

CANADIAN JOURNAL OF

Disability Studies

Published by the Canadian Disability Studies Association | Association canadienne d'études sur le handicap

Canadian Journal of Disability Studies

**Published by the Canadian Disability Studies Association
Association canadienne d'études sur le handicap**

Hosted by The University of Waterloo

www.cjds.uwaterloo.ca

"I am not this, not here, this time": Claudia Emerson's Infusion Suite as a Compelling Account of the Lived Experience of Cancer

« Je ne suis pas ceci, pas ici, pas maintenant » :

la séquence *Infusion Suite* de Claudia Emerson comme représentation littéraire poignante de l'expérience du cancer

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Abstract

Claudia Emerson's Infusion Suite section within her poetry collection *Impossible Bottle* is a significant contemporary literary representation of cancer. In this twelve-poem sequence, Emerson dispenses with the typical martial metaphors so often used to represent this lived experience. Instead, she focuses on more mundane everyday moments in a way that acknowledges and respects the humanity of all those at the treatment center—especially that of the patients. Emerson refuses to airbrush out the daunting, debilitating aspects of cancer, but she also preserves space for light and life.

Résumé

La section *Infusion Suite* du recueil de poésie *Impossible Bottle* de Claudia Emerson offre une représentation littéraire contemporaine saisissante de l'expérience vécue du cancer. Dans cette séquence de douze poèmes, Emerson s'éloigne des métaphores guerrières fréquemment mobilisées pour décrire la maladie, leur préférant des instants quotidiens, sobres et sensibles, qui reconnaissent et honorent l'humanité de toutes les personnes présentes dans le centre de traitement, en particulier celle des patientes et des patients. Refusant d'édulcorer les dimensions éprouvantes et invalidantes du cancer, Emerson parvient néanmoins à préserver un espace pour la lumière et la vie.

Keywords

Claudia Emerson; cancer; infusion; quotidian moments; poetic sequence

Mots-clés

Claudia Emerson, cancer, perfusion, moments quotidiens, séquence poétique

Cancer occupies a very complicated, often conflicted place within the spectrum of lived experiences embraced by disability advocates and scholars alike. Its incredibly debilitating and life-altering physical and psychological challenges typically bring with them lasting impacts, extending even into life in remission. But, of course, there are no "I Heart My Cancer" or "Cancer Pride" buttons and bumper stickers that come with this territory. This is a space where the cure mindset understandably dominates the landscape. Not surprisingly, then, the dominant rhetoric informing how most write about cancer employs martial metaphors as its primary means of engagement, invoking war and battle within the context of a life-and-death struggle against a dangerous adversary, a diabolical invader. Yet, as Kristen Garrison has noted in her important analysis of breast cancer narratives, such an approach ends up limiting how cancer is understood and how cancer patients are seen, not just by others but even by themselves. According to Garrison, "Women are enlisted in a battle against the self, their bodies made war zones, with cancer as the enemy. . . ." Significantly, this all too often discourages the exploration and adoption of alternative modes that might produce more diverse responses (Garrison) to an illness that in fact itself entails such a wide variety of lived experiences.

G. Thomas Couser has aptly observed how cancer patients routinely must cede "authority" and "relinquish[] control over" their bodies and their stories to medical professionals (10). Still, one may identify literary representations that allow for the different types of writing Garrison calls for. One particularly notable example of such an alternative approach is Eve Ensler's 2014 memoir *In the Body of the World*. As Ensler herself presents it, her book "is like a CAT scan—a roving examination—capturing images,

experiences, ideas, and memories" (9). Ensler's departure from the norm is a thoroughgoing one grounded not only in its very conception but in its delivery as well. Indeed, for her, "being cut open, catheterized, chemofied, drugged, pricked, punctured, probed, and ported made a traditional narrative impossible" (Ensler 9).

