

**Poetics of Pathology:
Modernity, Illness and a Select Reading of Twentieth-Century
European Literature
(1910-1960)**

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**For the Award of
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**In
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**By
JAYJIT SARKAR**

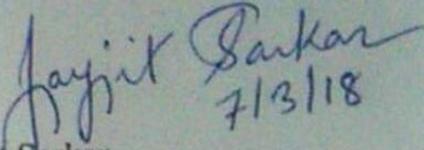
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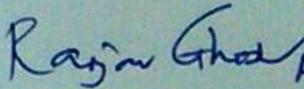


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CERTIFICATE

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Abstract

My thesis questions the problematic connection between illness and modernity: complicated negotiations involving the body both in its physicality and phenomenology and the poetics and praxiality of illness. The project, which is predominantly conceptual in nature for it does not see illness solely as a clinical-physical category (with heavy leanings on medical sciences) but perspectivizes its phenomenology and pathographical limits and manifestations, lateralizes on its critical correspondences with a select band of modernist texts ranging from Virginia Woolf to Samuel Beckett. My work unearths different other ‘possibilities’ of illness without denying its (quite natural) association with morbidity, pain, suffering, dying and death. It looks at illness and its effects on different bodies phenomenologically with the help of some twentieth-century philosophers namely, Martin Heidegger, Jean Luc-Nancy, Maurice Merleau-Ponty, Jean Paul Sartre, Emmanuel Levinas et al. The thesis locates these phenomenological understandings in my reading of some of the important literary works of early twentieth-century Europe – five different literary works of five different genres (poetry, drama, fiction, non-fiction and epistles) — critiquing the relevance of the phenomenological body in the literary and narrative world of the texts. My thesis chooses Samuel Beckett’s *Endgame*, Kafka’s letters, Thomas Mann’s *Death in Venice*, Virginia Woolf’s *On Being Ill*, and T. S. Eliot’s *The Wasteland* within the aesthetico-philosophical space and the epistemic dialogism that modernist aesthetics implies and spouses.

Modernity and its contemporary disability find their just representation in the post-Holocaust-like situation of Samuel Beckett’s *Endgame*. The first chapter titled ‘The Disabled Players of Samuel Beckett’s *Endgame*’ looks into the disabled characters, their

impaired bodies in the play, to disembody the hermeneutic continuity and see those bodies in their phenomenological materiality; it would mean going back to the internal structure of pain, suffering and disability. 'Circumcised Body of Kafka's Select Letters', the second chapter, investigates Kafka's epistolary conversations which are also in a way his body-writings. Kafka's imagining of his body— an 'overdetermined' body racially and medically infested with different meanings— was a part of the early twentieth-century anti-Semitic *weltanschauung*. Such discourses, especially, medical discourses, were generated to re-produce the Jewish body as abnormal, diseased and deviant— the abject 'other'. Kafka and his bleeding body with all its flesh and blood and its embodiedness anticipate the condition of the Jewish body during the time of *Shoah*. And in this 'somatic turn', Kafka emerges as a brilliant study of the history of the flesh and the history in the flesh, a perfect paradigm of how that demonstrates in the twentieth-century the crises in civilization and how that leads to the crises of representation. The third chapter entitled 'Connoisseurship...of Disease and Thomas Mann's *Death in Venice*' juxtaposes biological decay, repressed desire and *dépaysement*— the state of being in a foreign, unfamiliar country. In the novella the beauty of the Venetian city and the destruction of Gustav von Aschenbach's forbidden love for Tadzio are closely interwoven. Set at the backdrop of the cholera epidemic illness becomes a metaphor of "a new susceptibility to the erotic" and the Dionysian impulses ("*Kunsttriebe*"). Playing on the dichotomies of modern life with its divided aims, Mann weaves a narrative based on modern metaphors and illness— illness as metaphors and metaphors as illness. Like the Romantics, Mann regards illness and dying as both an end and a mode of emancipation. The fourth chapter – 'Undiscovered Countries with Virginia Woolf's *On Being Ill*' – seeks to validate the perspective of the invalid and the recluse. In the essay Woolf traces the journey of a

recluse who in illness withdraws from the daily humdrums of life, from the hustle and bustle of the city of health to a room of one's own: a room which allows one to reflect on things around, and see the world both inside and outside in different light. Here, the pre-reflective involvement with the world gives way to a more contemplative and meditative way of looking. Like *epoché*, illness can become a tool for philosophical enquiry. The Romantic empathy of sitting and hearing 'each other groan' is substituted by a modernist disjuncture and 'disinterestedness'. It enables the pensive pathological being to challenge the discourses of modern urban existence driven by machines. The Chapter Five titled 'Connect Nothing with Nothing in T. S. Eliot's *The Waste Land*' (re)reads the most representative poem of the time in which we find a blind transgendered speaker lamenting on the sickness of modern life figured through a king who is suffering from an undiagnosed disease and who fishes by a polluted stream. *The Waste Land* epitomizes modernism's reaction against modernity. The poem is analysed as a pathological narrative— a narrative which diagnoses the problem of alienation, disjuncture, sterility, mechanicality, fragmentation and breakdown of communication and as prognosis prescribes a new vision of centre.

The overarching question, however, in all these remains the same: in what way pathology and poetics tend to overlap? The effort to locate the zone of indistinction between the poetics of pathology and pathology of poetics can be exhaustive but not unfruitful; its understanding requires a phenomenological and psychoanalytical enquiry into the question of body, illness and writing. How body speaks through illness and how illness speaks through writing? This work perceives the body as emaciated, incompetent, impotent and painful and deals with the complex of mind-body-matter and the mysterious "happening" (*Geschehen*) of human existence. It raises some essential and existential

questions pertaining to the twentieth-century human condition in the light of a generic reading of modernism in general and the modern literature in particular— demonstrating how pain transmutes into an art form. Through a pregnant hyphenation of literature and/as pathography the texts in questions and under separate chapter heads rethink the premises of modernity, the body as process, illness as an aesthetics of doing and happening, interrogating the foundations of art and pain, writing and writhing, expressions and experiences. My work problematises illness in the making and the unmaking of literature as poesis, pathology, ‘patient’ and pathography.

Preface

My PhD dissertation **Poetics of Pathology: Modernity, Illness and a Select Reading of Twentieth-Century European Literature (1910-1960)** explores the clandestine relationship between modernity and illness and traces this ‘clandestineness’ in some of the most important works of modern literature. In doing so, I have taken into consideration five different literary genres— drama, letters, fiction, non-fiction, and poetry— produced by five different ‘modernists’ namely, Kafka, Woolf, Eliot, Mann, and Beckett. In my reading of the texts, I have brought into play the experiences of the lived-body in health and in illness and put forth how those experiences influence the writing body and body-writing.

I would like to take this space as an opportunity to thank my PhD supervisor Dr. Ranjan Ghosh, Department of English, University of North Bengal whose continuous intellectual and moral support has enabled me to undertake and accomplish this meticulous project. His *presence* is something I always cherish. He has always been an inspiration for me. This PhD dissertation is only the beginning of a long journey ahead. I would also like to thank other faculty members of the department: Prof. Ashis Sengupta, Dr. Chandanashish Laha and Mr. Bishnupada Ray. They have always extended their support through thick and thin. I am also grateful to the non-teaching members of the department, Mahashankarda and Parthada, for helping me all the time.

Thank you will be an understatement if I make an effort and thank my friend Jagannath Basu. No matter what, he was always there. I am also grateful to Dr.

BinayKumar Patel, my friend in need. Without his advices and inputs, this would not have been possible. I would also like to thank Dr. SudipKhasnabish and Dr. Biprانش Kumar Tiwary for their incessant support. Without the overwhelming support of these four people, I would have been at my wit's end. I will never forget their love and concern.

