

Epilogue

Like anyone who has had an extraordinary experience, I wanted to describe it... My initial experience of illness was a series of disconnected shocks, and my first instinct was to try to bring it under control by turning it into a narrative.

-Anatole Broyard

'There is no outside-body/text'

“To be a body is to be tied to the world” writes Merleau-Ponty¹. Our bodies act as a bridge between the “self” and the “world”— the world is not ‘out there’ separated from our being but a situation which can easily be deemed as body-in-the-world and body-with-the-world. It is always already embedded, enmeshed and entangled with the world. It is not a product of what Edmund Husserl has called “intentional feeling” of a self-sovereign ego but, rather, a shared space on the basis of some pre-given world in which we are pre-reflectively involved. However this constant struggle to keep harmony with the world creates a lot of fissures and these fissures are what make the self fractured and bruised; what remains are the wounded self and the sadist other. In such a position the

¹ See *The Phenomenology of Perception* 148

Conclusion

body carries the wounds, the signs of conflict between the cultural expectations and personal desire. Since body embodies culture it becomes as Elaine Scarry points out, more of a site to carry the scars and the wounds of ideological warfare². Illness then becomes the “unresolved conflict”, a broken bridge that moves away from the *ideal*.

The inseparability of the body from the surrounding is the state of holiness—the wholeness, completeness and balance which we call ‘health’ (etymologically, the word is associated with ‘holiness’ also). It is when one is at ‘dis-ease’ with this interconnectedness that we find a kind of a disjuncture in the harmony. Health is concealed, elusive and enigmatic—a state of ignorance where one fails to experience the body as a ‘thing’. Rather, it presents itself as a way of being-in-the-world, that is, the lived-body (*Leib*). Health is a state of non-dualism where the cogito takes for granted our corporeal existence and, thus, our bodies remain alienated. The dialogue only occurs when there is a sudden rupture between the *körper* and the *leib*— the moment my own body becomes most other—and when one is conscious about one’s own body or any of its parts. This state of (ir)reducible gap is violence, a state of ‘suffering’, a state when we are at dis-ease. This is nothing but a moment of possibility and a ruin of possibility, a proximity and a ruin of proximity.

Our bodies are, thus, all the time overdetermined; overdetermined bodies come with overdetermined suffering and death, both biological and cultural. “Acting like a sponge”, Arthur Kleinman observes, “illness soaks up personal and social significance from the

² *Body in Pain*

Conclusion

world of the sick person” and “absorbs and intensifies life meanings”³. The metaphor of sponge gives way to the metaphor of a magnifying glass in that illness both absorbs the interpersonal and magnifies the personal experiences: both beyond the skin and beneath the skin come into play.

No suffering can ever be away from the lived-body and the lived-experience of the sufferer. A sufferer is too much into the suffering to be separated and read differently. “Illness can be viewed as a clumsy, often misunderstood, ‘protolanguage’ by which I convey my ‘dis-ease’ with the world. It ‘somatizes’ my distress over unresolved conflicts. Viewed in this way, disease is not so much what I have, but what I do. It is a ‘surrogate truth’, the proper understanding of which can, through guidance, serve as a vehicle for personal liberation from hitherto unresolved life dilemma”⁴. Thus, to listen carefully to the “unspoken subject”, to the otherwise chaotic and “nervous narrative” of the “wounded storyteller”, becomes very important.. Suffering cannot be de-animated, de-contextualised and de-personalised; the general drama of pain cannot be without its *dramatis personae*— “to bypass the patient’s *voice* is to bypass the illness itself”⁵.

The binary between health and illness, the normal and the abnormal is a constructed one, and there is nothing which is ‘natural’ in that. Society views health and ‘normality’ as synonymous and any deviation from ‘normality’ is deemed to be sickness— sickness as deviance and deviance as sickness. To the sufferer it manifests as illness (as lived-

³ Kleinman 31-32

⁴ See Aho and Aho 61-2

⁵ For strong points of view on the issue, see Toombs.

Conclusion

experience), to the healer as disease (as *körper*) to be cured and, to the society as sickness (as deviant) to be corrected. Although these are the three different terms and concepts, in common parlance these are used interchangeably. Illness, disease and sickness are so much enmeshed into each other that it becomes difficult to discuss one without getting influenced by the other. One needs to go beyond the Cartesian dualism of mind and body, illness and disease, in order to understand this properly. But at the same time these abnormalities, sicknesses and deviations are also important to maintain the social order; they make ‘normals’ feel better about themselves. Sickness, as Friedrich Nietzsche points out, is so essential for social harmony and a personal sense of value that if they did not exist they would have to be invented⁶.