Joshua Kupetz has identified Richard Powers's 1998 novel *Gain* as another such alternative approach to telling the story of cancer owing to its refusal to endorse the purported agency that protagonist Laura Bodey finds ascribed to her (an agency requiring of her an "active pursuit of cure or rehabilitation"), instead suggesting such rhetoric deflects attention from the extent to which she has been reduced to "a commodity for the use of various actors in health-care networks" (51). Echoing Ensler's experience, Laura's realization "that neither clinical nor popular narratives could map onto her experiences of disabled embodiment" leads her to resist any insistence she "narrate her diagnosis and treatment in aesthetically satisfying ways," or even "craft a coherent narrative," for that matter (Kupetz 52). Powers's representation also notably avoids too exclusive an emphasis on Laura's singular experience by presenting it alongside those of a whole group of other patients all going through chemo together (Kupetz 59). In this way, *Gain* "establishes a disability community, however small, without losing the particularities that belong to each individual"—a crucial counter to the illusion of agency and autonomy upon which both mainstream and medical lenses rely (Kupetz 60). Laura's personal perspective insists "all human subjects are permanently partial, aggregate beings who undergo ceaseless transformation through a variety of incapacitations" (Kupetz 62).

Claudia Emerson is a poet whose writings provide a compelling case of why more atypical literary representations of the lived experience of cancer need to be brought to the fore. The 2006 Pulitzer Prize winner published five superb volumes of poetry before her death from complications of colon cancer in 2014. Subsequently, there have been three posthumous collections, and the second of these in particular offers a truly powerful consideration of life with cancer, one that does not at all read like the sort of war story that Garrison identifies as the standard approach adopted by popular accounts. Instead, as in Ensler's memoir, Emerson's collection also is usefully conceived of as a "roving examination" focused on "capturing images, experiences, ideas, and memories." A series of poems arguably lends itself to such an approach anyway, certainly far more readily than standard memoirs or other straightforward narrative accounts, yet *Impossible Bottle* is a particularly significant and substantial literary representation of cancer not only owing to its own multiplicities but also (following Powers) for its complex considerations of the shifting self and that self's relation to a disability community of its own. Emerson in this book steadfastly portrays the presence of pain and sorrow while refusing to succumb to despair, instead remaining focused upon testifying to the meaningfulness and value of all lives touched by disease, disability, and death.

The second part of *Impossible Bottle* is an especially intriguing set of texts, a section situated within the context of a treatment regimen requiring a series of infusion appointments. Entitled "Infusion Suite" and consisting of twelve thirteen-line poems that deepen Emerson's overall literary representation of the lived experience of cancer in her book, this section offers through its series of interconnected but separate moments a

dozen distinct potential windows into the poet's developing, or, rather, shifting sense of self. *Infusion*, of course, first and foremost literally describes the process of intravenously delivering "medicine" to the patient's body, just as *suite* literally refers to the room, or cluster of rooms, devoted to delivering such infusions. Both words, though, do carry with them other meanings or resonances, such as the latter's potential invitation to conceive of the poems as an ordered set of pieces explicitly designed to be presented one after the other in sequence, as in a collection of interrelated songs or dance movements.

Accordingly, readers need to prepare for a multiplicitous presentation of the impact of cancer, one that (again, far from insisting upon an unbending and uniform rhetoric of war/battle against a formidable foe) situates this lived experience within a decidedly quotidian, even mundane, setting in which it is the poet-patient's awareness of and interaction with her immediate surroundings (including her relationships with fellow patients and medical staff) that compels our attention. In this Emerson's suite serves as a useful supplement to Kupetz's take on Powers's novel and its attention to both the health-care network and a disability community. Couser further surely would admire the extent to which Emerson's poetic speaker seems to retain authority and control over her own narrative. In the end, Emerson requires of her readers an active, participatory engagement with a mosaic of moments that refuses any singular meaning and instead insists upon a respect for complexity and difference in responding to the lived experience of cancer.

