughter's numerous questions. Her daughter understanding the gesture to mean that her mother might not be able to answer the question at the moment, rephrases the question to, "Mummy, what is AIDS?" (iii). As a result, her mother narrates,

The question stung me like bees. My daughter's childish brain seemed to have told her that my appearance, which

she saw now, was how God made me. It is only from such innocence that the question, 'Mummy, what is AIDS?' could have arisen. I wanted to tell her. To let her know that AIDS needed no other definition than the condition she found me. I am AIDS and AIDS is me. But how intelligible would that be to a child? (iii).

The fact that Ogugua sees herself as AIDS is paradoxically metaphoric. She sees herself as the Acquired Immune Deficiency Syndrome. If that is who she is, why does she take the antiretroviral drugs? Why does she keep fighting to survive? It is controversial that the impression of the essence of life and activity in the novel, creates an inconsistent antinomy or antithesis between life and death. This is because as in some illness novels, this novel undermines its own awareness that death appears to be preferred. Death is metaphorically described as rest, thus,

if you, who read this story, are sure of the day succeeding the night, of eggs producing chicks, such is my assurance that my own end is near. Death knocks on my door the temple bell rolls for me. It bids me to come to rest. To forget my regrets and banish the fears, (iv).

If being free from regrets and fears (iv), is rest, why does she strive to keep living?

To worsen the situation, Good Hope Hospital, Ibari, the hospital where she devotes her time and effort, relieves her of her duties. According to a statement from the representatives of members of the board of the hospital,

Your presence in this hospital has continued to bring notorious attention to it. Of late, it has become another press centre for journalists. And we have patients who wish to be left alone to receive their treatment in peace. Now, we have lost most of these patients because of you. I fear that if we don't act fast, we may be forced to close this hospital in the near future. We all agreed it was a very difficult decision given what you have done for the hospital. The board considered several options but concluded that the best among them was to ask you to go, (83).

At this juncture, she becomes so devastated that she thinks,

To my dismay, I discovered that my own thought process was barricaded. Could it happen? Could my thought be limited? Nothing in my whole life had prepared me for what I was experiencing mentally. All my life I have thought that thought had no end. But there it was. The end of thought. Beckoning on me to come. It is you, death, the end of

thought... That act of not thinking was disrupted later in the evening by ... (83).

Ogugua at this point, feels that her mental processes are obstructed. She feels she has stopped thinking and when one stops thinking, one dies. She sees herself as dying and also as death. Controversially, just like Jean Paul Sartre, notes, the act of not making a choice is also making a choice because, the individual who claims not to make a choice is rather making a choice not to choose. In the same vein, the act of not thinking, is thinking because, Ogugua, in thinking that she is not thinking, is involuntarily or unintentionally thinking. It is her thoughts that make her think she is not thinking.

Ogugua decides to sue the hospital, but her brother Nkemdilim advises her to save her money. Against her brother's advice, she goes on to institute the court case. She loses the case and at the Judge's verdict, "the court orders that the defendant should pay the plaintiff, ... a sum of money that is equivalent to her three month's salary. ... And to the plaintiff, the court decries the attitude of supposedly professionals like her whose conducts send out a different message to the public" (90). Hence, the court indicts her by erroneously labeling her as a wayward person, a professional whose conduct sends a different message to the public. She refuses the money. The verdict which infers that she is wayward generates more weakening and demeaning thoughts. As she puts it,

That one could be alone surrounded by numerous heads was an experience I witnessed for the first time in that court. As the court dismissed and people stood for the judge and his colleagues to vacate I refused to stand. I sat on the bench upon which I have sat throughout the period the judge read his judgement. I merely closed my eyes and tried to dissuade myself from being convinced of the implication of that judgment. But I was already convinced. I was a loser back to back, (90).

Granted Ogugua institutes a law suit with a hundred percent assurance that she would win, fighting not just for herself, but for others that might find themselves in the same condition as hers in the future. For this reason, she had gone against her brother's advice to save her money (as he does not think that she had enough resources to sue the hospital). Because she lost the case, she firmly believes that she is a loser. However, one wonders if she is really a loser. She is awarded three months' salary, implying that it appears not to be a three–sixty-degree loss. Nevertheless, she decides not to consider what she calls the paltry salary, a gain, so she refuses to collect it.

Ogugua believes that, collecting it, is acting like Esau who sold his birth right to Jacob. But the salary belongs to her. The morsel of bread or plate of porridge Esau took was not his. It belonged to Jacob as evident in the biblical account, (Genesis 25:29-34). Apart from this, in the biblical account, there was an exchange – the morsel of bread for Esau’s birth right. In her case, the money belongs to her and there seems to be no form of exchange. To buttress this, one of the mental processes that encourage her to sell her furniture and gadgets for survival is that, “... one has to live first to enjoy the gadgets. And that the feeling of shame is a privilege reserved only for the living,” (103). What therefore prevents her from receiving the three months' salary that Good Hope Hospital was ordered to pay her if she views shame as a privilege?

After hearing the court case, Jordan, who is also an AIDS victim and a member of SVS – Save the Victims’ Souls, encourages Ogugua to join the group. People Living with HIV/AIDS in Baderai is a group organized by Mrs. Rita Dumuno, a philanthropist who founded the non-profit organization SVS - Save the Victims' Souls. Most of the victims live in the SVS complex, (93-94). With his persuasion, she visits The Victim’s Complex for the first time, where she finds street urchins around the fence asking for money. The street urchins tell her that the people she will see are already dead. Therefore, she should give them (the street urchins) whatever she brought with her because, they (the street urchins) still have a chance to live. She appears not to be able to keep herself from thinking that she is already dead, although she still keeps trying to stay alive. Since the thought, that she is dying and that she is death, is already ingrained in her mind, she questions herself:

how would they know that I also belonged among the dead?
Who would tell them that if I had given them money it could
mean that they had collected money from the dead? (94-
95).

Ogugua begins to sell her valuable possessions so that she and her seven-year-old daughter, Juachi, can survive. Her life at this moment revolves around SVS since everyone else tries to avoid her. Going to the bank she sees that all she has left is two hundred and sixty-six deria and according to her:

It was clear to me that my hunting stone had fallen far off
from the bird as, in the calculation of my needs, such
amount of money meant nothing. I was trapped in
quandary. I stood at one place and with my mind’s eyes saw

the end of my world. In more concrete terms, I realised the power that money had over humans, (101).

The paradox lies in the fact that human life cannot be distilled into a number. In the above excerpt, Ougua equates two hundred and sixty deria to nothing and the end of the world. Her life stops at the end of two hundred and sixty deria. This suggests that once the money finishes, she is finished, or rather she is already finished since the money is nothing when compared to her needs. Paradoxically, she lives even beyond the end of the novel. Dr. Onuagha, her doctor, is of immense help, the arms of Mrs. Rita Dumuno, the proprietor of The Victims' Complex remains open to her, and her mother too, never looks down on her. Therefore, one can critique her last statement about the power of money over humans, with the idea that, though money has some power, it does not have as much power as the love humans have for one another. For as Orison Swett Marden (n.y:1) states, "what power can poverty have over a home where loving hearts are beating with a consciousness of untold riches of the head and heart?"

4.5.3 Classification of identified clinical paradoxical metaphors in Eric Omazu's *The Last Requiem*

The classification of the identified clinical paradoxical metaphors is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity:

- "I am AIDS and AIDS is me" (iii)
- "I was a loser back to back." (90)
- "How would they know that I also belonged among the dead?" (94-95)

Paradoxical metaphors of pain:

- "Death knocks on my door... it bids me to come to rest. To forget my regrets and banish the fears" (iv)

Paradoxical metaphors of survival:

- “I was a loser back to back.” (90)
- “... with my mind’s eye saw the end of my world. ... I realized the power that money had over humans.” (101)

Paradoxical metaphors of death:

- “Death knocks on my door... it bids me to come to rest. To forget my regrets and banish the fears” (iv)
- “The end of thought. Beckoning on me to come. It is you, death the end of thought.” (83)
- “How would they know that I also belonged among the dead?” (94-95)

4.5.4 Psychological effects of clinical paradoxical metaphors on ailing characters in Eric Omazu’s *The Last Requiem*

Cotard’s syndrome

From the novel, it is evident that being an AIDS patient represents, “abandonment, desertion, shame, and persecution,” (98), and Ogugua experiences all these (abandonment, desertion, shame, and persecution) from the time she is diagnosed with having AIDS till the end of the novel. Ogugua, seeing herself as AIDS, seems to be the most derailing of the thoughts she entertains. This makes her perceive herself as a terminal disease, with no iota of hope for survival even for a short time. These derailing thoughts cause her to additionally suffer from Cotard’s syndrome, a situation where someone believes that they are dying, dead, or does not exist.

Ozgun Atasoy (2013), notes that, “there is accumulating evidence that suggests that our thoughts are often capable of extending our cognitive and physical limits,” (1). In Ogugua’s case, it gets to a point that her thoughts could not take her further anymore. When she gets the news of her severance from the job where she had invested her time and strength, her decision to stay determined and weather the storm becomes weakened. She feels that thinking could not help her anymore. (83). Buttressing Atasoy’s statement in the power of thoughts over an individual, Jordan soon visits Ogugua one day saying he is healed. He invites Ogugua to join him to the Mount of Rain Assembly where he

got his healing. The Assembly is owned by Rev. Prophet Nicodemus Obed. She joins Jordan and after going through all the processes involved in getting her healing, the prophet announces her healing and deliverance in the early hours of the morning following the last night's session.

Feeling much better, Ogugua visits the complex and tells her story of healing. The proprietor, Mrs. Dumuno, who was not on seat when she told her story visits her in her house and was impressed with how well Ogugua was doing. As Ogugua narrates, "She felt I was beginning to add weight and even predicted that if I continued with the speed I was recovering I could regain all my lost flesh in two weeks. We discussed about my plan to return to work." (108). In discussing her plan to return to work, Mrs. Dumuno advises her to get a certified copy of the test or proof that she is no longer HIV/AIDS positive. Taking Mrs. Dumuno's advice, Ogugua goes for the test at the General Hospital but the result remains positive. The mind-boggling question then becomes, what happened? What was that sudden feature of recovery that was clearly palpable even by an external person, Mrs. Dumuno? What were those signs of good health that flooded back to her?

Additionally, Ogugua narrates, "Food which had meant nothing to me had begun to acquire some taste in my mouth. And I had begun to add weight. Were these not the signs of healing?" (110). In her narration, she answers the question:

An AIDS patient's mind is always home to anxiety and desperation. Half of what he suffers is tied to them. When I reflected further on my condition it became known to me that the prophet had only exploited these two emotions. When I added weight and began to feed better than before, it was not because I was cured but because my anxiety and desperation were dealt with, (110).

Ogugua's palpable physical improvement, is as a result of the fact that the thoughts of anxiety and desperation that weighed her down were dealt with. One then wonders what the outcome would be if she had remained in that frame of positive mental processing, even as she took her drugs. Well, the answer is not far-fetched as from Mrs. Dumuno's words, she would regain all her flesh in two weeks, (100). This is akin to Paul Kalanithi's words in his memoir, *When Breath Becomes Air*, "When there's no place for the scalpel, words are the surgeon's only tool," (53). Therefore, since Ogugua's case needs no scalpel to save her, what she needs are words. The words when they came, as she

narrates, worked wonders in easing her anxiety and depression, they soothed her mind connecting with her till she became energised, only it seems she did not let the words get rooted and grow in her mind. From the interactions she made, while she visited The Victims' Complex, she notes that, "the victims lack hope. Even when a hopeful statement was made about him or even if he made it himself, there is a feeling, that rubs at the back of the victim's mind that such hope was vain," (99). "Half of the pain that any AIDS patient goes through is as a result of mental worry," (100).

4.5.5 How ailing characters struggle to survive in an existential context in Eric Omazu's *The Last Requiem*

Even if the world tumbles, remember that God is on your side. Friends may forget you, brothers and sisters may desert you, but remember that our God abides, ... And no matter what the outcome of your laboratory test may be, you could still live your normal life if you choose to. It is up to you to decide whether to live or to give in to the ailment, (70).

Those were words from the counsellor, Mr Ikpe. It is his routine to prepare each patient before he or she goes in for the test, and also to encourage him or her when the result of the test is out. He said these words to Ogugua preparing her for the test she is about to take. When the result came out, he advises her to live responsibly with it. At the initial stage of the discovery of the ailment, she keeps these words ingrained her mind,

the words of Mr. Ikpe as he passed the laboratory result that proclaimed my AIDS status to me still echoes in my mind, 'the result of this test is sacred to you. You decide what to do with it. Whether to let others know about it or whether to keep it to yourself. The choice is yours. But you must live responsibly with it', (77).

Ogugua resolves to be determined about staying consistent with using her drugs and feeding appropriately. She takes precautions to avoid symptomatic diseases, doing all she could to prolong her life as much as possible. She does this with the single purpose of having enough time to provide for and save some money for her daughter, Juachi, till Juachi can depend less on someone else.

In the midst of the stigmatization, friends in Ogugua's work place, deserting her, the press carrying news and shaming her, amongst many others, Ogugua was still determined to soldier on, (82). While her job was taken away from her, she decides not to take another job because she feels that no employer will accept her. Thus, she thinks,

So, what would I do? Two options fluttered in my mind. One bothered on incomplete activity. And it admonished me simply, to wait to die. I said no to this option immediately it came to my head. The second one was to look for a lawyer and seek redress in the law court against the injustice which I felt Good Hope Hospital meted to me, (85).

Despite the challenges, Ogugua says no to the first thought of death. She says no and chooses the second option. Though her brother, Nkemdilim advises her against it, on the basis of the fact that she does not have enough resources to pay lawyers, she kept on believing that she is doing it for altruistic purposes - not fighting for herself alone but for others who could face the same challenges in future. Thus, she gives her struggle meaning by engaging in this selfless deed.

4.6 Chapter summary

The debilitating impacts of paradoxical metaphors on ailing characters are delineated in the five Nigerian novels explored in this chapter. As characters hold on to these paradoxical metaphors they begin to suffer from additional ailments irrespective of the underlying ailment they had been diagnosed of. Only two novels, Jude Idada's *Boom Boom*, and Maryam Awaisu's *Burning Bright*, reveal the ability of the ailing and affected characters, to twist their mental constructions to their own benefit.

CHAPTER FIVE
CLINICAL PARADOXICAL METAPHORS AND EXISTENTIAL
EXPERIENCES IN SELECTED AMERICAN NOVELS

5.0 Chapter overview

This is a continuation of the previous chapter with specialisation on novels from the United States of America. As in chapter four, the theory of deconstruction would be employed in distilling the paradoxical metaphors reflected in the expressions of ailing characters. The unreliability and slipperiness of the paradoxically metaphoric perceptions will also be revealed. On the other hand, the psychoanalytic theory would be used to analyse the effects of the paradoxical metaphors on the affected characters. Just like in chapter four, each selected novel is critically analysed individually. The discourse on the novels will follow the same pattern of: synopsis of the novel, identified paradoxical metaphors, classification and effects of paradoxical metaphors on affected characters, how affected characters struggle to survive in an existential context.

Mental processes are constructed and reconstructed based on factors like socio-cultural experiences and the character's level of enlightenment. In spite of some parallels, characters affected by diseases in the selected Nigerian and American novels perceive their situations differently. Thus, this section, also involves a comparative analysis of the selected Nigerian and American novels. This is carried out with a view to exploring the influence of sociological backgrounds on characters' use of paradoxical metaphors in responding to their medical condition. The chapter ends with a discussion on the discussion of findings.

5.1 Middle C held down with clinical paradoxical metaphors in Lisa Genova's *Every Note Played*

5.1.1 Synopsis

Richard Evans is a professional classical pianist. His fame rises to the point where he tours the world for his solo recitals. Playing solo is his version of ecstasy. “Every note played is a life and death,” (50). Seemingly, a single note is a single life, different notes played imply different lives – communal living – harmony – love – joy – peace – fulfilment of goals. All these are alive when the notes are played, and they are dead when the note is gone. Richard is married to Karina and they have a daughter, Grace. However, some forks in the road of their marriage lead to seemingly minimal challenges that grow into mountains, which make their marriage hit rock bottom. They get divorced. Few years after, at age forty-five, Richard begins to feel numb in his right hand:

... his right hand won't keep time when playing Rachmaninoff's Prelude in G-sharp Minor, chasing and not catching the tempo. Or he'll drop half-full cup of coffee because it's too heavy. Or he doesn't have the strength to manage the fingernail clipper. He looks down at the grotesquely long fingernails of his left hand, the neatly trimmed nails of his right, (20).

The same year he begins to feel this way, he feels he is dealing with tendinitis, “a frustratingly inconvenient but common injury that would heal with rest and physical therapy,” (19). About six months from the time he feels this way, he is diagnosed with ALS, Amyotrophic Lateral Sclerosis, a neuromuscular disease. The National Institute of Neurological Disorders and Stroke (2021:2) mark out ALS as “a group of rare neurological diseases that mainly involve the nerve cells (neurons) responsible for controlling voluntary muscle movement.” The group of neurological diseases are known as motor neuron diseases. The nerve cells involved are motor neurons that connect the brain, spinal cord and muscles of the body. Hence, the disease is a neurodegenerative disease which affects muscles that produce movement like: the movement of fingers and hands, walking, chewing, and talking. It is also known as Lou Gehrig's disease and it is progressive, Neurology and Neurosurgery (2021:1). This implies that the symptoms get worse in time. Symptoms include muscle rigidity or weakness. “Currently, there is no

cure for ALS and no effective treatment to halt, or reverse, the progression of the disease,” (National Institute of Neurological Disorders and Stroke 2021:2).

Richard begins to experience muscle rigidity and weakness with his right fingers and this gets to his entire right arm within two months. Before the right index finger stopped responding to stimulus, he tests it daily, holding on to and celebrating the accomplishment of its movement though ever slightly, “more like a feeble tremor than a tap,” (33). With the entire right arm and hand paralysed, he maximises his left hand by constantly playing Maurice Ravel’s Piano Concerto for the Left Hand.

In three months, Richard’s two arms and hands stop responding to any stimulus. He no longer uses let alone, moves them. Karina, his wife gets this information from her new neighbourhood friend, Elise, “His arms are completely paralysed. That was upsetting to actually see,” (71). One of Richard’s colleagues, Roz had organised a launch for members of staff who knew Richard from the days he was in the teaching profession, so, Elise had been invited and they all went over to visit Richard. Though Karina and Richard are divorced, when Karina hears from Richard’s acquaintances and reads from different news stories about Richard’s cancelled tours to treat tendinitis, she decides to visit him. The visit does not end well. Richard feels she came to mock him, and Karina feels that whatever she heard or read was not true, that Richard will bounce back to good health. This is because, at the time she visited him, his right hand was still intact though it trembled while he tried to uncork their bottle of wine. Consequently, Elise advises her not to visit a second time, but she insists. She sees for herself and encourages Richard to tell their daughter, Grace.

Richard gets two helping hands from Caring Health – Bill who comes in the morning to set Richard up for the day, and Melanie, who comes in the afternoon. As time passes, Richard needs either a

... new medicine, adaptive device, specialist, and each piece of equipment comes with a corresponding loss of function and independence. The new medications for drooling and depression, the new voice-to-text phone app, the ankle; foot orthotic he’s supposed to wear to keep his right foot from dropping, the feeding tube he’ll soon need, the power wheelchair waiting for him in the living room, the BIPAP already ordered. Each one is his signature on the

dotted line of a contract agreeing to the next phase of ALS,
(84).

Bill leaves him one morning with the advice, not to go strolling alone, urging that he waits for Melanie. But, Richard insists on going out. He does and while still outside, he feels an urgent need to empty his bowels. With immense difficulty and determination, he gets to the door of his building. Unfortunately, his neighbours are not around and it would take an hour before Melanie arrives. He decides to call Caring Health, for an emergency help before Melanie arrives. He speaks into his phone, which now hangs on his chest with a lanyard, but instead of Caring Health, the phone calls his ex-wife, Karina.

Karina does not only help him out, she takes him back into their original home and cares for him. Melanie and Kevin, his health aides, stopped visiting because of the geographical distance. Though the distance is nine miles off Bill's official territory, Bill keeps coming morning and night, with a new aide, Kensia who comes in the early-afternoons. With the new setting, Bill encourages Karina to forgive, speak up and resolve the differences between her and Richard. Thus, she begins to see the situation in a new light, a chance for resolution and forgiveness.