I would also extend my gratitude towards my workplace, North Bengal St. Xavier's College, Rajganj, the administration of the college, my friends and colleagues, and especially *my* department for always being kind to me. I must particularly thank Dr. PavanbirKaur and Ms. KaushaniMondal for their contributions in the making of this project.

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And last but not the least, my family for their constant belief and inspiration. My *baba* always kept things going while I was writing my thesis; he never ceased to retire from work and provided everything I required in order to carry forward my work. My *maas* suffered a lot: for it was her terminal illness that coerced me to look at life differently. This work is one of the ways of paying tribute to her. I am also indebted to my brother JaydipSarkar, my maternal uncles and aunts.

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“nobody wants an anonymous illness”

-Anatole Broyard

Introduction

I am the illness and the medical intervention, I am the cancerous cell and the grafted organ, I am the immuno-depressive agents and their palliatives...

-Jean Luc-Nancy *L'Intrus*

Illness is not known; it is suffered, and similarly the body is revealed by the illness and likewise suffered by consciousness.

-Jean Paul Sartre *Being and Nothingness*

“Like a patient etherized upon a table...”

Is there a possibility of something as despicable as illness becoming a mode of philosophical tool? Is there a possibility where illness can open up new avenues of looking at life? Is there a possibility of illness pulling us out of our deep slumber, our state of ignorance? And is there a possibility that all these possibilities can lead us to a renewed conception of illness as distinguished from illness being oft thought as antithetical to the *bliss* of health and life? My thesis looks *patient-ly* for all such possibilities which can enable us to see illness with a difference. I am committed to

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unearth different other ‘possibilities’ of illness without denying its (quite natural) association with morbidity, pain, suffering, dying and death. The *bliss* I just referred to is a state of oblivion which my thesis is going to diagnose as health; it is from which prognosis comes in the form of illness. My thesis tries to capture such reverse attitudes by moving away from the predominant logical scientism. It will rather look at illness and its effects on different bodies phenomenologically with the help of some twentieth-century philosophers namely, Martin Heidegger, Jean Luc-Nancy, Maurice Merleau-Ponty, Jean Paul Sartre, Emmanuel Levinas et al. I will try to locate these phenomenological understandings in my reading of some of the important literary works of early twentieth-century Europe. In trying to understand the ‘poetics of pathology’ in modern times I have engaged with five different literary works of five different genres— poetry, drama, fiction, non-fiction and epistles— critiquing the relevance of the phenomenological body in the literary and narrative world of the texts. These texts turn into what Anne Hunsaker Hawkins has called ‘pathography’ (plural, pathographies)¹.

Modernist aesthetics with its tension, disability and entropy become a good hunting ground for connections building between art and the fragility of immature psychosis. Psychology, physiology and literature in their generic manifestations have a close and affective connect with pathology— illness, as a state of body and mind corresponding with the state of art. Aesthetics problematically straddles both the mind that creates and the mind that suffers. The philosophers of the twentieth-century in question have thought out the psycho-physical dynamics through engagements in

¹ Hawkins 1. Hawkins in *Reconstructing Illness: Studies in Pathography* calls pathography as writing that “describes personal experiences of illness, treatment, and sometimes death.”

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phenomenology, poiesis, materiality, aesthetics of flesh, embodiedness and other related discourses. The artist within modernist aesthetics mind holds philosophy and literature at the crossroad of a frantic traffic between a host of disciplines and complexes of critical interests. So the choice of Franz Kafka, T. S. Eliot, Virginia Woolf, Thomas Mann and Samuel Beckett within the aesthetico-philosophical space and the epistemic dialogism that modernist aesthetics implies and spouses, at the premise of a theory-praxis double bind where modernist aesthetics through my work, comes to bear out its issues as vexed as body and embodiedness, pain and pathology, health and heathwiseness in the making of a certain kind of literature.

The vulnerability of the body intensified during the first half of twentieth-century. The chasm between an *able* body and a *disable* body was narrowed down to such an extent that they, quite often, overlapped. The ‘somatic turn’ that the century took exposed the body to dizzying new heights built on the structures of industrialization and urbanization and it concomitantly brought with them the madness of sciences and pseudo-sciences. The politics of eugenics, demonization of the other, racial segregation and cleansing, were all meted out on the contemporary bodies. The affects of the Great Wars or what F. R. Leavis would call the “great hiatus” were as much psychological as corporeal. The kind of somatic vulnerability that this age witnessed was unprecedented. The modern ill body was a reaction against such adventures and misadventures of *modernity*. Illness then becomes one of the symptoms of a body revolting against the lunacy of contemporary biopolitics. The *hubris* of the Enlightenment and its project of colonizing the ‘other’ paved the way for a new kind of politics which can be traced in not

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only the colonial and imperial relationships but also in philosophy, literature, the medical sciences, the eugenic studies, economics and the politics of the day. Bodies were either seen piling upon each other in trenches or lying wounded in hospitals or revolting against the politics of violence on streets. Bodies in art and fascist propaganda alike were pushed to their limits and, sometimes even beyond. Such extremities are quite evident in F. T. Marinetti's harrowing Futurist proclamation, "War is beautiful because it imitates the dreamt-of metalization of the human body... because it combines the gun-fire, the cannonades, the cease-fire, the scents, and the stench of putrefaction into a symphony"². No age witnessed the blurring of physical pain and psychological trauma in such a manner the way Modern period did. And by doing so the-spirit-of-the-age, though unwittingly, challenged the very notion of Cartesian dualism: the body and the mind as two distinct entities. The modernist *angst* was undoubtedly psychosomatic in nature.

Illness as perceived in the first half of the twentieth-century was very different from that of the preceding ages. For the first time the perception of medicine as a science was visibly observed. The modern medical technology enabled us to penetrate the skin and locate the disease in the human body. The whole body was no more held accountable for the problem and consequently, the prevalent idea of associating disease with disposition was thwarted. Although, the location of the disease and in a way illness were one of the highlights of the age, the spirit of the age failed to prevent illness, disease, and impairment from becoming the dominant metaphors across art and culture. These metaphors became the characteristics of the (de)generation itself. And, hence not

² See Marinetti's 'Manifesto Concerning the Ethiopian Colonial War' quoted in Walter Benjamin, *The Work of Art in the Age of Mechanical Reproduction* (London: Penguin Books Limited) 36-7

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surprisingly, the entire modernist poetics and aesthetics is replete with such images. The tendency of connecting modern ‘literariness’ with such metaphors is a commonplace thing in various new modernist readings.

In this modern project of locating the disease onto a particular section of the human body the sufferer and the agency of the sufferer were somewhere sidelined. The disease became more important than the patient; the part became more important than the whole. The entire focus was now on the disease and the body part(s) affected by the disease. The sufferer was rendered a voiceless, inert being— a mere subject of many rigorous medical examinations. The modern human body was thus fragmented, examined, re-examined, commodified, formed and re-formed, all under a strict medical surveillance.

The self-conscious modernist work-of-art can roughly be compared to the body which becomes self-conscious during illness. The former calls for attention to the form while, in the latter the hitherto absent-body (re)appears and seeks attention for itself or its part(s). The body *presences* itself in illness and disappears in health. In illness the body is perceived *as* body and not merely *res extensa*. This self-reflexivity of the body in illness seems quite similar to that of the self-reflexive nature of the signifier and the form in modernist anti-art. The ‘reality’ in modernist art was basically ‘corpo-reality’; but this corpo-reality was not located in a ‘respectable’ body of baroque art but rather in fragmented bodies, traumatic bodies, alienated bodies, abject bodies and machinic bodies of the time. Illness and disease then become not only the predominant metaphors of the period but also the mode via which the (fractured) reality was perceived. It blurred the

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line between the art of diagnosis and the diagnosis of art. Modern literature in particular and modern art in general and, then can be viewed as the record of symptoms of the age and, also, in many cases, the prescription.

