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The Prince and the Pee

*Intent concern accompanied the glinting blade
 That sliced from hip to hip.
 A tributary
 Meandering down into dry recesses of manliness.
 A cut so deep, so low
 Folds of distinction reopen.
 Hard layers. Moist untouched spaces.
 Shiny black skin. Striated muscle,
 prowess
 flow into tired sinews of a pure new
 softness.*

*He has a story to Tell.
 He doesn't know how.¹*

‘Eighty-eight year in August’ Edwin declares. ‘An de way I look at it, is a lot of over-time I been doing. I one lucky man. From when I was a youn man comin up in de world, I was free, appy-go-lucky. I go and I drink when I want to drink. I eat when I want to eat. I sleep when I want to sleep. I was free like a bird. I was very free. Even when I get ill, I never worry bout nothin. Even when I get marry I never worry about nothing.’

Edwin has advanced cancer of the prostate that is leaching out to his bones. He is a man of solid build, who moves slowly and with purpose. This sense of purpose is etched into his face. His skin is without a blemish. His eyes, nose and

mouth are so clearly defined that they seem to allow no room for hesitation or second thoughts. Edwin's upright posture and comportment, his formal dress and rhythmic speech are a mix of influences and idiosyncratic invention. Born in Jamaica, in the early decades of the twentieth century, Edwin's views on ageing and death have much in common with the Stoic tradition of philosophy associated with those such as Cicero, Marcus Aurelius and the slave Epictetus who is believed to have said 'I must die, but must I die groaning?'²

Cicero, writing in 44 BC, regarded the weakening of the body and a decline in bodily pleasures as advantages of old age, freeing-up the mind and the intellect. In his treatise on ageing *De Senectute* written as an imagined dialogue, Cicero opines 'carnal pleasure hinders deliberation, is at war with reason, blindfolds the eyes of the mind, so to speak, and has no fellowship with virtue.'³ Death offered just two possibilities to Cicero: nothingness or everlasting life. In either case he reasoned, there was nothing to be gained by worrying about it.

The futility of worry is an enduring, recurrent theme in Edwin's lay philosophizing. Worry was a terminal malady without resolution. 'There no cure for worries,' Edwin states. 'No cure. So I don't let things worry me, cause I wouldn't benefit by it, by thinking an worrying. Providing you're not feeling dat nasty pain. Nothin bother with me.'

Edwin is one of a growing number of older African Caribbean men struck by prostate cancer. The disease affects three times as many black men as white.⁴ It took a couple of years and several visits to his doctor before Edwin was diagnosed with the condition. While on the waiting list for an operation to remove his prostate, Edwin had what he called 'stoppage of water' and was taken to hospital for an emergency operation. Complications of surgery for prostate cancer, and the radiotherapy that usually accompanies it, can include incontinence and impotence.

A report, *Hear me Now*, by the organization BME Cancer Communities, produced in 2013, has highlighted an 'uncomfortable reality' of prostate cancer for men of Caribbean heritage. Black Caribbean men in the United Kingdom are 30 per cent more likely to die from prostate cancer than are white men. They are also more likely to be affected by the cancer at a younger age.⁵ The report discusses multiple causes behind the statistics, including a lack of ethnicity-related cancer research, geographically uneven service provision and culturally insensitive health promotion and care. It also highlights how prostate cancer, its diagnostic testing, treatment and effects, can pose a particular cultural threat to black men.

For the Trinidadian writer and political activist, Darcus Howe, diagnosed with the disease in 2007, prostate cancer is the silent killer of black men. A TV documentary *What's killing Darcus Howe?* – aired in 2009 – charted Howe's attempts to raise awareness of the disease among British Black men. Howe says that he found a machismo-related resistance to acknowledging vulnerability to *The Beast*. Set against historical representations of black masculinity as hyper-masculinity – physical, potent and über sexual⁶ – prostate cancer, Howe suggests, is a culturally loaded disease. But changes are afoot.

Older men, like Edwin, may say little in public about the disease and its effects, but younger patients in their fifties and early sixties are stepping into the discursive void that surrounds black men's experiences of the cancer. At one mixed-sex group meeting that I attended in South London, where hospice patients were being asked for their views on improving services, a Caribbean man in his sixties stood up among the other seated patients. He talked about the difficulties of coping with his treatment for prostate cancer, particularly the drug Zoladex that is administered by a large injection into the abdomen. 'I've had eight-inch needles thrust into my belly where I could feel them tickling my metaphysics' as Anatole Broyard once described the procedure.⁷ The injections deposit a slow-releasing, rice-grain-sized pellet of the drug underneath the skin. Zoladex is a chemical stun gun, a narcotic remote control for men-on-pause. It lowers testosterone levels and can cause feminized symptoms of hot flushes, night sweats and mood swings.