5.1.2 Identified clinical paradoxical metaphors in Lisa Genova's *Every Note Played*

Karina, Richard's estranged wife, on hearing the news of the cancellation of Richard's tour and the fact that it was as a result of ALS, visits Richard. Their conversation goes on seemingly smoothly until he tries to uncork the wine he brought to serve her, "his fingers keep slipping and have no command over the twisting mechanism," (31). Instead of letting Karina help him, as she is about to offer to do it for him, he begins to accuse her,

There it is, he accuses her. That's what you came to see,
yes?
I don't know. I didn't know. *Karina responds.*
You happy now? *Richard flares.*
No. *Karina responds again.*
That's why you came here. To see me humiliated like this?
No. (31). *Emphasis mine.*

The metaphor is an extended one. One begins to see that Karina is a scorner or scoffer. She had come only to make fun of him. To see him humiliated by the disease. Paradoxically, it is Karina who comes to his aid when he finds it difficult to enter his apartment and tries to call Caring Health. She is the one who takes care of him when the muscles of his legs could no longer respond to stimuli. She lets him stay in her house and she cares for him till he decides that he wants her to live her life doing what she enjoys, till he decides he no longer wants to be a burden to anyone, till he decides it was better he stops breathing, (281-283).

When Richard's right hand and arm stop responding to stimuli, he maximises his left hand, by constantly playing and practising for nine hours a day, Maurice Ravel's Piano Concerto for the Left Hand. A piece of fifteen minutes played alone and "eighteen with a whole orchestra, a single movement originally composed for an Austrian pianist, Paul Wittgenstein, who lost his right arm in World War 11," (48). On the fourth day of his recital, he imagines himself about to play before an audience of hundreds. He takes his bath, and breakfast, dresses up to the level his left hand can let him and then, he sees his audience in the living room, while the conductor and orchestra are in his kitchen. Seated and ready before his piano, he visualises the commencement of the concerto and he starts playing about a minute and a half in. He plays incredibly, evoking shimmering emotions, with his left hand in full control over all the eighty-eight keys. He magically climbs the scales, reaching a triumphant ecstasy, almost his highest crescendo, and then, ends in heroic victory. He imagines the standing ovation his audience gives in tandem with the massive applause, as he stands and takes a bow.

This experience excites him, urging him to call his agent. He feels that if he could do this, his career is not over, he could tour the world as a guest with this piece, and his agent would be proud. But then, this happens:

He sits back at his bench, readying to play it again. He positions his left hand on the keys, but instead of hearing the orchestra begin in his mind's ear, he hears only the oppressive silence of his empty apartment and a voice in his head, an arrogant naysayer, stealing his confidence, talking him out of *this pathetic plan*. ...

Instead of beginning his solo in opposition to the overbearing silence and the voice in his head, he plays *a single note, D*, with his pinkie. He holds the key and the foot pedal down, listening to the singular sound, *bold and*

three-dimensional at first, then drifting, dispersing, fragile, decaying. He inhales ... The note is gone. Every note played is a life and death. ... The voice in his head knows better and insists on another peek down the rabbit hole. No hands, (49-50). Emphasis mine.

Invariably, paradoxical metaphors could be arrogant naysayers that steal confidence. The voices in his head ridiculed his plan of contacting his agent after playing Ravel's piece, calling the plan pathetic because metaphorically, he begins to see himself as a single note, that fades away. A single note, alive at first, "bold and three-dimensional" – spirit, soul and body – alive, awake, enthusiastic. To buttress this,

A single key played on the piano can convey the entire range of human experience. Middle C can be played staccato and fortissimo, a loud and sudden *yell*, it could mean anger, danger, surprise. The same note played pianissimo is a whisper, a tiptoe, a gentle kiss. Middle C held down, along with the foot pedal, can convey a longing, a wondering, a fading life, (195).

This generated the title of this textual analysis, with Middle C as Richard who is held down not with a foot pedal but with paradoxical metaphors. So, Richard pictures himself as a single note that fades in that, at the time of the current practice of Ravel's piece, he is beginning to drift; disperse, he is fragile, decaying and death awaits him. Notably, a note bold and three-dimensional is kept alive by a hand (the note is played, held by a hand). The implication of this is that a hand had held or is holding Richard's life. For the note to die, it means that the hand is being lifted. This also means, that the hand holding Richard's life is being lifted or is taken away. Paradoxically, how long can a hand hold on to a note to keep it alive? Perhaps a hand holding on to a note becomes exhausted and requests another hand to take over, (an individual asking another to take over holding a note) and then the swap goes on and on. Can the hand holding on to Richard's life be swapped with another unexhausted hand? Also, at that moment, the voices in his head claim he has no hands. In contradiction, he actually played not just brilliantly but professionally with his left hand, so what then is the basis of the mental preoccupation that he had no hands at the time? What hand did he even use to play the single note, D?

With each progression of the disease, Richard needs either a new medicine, adaptive device, specialist, or piece of equipment and each of these comes with a corresponding

loss of function and independence. It is on this note that the omniscient narrator states, referring to Richard,

He is standing in a lake of dense quicksand, and **every** *offer of assistance is a block of concrete placed atop his head, sinking him irrevocably deeper*, (85). *Emphasis mine*

This notification implies that each help Richard gets weighs him down. Perhaps that is why he insists of going for a walk alone without waiting for Melanie (102-106). It is metaphorical to say that Richard “is standing on a lake of dense quicksand,” implying that his life is unsure. The foundation of his life, the lake, the platform on which his life stands is not solid. It is also metaphoric that “every offer of assistance is a block of concrete placed atop his head, sinking him irrevocably deeper.” This implies that every help he gets is a burden, weighing him down, weakening the foundation of his life, (the dense quicksand), which originally is not solid, hence, the help crumbles the foundation, and with each crumbling, his life crumbles. The fact that the disease progresses, hinting the uncertainty of the sustainability of Richard’s life, is clear.

However, the feeling or thought that “every offer of assistance is a block of concrete placed atop his head, sinking him irrevocably deeper,” is paradoxical. There seems to be a contradiction. The assistance Richard gets keeps him alive, afloat or atop the dense quicksand. It is the disease that crumbled the solidness of what he is standing on, making it a dense quicksand. Hence, it is the progression of the disease that takes him down not the assistance. The assistance fights to keep him atop. If the assistance sinks him, why does he need any of it? How come he still needs the assistance when it is within his power to decline any assistance? He could ask Caring Health to stop or terminate the services of Bill and Melanie, and also, he could decide not to order any of his medications, specialist, or adaptive device, since it is within his control to put away anything that is a burden to him.

Each morning Richard wakes up and before he goes to sleep, (before Bill arrives for a series of routine morning activities and when Bill leaves after his evening activities), it seems that the preoccupations of his mind are let loose most times in a deteriorating manner that,

He needs something to do, something to distract him from the bottomless sorrow and anger inside his gut, from *the*

tortured thoughts circling like vultures in his head, (92).
Emphasis mine

This paradoxical metaphor, “tortured thoughts circling like vultures in his head,” confirms the essence of this research – that mental preoccupations could be paradoxically metaphoric and could also be derailing. To Richard Evans, the mental preoccupations are torturing. Though “like,” denotes that the statement represents the figure of speech, simile. It is worthy to note that simile is a form of metaphor as it involves the comparison of dissimilar objects, persons or ideas. In addition, the choice of the statement is germane as it depicts the essence of this research. The statement is paradoxical in the sense that, vultures hover around dead bodies. This connotes that, Richard’s head or Richard is dead. This is contradictory because the dead is characterised by not living. The physical characteristics of dilated eyes, coldness, odour, decomposition and rigidity, have to do with the deadness of the nerves and blood vessels, but the excerpts below show that Richard’s nerves are still very active though the muscles of only his hands were inactive at the time,

Richard watches this exercise (Bill massaging his arms with the moisture cream) somewhat detached, as if his fingers and arm belong to someone else. Yet he feels everything Bill does in vivid detail. Each touch reminds Richard that his arms aren’t completely severed from his body. Even though the efferent pathways are forever out of order, his arms are still connected to his nervous system, the afferent signals of pain, pressure, temperature, and touch completely intact. Somehow, this is comforting, (100).

Research shows that vultures do not hover around a living body. The mercaptan gas that rotten corpses emit attracts vultures. Even if one argues that Richard’s muscles are dead, the only muscles that are inactive at the time of the statement, are the muscles of the arm, every other muscle on his body are active, they are not even close to being rigid let alone being rotten.

With Karina’s help, Richard leaves his apartment and moves into Karina’s to save cost. Now in his original home, at 450 Walnut Street, where he had lived with Karina and their daughter, Grace, for thirteen years before their marriage was severed, he stays in the old den on the ground floor, as a result of his ailment, (126). The door to this den, his new bedroom, is intentionally left open so that he would not have to keep calling each time he wants to leave the room. As a result, Richard begins to feel that his privacy

has been traded for his ability to leave the room so that he does not call for help and someone would come and open the door like,

*Letting the dog out. ... an animal in a cage. A pig in a pen.
An ex-husband in the old den, (130). Emphasis mine.*

Richard sees himself as an animal, a caged animal. Paradoxically, there is no cage. His door is not even closed. It has been left open to help him. In addition, he is in his own home. A somewhat direct opportunity for him to reconcile with his wife and his daughter if he desires. What dog or pig (not a pet) would be given the freedom to move around, inside a home, without restrictions?

Since “ten percent of ALS cases are purely genetic,” (132); “five to 10 percent of ALS cases are familial, caused by a collaboration of genetic mutations,” (132), and the form of ALS he suffers from is called, “sporadic, caused by something other than or in addition to the DNA he inherited,” (133), Richard as he ponders about why and how he experiences this disease, believing that there is no ALS on either side of his family tree, sees himself,

*As the only bad apple, rotting on a withering branch, (133).
Emphasis mine.*

That Richard sees himself as the only bad apple is metaphoric. One begins to wonder what the withering branch is, if he is the fruit. The tree seems to be his family tree and the branch that bore him and his two brothers did their bit well. His mother dies in her forties as a result of cancer, his father lives to eighty. In contradiction, a bad apple attracts dislike, disgust, thus, making the bad apple to be thrown away. Contextually, societal bad apples are discarded and taken to corrective centres, rehabilitation homes, or even imprisoned. In Richard’s case, he is more loved, his ex-wife accepts him back into their home, though his father had disliked him because of his penchant for the piano, his mother always encouraged him. His brothers breached the gap during the burial of their father, encouraging him to keep fighting the disease. They share all their father left for them equally and in love. Worthy of mention, is the statement that, “there is no scientifically based evidence to support any of these (Richard’s) speculations,” (133), on how and why he suffers from the disease. How then is Richard a bad apple in a withering tree branch? What is the withering tree branch since he has a strong lineage?

Worthy of note is the fact that in the novel, the disease is referred to as Richard's disease, supreme, perfect with no iota of fault.

*his ALS (133, 138). It is a faceless enemy; an opponent with no Achilles' heel and an undefeated record, (219).
Emphasis mine.*

The metaphorical implication could be that he created the disease, he owns it, it belongs to him. It has an identity and the identity is his, the one he gives it. If this is so, then it means he has control over it, and if he does, why does he not stop the progression of the disease in his muscles? Why is it faceless? Faceless, connotes the idea that no identity is attached to the signified, but in this case, if the disease, ALS is Richard's then it implies that the disease has an identity, his identity, the one he gives the disease. These questions thus, arise, should the disease an individual suffers from be the identity of the individual? Should the individual be seen as the disease? Should the individual become the disease or should the disease become the individual?

5.1.3 Classification of identified clinical paradoxical metaphors in Lisa Genova's *Every Note Played*

The classification of the identified clinical paradoxical metaphors is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity

- "... letting the dog out... an animal in a cage. A pig in a pen. An ex-husband in the old den" (130)
- "...a single note, D. ... The note is gone. Every note played is life and death. ... No hands." (49-50)
- "...the only bad apple" (87)

Paradoxical metaphors of pain:

- “Every offer of assistance is a block of concrete placed atop his head sinking him irrevocably deeper” (85)

Paradoxical metaphors of survival:

- “That’s why you came here. To see me humiliated like this” (31)

Paradoxical metaphors of death

- “...a single note, D. ... The note is gone. Every note played is life and death. ... No hands.” (49-50)
- “The tortured thoughts lurching like vultures over his head” (82)

5.1.4 Psychological effects of identified clinical paradoxical metaphors on ailing characters in Lisa Genova’s *Every Note Played*

Depression

Letting the voice of the arrogant naysayer take a toll on him, Richard believes he has no hands even after playing with his left hand. As pointed out, “instead of beginning his solo in opposition to the overbearing silence and the voice in his head, he plays a single note, D, with his pinkie,” (50). He is already demoralised, because other than doing what he desires to do, he,

...leaves the piano. He retreats to his bedroom, undresses, and crawls back into bed. He does not call his agent. He lies on his back, staring at the ceiling, wishing he could stop time, hiding from his future, knowing without any doubt or hope that someday soon he won’t simply be peeking down that rabbit hole.
He’s going to live and die in there, (50).

Richard is overwhelmed by depression, which seems to harm him at that moment, more than the ailment does. Without those voices, the paradoxical metaphors raging in his mind, or rather, if he had been able to shun them, “beginning his solo in opposition to the overbearing silence and the voice in his head,” (50), he could have toured the world

during that period. But as he dwells on the paradoxical metaphors his morale is battered and defeated.

The narrator's statement, that Richard "is standing on a lake of dense quicksand, and every offer of assistance is a block of concrete placed atop his head, sinking him irrevocably deeper, (85), implies that Richard has been dwelling on this thought, which is why at some point he feels he does not need help. he goes for a walk alone even though he had never gone out alone since the muscles of both of his arms stopped responding to stimuli. But then, one could say that his decision might have further weakened the muscles of his legs. Perhaps, the legs would not have been affected as fast as they did because they were overstrained. He also feels that he has overworked his muscles since Karina comes to his aid after a long time.

Hysteria

When Richard's divorced wife, Karina visits him, he becomes hysterical when he dwells on the thought that she had come to mock him. As he tries to uncork the wine he brought to serve her, "his fingers keep slipping and have no command over the twisting mechanism," (31), instead of letting him help her, as she is about to offer to do it for him, he becomes hysterical, "he stops and hurls the bottle opener across the room and begins to accuse her. This attitude from him makes her leave and she does not come back until the muscles of his arms become paralysed.

Enosiophobia and subjugation

In his original home (now with Karina), the paradoxical metaphor that Richard holds on to, that he is an animal, a dog, a pig, make him become caged in his own home. As a result of the distance, from where he lives with Karina, Melanie and Kevin stop visiting to help, but Bill continues (130). In addition, a new early-afternoon aide, Kensia, within his geographical zone is assigned to him, (131). Richard restricts majority of his time inside his new room because he fears he could step on unresolved eggshells and landmines that hide in the floor of his home. He becomes enosiophobic, morbidly scared of criticism or unpardonable sin, and subsequently he avoids leaving the room at all costs. A vague and persistent dread keeps harassing him. Since, he loathes asking for help generally, he decides not to ask for help from Karina or Grace. He starves himself, denies himself of varying comforts, suffers in the cold, and waits till an official health

aide arrives, as the aide will officially do his or her job. He experiences some sort of panic attacks, “it forms a fist in his stomach, its claw reaching for his throat, (232).

5.1.5 How ailing characters struggle to survive in their existential context in Lisa Genova’s *Every Note Played*

Though Richard’s mind is not strong enough to take on the ailing situation he experiences, help he gets from Caring Health, former colleagues and his divorced wife, Karina, keeps him going. He always keeps his hopes alive, “he hopes for better than the worst-case scenario. Always has,” (109).

Being with Karina gives him the opportunity to heal in his mind, to tell his daughter, Grace that he loves her. Earlier, before Richard and Karina’s divorce, Grace chooses a discipline other than music and piano lessons. This makes Richard become indifferent about her. He does not get to know who she is and he denies her of a father’s love). Staying in Karina’s apartment makes him reflect and see that he is committing the same offense he accuses his father of committing – Richard’s father sees Richard as an outcast because Richard out of all disciplines, decides to become a piano player. His father sees that as an assignment for the weak. Hence, Richard is a weakling to his father. As Richard reflects on his experiences with his father, he sees that in his relationship with his daughter, Grace, he makes the same mistake his father made, and he has to resolve that.

Thus, he generates the meaning of reconciliation from his ailing experience. It gives him the opportunity to resolve all that strained his marriage with Karina. He forgives her and also seeks for her forgiveness. Karina does the same too as they both wronged themselves. Richard ensures that all these happen as he yearns for what he feels is ultimate, peace, even to his death.

5.2 Who gets the final say? Clinical paradoxical metaphors in Rachael Lippincott's *Five Feet Apart*

5.2.1 Synopsis

Stella, Poe and Will are youngsters suffering from cystic fibrosis (CF). Cystic fibrosis is a progressive, genetic disease that causes persistent lung infections and limits the ability to breathe over time, (Cystic Fibrosis Foundation 2021:1). The disease is progressive, hence, chronic, affecting the respiratory system. Symptoms include: chronic cough, lung infections, shortness of breath, poor growth or weight gain regardless of good appetite. Ann Pietrangelo (2020), notes that, the treatment of Cystic Fibrosis revolves around keeping the airway clear and maintaining adequate nutrition. Health problems can be managed, but there's no known cure for this progressive illness.

The youngsters, Stella, Poe and Will, meet and become friends at St. Grace's hospital: Stella and Poe are best friends since they started visiting St. Grace's Hospital as infants. Will's first visit to the hospital is as a teen. His stay at the hospital changes the atmosphere as it breeds the love affair that ensues between him and Stella. The story is unique in the sense that it is narrated in two narrative voices. A reader experiences the story from two angles: Stella's and Will's, as the chapters in the novel alternate between Stella's narration and Will's narration from beginning to the end.

The story begins with Stella encouraging her friends, Camila and Mya to go for their school's senior trip to Cabo. They feel bad because this is the second time in a row that Stella will miss their outings as friends after she had joined in planning them. Stella feels she needs her treatment more, she cannot risk going for the excitement and not coming back alive. It will kill her parents. She convinces her friends and they leave for Cabo without her. In their absence, she ruminates on how the death of Abby her elder sister led to her parents' separation, they could not handle it. And she wonders what would happen to them if she dies. Her nurse, Barb, informs her that her friend Poe just checked in and she becomes happy that she has got company. Stella loves watching babies at the NICU (Neonatal Intensive Care Unit) so, when a new one arrives at the unit that evening, Barb informs Stella and tells Stella to meet her in fifteen minutes. It is on her way to the NICU that she sees Will for the first time.

Will is carefree and does not give a damn about life let alone taking his medications seriously. This is based on his idea, “It’s just life. It’ll be over before we know it,” (14). Stella on the other hand, is prim and proper, takes her medications seriously, has a regular and a master to-do-list that would help organise and direct her life. She even creates an App that would direct and remind her of when to take her drugs, what drugs to take and how to take them. It is an App for “all chronic illnesses, complete with med charts, schedules, and dosage information,” (17). As a result, Will’s attitude of nonchalance irritates her. She has control issues. She likes seeing that everything is done in order. Poe also confesses that he has benefited greatly from Stella, because he learnt to take his medications seriously. Stella tries all she could to get Will comply but, Will only accepts with the condition that she will let him draw her. They have a deal and Stella discreetly organises Will’s med cart in his room. She installs the medication App on Will’s phone and she insists that for accountability purposes they would have to take their medications together. This builds their relationship and soon they become lovers.

Stella gets billed for a procedure to cure an infection growing around the skin where her cannula is attached. Will knowing that, that was her first procedure without Abby, creatively takes Abby’s position by sneaking into the operating room and singing one of Stella’s old family song. Stella appreciates this for it boosts her hopes that she will survive. However, as Will finds his way back to his room, he is accosted by Barb who shuns him seriously stating clearly that he might kill her. Besides the fact that all those suffering from CF keep a distance of six feet apart, there is also a distinction between those whose lungs have been contaminated by *B.cepacia* and those whose lungs have not. Those whose lungs have been contaminated are off the list for a lung transplant. It seems that there is no remedy for them as they hope that one clinical trial will salvage the situation. Will’s lungs are contaminated with *B.cepacia*, therefore, Barb is seen doing all she can to separate them, as Stella is already on the list for a lung transplant. Hence, Barb’s confrontation makes Will withdraw from Stella such that when Stella’s procedure is successful, he clearly stays away from her.

Stella not finding this funny, devices ways to cement their relationship. She first, steals one foot from cystic fibrosis, making the distance between her and Will five feet. She creates a pool cue of five feet to help them stick to the distance, and she ensures they have their hand gloves, sanitisers and face masks each time they meet. A night to Will’s

birthday, she organises a surprise get together for them that involve Poe, her friends: Camila and Mya, and Will's friends: Jason and Hope. The celebration secretly goes on well with Poe as the chef until Barb finds them out. Barb is so enraged that she asks Poe, Will and Stella to go back to their rooms despite the fact that they claim to have kept the safe CF distance of six feet. Barb also announces that Will will be isolated the next day so that Stella's life can be saved

Back in their rooms that same night, Poe dies. This is too much for Stella to bear. She begins to feel that she has not been living for herself but for CF. She feels that she needs to rise above CF and live for herself as she might die anytime. Holding on to Will's words earlier, that it is just life and it will be over before they know it, she decides to go and see the lights in the thick snow, believing that at least she would achieve something she really wants to achieve before she dies. As she gets ready to leave, she sees Will also leaving. Will already seeing himself as a danger to Stella waits for Barb to isolate him. And since, he did not see her, decides to leave on his own accord. Stella meets Will and convinces him to join her to see the lights. Basking in the euphoria of their freedom in the snow, Stella receives messages that healthy lungs are already on their way for her and she needs to be made ready for the operation. She ignores the messages with the decision to choose Will over the new lungs as the new lungs will separate her from Will. Will soon begins to get messages too from his mum who is surprisingly at the hospital that night; he tries to convince Stella that they get back to the hospital for the lungs which is her chance for a real life, but it was futile. Fortunately, he was able to contact the hospital before an accident occurs: the snow ice breaks open beneath Stella, sucking her in, swallowing her whole body. Will saves her, finds out she is not breathing and gives her a mouth-to-mouth before passing out.