In the first of the poems, Emerson's poetic speaker addresses one of the initial and then ongoing consequences of living with cancer: a revision or reconsideration of one's

sense of self. It opens with a nurse in a "protective gown" (line 1) asking her "to verify name, date of birth" (3), and checking her reply "against the information / on the small plastic bag she shows to [her] / before hanging it upside down" (4-6). Immediately, one understands the ways in which this exchange might leave the patient feeling reduced to merely the most basic identificatory "facts" about herself. What is more, while the notion her response needs to be checked against the bag's labeling is a matter of procedural safeguarding, it nonetheless also suggests it is the medical establishment that holds the final word on who she is, potentially undermining her sense of personal autonomy. That the nurse wears the special gown "for this one" (1) further might serve to position the speaker as a patient whose place in this suite is demarcated by the staff in whose hands she finds herself, someone either who is in need of extra protection or whom others might need to be protected from. In any case, the detail is important enough to stand out to the speaker, however "impossibly clear, benign looking" (7) the contents of the bag are.

The delivery of those contents strikes her as "umbilical-like" (9), in a way that could evoke the seriousness of requiring such a lifeline to survive but that also could introduce an affirmation of life within and beyond the typically sterilized and sterilizing medical setting. In what seems a significant shift in the last four lines, this turn of thought draws the speaker's attention to the trees outside the window, trees "still full with summer" (11), and to the flight of crows. As if the room itself and the infusion setup are not enough in and of themselves, the poet tells us the view of the outside world serves as "something to see / while I agree that yes, yes, *this is me*" (12-13). Such a conclusion leaves readers with a speaker who gives herself the final word on who she is, and who she is not—not just a

patient hooked up to a bag by a nurse now reduced to a name and numbers, but someone who remains connected to a life and identity beyond this room, outside this setting, an affirmation that allows for a reading of the end of the poem as not some sort of submission to that sort of reduction, but rather as an assertion of agency, even control.

The second text picks up with the trees, no longer generic but specifically identified as an "old stand" (1) of poplars whose trunks are represented as "slender nudes that sway in a rush / of wind and sun" (2-3). Here the stand is not simply a means of remembering the world outside of the infusion suite, for the poet-patient also realises the view is intended as a ploy "to distract us from ourselves" (4), particularly the bird feeders an unidentified someone has hung out there. This line is an essential one, as the first-person plural provides Emerson's speaker with a community, countering the isolation that can result when it is difficult for cancer patients to continue on with their usual socialising, or when others are too uncomfortable with what they see as the specter of cancer to socialize as before. The reminder of the world outside the treatment room allows the poetic speaker to keep her vision otherwise engaged while someone is telling her how good her blood numbers are this time, which seems only fair since said someone is described as talking "to the screen of her computer" (6) rather than to the person right there with them.

The treatment is long, with "hour after hour" (8) passing, but again, the speaker does not represent her time as empty or alone, for she relates in the first line of the second stanza, "we watch the birds circle" (8)—we, not *I*. Accordingly, when she conceives of a similarity between the "suet swinging / from tall hooked poles" (10-11) and her infusion bag

setup, and then contemplates the nature of the birds' "source of flight" (12), it is presented as "not unlike ours" (11) rather than "not unlike mine." This further recourse to first-person plural even allows for the "ours" to be read as standing in for all of humanity, not just for cancer patients, a gesture against the othering and/or abjection of those living with cancer and in support of the humanization of those facing these diagnoses. This, again, seems to spark more affirmative reaction to the poet's time in the infusion suite, as she concludes the poem by insisting that however "gravity-measured" (12) their own flight may be, it is nevertheless still as much "a given" as it is for the birds, with the result that "we are all radiant with it" (13). Crucially, at poem's end, the speaker invokes the notion of cancer treatment radiation but, above all, claims ownership of the "rush / of wind and sun" for the patients as much as for the birds and the trees.