The likely comparison between the modernist nostalgia for a ‘perfect past’ and the overarching desire for and reminiscence of a ‘perfect health’ cannot be ignored too. Looking at the modernist longing for the past in strictly pathological terms (to the French counterpart ‘la maladie du pays’ and the German counterpart ‘das Heimweh’), Tammy Clewell goes on to locate this nostalgic longing onto the bodies of various subjects: “soldiers, mothers, the privileged, middle classes, and dispossessed, colonial subjects, city dwellers, and artists” for different objects of longing: “hometowns, loved ones, maternal comforts, country houses, urban entertainments, primitive cultures, and artistic practices.”³ Emphasising the *algia* part Clewell makes an interesting study of modernist ‘nostalgia’ as a corporeal phenomenon. Similarly, from a phenomenological point of view, illness exerts a *telic demand*⁴— an overwhelming longing to be free from illness, to be in idyllic ‘perfect health’. Going beyond the painful *here* and *now* both modernist aesthetics and illness bring forth nostalgia as a mode of resisting as well as subverting the current state of being. The conflation of the modernist *angst* of modernity and the corporeal *angst* of illness becomes one of the highlights of the age.

Modernism and its biopolitical regimes of institutionalization, medicalization and eugenic theories led to the rise of a whole new narrative not only in literature but cultural

³ See Clewell *Modernism and Nostalgia* 10

⁴ Leder 77

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theory in general. The whole paradigm was corporealized, or, rather, phenomenologically speaking, *körper*-realized. Tim Armstrong points out that “modernism is characterized by the desire to intervene in the body; to render it part of modernity by techniques which may be biological, mechanical or behavioural”⁵. These interventions although had often contradictory consequences on different bodies. Even Virginia Woolf, in her essay *On Being Ill*, describes how the diseased body intervenes to produce its own narratives that are not equivalent to those generated by the mind. Such “intervening” bodies lend a kind of a “narrative prosthesis” to the entire modernist movement. Guillaume Apollinaire, for instance, while talking about Picasso’s ‘*Les Femmes d’Alger*’ writes, “a Picasso studies an object the way a surgeon dissects a corpse”⁶. The modern writing touches upon such extremities; the modern image of the ‘patient etherized upon a table’ lurks everywhere.

Jean Luc-Nancy calls for such bodily understanding— understanding “not about the body, but body itself”. In *Corpus* he observes:

Let there be writing, not about the body, but the body itself. Not bodihood, but the actual body. Not signs, images, or ciphers of the body, but still the body. This was once a program for modernity, no doubt already it no longer is.

From now on, it is no longer a question of anything but being resolutely modern, and there's no program, just necessity, urgency. Why? Just turn on the television, and you'll get the answer every day: in a quarter or a third of the world very few bodies circulate (only flesh, skin, faces, muscles-bodies there are more or less hidden: in hospitals, cemeteries, factories, beds from time to time), while everywhere else in the world bodies multiply more and more, the body endlessly

⁵ Armstrong 6

⁶ See Apollinaire. “On the Subject of Modern Painting” was originally published in *Les Soirées de Paris*, February 1912

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multiplied (frequently starved, beaten, murdered, restless, sometimes even laughing or dancing).

In this way, too, the body's on edge, at an extreme limit: it comes toward us from the greatest distance; the horizon is the body's multitude, approaching"⁷.

Keeping *il n a pas de hors corpus*⁸, that 'there is no outside-body' or its often misconstrued translation 'there is nothing outside of the body' in mind, we can infer that if we are to think about illness and dissemination of illness in twentieth-century European literature, we have to think not merely in terms of philosophy on/of body but body-philosophy.

The dichotomy of corporeal confinement and transcendental mind, of the etherized (the body) and the etherealized (the mind), the *patient* and the *im-patient* becomes a metaphor for the modern human condition. And, in such ambiguity, patienthood becomes very symptomatic of "the most quintessentially modernist anxieties— utter lack of agency, affective numbness and inability to discern meaning from language and gesture, the Prufockian impossibility of getting one's mind and tongue in concert ("It is impossible to say just what I mean!"), the psychological paralysis that generates a plethora of inconsequential questions in lieu of actions"⁹. The kind of dilemma and predicament Miss Gee is thrown into in W. H. Auden's "Miss Gee" highlights the general predicament of the age vis-à-vis the subject-position of being a cancer patient. The harrowing medical gaze the way she is being looked at and the 'treatment' that ensues,

⁷ See Luc-Nancy 9

⁸ Ibid 10

⁹ Popp, Valerie Lauren. "The Art of Modernist Body". Diss. U of California, 2011. Print.

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become a case-study of modernity and the (in)human condition that it stands for. The poem manifests sheer helplessness at the face of the inhospitable modern medical discourses:

Doctor Thomas looked her over,
And then he looked some more;
Walked over to his wash-basin,
Said, 'Why didn't you come before?'

Doctor Thomas sat over his dinner,
Though his wife was waiting to ring,
Rolling his bread into pellets;
Said, 'Cancer's a funny thing.

'Nobody knows what the cause is,
Though some pretend they do;
It's like some hidden assassin
Waiting to strike at you.

'Childless women get it.
And men when they retire;
It's as if there had to be some outlet
For their foiled creative fire.'

His wife she rang for the servant,
Said, 'Dont be so morbid, dear';
He said: 'I saw Miss Gee this evening
And she's a goner, I fear.'

They took Miss Gee to the hospital,
She lay there a total wreck,
Lay in the ward for women
With her bedclothes right up to her neck.

They lay her on the table,
The students began to laugh;
And Mr. Rose the surgeon

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He cut Miss Gee in half.

Mr. Rose he turned to his students,
Said, 'Gentlemen if you please,
We seldom see a sarcoma
As far advanced as this.'

They took her off the table,
They wheeled away Miss Gee
Down to another department
Where they study Anatomy.

They hung her from the ceiling
Yes, they hung up Miss Gee;
And a couple of Oxford Groupers
Carefully dissected her knee.¹⁰

The illness and the metaphors of illness permeate the “cultural logic” of modernist aesthetics, as Mathew Davidson in his ‘By the Road to the Contagious Hospital: Invalid Modernism’ lays down, “Matthew Arnold speaks of this strange *disease* of modern life with its *sick* hurry, its divided aims, and Kierkegaard describes unredeemed time as *sickness* unto death. [Fyodor] Dostoevsky’s *Underground Man*, regards excessive consciousness [as] a...genuine absolute *disease*. Charles Baudelaire describes the shock of the modern metropole as a type of nervous *disorder* having its repercussions in the very core of the brain. The artist capable of capturing its effects must be a perpetual *convalescent*. Ezra Pound advocates Imagist economy and clarity as a kind of rhetorical hygiene to cure poetry of *diseased* Victorian excess. [Friedrich] Nietzsche in his later

¹⁰ Auden W. H. ‘Miss Gee’. *Selected Poems*. New York: Vintage, 1990

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writing on Wagner's music speaks of it as *contagious* and *unhealthy*"¹¹ (my emphases). The above lines are worth quoting as it helps my case immensely.