There were nods of sympathy for the patient's story. Cancer and palliative care patients are a part of a culture of affirmative disclosure. *It's good to talk* is the unwritten mandate of modern illness cultures, where patients can speak in evangelical narratives that ratify *thinking positive*.⁸ Everyone's experience is acknowledged and in principle no topic is off limits. At this group in South London, the supportive exchanges were entirely predictable until the man with prostate cancer stopped describing his treatment and said with great intensity 'I can't make love to my wife any more and I miss it'. There was a graphite silence across the room, then a shuffling of bodies and chairs. It can be difficult to find a sincere and appropriate response when hit by the interlacing of modern taboos such as sex, illness and death. And even as men resist dominant versions of masculinity, their rebelliousness in talking about sex and sexual losses can end up bolstering the sexualized attributions of black masculinity that they seem to be undercutting.⁹

Those men who are fortunate have supportive family and friends to fall back on. But many will find themselves in circumstances similar to Edwin, living out their last days alone.

Tings

Edwin lived in a large one-bedroomed council flat in South London. The kitchen, bathroom and bedroom led off from the living room. In the front right-hand corner of the living room there was a settee, an armchair, a Formica coffee table and four chairs, a telephone and a television. All were contained within the boundaries of a well-worn rug. The settee had two large pink pillows on top of it and a bucket beside it. At the back of the main room, tucked into the far left-hand corner was the bedroom, its door ajar. There was not much more.

Edwin's home was austere. Like Edwin, it came across as phlegmatic. There were no photographs, ornaments, books or pictures on the walls. Artefactually abstemious, the domestic environment offered itself to contradictory readings. On first entering the home it could appear uncared for and neglected. But sit for a while with Edwin and the stillness choreographed by the absence of things, intimated an attentive accommodation and hospitality towards loss and transition. 'I quit life as if it were an inn, not a home', wrote Cicero. 'For Nature has given us a hostelry in which to sojourn, not to abide.'

I could not tell whether Edwin liked his home and living arrangements, whether he had chosen a minimum of affective decoration or whether he lacked the motivation to give time to domestic aesthetics. 'Well I have no complaint', he said raising his eyes from a cup of tea and allowing his gaze to wander around the room. 'Some people complain, but I haven't got no complaints. I satisfied wit what I got. I'm able to jus go aroun an do my own tings. I don't business with people. You get what I mean?'

The irony was that the very sparseness of the furnishings and adornment in Edwin's home carried an elemental force that did business with people. Space curdled and time slowed when I was there, so that the air became thick and muscular. His home felt like a waiting room that was withdrawing from worldly concerns. A space untethered from the overwhelming predicament of consumer choice that is the legacy of the late twentieth century. It was a space in which a person could move unhampered by the illusory security and static of relics and mementos. It was also an arrangement that carried a social story.

Single-person homes are a growing phenomenon in the United Kingdom. One in three British households now consists of a person living alone. Although older women are more likely to live by themselves than men, it is estimated that by 2020 the percentage of men over the age of 60 living alone will be about 30 per cent.¹⁰

Edwin's wife had had a stroke a year before I met him. She lived in a local nursing home, with Edwin visiting her when he could manage it, two or three times a week. From his accounts the visits were as pared-down as his home, a time of minimalism and silent accompaniment. 'We don't have to sit down and talk, talking every day, every day. We been around for a long time so all the talking finish.' I wondered if it was difficult since his wife has not been at home, having in mind the pain of loss and of being alone after 50 years of partnership. 'Oh yeah, Oh yes,' Edwin said wryly, continuing without a pause 'But I get meals-on-wheels and um, food, and I got de home attendance people they come and see me in de morning.' If there was more to the topology of marital separation and what it is for an old man to live alone with a failing body, it was there in Edwin's home as much as in what was said or not said during our conversations. 'The person in that living-room gives an account of themselves by responding to questions' the anthropologist Daniel Miller has observed from his ethnographic research with 30 households in one street in south London. 'But every object in that room is equally a form by which they have chosen to express themselves'.¹¹ One of the most poignant portraits of domestic life in Miller's study is George's flat. George, after a life-time of living in hostels had found himself with his own home at the age of 75. Here Miller describes the disorientation of being in George's flat,

What I can barely ever remember encountering is a habitation entirely devoid of any form of decoration. There is a violence to such emptiness. Faced with nothing, one's gaze is not returned, attention is not circumscribed. There is a loss of shape, discernment and integrity. There is no sense of the person as other, who defines one's own boundary and extent.¹²

The emptiness of Edwin's home was different. Not so much the material manifestation of an empty life, more like an emptying-out and gutting of attachments, a sort of simulated dementia of things, expressing and controlling loss.¹³ The desensualizing of Edwin's home took on added pathos because it was far-removed from the locality in which he lived, a place typical of those on the outskirts of central London that have generated their own fast-flowing ecologies. Despite the grandeur and history suggested by its Victorian and Edwardian

buildings, it is an area of fluid, fast-running socialities. It is home to people from the Caribbean, West Africa, Albania, Cyprus, Turkey, Ireland and Portugal.