Help from the hospital arrives, they both wake to find themselves in the hospital with their family members and doctors surrounding them. Stella clearly states that she does not want the lungs as that would make her lose Will. She tries to let her father see reasons with her. Will convinces her to take the lungs, that is what he wants for her and that is also what Abby her elder sister who is dead, also wants. They want her to live. She decides to take the lungs for Will's sake. Will informs the doctor that when he got her out of the water she was not breathing so he had to give her a mouth-to-mouth. As dangerous as it sounds, the doctor assures Will that there is no cause for alarm, she

appreciates him for keeping her alive, that is the reason why she will be able to get the new lungs, if any infection arises, they will deal with it. While Stella is undergoing the lung transplant, Will draws cartoons, creating an album that would preserve his recollections of their tryst. The surgery turns out successful and Will sees that he did not give Stella B.cepacia. Thus, he plans and executes a grand goodbye for Stella, with the help of everyone including Barb and his mother.

5.2.2. Identified clinical paradoxical metaphors in Rachael Lippincott's *Five Feet Apart*

The clinical paradoxical metaphors are singled out from each of the major character's expressions. As noted earlier, a reader experiences the story from two angles: Stella's and Will's, as the chapters in the novel alternate, beginning with Stella and then, Will, from beginning to the end.

Stella Grant

Stella is upset at the beginning of the story. She broods over the fact that she will not be able to join her friends for their senior class party. Her friends Mya and Camila visit her at the hospital, and Camila laments, "second trip in a row without you," (2). This makes Stella think,

It's true. This isn't the first time *my cystic fibrosis* has taken me out of the running for some class trip or sunny vacation or school event. About 70 percent of the time, things are pretty normal for me. I go to school, I hang out with Camila and Mya, I work on my app. I just do it all with low functioning lungs. But for the remaining 30 percent of my time, *CF controls my life*. ... We've been friends since middle school and they know by now that when it comes to plans, *my CF gets the final say* (2). *Emphasis mine*.

Metaphorically, the cystic fibrosis is hers, it also controls her life. The personal pronoun, my, denotes the fact that the disease belongs to her. On the contrary, she does not own it. Also, the fact that CF controls her life is contradictory. Her statement implies that she is in control of 70 percent while CF is in control of 30 percent. If CF has only 30 percent and she has 70 percent, how can CF be supreme? How come she gives it the authority of having the final say? Again, if the CF belongs to her why does she fight it

to kill it, as she states describing her relationship with Poe, “we’ve fought CF together for a freaking decade. Well, together from a distance, anyway,” (7).

Will gets admitted into Saint Grace’s hospital and he meets Stella. In getting to know her, he Googles her. Seeing her YouTube videos; he listens to one of them as she says,

Like all CFers, I was born terminal. Our bodies make too much mucus, and that mucus likes to get into our lungs and cause infections, making our lung function de-teri-orate, (16). Emphasis mine.

Imprecisely, Stella insinuates that she is born to die. All CFers are born to die. Other characters believe and reiterate this too. For instance, while referring to Poe’s situation, (Poe’s parents were deported back to Colombia. Because his place of birth is the USA, his parents decide not want to take him away from his doctors. Hence, he becomes a ward of the state till he turns eighteen), Will states, “How could they deport the parents of someone with CF? The parents of someone terminal,” (64). Speaking to Stella on one of their get-togethers, he chips in, “Come on Stella. We’re terminal,” (87), Paradoxically, what human is not born to die? The seeming difference lies in the timing each human has. Where a healthy individual or an individual with sound organ-functions seems to have more time on his or her side, an individual with an impairment in his or her organ-functioning might have less time. The contradiction is shored up by the notion that an individual who is ostensibly healthy with proper organ-functions might spend lesser time on earth than the counterpart who is ostensibly unhealthy with impaired organ-functions. The novel subtly contradicts itself, its notion of the terminality of ailing characters as Abby, Stella’s elder sister, healthy, with proper organ-functions, dies; Stella lamenting to Will, states, “I’ve been dying my whole life. Every birthday, we celebrated like it was my last one. ... But then, Abby died. It was supposed to be me, Will. Everyone was ready for that,” (57). Stella believes that Abby her sister is practically the definition of alive and she, Stella, is the one who is supposed to die before any of her family members.

Will Newman

There is a subtle conflict motif in the novel in relation to who is and who is not in control of the ailing characters’ body – the disease or the individual suffering from the disease. For Stella, it seems CF has the final say. Whereas, Will wants to feel in control, so he

ignores the rules of staying six feet apart; the use of gloves and face mask. He considers himself a rebel. His attitude is premised on his belief that he shares with Stella:

It's just life. It'll be over before we know it. (14). Emphasis mine.

Will metaphorically sees life as the blinking of an eye. Sometimes we blink and it is only when the blinking has occurred that we know that we had blinked. So, at times we blink before we even know we did. In the same vein, Will believes that life will be over before he knows it is. He insinuates that Death comes for everyone so why try to live? Nothing is going to save anyone's life, everyone is breathing borrowed air, so what is all the fuss about fighting to live? (36-7). Will makes this statement to counter Stella's notion of keeping to the rules and taking one's medications seriously. In contradiction, he plans for his eighteenth birthday. He yearns for the freedom he would get with his new age. One might justify the fact that since he believes life will be over before he even knows it, he should experience it before it ends. But then, he does not do the things he is supposed to do to keep him alive so that he can have his experiences. How then does he expect to stay alive, to experience life before life is over? If life will be over before he knows it, and there is no need for anyone to try to live, by sticking to rules or medications, why does he look forward to his eighteenth birthday and the freedom he would have with his friends in accomplishing his dream of touring the world?

Will's relationship with Stella blossoms till Will talks about Abby's death without concerns for Stella's feelings. Stella flares up, refusing to communicate with Will. In the process, Stella is billed for an operation to clear an infection that had been growing on the spot where her cannula was strapped. Will creatively decides to breach the gap between him and Stella by taking up Abby's space - doing what Abby would have done for Stella if Abby was alive – singing their old family song for her and encouraging her. He sneaks into the theatre and succeeds in rekindling their romance. This encourages Stella and she is assured of her survival. However, as Will goes back to his room, he meets Barb. Barb, in no tender way, shuns him, stating categorically, "You will kill her Will. You could ruin any chance she has for new lungs," (72). Barb's reasons stem from the fact that she had let two CF lovers earlier have their way and they died under her nose. This time, she is not going to let that happen again. This alters Will's mental processes towards Stella:

...

I search it B.ceapcia.
Words jump out at me

Contamination

Risk

Infection

With just a cough, with just a single touch. I could ruin her entire life. I could ruin any chances she has for new lungs. I could ruin Stella.

I knew it. I guess. But I really didn't see it.

The thought of that makes every bone in my body ache. Worse than surgeries, or infections, or waking up on a bad morning barely able to breathe. Even worse than being in the same room as her and not being able to touch her.

Death

That's what I am. That's what I am to Stella.

The only thing worse than not being able to be with her or be around her would be living in a world that she didn't exist in at all. Especially if it's my fault. (73). *Emphasis mine.*

Will begins to see himself as death, death to Stella, hence the mental distress. Any sort of contact with Stella will result in her death, so the best thing for him to do is to completely stay away from her. The notion that Will is death is paradoxically metaphoric, because if Will is death to Stella, Stella should have been dead. At the time, they had been together for over one week. Also, when Poe dies, and Stella realises that she had not been living, she makes Will join her to see the holiday lights in the snow. This is something Stella would never have done. During their blissful adventure, a snow-ice Stella stands on cracks and she almost drowns inside it. Will saves her and gives her a mouth to mouth. This action though dangerous did not have any negative effect on her, rather Will was appreciated for saving her life. Contradictorily, he becomes a saviour to her other than death.

Poe

Poe and Stella have been best friends from childhood. Stella attests to this: "Poe was the first friend I made when I came to the hospital. He's the only one who really gets it. We've fought CF together for a freaking decade. Well, together from a distance, anyway," (7). Poe speaking to will, attests to how Stella is dear to him: "... she's been my best friend practically my whole life, ... I fucking adore her, ... would lie down on hot coals for her. I'd give her my lungs if they were worth a shit," (39).

When Barb sternly confronts Will about Stella's safety, and Will pulls away from Stella without giving Stella a brief, Poe explains to Stella what happened. He goes further to advise that staying away from Will seems to be the best idea so that she can preserve her life. However, Stella does not take this lightly, "you want to tell me what to do with my life? What about yours? You and Tim. You and Rick, Marcus, Michael?... They all knew you were sick and they loved you anyway. But you ran, Poe. Not them. You, every time. What are you afraid of, Poe?" (79). She does not stop there, "You've ruined every chance of love that ever came your way. So, please, keep your advice to yourself," (80). They fall out. However, as most close friends do, they make up after some days and Poe owns up, admitting,

I am afraid. ... You know what someone gets for loving me? They got to help me pay for all my care, and then they watch me die. How's that fair to anyone? Should that be Michael's problem? Or my family's? It's my sickness, Stella. It's my problem. (87). Emphasis mine.

That Poe is afraid is metaphorical but not paradoxical in the sense that the statement is not contradictory in itself. As a result of the ailing condition he experiences, he dreads hurting other people's feelings. He feels he would stress their lives out, deprive them of real-life experiences, the enjoyment of their resources, and then, die on them. He pushes everyone away so he does not hurt them. He forgets that the moments spent are much appreciated.

However, the belief that the problem is his, is not only metaphorical but paradoxical because, no man is an Island. One's challenge has a way of affecting one's parents, siblings, guardians, significant others, surroundings or neighbours. It is his problem, yes, but it is also the problem of those who love him. If it is just his problem, then Stella's problem is simply her problem, why is he so concerned that he makes the statement, "I'd give her my lungs if they were worth a shit,"? (39). Also, if it is his problem why does he not solve it alone, why involve the government, doctors and nurses, who run around to see that he stays alive? Although he is reluctant to share his struggles with others, it appears that this reluctance is what draws others to him.

5.2.3 Classification of identified clinical paradoxical metaphors in Rachael Lippincott's *Five Feet Apart*

The classification of the identified clinical paradoxical metaphors is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity:

- "...my cystic fibrosis ... CF controls my life ... my CF gets the final say" (2)
- "Death. That's what I am. That's what I am to Stella" (73)

Paradoxical metaphors of pain:

- "I am afraid... it's my sickness, Stella. It's my problem" (87)

Paradoxical metaphors of survival:

- "I am afraid... it's my sickness, Stella. It's my problem" (87)
- "...my cystic fibrosis ... CF controls my life ... my CF gets the final say" (2)

Paradoxical metaphors of death:

- "Like all CFers, I was born terminal." (16)
- "It's just life. It'll be over before we know it" (14)
- "Death. That's what I am. That's what I am to Stella" (73)

5.2.4 Psychological effects of identified clinical paradoxical metaphors on ailing characters in Rachael Lippincott's *Five Feet Apart*

"What sort of life exists without language?" Paul Kalanithi (2015:67). The power or effect of language characterised by the words used to express pain are highly effective in positively or negatively transforming an experience. The paradoxical metaphors identified in the previous section made the characters' experience high levels of survivor's guilt, symptoms of lack of self-esteem, cotard's syndrome, dysfunctional love and relationships amongst others.

Stella's exhibition of survivor's guilt and high functioning depression:

In *Five Feet Apart*, Stella does not expect that Abby would die before her. To Stella, Abby is the definition of life, being alive. Stella, foreseeing that her death would cause a wreck on her parents' marriage, prepares Abby ahead of time, so that Abby can mediate properly between their parents. She tells Abby what to do to keep their parents together when she, Stella, dies. Unfortunately, Abby dies and she finds herself doing all she prepared Abby to do. Also, with the notion that CF has the final say over her life, she limits her options of experiencing life, and doing the things she really wants to do that would excite her. Though she is naturally prim and proper and wants everything to be in order, exhibiting some sort of control issues, she takes it to the extreme when she hinges her survival to the survival of her parents. This is because, after Abby's death, in three months, her parents separate, and in six months they divorce. They put as much distance between each other as possible, leaving Stella straddling in-between. Stella tries everything she could do to keep them together: planning family outings, making dinner for them when they could not amongst others, but all these were futile. She also put it on herself to: focus on staying alive to keep them both alive: she makes to-do-lists and checks them off to guide her, she keeps herself busy swallowing her guilt and pain so that her parents do not get consumed hearing about her pain. So, about seeing herself die, she states, "I can't do that to my parents. Not now," (2). "... I'm pretty sure keeping me alive is the only thing keeping my parents going," (49). Her elder sister Abby is dead, this severed her parents' marriage. Thus, she feels that her own death will kill her parents,

How to get more time, it makes me more afraid than I have ever been before. But not for me. When you have CF, you sort of get used to the idea of dying young. No, I'm terrified for my parents. And what will become of them if the worst does happen, now that they don't have each other," (8).

Lamenting to Will about how the loss of Abby hit her family, she says, "it will kill my parents if I die too," (57). Hence, her decision to live so that they will live. Understanding the situation, Will realises that he had been wrong about her decisions, he had thought that she was afraid of death, but no, she was staying alive for her parents' sake, which is why he avers, "you're a dying girl with survivor's guilt. That is a complete mind-fuck," (57).

Notably, despite the fact that Stella indulges in some paradoxically metaphoric thoughts, she seems to understand the power of her mental preoccupations over the state of her well-being and even over the lives of others surrounding her. She tries to stay positive as seen in her statements, “my cheeks hurt from this fake positivity, but I don’t want to ruin it for them,” (4). “I let the positivity push away all the negativity I felt going into this,” (6) She also begins to make YouTube videos to raise awareness about cystic fibrosis. In addition, before Abby’s death, Abby had personally drawn perfect lungs for Stella. Stella takes this drawing to wherever she lounges and hangs it on the wall, hence, she is seen most of the time, staring at the lungs while she breathes in and out. This had a great positive psychological effect on her.

Irrespective of all these, Stella lives her life normally, but, she struggles so much internally. Before deciding to take control and steal from CF, she had been displaying signs of high functioning depression, including sporadic trouble concentrating, low mood, and low self-esteem because she thinks people only see her cannula and never see her.

Will’s manifestations of dysfunctional relationship, dysfunctional love and manic depression:

In *FFA*, Will clings to the paradoxical metaphor that life will be over before he knows it, leading him to rebelliously neglect his medications, showing little or no concern for them. The doctor in charge, Dr. Hamid tries to get him to change his attitude, encouraging him and complaining to his mother, “We’re monitoring him, but Will needs to help us. He needs to keep the variables in his life to a minimum,” (25). She goes on to encourage him to keep up with the safety measures, but he replies, “what I’ve got is B.cepacia, making this conversation null and void,” (25). Thus, he hints that B.cepacia, nullifies all precautions, keeping them will not change anything, because they believe it is incurable. However, Dr. Hamid emphasises that, “nothing is impossible,” his mother echoes, “I believe that. You need to believe it too,” (25). But Will gives them a thumbs-down, showing that all they have been saying is bullshit. He thus exhibits symptoms of bipolar disorder (mania). Apart from being hopeless, he feels so full of himself, euphoric and energetic. He is irritable to anyone who tells him about taking precautions and medications seriously. Hence, he flouts rules, takes unreasonable risks like not putting on his face mask, not wearing his hand gloves, and not taking his drugs. Consequently,

this affects his behaviour, judgement and aptitude for critical thought, (he makes light of Abby's death despite its seriousness to Stella, and this strains his relationship with Stella).

Will thinks his mother does not see him, that his mother sees him as his disease, as a problem to her. On the contrary, his mother cares a lot about him. Will believes that his mother feels that any minute not utilised in finding ways to solve the challenge of his lungs is a wasted minute. Will detests this so much that he rebuffs her, fights her and does not care one bit about his drugs and precautionary measures to stay safe and alive.

In relation to Stella, because Will begins to believe that he is death to Stella, he makes every effort to stay clear from her. When Stella's surgery was successful, she expects to see Will come around and rejoice with her. But, she could not find Will. No calls. No messages. Will's dwelling, on the thoughts that he is death to her, almost ruins their relationship. She does not understand his actions until Poe explains that Barb happened. That Barb had confronted Will and sternly warned him to stay away from Stella.

Poe's display of low self-esteem and dysfunctional love:

In *FFA*, Poe's belief that the health challenge he suffers from is his and that no one should partake directly or indirectly from it, makes him feel insecure. He pushes people who love him away from him. His thoughts that he is a burden to anyone around him, make him isolate himself from those who love him and personally want to be involved with everything about his life. He misses out on love because he is afraid to go the distance of fully letting someone into all he has to live with. Regardless of this, his morbid fear seems not to stop anything from happening. None of his lovers care that Poe has CF. They rather care that they cannot be there for him.

5.2.5 How ailing characters struggle to survive in their existential context in Rachael Lippincott's *Five Feet Apart*

The characters find meaning in suffering as their experiences lead them into states of epiphany, rekindling of relationships and familial love. Besides the love and care from family and friends both Stella and Will have a drawing of lungs on their walls. They keep an eye on it, drawing strength from it. Stella's drawing is given to her by her elder

sister, Abby. The drawing is that of healthy lungs, that Stella will hopefully have some day. Will's drawing is his personal cartoon creation of himself holding a pair of balloons and forcing air into deflated looking lungs, his face red from the effort, with a caption under it, "just breathe," (41). Poe stands out by accepting his fears and taking steps to conquer them.

Stella also understands that she has to stay alive and that she is the only one who can keep herself alive. So, she does everything to keep the preoccupations in her mind positive. She does not let anyone lure her into any form of negativity. She once screamed at Will, "Stop!... Stop reminding me that I'm dying. I know. I know that I'm dying. ... But I can't, Will. Not now. I have to make it," (57). With Stella's help, Will begins to work towards surviving by sticking to precautions and taking his medications accurately. His attitude becomes positive, such that Julie, one of the nurses commends him, "I like seeing you like this." Will responds, "like how?" And Julie says, "hopeful," (54).

As Stella succeeds in making Will become serious with his medications, she gradually, stops seeing CF as supreme. She steals one foot from CF, insists on keeping the relationship with Will regardless of the hazards, insists on going to see the lights. Each daring step she takes is prompted by a painful incident. Barb sternly confronts Will and Will, the supposedly King Rebel backs off, but Stella insists that the relationship must continue. Stella becomes the Supreme Rebel. In lamenting she wonders, "how long will I live my life afraid of what-if's? My life revolves around obsessive regimen and percentages, and given that I was just in surgery, the risk never seems to go down. Every minute of my life is what-if, ..." (78). Besides this she makes up her mind, "So after all CF has stolen from me- from us - I'm stealing something back. ... Cystic fibrosis will steal no more from me. From now on, I am the thief," (84). When Poe dies, she vehemently decides to live her life for herself and for no one else.

As Stella determines that CF will no longer have the final say in her life, she invites Will to join her. Will accepts (he has also been taking his medications seriously, thanks to Stella), he begins to yearn for more time, as against his statement that life will be over before anyone knows it. He also realises on his birthday, that he is the problem and not his mother. Hence, his assertion,

Without me, my mom is all alone. All this time I thought she only saw my disease. A problem you fix. But, instead,

she was looking right at me, trying to get me fight against it alongside her, when all I did was fight her tooth and nail. All she wanted was for me to stay and fight, when all I kept doing was getting ready to leave. ... She wants the same thing as Stella. More time. She wants more time with me, (97).

He sees that his mother sees him, knows his passions and his favourites. As a gift, his mother gets him an original political cartoon strip from the 1940s. Will is passionate about cartoons and he draws them professionally too. Consequently, he discovers that he had rather resented the way she was always looking at him and he becomes aware that his perception of his mother had been flawed, He realises that he had been too preoccupied with how he wanted to live his own life, that he forgot that she also has her own life to live.

5.3 “I needed words to go forward,” clinical paradoxical metaphors in Paul Kalanithi’s *When Breath Becomes Air* (WBBA)

5.3.1 Synopsis

The memoir, *When Breath Becomes Air* (WBBA), metaphorically connotes the transformation of Paul Sudhir Kalanithi, from *Breath*, which signifies air with essence, air accepted and released from the lungs of the living, life, to *Air*, simply air, implying the unseen substance encompassing the earth, reflecting death or the dead, a situation that humans are yet to understand. Paul is in the sense of an academic discipline, like a child of two worlds. He gets a Bachelor’s and a Master’s degree in English Literature, and later graduates *cum laude* from the Yale school of Medicine, where he acquires training in neurological surgery and neuroscience.