Modernism, as Michael Levenson points out, is at once an historical scandal and a contemporary disability¹². It was a reaction against modernity; it laid the condition for its perpetuation— "a *pharmakon* in serving as 'cure' for modernist malaise as well existing as a disease itself"¹³. The interplay between being patient (numb and impotent) and impatient (reactionary, an escape) makes modernist aesthetics both 'etherized' and 'etherealized', cure and poison, Goebbels' and Picasso's or, what Derrida would call "the *différance* of difference". And the modernist ambition of *Gesamtkuntswerk* (a "total work of art") gave impetus to and laid the condition for these sorts of crises not only in art but in society and politics too. To quote Eliot:

"I am moved by fancies that curled
Around these images, and cling: The notion of some infinitely gentle
Infinitely suffering thing"¹⁴

All of a sudden "the scientific gaze", as James and Kevin Aho point out in their work, "was turned back on humanity itself. Mankind now became automatized. 'Soul'

¹¹ Davidson, Michael. 'By the Road to the Contagious Hospital: Invalid Modernism'. 10 November. 2013 <https://www.northumbria.ac.uk/static/.../Lect_4_Fashionable_Diseases.pdf>

¹² *ibid*. I have discussed this later in detail as the double-edged relationship between modernism and modernity.

¹³ *ibid*

¹⁴ Eliot, T. S. 'Prelude'. *The Complete Poems and Plays of T. S. Eliot*, London: Faber and Faber, 1969. L 48-50. Print.

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was rendered into a word whose use indicated sloppy thinking; consciousness was spoken of as an epiphenomenon; mind-stuff was reduced to brain function”¹⁵. The result of which was instru-mentality. The more we try to control and fix an object “by technical procedures, the more we are destined to suffer the anxiety of ‘not being at home’ (*Unheimlichkeit*)”¹⁶. My approach, on the other hand, would be of that of *Lebensphilosophie* or of what Wilhelm Dilthey calls *Geisteswissenschaft* (*Geist* means spirit and *Wissenschaft* means science), that is, an approach in which one “psychologically enter” into the object, “instead of observing...from a distance—unearthing the lived experience”¹⁷.

My thesis as already argued would commit to locate illness and its metaphors as it have been disseminated throughout modern European literature in the first half of the twentieth-century. The overarching question in all these remains the same: in what way pathology and poetics tend to overlap? The effort to locate the zone of indistinction between the poetics of pathology and pathology of poetics can be exhaustive but not unfruitful, understanding of which requires a phenomenological and psychoanalytical enquiry into the question of body, illness and writing. How body speaks through illness and how illness speaks through writing? I would prefer arguing much beyond the physical body or the transcendental mind to a more ambiguous area of phenomenological body— the unmechanised and porous *body* without fixed contours. The body in which we live is also the body *I am*. Hence, an organic understanding of the body is a salient

¹⁵ See Aho and Aho 81

¹⁶ Ibid 172

¹⁷ Ibid 170

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and silent precondition to deal with something which is an indelible part of human existence, involving pain, suffering and decay. Life is but death in disguise. And writing is but life in disguise. Our being makes possible a radical flight through writing— it is not only a mode of emancipation but also a process through which my earthly decaying body speaks and a close reading of which unearths the deep down fissures otherwise unknowable in the daily humdrum. Illness is the royal road to our body and, in a way, to our entire existence. It helps in unpeeling and reducing us to our ‘real’ self (whatever that means). My work would deal with such porous boundaries that exist between body, illness and writing— not so holy a triad.

The understanding of the body both physical and metaphysical is a limited one as they try to understand the same beyond its ‘bodyliness’. A phenomenological study, on the other hand, never takes this ‘bodyliness’ for granted. Rather, it takes life as it is *lived*. It conceives life, body, illness, decay and death not in isolation but as indistinct from each other. And, they in turn, are continuously influenced by the world, the worldly and the worldliness. Phenomenology provides me with such a holistic understanding, as opposed to both biological reductionism and metaphysical abstracts; it enables me to appreciate an experience *as* experience. Far from the reductionist view of monism and Cartesian dualism, there is not much of a distinction between the optic, haptic and ontic in Heideggerian understanding of life-world (*Lebenswelt*). The being is always embodied in-the-world and with-the-world. And the understanding of Being demands a proper understanding of this disposition of being.

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Heidegger often compares thoughtlessness to analgesia— the state of feeling no pain in the skin. Thinking then and especially meditative thinking (*besinnliches Denken*) in particular becomes an embodied act; feeling pain becomes an important precondition of Being itself. The “pathological” question, thus, is an important component of the ontological question. In Heidegger, there is not much of a difference between thinking, knowing and acting because “thinking” as *al theia* already constitutes “knowing” and “acting”— together forming an organised whole. The meditative bodily gesture in illness and disability is very different from a pre-ontological understanding and marks a shift from “the merely ontic to the deeper, more ontological dimensionality of the thoughtful gesture.”¹⁸ Illness as an embodied condition helps in the recollection of Being (*anamn sis*), pulling us out from the amnesia of the anonymous “they” and opening up the more meaningful dimensionality of Being. It changes the way we *presence* ourselves in the world and alters the way we *touch* the “quotidian and everyday to the abstract and rarefied”¹⁹ and consequently, our sensory understanding and the way we think of the world, because for Heidegger thinking is always, already haptic. Illness intensifies our sense of touch and deepens our thinking. By opening up the ontic field, it ensues a dialogue of possibilities. Our being-in-the-world (*Dasein*) gets a whole new meaning with illness. The thesis looks for such new dialogues and meanings.

Taking a cue from Rita Charon’s concept of ‘narrative medicine’, the dialogue that here will enable us to recognize, absorb, interpret and respond various generic

¹⁸ Levin, David M. ‘Mudra as Thinking: Developing Our Wisdom-of-Being in Gestures and Movements’ in Parkes. Graham. *Heidegger and Asian Thought*. Levin while talking about Heidegger’s Question of Being and gestures refers to Medard Boss’ *Existential Foundations of Medicine and Psychology*. 254

¹⁹ *ibid*

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representations of modernity and illness. The empathetic understanding of the literary artists and their works would allow me “to understand the plight of another by participating in his or her story with complex skills of imagination, interpretation, and recognition”²⁰; here in case, the complex skill of phenomenological understanding of the body. I shall read the modern literary works as ‘illness narratives’ and while doing so will not only be diagnosing the problem but also look for possible prognosis. The speakers/narrators in these works are like patients seating/lying in front of the physician, impatiently waiting to be heard. Their expectation from the healer is that of a patient hearing. So I, as a reader, like those healers who believe in the importance of narrative medicine, will be patiently hearing their stories. Charon explicates the relationship between narrative understanding and the healing process in the following manner:

As patient meets physician, a conversation ensues. A story— a state of affairs or a set of events— is recounted by the patient in his or her acts of narrating, resulting in a complicated narrative of illness told in words, gestures, physical finds, silences and burdened not with the objective information about the illness but also with the fears, hopes, and implications associated with it. As in psychoanalysis, in all medical practices the narrating of all patient’s story is a therapeutically central act, because to find the words to contain the disorder and its attendant worries gives shape to control over the chaos of illness.

As the physician listens to the patient, he or she follows the narrative thread of the story, imagines the situation the teller (the biological, familial, cultural and existential situation), recognize the multiple and often contradictory meanings of the words used and the events described, and in some way enters into and is moved by the narrative world of the patient.²¹

²⁰ Charon 9

²¹ Charon, Rita. ‘Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust’. *JAMA*. October 17, 2001—Vol. 286, No. 15, 1897-1902

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The lived experience of a body in suffering tends to influence the kind of writing it is producing: it finds a vent through the words articulated. The focus would be on the experience of illness and disability as has been disseminated into a literary work and study “the uneasy relationship between words and the life of the body”²². My theoretical framework would be to hear those words differently and *patient-ly*. The phenomenological understanding of body, illness and disability, as put forth by continental philosophers like Edmund Husserl, Martin Heidegger, Maurice Merleau-Ponty, Jean-Paul Sartre, Jean Luc-Nancy et al, will act as the cradle of my study. Their work will provide me with a model and a map for the way I perceive the body as emaciated, incompetent, impotent and painful and, enable me to deal with the complex of mind-body-matter and also the mysterious “happening” (*Geschehen*) of human existence. Within such philosophic support system, I will raise some essential and existential questions pertaining to the twentieth-century human condition in the light of a generic reading of modernism in general and the modern literature in particular— demonstrating how pain transmutes into an art form.