Poem 3 may strike many as a step back after two steps forward, but, again, Emerson's suite does not promise some sort of straightforward progression toward a coherent definitive summation of the lived experience of cancer, rather a series of moments, each with its own separate snapshot that represents a single impression, all equally valid. Here there is no *we*, or even *I*, only third-person plurals standing in for those who do not have cancer and how they evince a vested interest in preserving their place on the other side of the cancer fence. They are described as *folks* (2) and *neighbors* (9), with the former group perhaps actually a characterization of the medical staff who performed an earlier "surgery" (1) that "was a flash / fire in the yard" (1-2). These *folks* were "nearly delirious" (3) to get the flames under control and/or put out, their singular focus to contain the fire so as to prevent potential spread. The infusion suite and its atmosphere suggests a

completely different scenario to the poet, a "slow // burn" (6-7) that those who are not the patients "watch, if they do" (7) at all, "at a safer distance, as // they might a neighbor's field / smoldering" (8-10). At bottom, their relationship to the slow burn of someone else's cancer is a feeling of being "glad it's // not their own" (10-11). Their investment in what the setting invokes is ultimately one of selfish wagon-circling (or so it seems to the speaker), "their concern / now the direction of // the wind, a chance of rain" (11-13).

The fourth poem notably counters the absence of the patient experience in the third by opening with the name of a fellow suite member (*Leonard*) as its first word. Leonard has been in remission for "a good year and a half" (2), but now he explains to the speaker that it is back, and "worse this time" (3). He delivers this news matter-of-factly, in the same vein in which he continues on to tell her about his work. In spite of the bad news, Leonard is, in this conversation at least, more concerned about his life at work. A mechanic who specializes in "realignment"(7), in fixing things out of sight, unseen, until there's a "wreck" (6) or things go "out of whack" (9) somehow, his focus seems less on how "lucky" he is that his estranged brother is a bone marrow match and more on how he needs to go into work the next day because the new employee they have hired is "stupid" (13). Leonard puts a name to one of the speaker's fellow patients at the suite, further personalizing the small community in spite of the dehumanizing environment, and even if readers are concerned the match will not come to fruition given the brothers have not spoken "in thirty years" (11), the main takeaway is that Leonard is still living his life. He is not defined by his cancer or circumscribed by the treatment facility setting.

The poet intensifies this attention to the world outside the suite in the next poem by insisting her own identity is not tied to being a cancer patient here in the infusion center any more than Leonard's, as she insists her place of belonging remains her home and its garden. "I am not this, not here, this time" (1), she immediately declares, interestingly implicitly admitting that in other moments she may feel like she is in fact limited to, or defined by, her treatment regimen at the suite. Right now, however, her identity transcends that of a patient in a facility. Instead, she proclaims, "I am / what I mistook for a shadow // in our walled garden" (1-3)—a stray cat. The first-person plural here is particularly noteworthy, for it establishes that the poet not only has a community of fellow patients at the facility, but more importantly, a shared home life. And her home is not merely a place she may draw comfort or value from when she is not at the center; she has access to it even while she is physically away from the garden, when she is at the suite. Just as surely as William Wordsworth drew comfort from his memories of the Wye Valley while amidst the din of the city, so here Emerson's speaker shows how the power of the poetic imagination provides her with a freedom and an identity not tied to her cancer. "I see us feeding [the stray cat] in the afternoon" (7), she relates, and she goes on to insist she will later watch it "in that narrow shaft // of afternoon light, where I will be also" (10-11).

She has been there, and thanks to such memories she also can be there now, in her mind; most importantly, perhaps, she will return there again when she finishes the infusion. Just as Leonard's ongoing investment in his job does not dismiss the disappointment of his cancer's recurrence, so the speaker here in 5 does not shy away from darker possibilities even as she finds (or, rather, remains in) light in this moment.