The story begins with Paul’s narration in the prologue, of how he discovers that he is suffering from cancer. In this disease, the cells of the human body divide and multiply uncontrollably, spreading through connected tissues, but they do not grow into typical cell types with specific functions like normal cells. Cancer is a “genetic disease... caused by changes to genes that control the way cells function, especially how they grow and divide,” National Cancer Institute (2015:3). Symptoms depend on the part of the body affected but generally, there could be: lumps under the skin, fatigue, changes in weight, fevers or night sweats that are persistent or unexplainable. There are varying types named based on the organ or tissue where it is formed, for instance, sarcoma forms in bones and soft tissues; leukaemia starts in the blood forming tissue of the bone marrow, while lymphoma forms in the lymphocytes, National Cancer Institute (2015:6). Though it is life-threatening, survival rates are increasing as a result of consistent technological developments in cancer screening and treatments, Mayo Clinic Staff (2021:4).

Paul also notes that the ailing discovery restored his relationship with his wife. He avers much later in his narration, “Lucy and I detailed the ways in which our lives, present and future, had been fractured by my diagnosis, and the pain of knowing and not knowing the future, the difficulty in planning, the necessity of being there for each other. In truth, cancer had helped save our marriage.” (84). He goes on to discuss his immediate family: his father, a Christian, and his mother, a Hindi, eloping in love (14), against all odds of

familial rifts, from India to New York City, and to Arizona, and in the process, giving birth to three boys: Suman, Sudhir, and Jeevan, of which he is the second.

As a child, Paul harbours a strong aversion towards the medical profession which often leaves his father and elder brothers with little time for family interactions. Thus, he states, "I knew medicine only by its absence-specifically the absence of a father growing up, one who went to work before dawn and returned in the dark to a plate of reheated dinner," (11). It appears to him that the price for medicine is too high. (12). He further claims that before leaving for college, he had little to no consideration of his future job and that if someone had asked him what he wanted to be when he grew up, he would have replied, "a writer."

I suppose I would have said a writer, but frankly, thoughts of my career at this point seemed absurd. I was leaving this small Arizona town in a few weeks, and I felt less like someone preparing to climb a career ladder than a boozing electron about to achieve escape velocity, flinging out into a strange and sparkling universe, (11)/

As a teenager with youthful exuberances, Paul seeks for freedom from home. His quest towards the sciences begin when his girlfriend, Abigail, gives him Jeremy Leven's *Satan: His Psychotherapy and Cure by the Unfortunate Dr. Kassler, J.S.P.S.* He narrates that his girlfriend, "was a harbinger of the *sub rosa*, the new world awaiting me in just a few weeks," (17). The book which he describes as not being of high culture makes him jettison his assumption that the mind is simply an operation of the brain. He begins to wonder what the function of the brain is, and seeing that, "literature provided a rich account of human meaning, the brain, then, was the machinery that somehow enabled it," (18). He gets his red Stanford course catalogue and in addition to all the literature classes he had ticked, he begins to add courses in biology and neuroscience as well. In his senior year, in one of his last neuroscience classes on neuroscience and ethics, his instructor leads the students (he and his colleagues) to a home for people who had suffered severe brain injuries. This trip adds a new aspect of reasoning to Paul's understanding - that brains result in one's ability to form relationships and make life meaningful, and sometimes they break.

Paul continues to work toward a master's degree in English literature because he has grown to believe that language is an almost supernatural force that unites people and

brings brains protected by skulls, into communion. After this degree, his desire to continue in literary studies wanes as the discipline begins to strike him as “overly political and averse to science,” (24). He finds it difficult to stop asking himself where biology, morality, literature and philosophy intersect. As he walks home from a football game, a voice struck him, “Set aside the books and practice medicine,” (25). Considering this, he believes, “... it would allow me (him), a chance to find answers that are not in books, to find a different sort of sublime, to forge relationships with the suffering and to keep following the question of what makes human life meaningful, even in the face of death and decay,” (25). With this, he finds himself in Yale for medical school. His studies at the Medical school enables him sharpen his “understanding of the relationship between meaning, life and death,” (30). Thus, he grows in his heroic spirit of responsibility in the midst of blood, failure and success, as he trains his mind, eyes and hands. He also realises that, “the questions intersecting life, death, and meaning, questions that all people face at some point, usually arise in a medical context,” (43). To him one encounters these questions and it becomes an essential philosophical and biological exercise.

After medical school Paul marries his girlfriend, Lucy, who he met in his first year in medical school. They both move to California for their residencies. His at Stanford and Lucy’s at UCSF. Understanding that neurosurgery requires commitment to one’s own excellence and another’s identity, Paul puts in his strength in his work almost to the detriment of his marriage, he seems to have found his calling – “I don’t think I ever spent a minute of any day wondering why I did this work, or whether it was worth it. The call to protect life – not merely life but another’s identity; it is perhaps not too much to say another’s soul – was obvious in its sacredness,” (60). He appears to have achieved the pinnacle of his career at age 36. as he could see:

the Promised Land, from Gilead to Jericho to the Mediterranean Sea. I could see a nice catamaran ion that sea that Lucy, our hypothetical children, and I would take out on weekends. I could see the tension in my back unwinding as my work schedule eased and life became more manageable. I could see myself finally becoming he husband I’d promised to be. (3).

All through Paul’s life as a son unclear about his career path, a young man making his decisions, a husband, a surgeon, a patient, and a father, he keeps seeking to understand

the meaning of life and death, the essence of living and dying, reflecting Baron Brooke Fulke Greville's poem, "Caelica 83," which was used to introduce the book.

You that seek what life is in death,
Now find it air that once was breath,
New names unknown, old names gone:
Till time ends bodies, but souls none,
Reader! Then make time while you be,
But steps to your eternity.

Though he seems to have little or no idea of what it entails, or how hard or the extent to which the exploration might encompass, he keeps yearning to explore moments with his patients' experiences as they traverse life-changing diseases. This seems characteristically sad as he is soon diagnosed with stage IV lung cancer.

5.3.2 Identified clinical paradoxical metaphors in Paul Kalanithi's *When Breath Becomes Air*

Paul in *WBBA* gets married to his best friend in medical school and some years into their marriage, he begins to feel some pains on his back. As an experienced surgeon, he suspects the pain is as a result of cancer, but on a second thought, hoping it is a severe back ache, he feels he should take a break from his glaring strenuous work. Hence, he decides on a vacation with his friends. His wife declines, urging him to go on as she needs some time alone. Before he leaves for the vacation, he goes for an x-ray with the intention of getting the result on his return. During the vacation, he reads to his friends' children and at other times the children play around him.

On one occasion, the setting in which Paul reads to children who play around him invites a sense of *déjà vu*, a French loan word that describes the impression of one feeling as though one has experienced a current situation before. Notwithstanding, it is not *déjà vu*, since, it is not a memory illusion where the time, place, and context of his prior experience are ambiguous or impossible despite a strong sensation of remembering. In Paul's case, he remembers the time, place and context. At the time, fifteen years earlier, when he was on a day off as a summer camp counsellor, he sits on the shore of a lake in Northern California, reading a book entitled, *Death and Philosophy*, with children playing around him. The children use him as an obstacle for their convoluted game of

Capture the Flag. At the moment this thought comes to his mind, he begins to feel the parallels and declares,

... instead of Lake Tahoe, it was the Hudson River, the children were not strangers, *but my friends, instead of a book on death separating me from the life around me, it was my own body dying*, (8). *Emphasis mine.*

Paul has not been diagnosed at the time he makes the statement above. He has no evidence or proof, but he is already thinking about himself dying. Philosophers might say that everyone is on a journey of dying. But, if he was not feeling intense pains, he would not think this way. His ongoing discomfort and symptoms inspire this metaphoric construction, which is paradoxical in that his body is still functioning even while he believes it to be dying. He has lost weight, granted, tons of fat lost, but he does not write that his muscles are shrinking. Weight loss implies fat loss and one could perceive it as dieting not dying. Paul returns from the vacation and is immediately hospitalised. The results of the X-ray are out and the diagnosis from the CT scan images reveal that cancer has invaded multiple of his organ, thus, he thinks,

One chapter of my life seemed to have ended; perhaps the whole book was closing, (73). *Emphasis mine.*

Metaphorically, Paul sees himself as a book being read by all those concerned about his life. As he feels himself being read, he thinks that his experiences, as well as the current experiences of being diagnosed with having cancer, has ended the healthy chapter of his life, as such, bringing his life to an end, and that is what the readers of his life-book would experience. He also thinks that it could not be a chapter that is about to end or that the readers are about to finish, it could be the whole book. His life-book is about to end or the disease has brought his life to an end. It connotes his notion that cancer is a death sentence. Contradictorily, he has, in his medical career, assessed individuals who experience the disease, get cured and remain healthy. For instance, he narrates that mid-way in his residency, time is set apart for additional training.

So, in Paul's fourth year, he uses this time to "work in a Stanford lab dedicated to basic motor neuroscience and the development of neural prosthetic technology that would allow, say, paralysed people to mentally control a computer cursor or robot arm." (60). This is where he meets the head of the lab, V, a professor of electrical engineering and neurobiology; a fellow second-generation Indian. V is about forty-two at the time that

Paul meets him. V gets diagnosed with having pancreatic cancer. According to Paul, “pancreatic cancer has a dismal prognosis, but of course there was no way to know what that meant for V.” (62). This implies that the development of the cancer that V is experiencing is gloomy and the result is almost always fatal. Nevertheless, there was no way to determine what the outcome will be for V. Paul also narrates, “V’s surgery, chemotherapy, and radiation treatments were trying, but a success. He was back to work a year later...” (62). This implies that cancer is not a death sentence as Paul’s thoughts connote.

Additionally, if Paul sees himself as a book with chapters in it, can he be re-read. This is because, when a reader completes the reading of a book, he or she can pick it up again and read, can one re-read Paul when his life ends? It can be argued that he can be re-read, since for this analysis he is being read through his memoir, but the fact still remains that the highlighted or distilled metaphoric statement is paradoxical. Paul’s belief that cancer is a death sentence can also be inferred from the following statements:

My life had been building potential that would now go unrealised. (74).

I had planned to do so much, and I had come so close. I was physically debilitated, my imagined future and my personal identity collapsed, and I faced the existential quandaries my patients faced. The lung cancer diagnosis was confirmed. (74).

My carefully planned and hard-won future no longer existed. Death, so familiar to me in my work, was now paying a personal visit. Here we were, finally face-to-face, and nothing about it seemed recognisable. (74).

These statements do not contain any room for hope or a positive outcome. He thinks that every potential he has built, towards accomplishing all he has planned, will no longer be realised. He is at the peak of his career and he expects to have more time to fulfil the promise of being a responsible husband and father. He yearns to understand the meaning of life and death and he feels he came close to knowing or finding his answer when he became a medical doctor. This is because, he feels he had met death while seeing his patients die. But, with his first-hand experience of the disease, death seems alien to him. Invariably, he feels cancer has come to take everything away and leave him with nothing.

Cancer, in Paul's opinion, is death's personal visit to him, since he has been attempting to comprehend death. In contradiction, prior to the diagnosis, he and Lucy, his wife, do not create time to think of children, they expend all their energy on their jobs and this

strains their relationship. But the diagnosis restores his relationship with his wife. During the period of his diagnosis, two of them get back together, he needing her at the time more than ever, and her, assuring him that she will never leave his side. They are brave enough to plan towards having a baby. Paul also decides to add the pain of leaving a child he would most likely not see grow into adulthood, to the pain he already feels from cancer.

On a particular week, as Paul reflects on how he came to know he had been suffering from the effects of cancer, he questions,

Had the confirmation of my fears – in the CT scan, in the lab results, both showing not merely cancer but a body overwhelmed, nearing death – released me from the duty to serve, from my duty to patients, to neurosurgery, to the pursuit of goodness? Yes, I thought, and therein was the paradox, like a runner crossing the finish line only to collapse, without that duty to care for the ill pushing me forward, *I became an invalid.* (77). *Emphasis mine.*

Here is Paul's belief again that cancer has taken over his body and weakened it, to the point that his body nears death. This has in turn released him from his duties to humanity – saving lives as a neurosurgeon. In these, he sees a paradox – he a runner, other than running past the finish line to reap the fruits of his success for winning the race or surviving through the race, he collapses immediately he crosses the finished line. And then, he has nothing else to motivate him to live or move forward to jubilation, thus, he becomes an invalid. This implies that he has got to the peak of his desired career but he does not find himself able to reap its fruits.

Cancer wears Paul down and he finds no motivation to make him want to live or move forward, hence, he begins to see himself as an invalid – someone weakened or disabled or released from active duty, by illness or injury – in this case, he has been out of his neurosurgery duties as a result of the ailment he experiences. This metaphor implies that cancer again is equated to death. This metaphor seems clear but contradictory in the sense that, if cancer equates death, how come some of his patients survive it? How come he, Paul, despite his thoughts, gets back to work, full time? Pondering on the relationship between hope and statistics, Paul lets himself have an epiphany, thinking that hope was not worth holding on to, as revealed in the following statement,

The word *hope* first appeared in English about a thousand years ago, denoting some combination of confidence and desire. But what I desired – life – was not what I was confident about – death. When I talked about hope, then, did I really mean, ‘Leave some room for unfounded desire?’ No. Medical statistics not only describe numbers such as mean survival, they measure our confidence in our numbers with tools like confidence levels, confidence interval, and confidence bounds. So, did I mean ‘Leave some room for a statistically improbable but still plausible outcome – a survival just above the measured 95 percent confidence interval?’ Is that what hope was? Could we divide the curve into existential sections from ‘defeated’ to ‘pessimistic’ to ‘realistic’ to ‘hopeful’ to ‘delusional,’ (82).

Though he desires to live, he is more confident about death than life. This explains why even after he gets the news that the disease is curable, and he sees clearly that his health is improving, “every tiny increase in strength broadened the possible worlds,” (86), “The acne was a reassuring sign. My strength had also improved...” (90), he keeps seeking statistics and prognostications, and still makes statements like, “... as my illness progressed.” (88). His wife, Lucy, seems to have also the same belief in his dying because, despite the improvement, when they discuss having children she asks him, “Will having a new-born distract from the time we have together? ... Don’t you think saying goodbye to your child will make your death more painful?” (88). To them, hope seems meaningless, an “unfounded desire,” (82), without realistic considerations, perhaps false, unjustified, unproven, groundless, spurious, not based on facts, without foundation. To Paul hope is also improbable – ridiculous, unlikely to be true or happen, and plausible – superficially having an appearance of truth, seems reasonable but often specious. To Paul, hope is superficially plausible but wrong, misleading in its essence. Paradoxically, he seems sure of death – where his confidence seems to be, but he desires to live. Still pondering on the relationship between hope and statistics, Paul holds on to the following statement:

It seemed to me that my relationship with statistics changed as soon as *I became one*. (82). *Emphasis mine*.

As a result of Paul’s diagnosis, Paul sees himself as mere statistics. According to him, “Only 0.0012 percent of thirty-six-year-olds get lung cancer.” (81). This implies that he is the statistical data or among the 0.0012 percent. On the contrary, he notes that, “Getting too deeply into statistics is like trying to quench a thirst with salty water. The

angst of facing mortality has no remedy in probability.” (83). What this implies is that, getting too deeply in statistical analysis of the rates of cancer deaths is clearly unhealthy and would result to more of the pain and anguish an individual might be trying to free himself or herself from. It is like quenching thirst with salty water. This results in more dehydration (the reason why one wants water in the first place. Since, the body will want to dilute the salt by taking water from one’s cells (osmosis) more water will be lost.

Paul also avers that the angst (usually an unfocused feeling of fear about the state of the world in general or about the condition of humans) of facing immortality has no remedy in probability. The anxiety that comes with how one would exist after death, does not have a solution with the extent to which something is likely to happen or not happen. This connotes that statistics is probable. To him, statistics is probable and hope is improbable. He chooses to believe in the statistical data with its clear negative notion. This is perhaps because, he believes that the cancer diagnosis is terminal. Hence, he seems to give no room for hope. The contradiction lies in the idea that, if statistics is probable, why does he see himself as statistics and still desire to live, since he knows it is unhealthy, it worsens the situation, like trying to quench one’s thirst with salty water?

Paul discovers that the mutation ((EGFR) he was diagnosed with is treatable, chemo is taken off his treatment plan and Tarceva, a little white pill, becomes his treatment. He begins to feel drops of hope making up his mind to strive for survival, as he could sit for longer minutes without getting tired. On one occasion, he goes biking with his wife, and he does about 6 miles as against the thirty his old self would have done. After the ride, he wonders,

Was this a victory or a defeat? (81)

This question appears to invite defeatist mental processes, which brings to mind comments made by a doctor in one of the Nigerian novels, *Sorrow’s Joy*. The doctor, Dr. Watega tells his patient Sefi who also suffers from cancer, ‘you are the deciding factor in this matter. Without you, we won’t get anywhere. You need to rise now and I with you along with everyone who cares about you. But you must lead,’ (76). This suggests that Sefi must improve in terms of her mental state. Speaking to Sefi, Dr. Idigo reiterates, ‘... even though it (cancer) is weighty, our fear of it is more of a big deal. It is not so much trouble as our attitude to it. ... the weight of it all is in your attitude. There

is no illness worse than a defeatist approach to it,' (139). Thus, the doctor stresses the need to positively reinforce one's mental process especially during ailing times. Apart from the defeatist mind-set that Paul builds up, he begins to see himself as someone that is now at the receiving end of negative occurrences:

I had passed from the subject to the *direct object of every sentence of my life*. In fourteenth-century philosophy, the word *patient* simply meant 'the object of an action,' and I felt like one. As a doctor, I was an agent, a cause, as a patient, *I was merely something to which things happened*. (87). *Emphasis mine*.

The metaphor italicized in the excerpt above, *direct object of every sentence of my life*, seems clear. Paul thinks he is at the receiving end, receiving the action of the verb. The subject of the sentence does something directly to the object, him. But at the time of his thinking, he was still quite active. He eats his food, his food does not eat him. He rides his bike, his bike does not ride him. He goes to therapy. He needed less help at the time. This buttresses the deteriorating pattern of these paradoxical metaphors. He begins to feel inhuman, less human, "something to which things happened," (87).

Paul has been on Tarceva for about six weeks and he is due for a scan to assess how effective Tarceva has been on his system, the CT scan technologist avails him the opportunity to view the images of his scan. He views the images of his scan, sees that, the cancer that almost filled his lungs in a large number of small spots and varying patches of colour, has cleared leaving about one-centimetre nodule on the right upper lobe of his lungs. In addition, the massive increase in his strength, and acne on his face, bespeak his recovery. He begins to feel "the chaos of the past months receding," and "a sense of new order settling in." (p.90). Regardless of these, the thought delineated below, does not leave his mind:

While I could now walk without a cane, a paralytic uncertainty loomed. Who would I be going forward, and for how long? (p.91)

"While I could now walk without a cane," metaphorically reveals his improved strength. "a paralytic uncertainty loomed," paradoxically connotes that he still feels a threatening vague appearance of him being paralysed in some way. From his deductions and from Emma, his doctor's confirmations, the improvement from his use of Tarceva is clear. So, how does paralysis, come in?

Seeing his clear lungs in the images on the screen relaxes his contorted mind-set about his future life. He begins to see some light. But then, right after his deductions and confirmations of positive development from his doctor, in a weekend local meeting of the alumni of Stanford Neurosurgery, he gets overwhelmed by this thought:

My senior peers were living the future that was no longer mine, early career awards, promotions, new houses. (90).

The paradox lies in the fact that at that moment, despite the positive results, he has metaphorically equated himself as one having no future. Yet in his doctor's words, as she refuses vehemently to discuss prognosis – (the probable, feasible, plausible or up-and-coming furtherance, progression or unfolding of a medical condition), she vehemently states, “You're well enough that we can meet every six weeks now. Next time we meet, we can start to talk about what your life might be like.” (p.90). Emma implies that he could go back to work and he attests to this. One begins to wonder why the thought of paralysis keeps haunting him. Keeping this thought rooted in his mind makes him suffer additionally from some sort of identity crisis. Already aware of who he had earlier been, he begins to wonder who he would become and how long it would be. If he becomes an invalid, how long would that be? If he becomes a teacher, neurosurgeon again like Emma thinks or a writer or a stay-at-home-dad, how long will that be? He uses the possessive pronoun when he refers to the cancer:

... my cancer (81, 90, 96)

The use of “my,” metaphorically connotes a relation to himself especially as a possessor, implying that he owns the cancer or is in possession of it, as the cancer is within his sphere of influence. Paradoxically, the fact that the cancer is within his sphere of influence does not mean that he owns it. It is in his lungs, yes, but it is foreign. Made up of his cells, yes, but they became unwanted the moment they began to harm him.