Modernity and Illness

The working definition of ‘modernity’ (from the Latin *modo* meaning ‘now’) is a difficult

²² See McEntyre.

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one for various reasons. The concept of modernity is “elusive” and is something which critics are still grappling with²³. Therefore instead of, concentrating on the *definition* which is quite impossible here, let me concentrate on the very *meaning*— the meaning(s) of modernity. Like illness, my understanding of modernity is less of an event and more of an experience. So what is this experience of modernity and how to characterize the experience of modernity? For this, I have to refer to Marshall Berman who in his Introduction to *All that is Solid Melts into Air: The Experiences of Modernity* writes:

There is a mode of vital experience— experience of space and time, of the self and others, of life’s possibilities and perils— that is shared by men and women all over the world today. I will call this *body of experience* “modernity”. To be modern is to find ourselves in an environment that promises us adventure, power, joy, growth, transformation of ourselves and the world— and, at the same time, that threatens to destroy everything we have, everything we know, everything we are. Modern environments and experiences cut across all boundaries of geography and ethnicity, of class and nationality, of religion and ideology: in this sense, modernity can be said to unite all mankind. But it is a paradoxical unity, a unity of disunity: it pours us all into a maelstrom of perpetual disintegration and renewal, of struggle and contradiction, of ambiguity and anguish. To be modern is to be part of a universe in which, as Marx said, “all that is solid melts into air.”²⁴

In my thesis, modernity ceases to remain mere “body of experience” and transcends to be(come) “experience of body”. I have primarily dealt it as bodily experience or to be more specific as experienced by an ill-body— ill-body as a site of “disintegration and

²³ For more discussion, refer to Mark Elvin’s ‘A Working Definition of “Modernity”?’ *Past and Present*

²⁴ Berman 15

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renewal, of struggle and contradiction, of ambiguity and anguish”, of alienation and emancipation, of pain and knowledge. And in all these, I have played upon the dialectic of modernism and modernity.

Modernism’s relationship with modernity is a double-edged one. The former not only reflects but also reacts against the latter. Modernism is not only a critique but also a critic of the tendencies of modernity. Modernity is a paradigm shift in human thinking and human relations that came about with the advent of modern science, technology, nation-states, money economy, capitalism, and industrialism in the western societies²⁵. Thinkers trace the germ of modernity back to Rene Descartes and his systematic philosophy of looking at things and the kind of disruption it caused to the mind-body suture. Illness, in my thesis, plays the role of a modernist critique as well a critic, and whereby it becomes not only the *symptom* but also the *cure* of modernity.

Søren Kierkegaard likens modernity to “despair” because it fails to reflect on “how-to-exist” and, Max Weber likens modernity to “disenchantment”²⁶ because of its overabundant emphasis on quantitative and institutionalised understanding of things. My understanding of illness within the context of modernity, therefore, can be read as both Kierkegaard’s “passion”²⁷ and Weber’s “enchantment”— illness as my thesis has explained makes one to reflect and understand the world around passionately and in an enchanting manner. The *dys-* of the disease is ‘passion’ (from the Latin *pati* meaning “to

²⁵ McElwee, 2004

²⁶ *The Protestant Ethic and the Spirit of Capitalism*, 2012

²⁷ Kierkegaard writes in his *Concluding Unscientific Postscript*, “[E]xistence, if one becomes conscious of it, involves passion.”

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suffer”) and is an antidote to technologically propelled “disenchantment”. In order to exist we must first learn how to die. As a philosophical tool illness provides a remedy to modernist despair— “sickness unto death”—that is, not being able to die. Illness in making us learn how-to-die makes us learn how-to-exist. Kierkegaard (although anachronistically) diagnoses the modern predicament and writes:

When death is the greatest danger, we hope for life; but when we learn to know the even greater danger, we hope for death. When the danger is so great that death becomes the hope, then despair is the hopelessness of not being able to die.²⁸

In the wake of the Balkan wars, the two World Wars, the bloody revolutions, the Great Depression, civil wars, the rise of fascism and fascist expansion, Holocaust, atomic rivalry and in many such harrowing experiences, the only remedy that remains is TO DIE. So, the question of understanding how-to-die becomes pivotal to our discussion of modernity and modern age; my select reading of twentieth-century European literature could be identified, therefore, as examples of *ars moriendi*, that is, the art of how-to die.

Illness cannot be subsumed under the logical order of modernity as it thwarts modernity’s project of “rationalization” and brings into forth a whole new experience of ‘being modern’— very different from that of modernity’s view of the modern. The figure of an ill individual as withdrawn, reclusive, pensive, and inconsistent resists and subverts the very rubric of the early twentieth-century reason, science and technology. Illness

²⁸ *The Sickness Unto Death* 18

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rectifies the Cartesian error which is at the heart of the Enlightenment and concomitantly modernity, and reintegrates the once disrupted and ruptured mind-body liaison.

Literature and/as Pathography

So far, I have tried to read Samuel Beckett's *Endgame*, Kafka's letters, Thomas Mann's *Death in Venice*, Virginia Woolf's *On Being Ill*, and T. S. Eliot's *The Wasteland*— of five different genres— as pathographical accounts and contextualized the same in the discourse of modernity. The texts I have taken are broadly categorized as 'modernist' and do not declare themselves as the sole repository of 'ill', 'illness' or 'ill body'; there are other texts also which are equally, if not more, surcharged with the category of illness. But I have taken into consideration the above mentioned five texts only because they fit into my schemata. I have subjected them to a phenomenological reading and at the end of the day, they somehow explicate and justify what I am trying to put forth here. My process of reading, of unmaking literature was also to lay bare the making of literature— the way it is made *through* the body and especially, the ill body. The effort here was not only to locate the ill-body-as-it-is-lived in the literary works but also to go beyond and read *poiesis*— the making of literature— *as* body (herein case, ill body). In my process of 're-membering' illness, something prior but hitherto unnoticed, in relation to the above mentioned literary works I have tried to 'work through' the pathological disposition of the body.

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The role of a pathography is not merely to portray the disturbing experiences of illness and concomitant medical treatment but also to foreground, at a subjective level, a ‘narrative’ on incommensurable and inexplicable *angst*. Anne Hunsaker Hawkins points out that, “The medical report is usually composed of brief factual statements about present symptoms and body chemistry, whereas a pathography is an extended narrative situating the illness experience within the author’s life and the meaning of that life.”²⁹ Pathographical accounts in that sense can be liberating and emancipatory in nature; they reclaim and free the *voices* which were hitherto subdued and ignored under the façade of the medical jargon. A pathography serves as a counter-narrative to the so-called official medical report; the latter does not take into consideration the lived-experience and the lived-body of the sufferer; the former recovers and puts forth the same. The *violence* that is often meted out to the patient’s body is justified and, sometimes eulogised in medical case histories. The medical mentality with its repressive medical apparatuses is far from comforting. Modern medical science cures, but it cures without concern. Pathography marks a paradigm shift in the whole medical affair. It rescues the sufferer’s point of view from drowning and, by giving voice to it bestows some sort of agency to it. It brings comfort to the already discomfoting medical regime. “The task of the author of a pathography”, Hunsaker writes, “is not only to describe this disordering process but also to restore to reality its lost coherence and to discover, or create, a meaning that can bind it together again”³⁰. Something similar happened in my five chapters. In my *unmaking* of

²⁹ *Reconstructing Illness* 12-13

³⁰ *ibid* 2-3

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literature there is a *making* of pathography— in my *making* of pathography there is an *unmaking* of literature.