At some time in the past Edwin was caught up in the vibrant social setting that surrounded him. He remembers meeting up with friends for a drink and a game of dominoes. But since his prostate cancer metastasized to his bones, restricting his mobility, he rarely sees his friends. Some have died. Some have grown frailer. Others have returned to Jamaica. Once in a while a friend may visit, but these are rare occasions; so his locality is moving on without him.

The neighbourhood is not the only thing that is moving on. Edwin's four children have their own lives. His two daughters are in North America, the two boys are somewhere in London. He does not say where. He rarely sees his sons these days, rationalizing their absence without any outward signs of rancour or resentment.

They have to work for dem living an tings like that, ain't it? You have to go to work, an you have to hustle to go to work an dem have wife an kids to look after an de time right now, if you don't go to work, you don't get your money, so, dem have to look after demselves an dem kids ain't it?

Edwin has not made a will. He gave what money he had saved to his children some time ago. He does not want the government interfering in his affairs. That is all he has to say on the subject of a legacy. He has a visceral suspicion and distrust of institutional authority that seems to extend from the government to the researcher sitting in front of him, asking him to talk about his life.

Our conversations, like Edwin's home, are devoid of adornment and require a clearly set out structure. Edwin tells me that he wants me to ask him questions, and when I do, it is the factual questions that are most readily responded to. Questions that come close to his emotions and feelings are batted away with curt answers. He is diffident and prone to watching his back. When Edwin talks about migrating to London from Jamaica during the 1950s, he is dismissive when I ask whether he encountered any racism at the time.

It don't bother wit me. I don't know bout it. It don't bothers me. I jus go around an do my tings. I don't business wit people. Whether they want prejudice or not, dat is their business, it has nothin to do with me. You get what I mean? I jus live my life. You go your ways an people go their ways.

Edwin has also left cancer to its own business, particularly in the early days when he was not so much affected by the pain. He says that he did not take the disease seriously, even when he was given his diagnosis. 'I never really think of it. Dat's

de hard way. You know, I jus break my min to de condition, an jus say “Come what may. What ever will be, will be?” So I never really take it down. Maybe if I had take it serious and worry about it I would be gone by now’. With some further questions from me, Edwin goes on to tell me about how the disease has affected him. The ‘number one’ effect was upon his sex life. ‘It’s sad, but what to do?’ he muses, before continuing ‘Well it never change my appetite. I can always eat my food’.

Soldiering on and accommodating whatever life throws at him makes sense. The unused double bed that lurks in the background seems to tell another story, unencumbered by language. It is an interruption and protest that flares up against the rationality of the philosophy that connects Edwin to the Stoics. So when we talk about what it is like to spend most days alone in this energetic city, it is the enigma of the bed that is the point of contact between different worlds. The words tumble out of Edwin, suggestive yet ambiguous. For reasons he cannot fully explain, Edwin has not slept in the bed since his wife was admitted into the nursing home.

From my wife gone to de ome, I never one day lay in dat bed inside ere. An she, the woman, never one day lay in de bed. I stay out ere all de while, I don’t know why. I don’t sleep in de bed.

Not even at night?

No.

Really? Since your wife’s gone?

Yeah (he pauses briefly). I don’t know why, I jus prefer to stay out ere.

So does it remind you of her?

Umm (and then he laughs at my suggestion), dat is one reason too, but de reason, mos of my reason is because, you know, through dese tablets I ave, I taking water tablets an I pass me water very often an to get up and walk, to walk de bed, is a longer movement. But when I sleep out ere I use a pail an I jus come off de settee ere. It’s easy. I jus roll off an ave a pee an put it dere in de morning an take it out. You see, dat’s why, why I don’t, dat’s one of my reasons too for not sleeping in dere. An yu know, de bed is wide an when I sleep out ere, I can make me foot up, you know comfortable.

As Edwin says there are good practical reasons as to why he may choose to spend his last days sleeping in the restricted space of a settee rather than in the marital bed. I understand his point that the architecture of the settee helps to keep his foot elevated, allowing excess fluid that has accumulated in his legs to

drain away. The low centre of gravity of the settee is well suited to helping him urinate in the night with a minimum of disruption and effort.

And from the vantage point of his couch Edwin misses little, especially at night. Shards of the polyphony of the street pass him by in all their timbrel range: drunken rants, loving exchanges, the new-nawing of an ambulance, urban foxes raiding bin bags, the tinny engine of a moped delivering a pizza. Even if these passers-by do not know that he is there in the darkness, their liveliness nips and tugs at him. He feels accompanied, a small part of something. On his good days, the sound track is a trusted friend that entertains and distracts him. Sometimes it provides the lullaby that soothes him into a wave of sleep. At other times it is a reminder of life without the heaviness of pain and infirmity.

And should he be awoken by a sudden quietness, or an eruption of distended memories, Edwin's small circle of furnishings and his routines provide a *terra firma* that contains the panic.

In the shadows of nightfall

He feels the knife.

This time in his heart

quivering, shimmering.

In this place of dislocation

contorted emasculation

He marks his loss. Silently,

with truth.

Rolling saltiness around his mouth

he leans forward slowly

pisses into the bucket.

*Relieved.*¹⁴