While pondering on his new transformation, especially how his oncologist, Emma, had been of great help in getting him back to his feet, he attests that, Emma had also been, “accepting mortal responsibility of my soul and returned me to a point where I could return to myself.” (101), he begins to think, “what if I had a serious relapse in two years?” (101). This fear grips him, taking over his thoughts:

As desperately as I now wanted to feel triumphant, instead I felt the claws of the crab holding me back. *The curse of cancer* created a strange and strained existence, challenging me to be neither blind to, nor bound by death's approach. Even when the cancer was in retreat, it cast long shadows. (102). *Emphasis mine.*

In this excerpt, cancer is presented as a curse, a retributive force. This results in the antinomy, what wrong had he done to attract the curse? How can he remedy his actions if he is able to identify the cause, since he has been able to identify the curse? All through Paul's life as a son unclear about his career path, a young man making his decisions, a husband, a surgeon, a patient, a father, he keeps seeking to understand the meaning of life and death, the essence of living and dying. When he is diagnosed with stage IV lung cancer, he begins to think:

Shouldn't terminal illness, then, be *the perfect gift* to that young man who wanted to understand death? (p.91).
Emphasis mine.

Paul's thoughtful question is metaphoric in the sense that the lung cancer is explicitly not just a gift but a perfect gift to him, his perfect gift for yearning to understand and empathise with what his patients go through in the process of dying, his perfect gift for yearning to understand death. Humans say to understand a thing or a concept appropriately, one needs to experience it, to live it. Hence, to have a full grasp of an experience, means that one has lived that experience, and living the experience is substantiated when one shares the experience with loved ones or the world. It appears that since he has been yearning to understand death, to have a full grasp of the concept of death, he needs to experience it and substantiate his experience by sharing it with the world. This is paradoxical because a gift, given free of charge, for no recompense, is usually pleasant. This gift, that he refers to, is unpleasant, painful and depressing, "I hadn't expected the prospect of facing my own mortality to be so disorienting, so dislocating." (p.91). Paul was able to share his healthy life and his pain to the world on paper. Paradoxically, with this painful terminal free gift, how would Paul be able to substantiate his experience by sharing his experience of death? If this was a gift, an unwanted one, (people accept or reject gifts), could he have accepted or rejected the scourge of cancer?

5.3.3 Classification of identified clinical paradoxical metaphors in Paul Kalanithi's *When Breath Becomes Air*

The classification of the identified clinical paradoxical metaphors is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity:

- "I became an invalid" (77)
- "I had passed from the subject to the direct object of every sentence in my life... I was merely something to which things happened" (87)
- "The curse of cancer" (102)

Paradoxical metaphors of pain:

- "I had passed from the subject to the direct object of every sentence in my life... I was merely something to which things happened" (87)

Paradoxical metaphors of survival:

- "It seemed to me that my relationship with statistics changed as soon as I became one" (82)
- "Was this a victory or a defeat?" (82)
- "I had passed from the subject to the direct object of every sentence in my life... I was merely something to which things happened" (87)

Paradoxical metaphors of death:

- "... instead of a book of death, separating me from the life around me, it was my own body dying" (8)
- "One chapter of my life seemed to have ended; perhaps the whole book was closing" (73)
- "Shouldn't terminal illness be the perfect gift to that young man who wanted to understand death" (91)

5.3.4 Psychological effects of identified clinical paradoxical metaphors on ailing characters in Paul Kalanithi's *When Breathe Becomes Air*

Cotard's syndrome

Paul is distraught beyond words when he confirms that the rippling pains he experiences is as a result of cancer. He narrates that, being a doctor and seeing patients go through life-changing illnesses, he had no idea or rather did not expect that the prospect of facing his own mortality would be dislocating (91). The thoughts that run through and dwell in his mind weigh him down so much that he begins to suffer from the Cotard's syndrome – seeing himself as already dead even while he is yet alive. He also passes through all the varying stages of grief – denial, anger, bargaining, depression, acceptance, and more. No one might be able to explain them but him. Though he states that he had gone through this in a backward process (99) – from acceptance to denial, critical analysis of the novel shows that he had gone through the process from the outset, by denying the manifestation of the disease.

He finds himself in denial when he begins to lose weight incredibly - his belt cinching one then two notches tighter (2), and his weight dropping rapidly from 175 to 145 pounds (4), amidst ferocious back pains (16), severe chest pain (3), and persistent cough (4). Being a doctor, he has a premonition that it could be cancer, “If this were a boards exam question—thirty-five-year-old with unexplained weight loss and new-onset back pain-- the obvious answer would be (C) cancer. But maybe it's just that I'm working too hard, ...” But, he tries to convince himself that the challenge could be as a result of stress.

Then, he decides to take a doctor's advice to go for an X-ray instead of an MRI, but he chooses a flexion-extension X-ray, (2) for specificity and clarity. He goes on to google medical databases checking *frequencies of cancers in thirty – to forty-year-olds*. (4) because, it appears unbelievable. While at the airport on his way for a vacation with some college friends in New York, the back spasms, towards the more severe end of the spectrum, rise with varying ferocity and it seems that the pain killer he took – ibuprofen, does not get to the most painful region. He lies down on a hard bench in the waiting area. A security guard approaches him and tells him that he should not lie there. His intended response to the security guard linger in his tongue, “I'm sorry, but I'm dying from cancer.” (7). Though the result of the X-ray is not out at that time, but it seems he is sure of the result, as he narrates, “Maybe I just didn't want to say the word *cancer*,

out loud,” (?7). “But after a day or two, it was clear there would be no reprieve.” (7). After the second day at the vacation, his doubts that it was not cancer diminishes even further. He opens up to his friend, mentioning it aloud for the first time, “Mike, I think I have cancer. And not the good kind either,” (8) stating next, “... I should say that I don’t know for a *fact* that I have cancer. I’m just pretty sure of it—a lot of the symptoms point that way.” (8). Thus, he accepts the situation when test results confirm it.

From denial, he accepts, then, he experiences anger, feeling he is clearly unlucky, because he believes he has the worst kind of cancer, “Yes, all cancer patients are unlucky, but there’s cancer and then there’s *CANCER*, and you have to be really unlucky to have the latter.” (p.81). His anger is also reflected in his statement, “My senior peers were living the future that was no longer mine, early career awards, promotions, new houses.” (90). He is angry that he has worked his whole life to get to where he is currently only to find out that he is afflicted with cancer. His anger is also reflected in this paradoxical metaphor already discussed, “Shouldn’t terminal illness, then, be the perfect gift to that young man who wanted to understand death?” (p.91).

He begins to bargain, negotiating terms of agreement with God. He tells God, “God, I have read Job, and I don’t understand it, but if this is a test of faith, you now realise my faith is fairly weak, and probably leaving the spicy mustard off the pastrami sandwich would have also tested it? You didn’t have to go nuclear on me, you know...” (100). From bargaining, he goes into depression, having more confidence in dying than in living – “But what I desired – life – was not what I was confident about – death” (82).

These mental processes made him constantly think of himself as dead or dying, even prior to his diagnosis. This makes him additionally suffer from Cotard’s syndrome. He also becomes disoriented, thinking he is not much of a husband to his wife, Lucy (87). The thought of being the object of a sentence, makes him feel inhuman, less than a human, “something to which things happened,” (87). Something moving towards decay. His response to Emma’s encouragement foregrounds this, because he states that her encouragement made him feel like a person. As he keeps improving in his health, Emma remains adamant on not letting him in on his dire prognostication. She always reminds him that his focus should be on his values. To this, Paul confesses, “though I felt dissatisfied, at least I felt like somebody, a person, rather than a thing exemplifying the second law of thermodynamics (all order tends toward entropy, decay etc.)” (87).

Identity crisis

These derailing thoughts also make him suffer from some level of identity crisis. His embattled mind makes him wonder who he will be and how long he will remain in whatever identity he decides to reflect. “While I could not walk without a cane, a paralytic uncertainty loomed. Who would I be, going forward, and for how long? Invalid, scientist, teacher? Bioethicist? Neurosurgeon once again, as Emma had implied? Stay-at-home dad? Writer? Who could or should I be?” (91).

Emma, his surgeon, during the time of his ill health, wants him to focus on the bright side. It seems as if she feels that the effects of what he focuses on, could generate thoughts that would mar or improve his health and that was why she insists on not discussing prognosis or the survival chart with him.

5.3.5 How ailing characters struggle to survive in an existential context in Paul Kalanithi’s *When Breathe Becomes Air*

Although Paul receives his diagnosis in shock, he perceives the ailing situation as a period of discovery for himself and a time to restore the bond he has with his wife. Thus, he reveals that, “Lucy and I detailed the ways in which our lives, present and future, had been fractured by my diagnosis, and the pain of knowing and not knowing the future, the difficulty in planning, the necessity of being there for each other. In truth, cancer had helped save our marriage.” (84).

Attesting to the fact that he needs help, “Like my patients, I had to face my mortality and try to understand what made my life worth living - and I needed Emma’s help to do so.” (85); asides help from his family members, much more notable is the help from his Oncologist, Emma. Emma, begins with stirring up the instinct of survival in him, as he constantly finds himself in a state of delirium. When he wants to talk about the prognosis of his diagnosis, (the seeming pattern of progression of the disease) with specifics on the Kaplan-Meier survival curves, Emma always refuses to discuss it, “No,” she says, “Absolutely not.” (75). Her response is rather, “We can talk about therapies later... We can talk about your going back to work, too, if that’s what you’d like to do.” (75). And she goes on to discuss series of treatments he could undergo if he chooses.

Prognosis seems to be always negative and patients' outcome on the other hand sometimes negate prognosis. For instance, V's prognosis turns out very bad but he survives. Perhaps, that is why Emma does not want to discuss prognosis. She rather encourages him to look on the brighter side. Though, Paul wonders if she was insane, "*Go back to work? What is she talking about? Is she delusional? Or am I wrong about my prognosis? And how can we talk about any of these without realistic estimate of survival?*" (75), nevertheless, he accepts her proposal. In time, with more meetings and discussions with Emma, he begins to believe he could get back to his neurosurgery duties. In his statement after one of their meetings where they discuss his next steps in treatment, he thinks, "She seemed clear that this was the way to go, and I was happy to follow. Maybe, I began to let myself believe, performing surgery again was a possibility, I felt myself relax a little." (79).

Coupled with Emma's constant encouragement, Paul gets to know that the mutation (EGFR) he was diagnosed with was treatable, chemo was off and Tarceva, a little white pill becomes his treatment. He begins to feel a drop of hope, and soon makes up his mind to work towards survival, "In the face of weakness, determination set in. day after day I kept at it, and every tiny increase in strength broadened the possible worlds, the possible versions of me." (86). After about two months, he could sit for thirty minutes without tiring and he starts going out to dinner with friends again.

As Paul desires to understand the meaning of life, it occurs to him that Charles Darwin and Frederick Nietzsche sync in their views that, "the defining characteristic of the organism is striving." (88). So, he concludes that describing life otherwise is like painting a tiger without stripes. With this thought, he chooses to carry on living and have a child instead of dying or thinking about dying. And when his wife asks him, "Will having a newborn distract from the time we have together? ... Don't you think saying goodbye to your child will make your death more painful?" (88). He rather replies, "Wouldn't it be great if it did?" (88). Paul seems to believe Darwin and Nietzsche's idea, that life is not about avoiding suffering but striving to live.

At some point, scientific studies do not help Paul, neither does intracellular molecular pathways, nor curves of survival statistics. At this point, he resorts to literature, anything in relation to anyone who wrote about immortality (91). He keeps searching for vocabularies to make a sense of death, and to find a way to redefine himself towards

moving forward again. His quest for direct experience leads him to the field of medicine and surgery, but at the point of his ailment, he feels that to understand his own experience, he would have to get back to literature and language. Like Ernest Hemmingway, who opines that after acquiring rich experiences, one retreats to cogitate and write about them, Paul, during his ailing experience, comes to the realization that among other things, at that time more than ever, he needs words to go forward. This is the basis for the title of this textual analysis. His unexplainable experience weighs him down but literature, indeed, brings him back to life during those painful moments. (92).

I woke up in pain, facing another day – no project beyond breakfast seemed tenable. *I can't go on.* I thought, and immediately, its antiphon responded, completing Samuel Beckett's seven words, words I had learned long ago as an undergraduate: *I'll go on.* I got out of bed and took a step forward, repeating the phrase over and over: 'I can't go on. I'll go on.' (92)

See the power of mental processes at work! The morning Paul makes this statement, he decides that he will push himself to the OR – the operating room - that is, he will strive to get back to his surgical duties, because, he is confident in his capacity to do so. Despite his identity crises, he believes that, he is rather a surgeon and not an invalid; that he would learn to live in a different way, “seeing death ns an imposing itinerant visitor but knowing that even if I'm dying, until I actually die, I am still living.” (92). True to his words, he gets back as a neurosurgeon. And as he counts backwards, he discovers that he had been out for about four months and two weeks – eighteen weeks, (94).

5.4 “I let her go” Clinical Paradoxical metaphors in Patrick Ness’ *A Monster Calls* (AMC)

5.4.1 Synopsis

Thirteen-year-old Conor O’Malley, in *AMC*, begins to see a yew tree-monster in his dream just after midnight 12.07. This yew tree-monster starts visiting after he had consistently experienced a terrible nightmare, which never stops till the end of the story. The nightmare begins at about the time his mother was taken to the hospital for her first treatment. The treatment includes chemotherapy, as her hair is shaved before the story begins, and remains bare and white throughout the story, (78). This suggests that Conor’s mother is being treated of cancer, (it is not clearly specified in the novel). In this disease, the cells of the human body divide and multiply uncontrollably, spreading through connected tissues, but they do not grow into typical cell types with specific functions like normal cells. Cancer is a “genetic disease... caused by changes to genes that control the way cells function, especially how they grow and divide,” National Cancer Institute (2015:3). Symptoms depend on the part of the body affected but generally, there could be: lumps under the skin, fatigue, changes in weight, fevers or night sweats that are persistent or unexplainable. There are varying types named based on the organ or tissue where it is formed, for instance, sarcoma forms in bones and soft tissues; leukaemia starts in the blood forming tissue of the bone marrow, while lymphoma forms in the lymphocytes, National Cancer Institute (2015:6). Though it is life-threatening, survival rates are increasing as a result of consistent technological developments in cancer screening and treatments, Mayo Clinic Staff (2021:4).

The first time the yew tree-monster tries to call Conor, he shuns the voice, thinking he is too old for monsters (8). But pieces of evidence such as, the floor of his bedroom being covered with “short, spiky yew tree leaves” ‘(11) erase his doubts. He discovers the monster is the Yew tree (9). He knows about this tree because his mother had warned him when he was a child not to eat its berries. Also, the year before his current experience with the nightmare and the yew tree-monster, his mother “started staring out of their kitchen window with a funny look on her face, saying, “That’s a yew tree, you know.” The conversation with the yew tree-monster ensues nightly and sometimes daily but always at 12:07. The monster tells him three stories and insists that Conor must tell the fourth. Conor refuses and the monster forces him to, explaining that if Conor does not

tell the story he would endanger himself. The monster tells Conor that it came to Conor, because Conor called it, but, Conor disbelieves it, wondering how he had called the monster. However, Conor emphasises that if he had called it, then it was to heal his mother. The yew tree-monster rather argues that it came walking to heal Conor, and that Conor should tell the fourth tale and the truth.

The yew tree-monster enforces the need for the fourth tale and against Conor's consent takes him back into his nightmare. His nightmare is the fourth tale. Conor sees himself in the nightmare, his mother at the edge of a cliff, a monster, the very one he is afraid of takes hold of his mother taking her down the cliff and he is not able to save her. He holds on to her trying to get her away but he could not and finally he lets her go with screams of "No!" This is the point in the nightmare where Conor wakes up each night screaming "No!" The monster needed him to tell the truth. The fourth tale which is Conor's truth reveals the mental preoccupation that holds Conor bound, causing him grief and pain. His ability to speak the truth enables him face the fact of his mother's health. At the end, he truly holds onto her and is able to let her go, believing that he will survive.

5.4.2 Identified clinical paradoxical metaphors in Patrick Ness' *A Monster Calls*

When the extracts from the yew tree could not heal Conor's mother, Conor finds himself enraged, leaves the hospital with his grandmother, tells his grandmother that he does not want to go back to her home but to his original old home (where he was taken from when his mother's ailment became severe). His grandmother takes him there, and he hurries angrily, "he crossed the tracks, barely checking to see if a train was coming, climbed another fence... He hopped over the low stone wall that surrounded it and climbed up through the tombstones, all the while keeping the tree in his sights," (81). He gets to the trunk of the yew tree and begins to kick it hysterically, "I said, wake up! I don't care what time it is!" (81). He emphasises this timing because he communicates with the yew tree-monster consistently at 12:07.

Conor keeps kicking the tree, each kick harder than the previous kick, till "the tree stepped out of the way, so quickly that Conor lost his balance and fell," (81). One could say that the fall must have had the impact of making Conor unconscious so that he can

begin his conversation with the yew tree-monster. This is because, it is at this time he falls, that the monster looms over him and begins to speak to him, warning him against doing himself harm. On another hand, the situation could buttress the extent of a psychotic disorder that none of the characters in the novel notices Conor is experiencing. This is because, right after Conor falls and the yew tree-monster speaks, Conor shouts back, “getting to his feet,” (81).

The dialogue between Conor and the yew tree-monster continues with Conor extremely agitated that the yew tree could not heal his mother, [“What is the use of you if you can’t heal her?”] Conor says, pounding away at the monster. “Just stupid stories and getting me into trouble and everyone looking at me like I’ve got a disease-”. The yew tree-monster takes hold of him and lifts him up with one of its leafed hands, so that Conor would stop hitting. It clarifies that it did not come to heal his mum but it came to heal Conor (82). Conor painfully accepts this by quietly saying, “Help me,” (82) and the yew tree-monster having already told three stories, announces to Conor that it is time for Conor to tell the fourth tale.

Conor’s blatant refusal to tell the fourth tale, makes the yew tree-monster open its free hand, allowing a mist to surround them, and making Conor find himself in the midst of the very same nightmare that tortures him every night since his mother’s ailment began. In the nightmare, he is enveloped in the middle of a cold darkness, the same darkness that had followed him since his mother’s first talk to him about the weakness, that led to her ill-health. The ground of the clearing he is in, is cold under his hands. The clearing is bordered on three sides by a dark forest that seems impenetrable, and the fourth side of the clearing is a cliff, opening up into farther darkness. He sees his mother on the edge of the cliff. She waves and he urges her to leave the cliff. But she says there is nothing to worry about. She looks as weak as she is, in the hospital. Conor insistently urges his mother to run, but does not seem to understand why. On his own end, he feels so heavy that he could not pull himself to where she is.

Then, the real monster surfaces, the nightmare monster, the one he is actually scared of. It comes with a booming and rumbling sound climbing to the face of the cliff. Conor’s mother begins to scream his name and back away from the cliff but, “it was too late,” (84). Conor suddenly pushes himself up, overcoming the invisible weight that clamped him down. He runs as fast as he could but before he gets to his mother, the nightmare-

monster, “a cloud of burning darkness,” had lifted two giant fists and grabbed his mother pulling her over the cliff top. He is only able to catch and hold on to her out-reaching hands as the monster’s dark fists pulled her over the edge. His mother cries to Conor to help her and not let go, he promises not to, trying as much as he could to hold on. The nightmare-monster consistently roaring, pulls harder and she begins to slip from Conor’s grip. She cries out again asking him to hold on and he reassures her hoping and actually asking the yew tree-monster to help, but the monster simply stands there watching affirming that the fourth tale which Conor had kept a secret from the world is about to be revealed. His mother begins to slip from his grip as it becomes hard to hold on to her. He keeps screaming, “No,” and asking the yew tree-monster for help, till she finally slips from his grip.

Each time Conor has this nightmare, and that is every night, he wakes up at this point, screaming, “No!” However, at this point with the yew-tree monster, he does not wake up. The nightmare still surrounds him and the yew-tree monster insists that he is yet to reveal the fourth tale. But, Conor maintains a resolute silence. Consequently, the nightmare monster threatens him, “you must tell the truth or you will never leave this nightmare,” (86). Conor pleads with the nightmare-monster not to make him say it, but the nightmare-monster begins to torture him, urging him to say it before it is too late. Conor struggles and at the time he is about to lose his breathe, he nods, accepting that he let his mother go, he wanted her to go, because, as he puts it, “I can’t stand it anymore! ... I can’t stand knowing that she’ll go! I just want it to be over! I want it to be finished!” (87). This is the paradoxical metaphor:

I let her go, ... I could have held on but I let her go! ... I didn’t mean it, though! ... I didn’t mean to let her go! And now, it’s for real! Now, she is going to die and it’s my fault!
(89).

Metaphorically, this implies that Conor is the sole reason behind his mother’s fall. The paradox lies in the premise that if Conor would be able to hold on to his mother and not let go, then it means he would also be able to free his mother from the monster’s grip. He should also be able to prevent the monster from attacking his mother. But, would he be able to?