Watching herself in this memory, she can be there in that narrow shaft of light but "also behind it" (12), a separate positioning where, she insists, "I am // the body of light that swings from the rafters" (12-13). In this final line readers may find death hovering, hanging, in this image, but the poet's swinging surely even more powerfully evokes sensations of freedom and play, things she (again, as the poem's opening has established) may claim for herself, regardless of the cancer and her required presence at the suite. These seemingly conflicting possibilities are only intensified by the fact this poem shares its structure (six couplet stanzas followed by a single final line) with the more ambivalent third one, the first time so far Emerson has replicated a line/stanza pattern, inviting readers to place this very personal memory of a meaningful moment the poetic speaker shared with someone she lives with and an appreciative stray cat alongside an expression of the earlier contrasting experience of being othered because of her cancer.

In the sixth poem, Emerson deepens our sense of her suggestion one's life as a cancer patient does not have to be defined by grimness. Its first stanza, though, offers an autumnal tone, the trees outside the window reddening "before loss" (1) and "becoming livid" with "rain, cold, [and] windless, / shadowless [] light" (2-3). The enjambment that spills the rest of this sentence over into the second stanza, however, strikes a more positive and colourful note, "the sky a low // opalescence" (3-4). The rain and cold without, "this one" is "a quieter day" (4) inside the infusion suite. The room is emptier earlier than usual, and after having some soup the speaker tells us how later in the day she wins at Scrabble, perhaps thanks to a little bit of "cheating" (11). Significantly, she and her playing partner(s) "agree we will / let it go this time" (11-12), and in providing this detail we understand how

she is able to bring her life, her community outside the infusion center to the setting in which she finds herself primarily defined as a cancer patient. While her playing partner(s) are not identified, the previous poem's we suggests her competitor(s) may be a life partner, a family member, a friend, or some combination thereof. Whoever they might be, they allow her creative scoring to stand, everyone acknowledging that all of her words are "small // but costly" (12-13) and accordingly that her "accounting of them" has been "perfect" (13). Even at this appointment, forced to spend her day getting an infusion instead of going to work or leisurely enjoying a stray cat, the speaker is not alone—she is a person (not a number), she has community to buoy her, and she understands that, however ultimately costly her cancer journey might end up being, she still can experience moments like these as perfect.

The text leading off the second half of the suite is particularly visually arresting, as it features thirteen separate single lines, and its content is equally compelling. Here, the poet further explores her confraternity of fellow patients and the ways in which it can provide difficult reminders of the depressing and debilitating aspects of living with cancer, a jarring disjunction from the lighter vibes in the preceding poem. The speaker describes for us a woman with a "gray" (1) face and "blanched" (4) lips, "her counts so // low" (3-4) that "even her eyes" (7) are "faded" (8). She further describes these eyes as "paling // to a sameness" (8-9). Emerson's patient-poet is herself still in an active position, "writ[ing]" (6) the other woman, but her subject seems to have all the colour gone from her life, her very humanity drained from her, as suggested by an expression she wears being identified as "moth-like" (9). With the repetition of the word "sameness" in line 11, the grayness with which the poem started certainly seems all-pervasive. Yet Emerson follows this second invocation of

sameness with the word "shifting" (11), a state the seems to be linked to the "fog" (12) mentioned at the start of the next line-stanza. Are we to read this as conjuring up a shifting fog that only intensifies the grayness into a daunting, impenetrable, all-encompassing cover, blotting out all light, a fog "that pretends // to know no noon" (12-13)? Or, does that word, "shifting," suggest at least the possibility of change, perhaps even of movement away from lackluster lifelessness toward the promise of light surely eventually awaiting ahead? After all, the fog "pretends // to know no noon," which certainly allows for a sense that it nonetheless does in fact know noon, know light, know colour—and thus that she, that they, that we may as well. In the end, this is a poem that largely totters toward defeat and despair, especially where the gray woman herself is concerned, and such moments need to be allowed for and acknowledged, regardless or whether or not we think we detect the gray fog morphing into a silver lining of sorts at poem's end.