Health and illness do not exist in a state of binary. Their existence is together-with existence. They are one and yet different from each other. The germ of illness is “always already” present in health and vice-versa, i.e. the seed of health no matter what resides in illness all the time. Ruptures in health only manifest *in* illness (and, ruptures in health only *manifest* health). Similarly, in illness the overwhelming desire is that of health. The tendency of health is to make itself absent; and hence, it remains hidden and enigmatic. On the contrary, the tendency of illness is always to be present. Illness *presence* itself and yet remains unrepresentable. Health always tries to repress illness; illness always expresses health. Health *is* when health is denied; and the denial of health is illness. And, it is in this denial that we re-cognise health. The word re-cognition refers and leads us through the alleys of the past, herein case, an alley that leads us to a long lost home called

⁶ See Aho and Aho 5

Conclusion

health. The more prolonged the illness remains, the less recognisable the “home” becomes. The “home” in chronic ailment becomes “unhome-like”.

We re-cognise and re-member health only in illness. Illness then is teleological; the telos of illness is health. No journey ensues while we are in health. Health is always in-itself. Illness brings us to the threshold of existence: existence as possibility and possibility as existence. Illness helps us to re-cognise health but in a new way. It brings forth a new understanding of health, not in a customary way but as potentiality-to-be. It challenges the very idea of health being in-itself.

Illness is not a state of exception. Health and illness are not mutually exclusive to each other but:

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place⁷.

Illness is not something which is opposed to the ‘I’. It lies in the borderline between the self and not-self. It can rather become a medium to communicate with our own alterity. This tête-à-tête with the other is both loathed and desired at the same time and it is a disease that enables this encounter. An illness, thus, becomes very essential to our existence so much so that our existence as “I am” does not remain too far from “I am ill”.

⁷ See Sontag 3

Conclusion

We are ill, “always already” ill. There is, therefore, nothing outside-(ill)body. This makes illness as a/an (epi)phenomenon very ambivalent and perplexing— a kind of a ‘vanishing mediator’ between the I and not-I, life and death, nature and culture, selfhood and dissolution. It is, thus, which can be viewed as the ‘not not-I’ or, what Slavoj Žižek has called ‘negation of the negation’.

Disease is always followed by the fear of oblivion as for the boundaries of our world can begin to collapse. We remain anxious in the face of nothing. It is “the fear of collapse”, argues Sander L. Gilman, “the sense of dissolution” which can only be hindered by the politics of “stigma” or marking, that is, to mark out and objectify those diseased-bodies in the society⁸. The politics of stigma actually enables a being to abstain from collapsing into the Other. So there are some apparatuses, visible and/or invisible, created by the society that serve the dual purpose of dissemination and distancing, both within and without. But such kind of negation (*nichtung*) of the subjectivity is also a mode of self-consciousness. We have occurrences of the ill-other namely, Søren Kierkegaard’s Constantine Constantius and Friedrich Nietzsche’s Zarathustra who rise like Lazarus from the sickbed with “new knowledge” and a “new lyre”. So apart from the politics of biological fragmentation, objectification and ghettoisation, this gaze of the other (*le regard*), is also responsible for self-awareness and, especially, general awareness of one’s own body. “The Other’s look” as Aho and Aho point out, “fashions my body in its nakedness, causes it to be born, sculptures it, produces it as it is....The

⁸ Sanders L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca: Cornell University Press, 1988)

Conclusion

other holds a secret— the secret of what I am”⁹. The mere withdrawal of the gaze can create self-doubt and anxiety.

⁹ *Body Matters* 111

Conclusion

Works Cited

Aho, James & Aho, Kevin . *Body Matters: A Phenomenology of Sickness, Disease, and Illness*. Plymouth: Lexington Books, 2008. Print.

Gilman. Sanders L. *Disease and Representation: Images of Illness from Madness to AIDS*. Ithaca: Cornell University Press, 1988. Print.

Klienman, Arthur. *The Illness Narrative: Suffering, Healing and the Human Condition*. The US: Basic Book

Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Illness*. Indiana: Purdue University Press, 1999. Print.

McElwee, J. (2004, September 17) The Importance of Philosophy in Human Life. Retrieved February 5, 2006, from www.unexplainable.net : <http://www.unexplainable.net/info-theories/the-importance-of-philosophy-in-human-life1182.php>.

Merleau-Ponty, Maurice. *The Phenomenology of Perception*. Trans. C. Smith. New Jersey: Humanities Press, 1962. Print.

Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. Oxford: Oxford University Press, 1985. Print.

Sontag, Susan. *Illness as Metaphor*. New York: Vintage Books. 1978. Print.

Toombs, S. K. *The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient*. Boston: Kluwer Academic Pub, 1992. Print.