5.4.3 Classification of identified clinical paradoxical metaphors in Patrick Ness' *A Monster Calls*

The classification of the identified clinical paradoxical metaphors is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphor of identity and pain:

- "I let her go ... I could have held on but I let her go! ... I didn't mean it though! ... I didn't mean to let her go! And now, it's for real! Now, she is going to die and it's my fault!" (89).

The clinical paradoxical metaphor mirrors his alleged identity of a negligent individual. Additionally, it conveys the hurt he feels for his mother's precarious condition.

5.4.4 Psychological effects of identified clinical paradoxical metaphors on ailing characters in Patrick Ness' *A Monster Calls*

Schizophrenia

A Monster Calls by Patrick Ness, is a novel that reasserts the influence of one's mental preoccupation. In contrast to the other novels analysed, only one paradoxical metaphor is distilled from this novel. This paradoxical metaphor, ["I let her go, ... I could have held on but I let her go! ... And now, it's for real! Now, she is going to die and it's my fault! (89)], embedded in Conor O'Malley's consciousness, has such a horrifying impact on him such that one could argue that the repercussions far outweigh the effects of all other paradoxical metaphors in other novels combined.

When Conor O'Malley finally tells the fourth tale, a reader gets to know that from the onset of Conor's mother's illness, Conor knew that his mother will not survive the disease. Each time she says she is getting better, it is because she believes she would get better or is getting better. When she tells Conor about the Doctor's plan to use extracts from the yew tree which she believes would heal her, she states vehemently, "I believe

every word I say,” (63). Her statement makes Conor recall the yew tree-monster’s words, “Belief is half of healing,” (63). When the extracts of the yew tree could not heal her and Conor accuses her of lying to him, she tells him again, “I did believe it would work, ... It’s probably what’s kept me here so long, Conor. Believing it so you would,” (79). There is a delicate insight in her statement that leads to the question, if Conor had truly believed, would the extracts from the yew tree work?

The fourth story makes it evident that, though Conor acts as if he believed, deep down in his subconscious mind, he knew that his mother would not survive the ailment. This is because, according to him, “I’ve been thinking it for the longest time, ... I’ve known forever she wasn’t going to make it, almost from the beginning. She said she was getting better because that’s what I wanted to hear. And I believed her. Except I didn’t.” He tries but could not bring himself to believe her from the roots of his consciousness. Perhaps because, from the nightmare, he already let her go. He further clarifies, “And I started to think how much I wanted it to be over. How much I just wanted to stop having to think about it. How I couldn’t stand the waiting any more. I couldn’t stand how alone it made me feel.” (89). So, a part of him wants the whole situation to end even if it means losing his mother. He nods to this affirmation as the yew tree-monster put it to him. And then the nightmare, begins in a consistent manner that it wears him out. His mother and grandmother do not attempt to question him because, they seem to understand what he is going through.

Conor is sorely burdened by this paradoxical metaphor embedded in his unconscious. He blames himself for not holding on to his mother at the time she wanted him most. He blames himself for letting his mother die. He blames himself for failing to stop the monster from dragging his mother down into a bottomless pit. As a result, he feels lonely and invisible, especially at school. Though he is physically present, his teachers and fellow pupils become used to not seeing him. He appears to be irrelevant. His teacher would not ask him questions and would not bother to ask him about his take home assignment. He is left alone by everyone in his school. His forlorn attitude makes him lose all his friends including his closest friend, Lily. He rather attracts the bullies in his class: Harry, Sully and Anton. They bully him, make fun of him and mistreat him. But at some point, the head of bullies, Harry, decides that Conor would become invisible to

them. As Harry puts it, “Here’s the hardest hit of all, O’Malley. ... Here is the very worst thing I can do to you. ... Goodbye, O’Malley, ... I no longer see you.” (70).

Additionally, Conor begins to experience a very high level of psychotic disorder. Holding on to the paradoxical metaphor, [“I let her go, ... I could have held on but I let her go! ... And now, it’s for real! Now, she is going to die and it’s my fault! (89)], he becomes so debilitated (not physically) that his brain begins to create a super-help for him. He begins to see, hear and feel the yew tree-monster, that claimed it came walking because Conor called it (82). Though Conor could not believe he called the yew tree-monster, he continues conversing with it every 12:07. However, he does not have the experience of seeing the yew tree-monster for the first few days after moving in with his grandmother. This confirms the idea that altering one’s environment has an impact on one’s mental engagements. He begins to see the monster again because, perhaps the circumstances surrounding him remains the same.

The level of hallucinations with the yew tree-monster gives way to some schizophrenic actions Conor exhibits. The yew tree-monster tells three stories while Conor narrates the fourth, which reveals what holds Conor captive, the paradoxical metaphor. It appears to be the reason for which the yew tree-monster comes walking to liberate Conor. The first story the yew tree-monster tells is about the restoration of a kingdom. The conflict in the story is between the prince and the queen. The queen feels she would be irrelevant if the prince takes over the throne with his lover. Apparently, she wants the prince to marry her. So, everyone in the kingdom sees her as a witch. The prince escapes from the community with his lover, because he fears the queen will murder his lover. On their way, the prince wakes up at their resting spot to find his lover dead. He sends his horse to the community, claiming the queen had succeeded in murdering his lover. The entire community begin the process of burning the queen alive. And that point, the yew tree-monster comes walking. Conor thinks the yew tree-monster had come walking to help the members of the community and the prince, but to Conor’s chagrin, it is rather to save the queen. This is because, the back story shows that the prince had actually murdered the queen, so that he could rule and save his people from the queen. In some way, this is a pointer to the idea that the yew tree-monster comes walking not for who Conor thinks it came for, but for someone else. Just like it does in Conor’s case, the yew tree-monster comes walking not for Conor’s mother but for Conor.

The second story has its conflict around a priest and a herbalist in the village where Conor's original home is situated. The story happens years before the village becomes civilised. The herbalist cures diseases in the village with the yew tree, but the priest sees this as barbaric, thus, he dissuades the villagers from seeing the herbalist. When the priest's daughters become ill unto death, the priest goes to the herbalist for help but the herbalist vehemently refuses. The priest's daughters die and the yew tree-monster comes walking. Conor again thinks that the yew tree-monster came waling to help the priest but, the yew tree-monster comes walking to destroy the home of the priest. As the yew tree-monster destroys the home of the priest, it invites Conor to join it. Conor joins in the destruction of the priest's home. But the destruction of the priest's home turns into the destruction of his grandmother's revered sitting room. This is because, as he destroys the home of the priest with the monster, he begins to visualise his grandmother's sitting room and since he dislikes it, he destroys it. Conor has never liked his grandmother let alone her home. When Conor regains consciousness, he is shocked at the level of damage he has wrought in his grandmother's revered sitting room. He could not believe he did that. "What did you do?" he directs this question to the yew tree-monster. A fading voice from what he thinks is the yew tree-monster replies, "Destruction is very satisfying," (56). His grandmother, though pained at what Conor has done, does not punish him. His father does not also punish him. They attribute the damages to the notion that they comprehend how upset he is regarding the circumstances surrounding his mother.

The third story is the story of an invisible man. Conor already feels invisible in his school. At the moment the yew tree-monster is about to tell the third story, Harry and his gang of bullies, come around to announce that they no longer see Conor. Conor understands the implication. Harry's bullies seem to be the only attention he gets in school. And that attention is about to be withdrawn. Not only that it is about to be withdrawn, Harry has the guts to rub that in Conor's face. This makes Conor wild. Hence, Conor asks the yew tree-monster what the invisible man did to make people see him. The yew tree-monster replies that, the man called for a monster. And at that moment, the yew tree-monster, as Conor puts it, begins to attack Harry.

The headmistress expressing her shock when teachers bring Conor to her, (after they had stopped him from hitting Harry), states, "You put him in hospital, Conor, ... you broke his arm, his nose, and I'll bet his teeth are never going to look that pretty again," (73).

Looking at the papers on her table, perhaps reports from teachers and pupils concerning the incident, she exclaims further, “I’m not even sure how one boy could have caused so much damage by himself,” (73). When she asks Conor what he had to say about the situation, Conor replies, “it wasn’t me ... it was the monster who did it,” (74). Miss Kwan who is in the office with them responds, “An entire dining hall saw you hitting Harry, Conor. ... They saw you knocking him down. They saw you pushing him over a table. They saw you banging his head against the floor. ... They heard you yelling about being seen. About not being invisible anymore,” (74). In consequence, Conor is schizophrenic, under the influence of his hallucinations. It appears as though Conor becomes the monster or that the monster which he breeds inside him becomes him. All these happen because he holds on to the paradoxical metaphor, [“I let her go, ... I could have held on but I let her go! ... And now, it’s for real! Now, she is going to die and it’s my fault! (89)].

Conor experiences severe guilt complex and feels responsible for his mother’s death. As a result, he becomes desperate for punishment. He badly yearns to be punished. The masochism proper to his ego demands punishment not from his superego but from outside himself. Each time he acts hysterically and he does not get punished, he feels more burdened. At the destruction of his grandmother’s sitting room, he asks his father, “you’re not even going to punish me?” His father simply replies, “what would be the point, Con?” (60). When he is queried for almost killing Harry, his headmistress clarifies, “school rules dictate immediate exclusion,” (74), and he feels as if a weight has been removed from his body. He feels relieved.

Understanding flooded him, relief did, too, so powerful it almost made him cry, right there in the headmistress’s office. He was going to be punished. It was finally going to happen. Everything was going to make sense again. She was going to exclude him. Punishment was coming. Thank God. Thank God – (74)

But then, his headmistress makes a similar reply as his father’s, “how could I do that and still call myself a teacher? ... With all that you’re going through. ... With all that we know about Harry? ... What purpose could that possibly serve?” (74). During the fourth tale, when the ferocious monster makes him tell the truth, he desires that the blazing fire burning in his chest would eat him alive, “because it was at last, the punishment he deserved,” (88). But then, it does not and he asks the yew tree-monster, “why didn’t it

kill me? I deserve the worst,” (89). The yew tree-monster rather replies warmly, “do you?”

The yew tree-monster insists that he must tell the fourth tale, (which was explained in the previous section). This is because, according to the yew tree-monster, telling the tale and the truth will save him. He is bottling it up and it is dangerous for his life. So, the yew tree-monster comes walking to simply make Conor open up, accept the truth that he let his mother go and disregard the lie that it is his fault. From the yew tree-monster’s perspective, the fact that Conor let his mother go is the truth because, in its response to Conor, “you were merely wishing for the end of pain. ... Your own pain. An end to how it isolated you. It is the most human wish of all,” (89). This is also the reason, according to the yew tree-monster, why it is not Conor’s fault.

As Conor let go of this paradoxical metaphor that had gripped him like a clamp, clenching him tight as a muscle and causing him so much grief, he becomes free, able to truly let his mother go, able to face whatever would befall his mother (94-95). He is able to understand that, “it would be terrible. It would be beyond terrible. But he’d survive,” (95).

5.4.5 How ailing characters struggle to survive in their existential context in Patrick Ness’ *A Monster Calls*

Everyone around Coonor O’Malley knows about his mother’s ill health. So, they seem to understand his actions whenever he becomes hysterical. When he destroys his grandmother’s sitting room, his father says with a sad smile, “I can see how much this is upsetting you... So, can your grandma... Don’t worry about it, ... worse things happen at sea,” (60). This implies that they were going to overlook Conor’s actions because other serious things are happening at the same moment. When Conor asks why he would not be punished, his father replied, “What could be the point?” (60). At the time he almost kills Harry, his headmistress after questioning him says, “school rules dictate immediate exclusion, ... But how could I do that? How could I do that and still call myself a teacher? ... With all that you’re going through. With all that we know about Harry...” (74). Pondering aloud about freeing Conor without punishment, she makes

almost the same statement Conor's father makes, "what purpose could that possibly serve?" (75). They seem to have understood his plight, so they indirectly help him.

His greatest help towards survival appears to be from the yew tree-monster who keeps him company from the beginning of his mother's ill health till the end. While the monster makes him tell the fourth tale for his own sanity, it also makes him see the meaninglessness of the idea that everything happening to his mother is his fault. He holds on to this idea so much that it already eats up his sanity. So to speak, the need in him for survival beckons on the yew tree-monster and it comes walking to heal Conor. "And it was for this that the monster came. It must have been. Conor had needed it and his need had somehow called it. And it had come walking. Just for this moment," (95). Because Conor is willing to tell the truth and let go of the deception, he is able to survive, and for him, this pain serves as a period of exploration.

5.5 Cellular suicide and clinical paradoxical metaphors in Lisa Genova's *Still Alice* (SA)

5.5.1 Synopsis

Dr. Alice Howland, a renowned William James Professor of Psychology at Harvard University, in SA, begins to wonder that there is something gravely wrong with her as she constantly sees herself forgetting minor things she feels she should not forget. For instance, during speeches, she would have a loose sense or a general idea of what she wants to say, but the appropriate word for it will elude her. As the first colloquium speaker of the year to kick off Stanford's cognitive psychology fall colloquium series, she fluently articulates her speech on, 'Conceptual and Neural Organisation of Language,' but then, forgets the word, "lexicon," replaces it with the vague and seemingly inappropriate word, "thing," and moves on with her speech. She remembers the word while on a plane descending to Los Angeles for her next appointment in the day. It was not just the word during her speech, she also forgets the immediate responses her daughter gives to her questions while they had a sit-down in a restaurant. For instance, Alice asks,

“... So how did you meet Doug and Malcolm?”
“They came into Starbucks one night while I was working.”
The waiter interrupts and they order dinner and drinks.
Then, Alice asks again,
“So how did you meet Doug and Malcolm?” Her daughter
ignorant of any foreboding situation responds,
“I just told you. Why don't you ever listen to anything I
say? ...” (8)

As she leaves the restaurant with her daughter, she forgets her BlackBerry phone. Then back home at Harvard, goes for a run and forgets her way home. It takes her many minutes before she is able to recall the right way. Her recent missed menstrual cycle comes to her mind, and she begins to google the effects of menopause. What baffles her is the frequency with which memory lapses like these occur, including forgetting why she wrote down the name, “Eric,” on her to-do-list.

Alice decides to see her physician, Dr. Tamara Moyer. After series of questions, Dr. Moyer seeming to believe that Alice's disorientation is not caused by menopause asks Alice to go for some tests including a brain MRI. With this, Alice begins to tell herself

in a torturing and paranoid voice that she might be suffering from a brain tumour. As she patently waits for the result, she experiences more disturbing incidents like, forgetting her trip to Chicago, lapses in her class which she thinks she covers by asking the students questions. She feels the students having experienced her worth as a unique teacher, would not realise the sudden issue of forgetfulness.

The results reveal that everything seems okay with her hence, the doctor's suggestion that she rests more and comes back in three months for a check-up. But, Alice vehemently refuses, stating clearly that she wants to see a neurologist. The neurologist, Dr. Davis listens to her, asks her basic questions regarding her genealogy, gives her some memory tests which she scales through, though she had minor lapses. Then, he asks her to go for additional blood work (blood tests) and a lumbar puncture, and come back in four to five weeks. The results come out negative, she is free from any vascular disease, stroke or masses, and as Dr. Davis puts it,

You scored in the ninety-ninth percentile in your ability to attend, in things like abstract reasoning, spatial skills, and language fluency. But unfortunately, here's what I do see. You have a recent memory impairment that is out of proportion to your age and is a significant decline in your previous level of functioning. I know this from your own account of the problems you've been having and from your description of the degree to which they've been interfering with your professional life. I also personally witnessed it when you couldn't retrieve the address I'd asked you to remember the last time you were here. And although you were perfect in most of the cognitive domains today, you showed a lot of variability in tow of the tasks that were related to recent memory. In fact, you were down to the sixtieth percentile in one.

When I put all this information together, Alice, what it tells me is that you fit the criteria of having probable Alzheimer's disease, (40).

With the word, "probable," and the fact that she is only fifty years old, Alice sees the possibility that she might not have the disease. But, Dr. Davis affirms that what has been happening to her, her medical history, her orientation, registration, attention, language and recall tests makes him 95 percent sure, adding that "with no other explanation turning up in your neurological exam, blood, cerebral spinal fluid, or MRI, the other five percent goes away. I am sure, Alice," (41).

5.5.2 Identified clinical paradoxical metaphors in Lisa Genova's *Still Alice*

In addition to the diagnosis, Dr. Davis gives Alice her prescription with a warning that she must let someone know about this challenge and that she must not come to the Memory Disorders Unit at Massachusetts General Hospital alone. Included in the instructions from Dr. Davis is a Daily Living questionnaire that John, her husband has to fill. The emphasis that the patient should not fill the questionnaire is emboldened, since the memory challenge makes the patient an unreliable source for the happenings around him or her. This definitely might question the validity of this analysis since the ailing character could be an unreliable source of information regarding what is going on around her. Nevertheless, the paradoxical metaphors distilled and critically analysed are selected at the time Alice is to a greater percentage aware of her surroundings.

She scans through the activities on the questionnaire. She sees that her husband will have to indicate on a rating scale her state at certain moments. The rating scale ranges from 0 which implies no problems, same as always, to 3, which implies, severely impaired, totally dependent on others. She sees some of the activities to be rated: never writes, does not understand what people are saying, has given up reading, amongst others. Her mind's eye races to the future and she sees herself looking at her husband, her children, her colleagues, faces she had known and loved, and not being able to recognise them. So, she makes up her mind not to tell John about the situation because,

If she confessed to John what Dr. Davis had told her, if she gave him the Activities of the Daily Living questionnaire, *it would all become real. John would become the informant, and Alice would become the dying, incompetent patient. She wasn't ready to turn herself in. Not yet, (43). Emphasis mine.*

Alice, here, ties her health status to informing her husband, John about the Daily Living questionnaire. Metaphorically, it gives the impression that the switch from a healthy competent life to an unhealthy dying incompetent life is automatic, and happens in the twinkling of an eye or with the snap of a finger. In the sense that, the moment she gives him the questionnaire or informs of the situation, she becomes a dying incompetent patient. On the contrary, she seems to forget that the progression or regression of the disease is not exclusively dependent on informing her husband or handing over the

questionnaire. Her husband, on the other hand, might even help to a great extent since he is a scientist.

Her thought, that she is not ready to turn herself in, metaphorically implies that she has committed a crime therefore, she has to report to the police. The antinomy lies on the premise that her husband, John, becomes the police in this scenario, while she becomes the victim. But then, what crime has she committed?

Like someone who has committed a crime, she begins to play the blame game. Dr. Davis notes that the disease has a strong genetic tie. Both her father and mother are dead, so she begins to ponder on who might have transferred the gene: if her mother was alive, will her mother be in the acute stage of the disease. Her father had an obscene drinking habit that cost him the life of his wife and younger daughter. About a decade before he died, he could not recognise his older daughter, Alice. But at that time, Alice had thought it was the liquor that took its toll on him. With the diagnosis of her condition, she feels that she needs no oracle to tell her that her father had been living with Alzheimer's disease and was never diagnosed. This avails her the ideal target to throw her blame. Consequently, on January nineteenth, while she visits her family's grave stones with her husband, as they do that yearly, she vehemently holds on to the thought,

Well, Dad, are you happy? I've got your lousy DNA.
You're going to get to kill us all. How does it feel *to murder*
your entire family? (45). *Emphasis mine.*

Alice believes that if her father was not a toper, he would not have got drunk let alone drive in a drunken state, hence, her mother and younger sister would still be alive. So, he is their murderer. This is not enough for him, he has a deathly DNA which he has transferred to her, thus, sentencing her to death. What better way would she have put it than to say that he literally murdered his family? There is a difference between identifying the source of an issue and blaming that source. A source can be identified without the declaration that the source is solely responsible for the issue. Paradoxically, if the father is responsible for having his kind of DNA, then it means he created himself and purposely lived for the mission of obliterating his family. But then, his gene still lives. It lives in Alice's daughters and sons. It lives in Alice's grandchild (though the impaired gene is deleted) and it will live in her greatgrandchildren. So, how come he created himself for the purpose of eliminating his family? Did he create himself? How

did he get the DNA? If her father is to be blamed, then it means Anna, Alice's older daughter is to blame her mother, Alice, for transferring the mutation to her and for having an intention of murder. But Anna never does this.

In time, Alice is relieved of her job as results from course evaluations show that there are lapses in her teaching. She forgets she has classes, she forgets some words in class and the students find it difficult to understand her. In all her years of teaching, she has never had any complaints from students, she has received only praises. But with this disease, her head of department insists that she has to stop teaching. She is allowed to still keep her supervision of Dan's PhD thesis, while the HOD helps out. Hence, she stays more at home, and is not allowed to go anywhere alone, because she might get lost. On one occasion, her husband, John requests their older daughter, Anna to stay in while he travels for some official assignments.