Notably, then, while the following poem may provide readers with a less bleak overall atmosphere, it continues to confront head on the ways in which the speaker's time in the infusion suite represents an absolutely life-changing context that inevitably entails at least some degree of separation, of isolation, from others and from her former life. As it opens, there is an emphasis on community, as she mentions how she not only "recognize[s] / several patients" (1-2) but even "know[s] the nurses' names by now" (1). By foregrounding "our familiarity / with each other" (2-3) with further recourse to first-person plural, she establishes the presence of solidarity in the suite, among both patients and staff. Still, it is a familiarity likened to that of "folks on the same bus" (3), who endure a "shared slow-jolt alarm" (4) that is first primarily "maddening" (5) and then just "numbing"

(5). Her use of "folks" to characterize the bus riders resonates with the fire brigade charged with putting out flash fires in the third poem, reinforcing the depressing if not distressing straits these folks find themselves in. At this moment, the speaker turns her (and our) attention to another unnamed woman, someone she has not ever seen before, more colourful perhaps than the gray woman in that she is described as "purple-turbaned" (6), but someone whose decision to opt for staring out the window at the "jaundiced leaves" (6) and "birdless feeders" (7) rather than engaging in any way with, or even acknowledging the presence of, the other people in the room decidedly recalls the dull, discoloured world of the previous poem.

Significantly, though, there is no judgment passed upon the purple-turbaned woman. Our poet-patient confesses, "I have chosen to look out // that window at what passes for the world" (8-9), going on to insist, "We all have" (10). She suggests that the window view is merely "what passes for the world," and that therefore "our old ordinary // means nothing here" (11-12). While this certainly may seem to render as meaningless their mundane former lives, the suggestion also allows her to insist, "What we do not know about / each other can go unspoken" (10-11). There are more positive inflections possible throughout this poem, including simply that the speaker presents it as a choice which she has, which they all can make, "to look out // that window" or not. Indeed, this line's agency might even imply the poet has come to terms with her situation, has moved beyond needing to willfully ignore her surroundings and now instead can take some comfort in those around her (a possibility obviously open to the purple-turbaned woman on another day as well). Further, the recourse to first-person plural in the poem (*our, us, we*) does

effect a real solidarity. At the same time, however, as the last of these instances wraps up the poem with a focus squarely not on the "old ordinary" of their pre-cancer lives but on "the ordinary that this is" (13), the initial stanza's depiction of shared suffering is sustained. Their connection is through the mutuality of their new "ordinary" (their trips to the infusion suite), and this new ordinary is characterized by the same "lumbering" (4) "slowness" (4) as the miserable bus ride, where everything drags and drags. Thus, "what passes for the world," what passes for life here in the infusion suite, where there are not even birds at the feeders "someone forgot to fill" (7), is "the ordinary that this is—and is—" (13). And is.

Poem number nine further explores this aspect of the lived experience of cancer, an isolation that seems an actually willed choice, as the preferred option in the face of such suffering, such hardship. Emerson's poetic speaker continues her observation of fellow patients, this time of an old woman right next to her who "does not speak / all day, not even to the young girl who came // to be with her" (1-3). This woman adds her own splash of colour to that of the purple-turbaned woman, as the young girl paints her nails "electric blue" (4), but her hair evokes the gray woman from poem number seven, as she wears a "single tight gray braid" (7) that for the poetic speaker looks like "a pinned, frayed // aura around her head" (7-8). While the aura first if not also foremost potentially bestows a saintliness, a blessedness, upon this silent woman, it also for others might portend something upsetting like the onset of a migraine or a seizure. Certainly the adjectives that precede it gloss the aura in a more negative light, evoking a trapped pinned specimen and a fragile frayed remnant. It is the silent woman's eyes, however, that speak volumes regarding the speaker's assumptions about her. Her eyes are "occluded, / clouded over" (8-9),

rendering her for all intents and purposes sightless as well as silent, perhaps obviating the need for a choice such as that of the purple-turbaned woman, who prefers to stare out the window and ignore everyone and everything in the room. Still, Emerson does represent this ultimately in terms of a conscious reaction to her treatment and its setting (just as her decision not to speak also seems an intentional response).