My use of illness as a tool of enquiry should strictly be read in relation to the ‘somatic turn’ that the early twentieth-century took. Before modernity, illnesses were generally associated with spirits, spiritual and moral degradation and many other ecclesiastical and metaphysical speculations. Here I am seeing modernity therefore as a transition from non-corporeality to corporeality— a going back to the body and anything that is, *bodily*. Illness from this perspective then becomes symptomatic of modernity’s initial challenge and subsequent subversion of the metaphysics. And what better place to locate those symptoms than to locate them in the twentieth-century European literature! Beckett’s drama, Kafka’s letters, Mann’s fiction, Woolf’s memoir and Eliot’s free verse, then become a hunting ground for modernity, resistance to modernity, literature of the day and philosophy, and the medical suture that ties them up in a reflective and restless bind.

‘All this daily drama of pain’: Case Studies

Modernity and its contemporary disability find their justly representation in the post-Holocaust-like situation of Samuel Beckett’s *Endgame*. The first chapter titled **‘The Disabled Players of Samuel Beckett’s *Endgame*’** highlights the debilitating conditions of

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modern existence. The destruction wrought by the two World Wars and the alienation of urban life mingled and created an inhospitable ‘human condition’ that could only have invented illness— illness not only as a mode of representation but as a state of mind and body. In the Beckettian reality bodies are scarcely seen in their corporeality. Rather, bodies become tools for various philosophical and metaphysical speculations. This rupture between reality and corporeality is what makes Beckett an interesting case study for disability studies. Disabled characters and their impaired bodies in the play *Endgame* are also subjected to such hermeneutical speculations. My effort, thus, will be to disembed the hermeneutic continuity and see those bodies in their phenomenological materiality; it would mean going back to the internal structure of pain, suffering and disability.

The lived experience of an impaired body, the body-in-itself, becomes symptomatic of the general human condition in modern times. The incapacity to interact and communicate with the surroundings makes those bodies apprehensive of the inter-subjective and inter-corporeal acknowledgement necessary for survival. The ‘restrictive economy’ of disability and impairment befalls then into the category of illness as both lived-time and lived-space shrink to the level of *me-here-now*. In the play we find the two pairs of characters, Hamm-Clov and Nagg-Nell, struggling hard to keep up their spirit alive in the midst of the barrenness of the Absurd stage. Although totally cut-off from the world because of their immobility and blindness, those bodies ironically posit a challenge to the modernist idea of ‘speed’ and ‘movement’. Their ill-ness not only makes them withdraw from the world but also enables them to subvert the rules of the game called

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modernity. Their dys-ability then is not ‘meaningless’ as conceived by many critics but resists and subverts the form of contemporary disability.

The second chapter titled ‘**Circumcised Body of Kafka’s Select Letters**’, shall critically investigate Kafka’s epistolary conversations which are also in a way his body-writings. Kafka’s imagining of his body— an ‘overdetermined’ body racially and medically infested with different meanings— was a part of the early twentieth-century anti-Semite *weltanschauung*. Such discourses, especially medical discourses were generated to re-produce the Jewish body as abnormal, diseased and deviant— the abject ‘other’. It was always a part of his masculinity and racial memory. Tuberculosis the disease he was suffering from, was as much physical as it was psychological, as in one of his letters he points out: “I am mentally handicapped, the lung disease is none other than an overflow of the mental disease”³¹. The ‘condemned’ body of a Jew, thus, was never far from his mental disposition and vice-versa. This *fin-de-siecle* medicalization and territorialization of the Jewish body, even years after Robert Koch’s discovery, add complexities to the entire discourse and paves the way for the construction and dissemination of the Jewish ‘imagined body’.

Kafka and his bleeding body with all its flesh and blood and its embodiedness anticipates the condition of the Jewish body during the time of *Shoah*. The racialization and over-medicalization turned the Jewish body into a grotesque body— a body “that defies clear definitions and borders and that occupies the middle ground between life and

³¹ Kafka, Franz. *Letters to Milena*. Trans. Philip Boehm. New York: Schocken, 1990. Print.

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death, between subject and object, between one and many”³². The kind of fluidity that Kafka “deciphers with his wound”³³ can be traced all through his entire oeuvre. The unfinished and ambiguous body of Kafka, suffering from bodily feebleness, somatic otherness, neurasthenia and tuberculosis, signify, as Sander Gilman points out, his existence as a Jewish body. Not only tuberculosis but the very pain and angst of living within the confinements of or rather beyond the boundaries of the societal arrangement lead to the creation of an alien and uncanny self-body. But it was also the same body with all its fleshliness and corporeality that enabled him and those like him to form a non-closed and inter-corporeal subjectivity connected to others in the form of an ethical relationship— the ever unfinished, ever creating body.

The profession of medicine, as Lisa A. Long points out, sought to objectify the body while the profession of history sought to objectify the past³⁴— the circumscribed history of the circumscribed body. And in this ‘somatic turn’, Kafka emerges as a brilliant study of the history of the flesh and the history in the flesh, a perfect paradigm of how that demonstrates in the twentieth-century the crises in civilization lead to the crises of representation.

In the third chapter titled ‘**Connoisseurship...of Disease and Thomas Mann’s *Death in Venice***’, I deal with one of the most important modern novelists and someone who is often associated with writers like Kafka, Proust and Joyce. Richard Carter points

³² Cohen 223-235

³³ Kafka, Muir, and Muir 204

³⁴ See Lisa.

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out that Mann was “one of the most medically perceptive writers of this century. He was obsessed with ‘connoisseurship... of disease’, and expressed deep insights and interest in psychosomatic medicine and diverse medical problems”³⁵. Such recurrent fascination with sickness and death can be traced throughout his oeuvre: life in a tuberculosis sanatorium in *The Magic Mountain*, cholera epidemic in *Death in Venice*, organ transplantation in *The Transposed Heads*, uterine carcinoma in *The Black Swan*, central nervous syphilis in *Doctor Faustus*. Mann himself claims that all his interest in disease and death is only another expression of interest in life³⁶.

Mann’s *Death in Venice* juxtaposes biological decay, repressed desire and *dépaysement*— the state of being in a foreign, unfamiliar country. In the novella the beauty of the Venetian city and the destruction of Gustav von Aschenbach’s forbidden love for Tadzio are closely interwoven. Set at the backdrop of the cholera epidemic illness becomes a metaphor of “a new susceptibility to the erotic” and the Dionysian impulses (“*Kunsttriebe*”). Von Aschenbach asks himself, “What were art and virtue to him given the advantages of *chaos*?”³⁷ Playing on the dichotomies of modern life with its divided aims, Mann weaves a narrative based on modern metaphors and illness— illness as metaphors and metaphors as illness. Aschenbach’s body, thus, becomes a site of contestation— an overdetermined body signature by various modern discourses. The stench of morbidity flows like an undercurrent throughout the different modern narratives

³⁵ For detail, see Carter, Richard. ‘The Mask of Thomas Mann (1875-1955): Medical Insights and Last Illness’. The Society of Thoracic Surgeons. Elsevier Science Inc, 1998. 578. Print.

³⁶ Mann, Thomas. *The Magic Mountain*. Trans. H. T. Lowe Porter. London: Vintage, 1999. 495. Print.

³⁷ See Mann 125

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and Mann's is no different. His treatment of Tazio, Venice and death are on the same plane. We see the metaphors of illness and death being used over and over again while describing Tazio and Venice; and the way the modern necropolis of Venice has been portrayed is no different from the morbid Tazio. Mann diagnoses the fragmentation and decentredness of modern existence and makes an allegory out of it. He also makes an effort to locate the new vision of centre onto illness and death. Mann looks for cure in illness. Illness in *Death in Venice* then becomes a mode of investigating and exploring the different alternatives of a lost centre. Like the Romantics Mann regards illness and dying as both an end and a mode of emancipation.