On that note, Anna calls to inform Alice that since John travelled, she would come home later that night. In the process of waiting and doing nothing, Alice begins to feel bored, ignored and alienated. Before Anna's call, she was about to leave the house when she saw a large hole (the hole is not real, hallucinations are part of the symptoms she experiences) just before the front door, the size of the width of the hallway and about nine feet in length. The hole is not passable so she begins to wonder if John had hired a contractor or if someone had been to the house without her knowing it. After Alice's call, a mail package got delivered through an open slot in the door and she sees the mail lying on top of the hole. Thus, she wonders,

Floating mail. My brain is fried! She retreated into the study and tried to forget about the gravity-defying hole in the front hallway. It was surprisingly difficult, (119). *Emphasis mine.*

This suggests that in a way, she is aware that the hole is an illusion. Metaphorically, she implies that her brain has been cooked in hot fat or oil or better still, her brain is exhausted or completely worn out. However, paradoxically, if the former is the meaning, then she would not be alive let alone be alive to wonder about the idea that her brain is fried. If the latter is the meaning, it simply means that getting some rest is of great help. But will getting some rest help? She has slept for a long time before Anna returns, but

the hole does not go away. She still sees that Anna is standing on the hole and she could not bear to keep seeing it.

5.5.3 Classification of identified clinical paradoxical metaphors in Lisa Genova's *Still Alice*

The classification of the identified clinical paradoxical metaphors is based on the researcher's interpretation of the selected paradoxical metaphors. The interpretation is dependent on the statements' impact on the speaker, and metaphorical implication. Notably, some of the statements could overlap, representing multiple classes of paradoxical metaphors.

Paradoxical metaphors of identity:

- "My brain is fried" (119)

Paradoxical metaphors of pain:

- "How does it feel to murder your entire family?" (45)

Paradoxical metaphors of survival:

- "...it would all become real, John would become the informant, and Alice would become the dying, incompetent patient. She wasn't ready to turn herself in. Not yet" (43)

Paradoxical metaphors of death:

- "...it would all become real, John would become the informant, and Alice would become the dying, incompetent patient. She wasn't ready to turn herself in. Not yet" (43)

5.5.4 Psychological effects of identified clinical paradoxical metaphors on ailing characters in Lisa Genova's *Still Alice*

Suicidal tendencies

The paradoxical metaphors sneak into Alice's mind, she lets them grab her tightly so much so that they would not let go of her or rather, she does not let them go. The thought of turning herself in and becoming the dying incompetent patient makes her suicidal.

She wanted to kill herself. Impulsive thoughts of suicide came at her with speed and brawn, outmaneuvering and muscling out all other ideas, trapping her in a dark and desperate corner for days, (46).

But then, she rephrases her thoughts, siphoning her mental preoccupation of the junk paradoxical metaphors. She sees that she could still read and write and use the bathroom properly. She sees that she has time. She sees that she does not want to die yet. So, she tells her husband. Imagine what would have happened if she still holds on to those harmful paradoxical metaphors.

Psychotic disorder

The thought that her brain is fried makes her hysterical. She sees Anna stand on the hole and she goes to the spot where she is seeing the hole and begins to feel it and smack it with her hands. Though she feels the hard surface, she still sees a hole and she could not explain it. Consequently, she hurts herself in the process. As Anna tries to take her hand, she flings her hand away from Anna's and screams, "Leave me alone! Get out of my house! I hate you! I don't want you here!" (121). If it were not for the paradoxical metaphor she clings to, she would not have made those statements. She can not explain the situation and she feels humiliated. Anna understanding this, calmly resolves to stay though the words hit her harder than a hot slap would have hit her.

While Alice battles with her ability to recall, she is able to correct any impetuous thought, scold it, "and put it away," (92). She takes all her medications and also does all she is expected to do:

She took Aricept, Namenda, the mystery Amylix trial pill, Lipton, vitamin C and E, and baby aspirin. She consumed additional antioxidants in the form of blueberries, red wine, and dark chocolate. She drank green tea. She tried ginkgo biloba. She meditated and played Numero. She brushed her

teeth with her left, nondominant hand. She slept when she was tired, (97).

She does not care if the efforts add up to visible, measurable results. She is determined to stay a warrior, “She stepped into warrior pose. She exhaled and sank deeper into the lunge, accepting the discomfort and additional challenge to her concentrations and stamina, determined to maintain the pose,” (97). Accepting the diagnosis, she makes a mental note of what she really wants, and against linguistics, teaching or Harvard, she is surprised to discover that she really wants to live and hold her first grand-child, (her first daughter’s baby). She also wants to be there for Lydia, her second daughter. She wants to see Lydia act in a play that Lydia is proud of. She wants to see her only son, Tom fall in love. She needs one more sabbatical year with her husband, John and finally she wants to read all the books she could read before she can no longer read, (69). She seems dedicated towards achieving her desired goals.

She watches Lydia proudly act as Catherine in the play *Proof*. She is able to read the play, discuss it to a great extent with Lydia and even help Lydia practice her lines, (101). She is also not only able to carry her grand-daughter, Alice and her grandson, Thomas, she is able to stay through the sabbatical year with John without losing touch of who he is to her.

Alice's response to her daughter Anna provides pertinent evidence supporting the importance of mitigating the impact of certain mental preoccupations especially on ailing characters. Recall that Dr. Davies informed Alice that Alzheimer’s disease has a strong genetic linkage, this makes her blame her father, earlier and worry about her children: Lydia declines going for a genetic test to see if she has the mutation, but Anna and Tom decide to have the test. From the result of the test, Anna has the mutation but Tom does not. Anna and her husband, Charlie, are about to have children and Anna sees to it that the doctors conduct a PGD – Preimplantation Genetic Diagnosis to eliminate all embryos with the diseased genetic mutation. However, though with a clean pregnancy, Anna worries a lot that each time she forgets something, she is being symptomatic. Her mental preoccupation is weakening her and affecting her pregnancy. Her thoughts are not revealed as the conversation with her mother is short, hence, there is no distillation and analysis to decipher if the thoughts are paradoxically metaphoric. Notably, Alice’s response to her fears reinforces the need for a constant check on one’s mental preoccupation:

Mom, I feel sick all the time, and I'm exhausted, and every time I forget something I think I'm becoming symptomatic. Oh, sweetie, you're not, you're just tired. I know. I know. It's just when I think about you not teaching anymore and everything you're losing ---“ Don't this should be an exciting time for you. Please, just think about what we're gaining,” (116)

Alice here, exhorts Anna to focus on the bright side, to figure out things to be grateful for, to put a stop to all mental judgements and to cease using metaphors that appear to be incongruous so that she would not be overburdened. Alice sees that Anna has the ability to guard her mind, that Anna and even herself, Alice, can still wield some editorial control over their raw emotions which stem from their mental processes, and Alice encourages Anna to utilise her control.

5.5.5 How ailing characters struggle to survive in their existential context in Lisa Genova's *Still Alice*

In addition, Alice keeps her mind positive by remembering beautiful things:

... she liked being reminded of butterflies. She remembered being six or seven and crying over the fates of the butterflies in her yard after learning that they lived for only a few days. Her mother had comforted her and told her not to be sad for the butterflies, that just because their lives were short didn't mean they were tragic. Watching them flying in the warm sun among the daisies in their garden, her mother had said to her, *see, they have a beautiful life*, (64).

She seems to find rest, assured that whatever happens, she truly has had a beautiful life. Her will to live is strong enough and her husband's love for her makes the situation seem stress free. Her children also give her their full support. For instance, when Anna and Tom decide they want to get tested to see if they have the gene (Lydia, her third child declines), and the test reveals that Anna has the mutation, but Tom does not, Alice weeps sorely, saying she is sorry. But, Anna keeps assuring her that everything will be all right. Alice finds meaning in this suffering as it strengthens the bond she has with each member of her family. Most especially, it makes her see and appreciate Lydia's uniqueness in the family.

Summarily, the five selected American novels examined in this chapter demonstrate the detrimental effects of paradoxical metaphors on ailing characters. As they cling to these

paradoxical metaphors, ailing and affected characters start to develop new ailments regardless of the underlying condition for which they had been diagnosed.

5.6 A juxtaposition of subject matters in selected Nigerian and American novels

The juxtaposition is carried out based on the distilled paradoxical metaphors, their influence on characters, how characters find meaning in suffering and sociocultural influences. The abbreviated titles of the novels as stipulated below is used in the discussion. **Nigerian novels:** Jude Idada's *Boom Boom (BB)*, Promise Ogochukwu's *Sorrow's Joy (SJ)*, Samira Sanusi's *S is for Survivor (SIFS)*, Maryam Awaisu's *Burning Bright (BuB)* and Eric Omazu's *The Last Requiem (TLR)*. **American novels:** Lisa Genova's *Every Note Played (ENP)*, Rachael Lippincott's *Five Feet Apart (FFA)*, Paul Kalanithi's *When Breath Becomes Air (WBBA)*, Patrick Ness' *A Monster Calls (AMC)* and Lisa Genova's *Still Alice (SA)*.

5.6.1 Juxtaposing the novels based on the distilled clinical paradoxical metaphors from the Nigerian and American novels

In the Nigerian and American novels, paradoxical metaphors of identity, pain, survival and death are identified. This demonstrates the universality of the concepts of identity, pain, survival and death.

With respect to the paradoxical metaphors of **identity**, affected characters perceive themselves as clueless and powerless (Osaik and JJ - *BB*). The affected characters are the characters indirectly suffering from the ailment. They are not the ailing characters but they are crucial because they have first-hand experience of the ailing character's pain. For this study, statements of the affected characters are essential when the narrator or the protagonist is not the ailing character. Thus, the affected characters see themselves as incapacitated in the face of the ailing situation. Sometimes they hold themselves responsible for the cause of the dire circumstances of their loved ones (Osaik and JJ – *BB*, Conor - *AMC*).

While attempting to understand the reason they encountered the ailment, the characters see themselves as criminals locked up in the prison of the ailment. (Samira - *SIFS*, Sefi

– *SJ*, Richard – *ENP*). They believe that they are being punished but they do not know why. Particularly, Nadia (*BuB*) believes that disease serves as a cleansing agent, implying that because of the illness she experiences, she is sinless. This has a sociocultural undertone, hence, it is discussed in the sociocultural section.

In the circumstance of a life-changing disease, the characters see the disease as supreme, one in authority and one that has the final say, (Sefi - *SJ*, Stella – *FFA*). Some do not mention the name of the disease, perhaps, out of fear. They refer to the disease as, “it,” the almighty it, that has the right to choose who to deal with and the part of its victim’s body to dwell on. They see themselves as losers (*SJ*, *TLR*). The disease is thus, viewed as: an unwanted guest (*SJ*), and a curse (*SJ*, *WBBA*).

The ailing characters also perceive themselves as: already dead, (Ogugua - *TLR*, Will – *FFA*), an animal in a cage, (Richard - *ENP*), an invalid, (Paul - *WBBA*), a grammatical direct object (Paul - *WBBA*), a dead musical note (Richard - *ENP*), having a fried brain, (Alice – *SA*) and the disease they suffer from, (Ogugua – *TLR*). They equate themselves with the disease in statements like, “I am AIDS and AIDS is me,” (iii-*TLR*).

Regarding **pain**, Hazel in *The Fault in Our Stars* (2015) highlights that, ‘pain is a blunt and nonspecific diagnostic instrument,’ (40). Implying that pain is a general diagnostic tool and any ailment physical or psychological could express itself through pain. As such, pain is not attached exclusively to any ailment. It is reflected in paradoxical metaphors from all characters and is felt by all characters in the analysed novels, the affected characters who blame themselves, (*BB* and *AMC*), and the ailing characters (*BB*, *SJ*, *SIFS*, *BuB*, *TLR*, *ENP*, *FFA*, *WBBA* and *SA*).

Buttressing the idea that not only ailing characters can comprehend pain, Dr. Watega in *SJ*, states,

never underestimate the pain of even those you do not know. One thing about pain is that it is a common commodity which everybody buys even without knowing it. It is attracted to everyone who repudiates it. We all do. And it is like a leech, holding on tight, refusing to let go. It is a prostitute, seducing all it comes in contact with, becoming possessed by what they have, all they are, eating into them, bothering them to no end especially if they let their mind dwell solely on it. It’s capable of driving them nuts, grinding them to a halt,’ (*SJ*, 72).

Thus, pain is drawn to anyone who rejects it and since everyone does, everyone experiences pain in some way. It demands to be felt, hence, the characters learn to live and deal with it. However, if the characters “dwell solely on,” focus completely on pain, they risk being driven to nuts and ground to a halt. This is exactly what this study is all about – to identify the literary aspect of the causes of mental unsettlement and comorbidities in ailing characters.

The paradoxical metaphors of **survival**, reflect the characters’ struggle to survive regardless of the derailing illness they experience. All the novels (*BB*, *SJ*, *SIFS*, *BuB*, *TLR*, *ENP*, *FFA*, *WBBA*, *AMC* and *SA*) portray characters that continue to wrestle for life with the help of their loved ones. The paradoxical metaphors of survival highlighted in all the novels except *AMC*, exemplify this. Elisabeth Kubler-Ross, a Swiss Psychiatrist in her work, *Death and Dying* (1969) points out that ailing individuals in the process of the struggle for survival, engage in a philanthropic attitude or altruistic attitude that shows a desire to selflessly help other people. Notably, this is reflected in almost all the novels: *BB* – selfless media awareness for a genotype check before marriage, *SJ* – selfless transportation of accident victims to the hospital, *SIFS* – selfless establishment of an NGO, *BuB* – voluntary service in an NGO, *TLR* – fighting in court for justice over people living with AIDS, *ENP* – selfless donation of Richard’s medical equipment to health organisations, *FFA* – selfless YouTube awareness of cystic fibrosis and the development of an App that aids in the correct administration of medication, *WBBA* – going back to the surgical room for the purpose of saving lives, *AMC* – none identified, *SA* – none identified.

Concerning the paradoxical metaphors of **death**, characters equate the ailment to death which could become generational, (*SJ*, *TLR*, *ENP*, *FFA*, and *WBBA*). Some see themselves as already dead, (*TLR*, *ENP* and *FFA*). Others view death as a place where there is no pain (*BB* and *TLR*), while in (*SA*) one sees a particular depiction of suicidal thanatophobia, which is the fear of death. There appears to be no paradoxical metaphor of death in (*SIFS*, *BuB* and *AMC*).

5.6.2 Juxtaposing the novels based on the influence of the clinical paradoxical metaphors on the ailing characters

As observed from the selected Nigerian and American novels, the influence of the identified paradoxical metaphors on the affected and ailing characters are parallel. Perhaps, this is as a result of the fact that the identified paradoxical metaphors are universal. Hence, as the characters dwell on the paradoxical metaphors, they additionally suffer from all forms of depression (*BB, SJ, SIFS, TLR, ENP, FFA, WBBA* and *SA*), guilt and persecution complex (*BB* and *SJ*), delusion (*SJ, WBBA* and *SA*), delirium (*SJ, SIFS, TLR, WBBA* and *SA*), suicidal tendencies (*SJ* and *SA*), psychotic disorders and hallucinations (*SJ* and *AMC*), paranoia (*SJ, SIFS* and *TLR*), numbness (*SIFS*), Cotard's syndrome (*TLR, FFA* and *WBBA*), hysteria (*ENP*), enosiophobia (*ENP*), loss of opportunity (*ENP*), dysfunctional love (*FFA*), suicidal thanatophobia (*SA*) and schizophrenia (*SJ* and *AMC*). In both the Nigerian and American novels, characters who completely (*BuB*) or at some point (*BB, SIFS, AMC* and *FFA*) consciously choose to stop any derailing paradoxically metaphoric mental processes are portrayed.

5.6.3 Juxtaposing the novels based on how ailing characters find meaning in suffering

Finding meaning in suffering is based on the characters' interpretation of the ailing situation. Interpretation is subjective as such the comprehension of ailing experiences by characters differ not just individually but country-wise. There are some similarities as well as dissimilarities.

With respect to the similarities, for both the Nigerian and American novels, the characters find meaning in suffering by perceiving their experiences as a means of learning (*BB, SJ, SIFS, BuB, TLR, ENP, FFA, WBBA, AMC* and *SA*), a time for more family bonding (*BB, SJ, SIFS, BuB, TLR, ENP, FFA, WBBA, AMC* and *SA*), a period for engaging in selfless deeds (*BB, SJ, SIFS, BuB, TLR, ENP, FFA* and *WBBA*), a form of punishment or retribution (*SJ, SIFS, ENP* and *AMC*), family reconciliation (*SJ, ENP, FFA, WBBA* and *SA*), a curse (*SJ* and *WBBA*), and a time of discovery (*BB, SIFS, BuB, TLR, WBBA* and *AMC*).

Regarding the dissimilarities, characters in the Nigerian novels find meaning in suffering by viewing their experience as a period of sanctification (*BuB*), and a means of being grateful and getting closer to their creator (*SIFS* and *BuB*). However, characters in the American novels see their experience as a justification for understanding death (*WBBA*).

5.6.4 Juxtaposing the novels based on sociocultural influences

Nikita Iyer (2018:1) notes that there are seven variables in relation to sociocultural influences. They include: physical, economic, ideological, cultural diffusion, scientific and technological, political and educational variables. In the ambit of this study, the ideological, scientific and educational variables are essential as they are perceived to be responsible for ailing and affected characters' response to the situation of their ailment. The constructed and reconstructed paradoxical metaphors highlighted from characters' expressions and the meaning they derive from their circumstances portray this.

Considering the similarities in the Nigerian and American novels, the scientific and educational variables are influential to the characters' construction of paradoxical metaphors but they do not indicate regional distinctions. For instance, the knowledge of cartoons and superpowers is seen in the constructions in (*BB* and *SJ*) while the knowledge of music is seen in (*ENP*) and that of cooking in (*SA*). The cartoons, superpowers, music and cooking as reflected in the novels are not delineated to reflect regional specifics. Worthy of note is the fact that all the characters engage in the scientific comprehension and treatment of the ailment they experience.

The ideological variable which is also influential to the characters' construction of paradoxical metaphors, indicate both regional parallels and distinctions. Concerning the parallels, most of the paradoxical metaphors distilled from the novels reflect the universal ideology of cause and effect – something happens because another thing prompts it to happen; things do not just happen. This implies that the occurrence of an ailment is prompted by something. Which is why the characters are seen trying to unveil why the ailment they experience happened. And when they are not able to find out why, they term the situation a curse or a punishment for a wrong they have no knowledge of (*SJ*, *SIFS*, *BuB*, *TLR*, *ENP* and *WBBA*).

Distinctively, in the Nigerian novels, some paradoxical metaphors illustrate religious ideologies, where the characters view the idea of death as a peaceful place (*BB* and *TLR*) and perceive the ailment as a cleanser for the ailing character's sins (*BuB*).

With respect to the meaning the affected and ailing characters derive from their circumstances, the scientific variable appears to be insignificant. The educational variable does not denote regional distinctions as characters tend to comprehend the ailing situation as a period of learning, discovery, retribution, for selfless engagements, family reconciliation and family bonding. These significations are generally understood as aspects of human life. Alternately, the ideological variable, bespeaks distinctions as Nigerian characters in (*Samira - SIFS* and *Nadia - BuB*) generate the meaning that they have to be grateful so that they can earn the rewards of being patient, faithful and trusting in their God. Particularly, *Nadia* in (*BuB*) comprehends the ailing situation as a means through which her God blots away all her sins and thus, keeps her sinless. In addition, *Paul* in the American novel (*WBBA*) understands the meaning of the ailing situation as an answer to his questions towards understanding death.

5.7 Discussion of findings

The key findings of the study are discussed in this section and where applicable, references are made to the literature review. This is because the findings are quite novel: most of the reviewed literature are disease-centred: *Rolleston* (1934), *Kravitz* (2010), *Garrigós* (2021) among others. When they are patient-centred, as in *Beauchamp*, *Chung* and *Mogilner* (2009) *Kottow* and *Kottow* (2007), *Owonibi* (2010), *Fois* (2018) and others, they do not investigate the mental process of ailing characters to critically analyse the literary factors that influence their ailing situation.

From this foray of critically analysing Nigerian and American ailment-centred novels, it is evident that creative writers employ certain linguistic tropes like paradoxical-metaphors, which are effective in characterising the feelings and mental experiences of ailing characters. This study set out to examine how mental preoccupations of ailing characters have been explored in selected Nigerian and American novels. The specific focus of this study has therefore, been to identify paradoxical metaphors that ailing characters construct, with a view to analysing the impact of the paradoxical metaphors on the aforementioned characters in the selected novels. This critical exercise, also set

out to explore the comparisons between the novels from the two different geographical zones, Nigeria and America, based on the identified paradoxical metaphors, their effects, how characters find meaning in suffering and sociocultural influences. This is done with the purpose of exploring geographical distinctions in relation to the characters' mental preoccupations concerning their experiences.