Intriguingly, in spite of the aforementioned occlusion, the poet insists, "the older woman appears // to look me in the eye" (9-10). Regardless of the illusory nature of this suggestion, the look strikes the speaker as most significant indeed, for it allows her to see the "pinned, frayed" silent woman as not merely actively selecting for herself how she will or will not interact with her treatment setting, but further as actually doing so in a very decided manner, which the poet identifies as "defiant" (13). It potentially creates something of a progression from the gray woman through the purple-turbaned woman to the silent woman, a progression that provides for an increasing insistence upon the agency of the patients, even in the face of a daunting and/or depressing reality. For one, the speaker ascribes her stare to the other woman's intent "to hold me in / an iron-steady gaze" (10-11), absolutely attributing to her a sense of strength, of power. She even imagines the woman's cataracts as "small blinds she has early drawn down" (12). Indeed, it is to this action that the speaker applies the modifier "defiant," and what is more the poem ends with the avowal that "she stands behind having done it" (13). The lived experience of cancer may be debilitating and difficult, but these women remain present even when at first glance they may seem checked out, actively negotiating their distinct persons relative to their own individual places on both their shared and separate journeys, their identities not defined

exclusively by the disease, or by any specific expectations the infusion suite setting might seem to demand of them.

Poem 10 returns to the couplet structure of 3 and 5, for some readers thus calling back to mind both the alienating reactions of folks and neighbors (demarcating an *us* of cancer-free lives and a *them* of those with the diagnosis) and the buoying personal relationships and home settings that preserve positive first-person plural indicators of connection and love. The date is 2012, for the poem opens referencing the culmination of the Mayan calendar, which some worried would bring with it apocalypse, the end of life as we knew it. Life goes on, though, just as the poet persists. She is in a waiting room pondering the "transom" (5) that is our calendar's New Year's Eve, "ledge-like, gate-like" (5), full for so many of hopes and fears about the year to come, about what lies ahead. A man in the waiting room, not identified as a patient or a family member or someone else, captures her attention because she thinks he is "scrap[ing] away" (8) at his palm. In actuality, he has a "scratch-and-win" (11) lottery ticket, and according to her "he is / delirious with it" (11-12). The likelihood of winning such a game, even those of such popular low stakes varieties, is not high, of course, but the speaker does not begrudge the man his excitement, his pleasure. This "small chance" (13) is, to him, at least in the moment, "all" (13). And, "why not?" (13), she asks, parenthetically and seemingly rhetorically. In a setting typically full of so much trepidation and suffering, promise and possibility remain, however small the chance things will pan out into the sort of payout for which any of the room's occupants might be hoping.

The penultimate poem in the sequence opens optimistically with a first-person plural pronoun, "We" (1), highlighting how our patient is arriving for another treatment accompanied by someone, not alone. Coming in from a downpour, her attention alights upon a man opening his lunch. Is this the same man from the previous poem, the delirious scratcher so determined to win? Possibly, for this individual is plucking sweet pickles from their jar with a penknife. Regardless, it soon becomes clear there is, here in this poem, more an air of deflation than elation. As the speaker foregrounds by splitting the four-word sentence in half across the text's only stanza break, "All this // tires him" (8-9). With weariness rather than cheeriness, "When he is finished, he covers his eyes / with his jacket's empty sleeve" (9-10), a gesture reminiscent of the drawn blinds of the silent woman's cataracts and the purple-turbaned woman's resolute stare out the window, reinforcing how draining these infusions can be. The ending remains ambiguous, though. The speaker herself may be tempted to turn this image into an unspecified metaphor, likely that of the sheet pulled up to cover the eyes of someone who has died, but she rejects this opportunity as "too easy" (10), instead affirming in her own firm determination that, even "though nothing will wake him / all afternoon" (11-12), she "will not mistake his / loosely sleeved sleep for anything else" (12-13). Is the man hiding his exhaustion and exasperation? Is he "finished" with these treatments? Or is he just getting some much-needed, well-deserved sleep? Is the poet's resolve not to "mistake" what she is seeing meant more as a sober contrast to the unrealistic delirium of the lottery player, or is it instead another part of her own untiring ongoing effort to make room for the acceptance of the new ordinaries brought about by the lived experience of cancer—and to do so above all