The figure of the recluse generates a threat to the very idea of *modernity*. In the fourth chapter titled '**Undiscovered Countries with Virginia Woolf's *On Being Ill***' I seek to validate the perspective of the invalid and the recluse. In the essay, Woolf traces the journey of a recluse who in illness withdraws from the daily humdrums of life, from the hustle and bustle of the city of health to a room of one's own: a room which allows one to reflect on things around, and see the world both inside and outside in different light. Here, the pre-reflective involvement with the world gives way to a more contemplative and meditative way of looking. Like *epoché*, illness can become a tool for philosophical enquiry. The Romantic empathy of sitting and hearing 'each other groan' is substituted by a modernist disjuncture and 'disinterestedness'. It enables the pensive pathological being to challenge the discourses of modern urban existence driven by machines. The essay captures the adventures of such a being (and its becoming).

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“The best of these illnesses”, as Woolf notes in her diary, “is that they loosen the earth about the roots. They make changes. People express their affection” (xviii). Such confessional and yet liberating mode of writing vis-à-vis illness is what constitutes *On Being Ill*— a manifesto of the ideology of illness— first appeared in *New Criterion* in the year 1926. The title alludes to William Hazlitt’s 1822 essay *On Going a Journey*. The journey one takes in illness is terrifying, tormenting and agonizing and at the same time, creative and liberating— very symptomatic of the kind of writing Virginia Woolf engages herself into. The genre of ‘writing in bed’ not only captures the corporeal confinement and spatiotemporal constriction but also in Woolf’s case paves the way for a mode of transcendence from *modernity*.

Chapter Five titled ‘**Connect Nothing with Nothing in T. S. Eliot’s *The Wasteland***’ (re)reads the most representative poem of the time in which we find a blind transgendered speaker lamenting on the sickness of modern life figured through a king who is suffering from an undiagnosed disease and who fishes by a polluted stream. The speaker encounters a one-eyed merchant, a fortune teller with a bad cold, a clerk with serious acne, and a husband who suffers from nervous disorders (“my nerves are bad tonight”), and listens to the denizens of a pub discuss abortion and the loss of teeth. In the distance the poem’s speaker hears the sound of a young woman who has been raped and whose tongue has been cut out³⁸. T. S. Eliot was composing *The Wasteland* (1922) while under the care of Dr. Roger Vittoz at a sanatorium in Switzerland in late 1921 situated on the banks of Lake Léman in Lausanne. Notwithstanding Eliot’s famous theory of

³⁸ Davidson, Michael. ‘By the Road to the Contagious Hospital: Invalid Modernism’. 10 November. 2013 <https://www.northumbria.ac.uk/static/.../Lect_4_Fashionable_Diseases.pdf>

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“impersonality” and the practice of close reading championed by the New Critics, the biographical (or rather pathographical) account of the poem cannot be overlooked. There cannot be a possible distance between the man who suffers and the mind which creates. The whole intention of the poet was to open the cadaver of the modern society and diagnose the sickness and corruption at its core. The only tragic prognosis that remains then is to “sew him up and let him die in peace”³⁹.

The Wasteland epitomizes modernism’s reaction against modernity. The poem can be read as a pathological narrative— a narrative which diagnoses the problem of alienation, disjuncture, sterility, mechanicality, fragmentation and breakdown of communication and as prognosis prescribes a new vision of centre.

My purpose here is to look at certain works of twentieth-century European literature through the prism of illness. And in this play between illness and literature, modernity will serve as a playground. I have treated modernity as a space where I have located not only the experience of illness but also the experiencing-self: not only the suffering, the sufferer too. I have here restricted myself to only an embodied understanding of illness and have not taken into consideration the psychiatric counterpart. I, rather, refuse to see illnesses as only physical or mental. The *-ness* of illness for me is psychosomatic and beyond; it belongs to the broader realm of lived-body and not

³⁹ T. S. Eliot to his Mother, 12 December 1920, Letters, 423

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restrictive mind or body⁴⁰. Illness is much *more* than just mind or body or, even mind-body. I have also avoided medical specificities and treated illness as a general category. Although there are passing references to different ailments like cholera, tuberculosis, BDD etcetera, I have not limited my thesis to the modern reductionist and nomothetic understanding of illness, but have gone beyond those diagnostic categories. I am here much more interested in illness *as* experience rather than illness *as* event.

⁴⁰ Lived-body, taking a cue from twentieth-century phenomenologists, for me is mind-body and *more than* mind-body. Jean Luc Nancy refers to open body and body *as* open; body as space and spacing at the same time. My understanding of illness, therefore, belongs to and results from such a tradition; free from any such narrow categorisation, illness for me is mind-body and *more than* mind-body.

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Chapter One

The Dys-abled Players of Samuel Beckett's *Endgame*

I say to myself— sometimes, Clov you must learn to suffer *better* than that if you want them to weary of punishing you— one day.

— Clov in Beckett's *Endgame*

Beckett's corpus abounds in maimed bodies, disabled bodies, incarcerated bodies, grotesque bodies, painful bodies— bodies even though in crisis are never seen in their phenomenological materiality. Rather, those bodies become a cradle for different philosophical and metaphysical speculations. These are always already de-contextualised and de-animated, and are free from the socio-political condition and the spiritual and organic semblances. These become what Foucault has called, “military machine” (*machine á guerir*) “not as a self-healing whole, but as an object, a hindrance to be

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mastered and made-over design”¹. The singularity and specificity of the body is completely ignored for the sake of some already established categories and, “[t]hus” as Ato Quayson points out “discussions of maimed and disabled characters in Beckett are often conducted around two broad rubric: existential phenomenology and deconstructive antihumanism”². In Beckett there remains always a rupture between disability and pain.

Beckett himself suffered from various chronic ailments including arrhythmic heartbeat, cysts and abscesses and hence, it is no surprise that his *weltanschauung* is layered with different metaphors of illness. Deirdre Bair in *Samuel Beckett: A Biography* points out that “at one point Beckett insisted that all of life was a disease, with babyhood its beginning. Man, to him, was the prime example of the mortally ill, for man began as a helpless infant, unable to attend to himself, and most of the time ended in the same manner. In man’s beginning and end there was immobility, and each man was thus at the mercy of all others”³. Beckett’s dereliction for human and humanity makes him employ illness and disability as chimerical devices in his works. There is no distinction between human and the other in Beckett. In him we find a journey from the anthropological to the non-anthropological— in Beckett, the human is the *other* to the extent that it is discontinuous and deformed.⁴

¹ See Aho and Aho 146

² See Quayson 56

³ Beckett used to suffer from various ailments and in a way influenced his writing also, for more details see Deidre 170

⁴ See Sheehan 176

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Disease, decay, deterioration and dismemberment are the archetypes we find in profusion in Beckett's plays and novels but they are seldom associated with physical suffering. They are, rather, often conceived as allegorical— in many cases as symptoms of spiritual and creative debasement. This obliterates the very specificity of the body and the body-in-pain, succumbing to what Quayson calls the “hermeneutical conundrum”— “not so much so as to raise doubt about what it might mean, but so that the entire apparatus of representation is riddled with gaps and aporias”⁵. The *Endgame* is filled with gaps and aporias or what Theodor Adorno calls “organized meaninglessness” and “an expression of meaning's absence”. The disabled and the impaired bodies in the play thus, concomitantly, are never seen in their physiological and phenomenological realities; the studies on Beckettian dramaturgy are more centred around body as an idea or an ideal.