The critical analysis carried out on the selected novels reveals that mental processes are laden with literary tropes as acknowledged by, Gannon (2001, 2004), Kao (1997), Lakoff and Johnson (1980), Morgan (1986), Ortony (1975), Richards (1936). Also, characters tend to construct and reconstruct their ideas, experiences and beliefs regarding the illness they suffer from, quite differently from their physicians' diagnostic reports. Their ideas, experiences and beliefs are most times in the sphere of paradoxical metaphors. Some characters have the propensity of developing paradoxically metaphoric mental obsessions that cause them to equate the disease with their identity. They see the disease as themselves: "I am AIDS and AIDS is me" (iii), from Eric Omazu's *TLR*. Other characters see the disease as a nemesis, a curse: "The curse of cancer" (102) from Paul Kalanithi's *WBBA*. Hence, the study distilled paradoxical metaphors of identity, pain, survival and death as stipulated in Table 5.1.

Table 5.1: Clinical paradoxical metaphors Nigerian and American ailing characters utilise in verbalising their medical situation

	Paradoxical Metaphors (PM) of -	Identity	Pain	Survival	Death	Total
S/N	Novels (1-5 Nigerian; 6-10 American)					
1	Jude Idada's <i>Boom Boom (BB)</i> ,	2	1	1	3	7
2	Promise Ogochukwu's <i>Sorrow's Joy (SJ)</i>	5	2	3	2	12
3	Samira Sanusi's <i>S is for Survivor (SIFS)</i>	2	2	6	-	10
4	Maryam Awaisu's <i>Burning Bright (BuB)</i>	1	2	2	-	5
5	Eric Omazu's <i>The Last Requiem (TLR)</i>	2	1	2	3	8
6	Lisa Genova's <i>Every Note Played (ENP)</i>	3	1	1	2	7
7	Rachael Lippincott's <i>Five Feet Apart (FFA)</i>	2	1	2	3	8
8	Paul Kalanithi's <i>When Breath Becomes Air (WBBA)</i>	3	1	3	3	10
9	Patrick Ness' <i>A Monster Calls (AMC)</i>	1	1	-	-	2
10	Lisa Genova's <i>Still Alice (SA)</i>	1	1	1	1	4

Regionally, the analysis shows that, in four out of the five novels from Nigeria: Jude Idada's *BB*, Promise Ogochukwu's *SJ*, Samira Sanusi's *SIFS*, and Eric Omazu's *TLR*, affected characters hold on to paradoxical metaphors that gave rise to additional deteriorating conditions irrespective of the underlying disease they suffer from. Contrarily, in one of the novels, Maryam Awaisu's *BuB*, though the ailing character, Nadia, weaves some paradoxical metaphors, she channels the paradoxical metaphors to boost her morale. For instance, she thinks that, "Maybe if she had not been ungrateful, none of these would have happened to her," (88). The implied metaphor here is that she is ungrateful and her ungratefulness yielded the ailment she suffers from. Paradoxically, when a sperm fertilises an egg, how will the resulting zygote know what gratefulness is to become grateful, so that it can reject the unwanted genetic materials it has received? Better still, how will the sperm know to be grateful so that it will either transmit only healthy genetic materials, and how will the egg know to be grateful so that it can selectively receive only healthy genetic materials? Furthermore, a child's mind is tabula rasa, at birth. How would she have known what gratefulness means for her to, at the time, become grateful so that she would outgrow all the unhealthy genetic materials from her parents? Though this paradoxical metaphor is derailing, she makes up her mind to stay grateful, hopeful, positive, and mentally healthy regardless of the ailing circumstances. This confirms the studies of Ferrara (1994) and Francis (2017), that metaphors can be used for therapeutic purposes.

Additionally, incidents from Jude Idada's *BB* and Eric Omazu's *BuB* are germane. This is because, they foreground the essence of putting a check on one's mental preoccupations. In Jude Idada's *BB*, Osaik is able find a way to check the thoughts that weigh him down. He notes that the words, "lingered in my mind and weighed on my heart, and no matter how I tried to shake it free, it didn't." Then he discovers a strategy that helps him,

So, I allowed it (the words) wash over me and it grew and grew and grew until it had nowhere else to grow other than to completely disappear. It was a weird way of resolving the issue of fear, a strategy I had stumbled upon by chance, but as long as it worked, then nothing else mattered. (200).
Emphasis mine.

In Eric Omazu's *TLR*, Ogugua, at Jordan's persuasion visits Mount of Rain Assembly and Rev. Prophet Nicodemus Obed declares her healed and delivered from AIDS, she goes home feeling better. She also tells her story of healing to those at the Victim's Complex. As Ogugua points out, the manager of the complex, Mrs. Dumuno, "felt I was beginning to add weight and even predicted that if I continued with the speed I was recovering I could regain all my lost flesh in two weeks. We discussed about my plan to return to work." (108). Apart from that, she also personally, sees herself recovering, "Food which had meant nothing to me had begun to acquire some taste in my mouth. And I had begun to add weight. Were these not the signs of healing?" (110). Remarkably, the fact from the novel is that, Ogugua has not been healed as at the time she returned from Mount of Rain Assembly. At the time Mrs. Dumuno saw her radiance, she was not healed. The confirmatory test she took later reveals this. The question now is, what happened? Analysing the situation, one could simply say that during that period, she was free from debilitating paradoxical metaphors that heightened her anxiety and tortured her. Attesting to this, she states that,

An AIDS patient's mind is always home to anxiety and desperation. Half of what he suffers is tied to them. When I reflected further on my condition it became known to me that the prophet had only exploited these two emotions. When I added weight and began to feed better than before, it was not because I was cured but because my anxiety and desperation were dealt with, (110)

The moment she finds out that the HIV/AIDS test result is still positive, she does not only become highly disappointed, but also demoralized. Imagine what would have happened if Ogugua had continued to check the paradoxical metaphors that made her anxious and desperate, even while she took her medications.

In relation to the five American novels, all the characters hold on to paradoxical metaphors that are detrimental to their psyche. However, there are aspects worthy of note. In Rachael Lippincott's *FFA*, when Stella's relationship with Will is challenged for fear that she might contract B.cepacia, she makes up her mind that CF will never steal from her again. Hence, she ponders, "how long will I live my life afraid of what-if's? My life revolves around obsessive regimen and percentages, and given that I was just in surgery, the risk never seems to go down. Every minute of my life is what-if ..." (78), and then, she concludes, "So after all CF has stolen from me- from us - I'm stealing something back. ... Cystic fibrosis will steal no more from me. From now on, I am the

thief,” (84). She unchecks all the paradoxical metaphoric thoughts that had awakened fear in her mind. With her positive energy, not only does she ensure that she and Will take all the precautionary measures seriously, but she also steals one foot from cystic fibrosis, (the rule with cystic fibrosis patients is that they must remain six feet apart from each other), she steals one foot and consistently keeps five feet apart. Thus, her love with Will becomes fulfilling and fruitful. In addition, Alice in Lisa Genova’s *SA*, is able to conduct an editorial on her mental preoccupations, “... while Alice battled with her ability to recall, she was able to correct any impetuous thought, scold it, “and put it away,” (92). This helps her greatly in her process of survival.

The findings at the level of identifying the paradoxical metaphors in the Nigerian and American novels reveal that, although all the paradoxical metaphors have derailing effects, the caution put on mental processes makes Nadia, in Maryam Awaisu’s *BuB*, Osaik, in Jude Idada’s *BB*, Stella in Rachal Lippincott’s *FFA* and Alice in Lisa Genova’s *SA*, stay healthier without suffering from any additional ailment.

So to speak, these paradoxical metaphors rooted in the mind of the affected characters, make them develop new ailments despite the current ailment. Some characters behave irrationally, some are plagued by nightmares and shadows, and some have strained relationships with their loved ones. Others see themselves as already dead but living. Specifically, they additionally suffer from all forms of depression (*BB*, *SJ*, *SIFS*, *TLR*, *ENP*, *FFA*, *WBBA* and *SA*), guilt complex (*BB*), delirium (*SJ*, *SIFS*, *TLR*, *WBBA* and *SA*), suicidal tendencies (*SJ* and *SA*), psychotic disorders (*SJ* and *AMC*), Cotard’s syndrome (*TLR* and *WBBA*), hysteria (*ENP*), enosiophobia (*ENP*), paranoia (*SJ*, *SIFS* and *TLR*) and schizophrenia (*SJ*). As a result, they additionally suffer from Cotard’s syndrome, paranoia, depression, schizophrenia, among others. Regardless of the underlying ailment, the deteriorating effect of these paradoxical metaphors impede the effectiveness of pharmacological and non-pharmacological treatments of affected individuals by resulting in additional ailments. Table 5.2 delineates this. These additional ailments are referred to as comorbidities.

Table 5.2: The impact of clinical paradoxical metaphors on ailing Nigerian (N) and American (A) characters in the selected novels

	PM Impact	Hope	Depressive Psychosis	Guilt complex	Schizo-phrenia	Suicidal, Paranoia, Hysteria	Cotard's syndrome	Total
S/n	Novels 1-5 N. 6-10 A.							
1	<i>BB</i>	1	1	1	-	- 1 -	-	4
2	<i>SJ</i>	-	1	1	1	1 1 -	-	5
3	<i>SIFS</i>	-	1	-	-	- 1 -	-	2
4	<i>BuB</i>	1	-	-	-	- - -	-	1
5	<i>TLR</i>	-	1	-	-	- 1 -	1	3
6	<i>ENP</i>	-	1	-	-	- 1 1	-	3
7	<i>FFA</i>	-	1	-	-	- 1 -	1	3
8	<i>WBBA</i>	-	1	-	-	- 1 -	1	3
9	<i>AMC</i>	-	1	-	1	- 1 1	-	4
10	<i>SA</i>	-	1	-	-	1 1 1	-	4

From the existentialist point of view, characters in varying ways find meaning as they experience the gruesome effect of the ailment they suffer from. Some characters see the situation as a call for familial reconciliation, as portrayed in Richard's family (Lisa Genova's *ENP*), Paul's family (Paul Kalanithi's *WBBA*), and Stella's parents (Rachael Lippincott's *FFA*). The characters indirectly view the disease as a situation that had come to salvage their home from falling apart; a time to seek for forgiveness and be forgiven. Other characters like JJ's family in Jude Idada's *BB*, Sefi's family in Promise Ogochukwu's *SJ*, Samira's family in Samira Sanusi's *SIFS*, and Alice's family in Lisa Genova's *SA*, see the situation as a time to refuel, enhance and sustain the love that had bound the family. It serves as a period of discovery for characters like, Nadia in Maryam Awaisu's *BuB*, Ogugua in Eric Omazu's *TLR* and Conor in Patrick Ness's *AMC*. The characters with the consciousness of the diseases they suffer from see themselves emit unimaginable strength they never knew existed in them. The varying ways the characters found meaning in suffering are depicted in Table 5.3:

Table 5.3: How ailing characters find meaning in suffering

	How -	Learning, Discovery	Selfless engagements	Family reconciliation	Family bonding	Punishment, Curse
S/n	Novels					
	1-5 N.					
	6-10 A.					
1	<i>BB</i>	1 1	1	-	1	- -
2	<i>SJ</i>	1 -	1	1	1	1 1
3	<i>SIFS</i>	1 1	1	-	1	1 -
4	<i>BuB</i>	1 1	1	-	1	- -
5	<i>TLR</i>	1 1	1	-	1	- -
6	<i>ENP</i>	1 -	1	1	1	1 -
7	<i>FFA</i>	1 -	1	1	1	- -
8	<i>WBBA</i>	1 1	1	1	1	- 1
9	<i>AMC</i>	1 1	-	-	1	1 -
10	<i>SA</i>	1 1	-	1	!	- -

The regional comparison of the novels elucidates the fact that an impairment in the body system of humans is universal. However, there seems to be some specifics in relation to the disease the characters experience. Sickle cell anaemia seems to be prevalent in Nigeria while amyotrophic lateral sclerosis, cystic fibrosis and Alzheimer's appear to be prevalent in America. On the other hand, cancer is seen to be the common denominator in both regions. Based on the topical discourse of paradoxical metaphors, mental preoccupations are constructed and reconstructed based on the experiences of the individual suffering from the disease. Paradoxical metaphors of identity, pain, survival and death are distilled from the texts. These paradoxical metaphors and their effects are common to both regions.

How characters live with and understand the ailment they suffer from is seemingly dependent on the character's place in it (identity), socio-cultural factors: ideological, educational and scientific variables. For instance, common to both regions is the idea that some characters view the disease as a curse: Sefi in Promise Ogochukwu's *SJ*; Paul in Paul Kalanithi's *WBBA*. They feel that they had done something wrong which attracted the disease as their punishment. While Sefi feels it could be because of a mistake she made with one of her neighbours who fooled her into having sex with him, when she was twelve, and because she harshly shunned her father's mistress, Paul feels it was because he had an age-long quest of understanding death and dying. Also, in almost all the novels the disease is given the identity of the individual experiencing its effect: her cystic fibrosis, his cancer. Hence, there are tons of statements like, his cancer, her cystic fibrosis, his ALS, her cancer, his cystic fibrosis amongst others. Distinctively, based on religious ideologies, Nadia in the Nigerian novel (*BuB*) associates the pain from the disease with the obliteration of sin, implying that when one is hale and hearty one's sins are not being forgiven or obliterated. And based on logic-philosophical ideologies, Paul in the American novel (*WBBA*) understands the meaning of the ailing situation as an answer to his questions towards understanding death. Other paradoxical metaphors in all the novels are subjective, in line with the level of education or enlightenment of the characters. The characters opt for mainly pharmacological treatment for their wellbeing portraying scientific educational enlightenment with respect to medical realities. This regional comparison is highlighted in Table 5.4:

Table 5.4: The influence of sociological backgrounds on ailing characters' use of clinical paradoxical metaphors in addressing their medical experience

	Sociological Variables	Cultural ideologies	Religious ideologies	Cause & effect ideology	Punishment and curse	Scientific/Educational
S/n	Novels 1-5 N. 6-10 A.					
1	<i>BB</i>	1	-	1	-	1
2	<i>SJ</i>	-	-	1	1	1
3	<i>SIFS</i>	-	-	1	1	1
4	<i>BuB</i>	-	1	1	1	1
5	<i>TLR</i>	1	-	1	1	1
6	<i>ENP</i>	-	-	1	1	1
7	<i>FFA</i>	-	-	1	-	1
8	<i>WBBA</i>	-	-	1	1	1
9	<i>AMC</i>	-	-	1	1	1
10	<i>SA</i>	-	-	1	-	1

Notably, since the ratio of the distinctions is about one or two to five novels per region, rather than arriving at an absolute proposition, the findings simply suggest that although the construction of paradoxical metaphors and characters' comprehension of the ailing situation (in all Nigerian and American novels) depict unanimous ideological, educational and scientific influences, the Nigerian novels bespeak religious ideologies while the American novels indicate logic-philosophical ideologies. Nevertheless, all the novels demonstrate that paradoxical metaphors are derailing. This confirms Gilbert's (1979:166) claim that metaphors can be "oppressive" since they can alter the perception of an individual. The novels also depict that paradoxical metaphors are capable of hindering recovery and management of ailing characters by leading to comorbidities.

5.8 Chapter summary

This chapter successfully analysed each of the chosen American novels individually, adhering to the predetermined pattern: synopsis of the novel, identified paradoxical metaphors, classification and effects of paradoxical metaphors on affected characters, and how affected characters struggle to survive in an existential context. To investigate the impact of societal backgrounds on characters' use of paradoxical metaphors in response to their medical condition, a comparative analysis of the selected Nigerian and American novels has also been conducted. The chapter is concluded with a discussion on the summary of findings.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Why do you stay in prison when the door is so wide open? - Rumi

6.1 Summary of the study

This section reflects the synthesis of the entire study. Summarily, in the light of the preoccupation of this study, the concepts: paradox, metaphor, paradoxical metaphors, and ailments are explored as facets of the synergy between literature and medicine, the interdisciplinary study of which this research is situated. Attention is also paid to the conceptual, theoretical, methodological and empirical meta-critical study of ideas from related literatures. Additionally, the theories used in the analysis: deconstruction and psychoanalysis, that foreground the paradoxical metaphors and their influence on affected characters are discussed and validated. Sequel to this is the distilling and critical analysis of the paradoxically metaphoric trappings in the selected novels listed above. The psychological effects of the identified paradoxical metaphors on the affected characters were examined in line with how the situation of sufferers in the novels become aggravated as a result of how they hold on to the paradoxical metaphors. The paradoxical metaphors were termed destructive as a result of their negative psychological effects on the characters.

6.2 Conclusion

In illness narratives, ailing characters often express their opinions about their situations using paradoxical metaphors. As depicted in the Nigerian and American novels, these clinical paradoxical metaphors are more debilitating than helpful, resulting in psychological comorbidities. From the foregoing, literature is not an exclusive preserve for just the arts, social sciences and other cognate disciplines. Creative writing and medical education are interlaced. The knowledge of medical education and the ethics of medical practice are propagated and diffused via creative writing. As such, creative

writing in the field of medical education is not just productive, it is also a persuasive strategy potent enough for educating the minds of readers. The ten novels that have been critically analysed exemplify this. Hence, the need for intense scholarly interrogations of novels and exploration of issues of critical relevance within the interdisciplinary ambit, literature and medicine. It enables readers to understand and appreciate their bodies, to see diseases for what they are and not overrate it, as a stable state of an individual or character's mind, is very much essential for the physicians' activities and hope of clinical success. While one might not be able to control numerous mental processes, one can check or control the unwanted processes from forming roots in one's mind. Creative writings in relation to medical education need to be read and explored. This study stresses the fact that Knowledge is Power! Like the University of Ibadan anthem so aptly puts it, in its last line, *a mind that reads is a mind that knows*.

6.3 Recommendations

With this in-depth critical analysis, the meanings of the paradoxical metaphors have been bared and in turn, the meaninglessness of the paradoxical metaphoric attachments to the illness, unveiled. By way of recommendation, this study advocates that an ailment should be recognized for what it truly is - a bodily discomfort. It should not be overemphasized, much less rated higher than the person discussing it. It should not also be given the identity of the individual suffering from it. The ailment is simply what it is, an ailment, and not the ailing individual. This underlines the proverb that, "Knowledge is Power."

Knowing that these paradoxical metaphors, while significant, are inherently contradictory, helps to keep the characters' and readers' minds stable. Consequently, they are arguably meaningless and may have no significance. Dr. Watega makes this clear in his discussion with Sefi, (*Sorrow's Joy*), urging her to take the initiative to rise up and decide that she can beat cancer as he and others who care about her, cannot get anywhere without her 6). This suggests that Sefi needs to stabilise her mental process. Dr. Idigo speaking to Sefi also insists that although cancer is a serious ailment, the fear of it is even more significant because it is not as much of a hassle as one's attitude to it (139). Remarkably, the focus on empowering and reinforcing the battlefield of the mind.

Cousins reiterates the notion that a person's mental process can aid in combating any ailment. His books: *Anatomy of an Illness as Perceived by the Patient* (1979) and *The Healing Heart* (1983) reveal that ailment uses depression and panic as instruments to make a victim helpless. According to him, the panic cycle typically includes depressions as an essential component. He adds that during his ailing experience, being free of panic at the outset enabled him to escape its typical aftereffects of uncertainty and fear (88). Conspicuously, the affected characters, in the novels, who are ridden by the debilitating paradoxical metaphors, lack this knowledge. As portrayed in the analysis, panic and depression stem from oppressive paradoxical metaphors. The recognition of the destructive influence of some paradoxical metaphors will instil the inner strength to engage the weapon of a regenerated mind-set like Dr. Watega in *Sorrow's Joy* stipulates. The fact that Cousins survived the collagen disease and a heart attack lends credence to his assertion. Cousins emphasizes that the doctor's duty throughout treatment is to assist the patient in using his or her own willpower, tenacity, and humour, while the patient dwells on the task of mobilizing his or her own internal and natural resources.

6.4 Contributions to knowledge

The study is educative as flickerings of meanings are bared and readers would understand ailments for what they are, and not overrate them. Knowledge from the findings would enhance doctor-patient interaction, care-givers' services, and public health delivery. The knowledge that some metaphors could be paradoxical is granted. Additionally, though the paradoxical metaphors could be therapeutic, they could also hinder the progress of pharmacological and non-pharmacological treatment, (hence causing some form of comorbidities). This discovery would encourage better communication within the medical space. It would also enhance relationships between the humanities and medical institutions, and aid in shaping the world of medical humanities for the better. This is because, recognising and reviewing the mental processes of ailing characters will improve healthcare. Furthermore, value will be added to the academic and socio-cultural aspects of societies.

6.5 Suggestions for further studies

This study analysed paradoxical metaphors inherent in ailing characters' verbalisations. It has also investigated the impact of the paradoxical metaphors on ailing characters. Since this study is text-based, it could be expanded to a field-based study so that insights can be drawn from actual experiences. The researcher also suggests that (for a field-based study, utilising questionnaires), the scope of the illness perception questionnaire-revised (IPQ-R) can be broadened to include new items under the care/control subscale, that will probe the language ailing characters use in describing their ailing experience.

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