through an indomitable insistence upon recognizing and respecting the right of the patients to decide for themselves how they want their lives to be represented, to be understood?

The final poem is the fourth (following 3, 5, and 10) to employ the aforementioned couplet stanza structure, which suggests (like the last of these) it may be approached as among other things concerned with endings and new beginnings. It is in fact the poet's "last day" (3), which is of course an ambiguous milestone. Does it mark the successful completion of a regimen that potentially has positioned the speaker to adopt the label of "cancer free"? Has the speaker won her treatment lottery? Or, if it hasn't worked, has time run out? Is there no more help or hope? Regardless, on this final visit to the suite, she is focused on her community of fellow patients, those who have rode along with her during her slow-jolt of a bus trip. She has brought "a tray of puddings / to share" (1-2), and seemingly significantly in terms of the possibility raised in the last sentence of the previous poem, she seems to have made a concerted effort not to just go the easy, generic grocery store route but to have intended to acknowledge each person's individuality and importance. "Each cup is different" (3), she relates, "some topped with berries, // some with peppermints" (4-5). This aspect of Emerson's chronicling of the lived experience of cancer, this respect for the different responses to the different days by the different people in the infusion suite, is remarkably consistent.

As to the final note sounded, here and in the sequence as a whole, that (to mix metaphors) remains somewhat foggy, clouded over. On the one hand, there is certainly a celebratory vibe as the speaker references the "small wooden spoon" (7) she gives

"everyone" (6), a spoon she herself remembers "from elementary school / birthday parties" (9-10). At the same time, though, there is also an undeniably strong resonance with the themes of thoughtlessness and disposability that our ableist, disability-averse culture still all too consistently applies to the lives of individuals such as the patients who have shared this suite with the speaker, for in the last three lines these same spoons are described as "something you use once, / throw away, // think nothing of" (11-13). It is rightfully frustrating, even infuriating, to face the ongoing devaluation of disabled persons. Is it anything of a small consolation, the aforementioned silver lining, if at least the poetic speaker now no longer thinks nothing of such spoons, however many she has to give? She is changed, and not only is she very much thinking of people like her whose lives merit attention and deserve to be treasured, but she further invites her readers to arrive at the same stop, even if on different buses from different directions. This in and of itself makes Emerson's Infusion Suite a significant and substantial literary representation of the lived experience of cancer.

The notable absence of battle/war metaphors across this twelve-poem sequence is refreshing for many readers. This is not intended to denigrate those in a martial mood who remain determined and ready for a fight; such persons, as noted above, certainly have plenty of other literary representations to turn to for inspiration and resolve. But departures from this decided norm increasingly are striking a chord with those seeking alternative approaches. Emerson's account is a quieter, more quotidian one. It is not conceived of as a grueling march toward some future victory, eyes ahead focused squarely on the prize; instead, it is contemplative, more concerned with being attuned to the value of remaining

in the moment, for that moment's sake. Above all, though, her suite is a welcome infusion of humane understanding and respect for the humanity of cancer patients everywhere. Its "roving examination" of so many various "images, experiences, ideas, and memories" allows its audience both multiple entry points through which to appreciate and/or grapple with the lived experience of cancer and multiple potential takeaways, some more encouraging and others perhaps discouraging, but all of them important to consider as equally valid responses to living with an illness that continues to impact so many persons' lives each and every day.

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