The play dramatizes the disability of two pairs of characters: Hamm and Clov on one hand and Nagg and Nell on the other. But all these four characters have been tied together in such a manner that it would be almost impossible for a character to live autonomously and might perish in no time if taken out of this arrangement. Hamm is completely blind, crippled and immobile and his entire existence is contingent upon Clov. He will die in no time if Clov leaves him. On the other hand, Clov is mobile and healthier. He is the only character who can move from one corner of the stage to another. He always threatens to leave Hamm but never does (“I'll leave you, I have things to do”) (15). He is aligned to Hamm because of some unknown reasons. In case of Nagg and Nell, we see a sort of radical captivation— they are both physically and psychologically

⁵ Ibid, 84-5

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confined in their ash cans, totally cut-off from the world as well as from each other. The absurdity of the situation is thus, very striking. In the play Clov's movement is in sharp contrast to the stillness of Hamm, Nagg and Nell. Quayson observes further that, "the dialectical relationship between mobility and immobility in a play constituted exclusively by characters that carry impairments serves to further accentuate the existential constraint of disability. Every move within this dialectic is constitutively dependent on its opposite, thus suggesting that impairment/disability/immobility and nondisability/mobility are part of a single continuum"⁶. Such radical interdependency becomes necessary especially when one is encountering a post-Holocaust-like situation:

Hamm: [...]

Why do you stay with me?

Clov: Why do you keep me?

Hamm: There's no one else.

Clov: There's nowhere else.

[*Pause.*] (13)

Moreover, Hamm's physical incapacity on the stage has been placed in striking contrast to Clov's mental incapacity that disables him to go from the stage and away from Hamm. Being completely blind and immobile Hamm does not have any direct control over Clov but we still see him exerting some sort of *indirect* control over Clov and Clov's subsequent internalization of Hamm's authority. It is this internalization which helps in

⁶ See Quayson, Ato 68

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his confinement— when other's gaze is internalized it creates a stand-still, arresting one's essential "becoming"; it binds it to the "me-here-now". This objectification captivates one's self and initiates the process of extermination of one's subjectivity. And here Victoria Swanson draws a parallel between Sartre and Beckett and points out that , "[t]he organizing consciousness, the consciousness of the observer, displaces and objectifies the subject. Sartre and Beckett both present the gaze of the 'Other' as violent and subjectifying"⁷. But, as opposed to Sartre, there is no provision for freedom, will and authenticity in Beckettesque reality. Rather, she argues that "Beckett embraces the impossibility of meaning as liberation from confinement inherent with predicaments of subjectivity, power, and the limitations of language". She points out that "[f]or Beckett, the Sartrean vision of subjectivity is a trap that can only be escaped, if it can at all, by the kind of self-violence that leads to self-dissolution"⁸, something that can be seen in Clov's subjectivation and subjugation by Hamm:

Clov: I can't sit down.

Hamm: [*impatiently*] Well you will lie down then, what the hell! Or you'll come to a standstill, simply stop and stand still, the way you are now. One day you'll say, I am tired, I'll stop. What does the attitude matter?

[*Pause*]

Clov: So you all want me to leave you.

Hamm: Naturally.

Clov: Then I'll leave you.

Hamm: You can't leave us.

⁷ See Swanson.

⁸ *ibid*

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Clov: Then I won't leave you.

[Pause] (44-45)

So, vulnerability in the play not only comes from corporeal confinement but psychological confinement also. Both Hamm and Clov are confined to the stage in their own way— the former because of his physical impairment and, the latter because of his subjectivity and carcerality. It is only through his chaotic function, through his “repeated violations” that Clov will be able to disrupt this very power relation and “transform the abode into a pandemonium”⁹.

All the four characters in the play including Clov are incapacitated—they are at dis-ease with the world (though it will be very difficult for me to use the words ‘disease’ and ‘disability’ interchangeably). Their lack of ability (read, dis-ability) to interact with the other creates a rupture between their being and the world. Similarly, our bodies too live in relation to the other. 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, entangled with the world. So what the characters in the play lack is the inter-subjective acknowledgement; they remain not only physiologically but ontologically fractured, bruised, alienated and paranoid. Their incapacity to interact and communicate with the surrounding makes them deficit of the state of ‘holiness’— the wholeness, completeness, balance which we call ‘health’. They are all apprehensive and

⁹ Beckett, Samuel. “The Lost Ones”. *The Complete Short Prose 1929-1989*. New York: Grove Press. 209. Print

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paranoid about their surroundings, abiding by the Sartrean thesis “Hell is— other people”¹⁰. It is this cynicism that is dis-abling them to escape from their situation— they are all either incarcerated or self-incarcerated:

Hamm: Outside of here it's death.

[*Pause*] (16)

And again,

Hamm: Stop!

[*Clov stops chair close to back wall. Hamm lays his hand against wall.*]

Old wall!

Beyond is the...other hell.

[*Pause. Violently.*]

Closure! Closure! Up against! (33)

Thus, all the players in Beckett's play are restricted to their limited time and space— Hamm to his wheel-chair, Nagg and Nell to their ash cans and Clov to the stage. The shrinking of time and space is one of the highlights of *Endgame*. The ‘restrictive economy’ of Beckettian stage does not provide any scope for transcendence.

The lived space, the familiar territory of the characters in the play shrinks as their impairments are turned into disabilities. Their bodies no more stretched “ex-statically” into lived space; rather, we see restricted bodily functions and contraction of space. Their

¹⁰ For strong points of view on the issue, see Sartre 61

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bodies lack what Maurice Merleau-Ponty would call “*praktognosia*” or kinesthetic wisdom. James Aho and Kevin Aho explain:

When I am healthy, my body stretches “ex-statically” into lived space, beyond the limits of my skin. The lived-body and the world “intersect and engage each other like gears” as I climb stairs, open doors, and sit at the desk. It is in those moments that I feel “I can”. When the lived-body is ill, on the other hand, this disposition shifts dramatically to “I can’t”. Now the world no longer gives itself as an expansive horizon of possibilities into which I can pass. Instead, the stairs look *insurmountable*, the door is *too heavy*, and sitting is *painful*. The boundaries of my world begin to collapse”¹¹.

Such bodily restrictions and “freezing and rigidity of the lived-body” accentuate disability and immobility as one is pinned down to a particular space and never move and act beyond the *vicinity*. The players refuse leaving their *vicinity* since all that they can be sure of is their *vicinity*, nothing further than the vicinity:

Hamm: Nature has forgotten us.

Clov: There is no more nature.

Hamm: No more nature? You exaggerate.

Clov: In the *vicinity*. (18)

The actions in the play are very much restricted as there is no intersubjectivity, no intercorporeality, no ‘bodying-forth’— we see a contraction of both lived-body and lived-space. The bodies in the play fail to transcend their skin, their *körper*; they remain always already limited to their corporeality; and any attempt to establish relationship with the world remains futile. Hamm, Nagg, Nell and, to a certain extent Clov stay caged in their

¹¹ For a more detailed discussion on the subject, see Aho and Aho 115-7

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machine-like bodies and become what La Mettrie has called *L'homme machine*, that is devoid of any of the essential 'becoming(s)'. None of the characters enjoy what they do. And as the space is 'narrowing' upon them, their life is being reduced to its bare minimum ("bare life"). We witness such claustrophobic ambience in the very stagecraft and such 'narrowing' down since the beginning of the play:

Bare interior.

Grey light.

Left and right back, high up, two small windows, curtains drawn. Front right, a door. Hanging near door, its face to wall, a picture. Front left, touching each other, covered with an old sheet, two ashbins. Center, in an armchair on castors, covered with an old sheet, Hamm. Motionless by the door, his eyes fixed on Hamm, Clov. Very red face. Brief tableau. (7)

It is all that Beckettian stage has to offer: life reduced to its bare minimum. The "bare interior" and closed spaces of the stage are symptomatic of not only the nadir of life but also a shrinking of lived-space resulting from impairment and disability. "That is to say, there is a narrowing or 'funneling' of our existence down to essentials. Life close in on us; we stop doing things that once nourished and nourished us, leaving only work or other stressors that continue to deplete our emotional resources. The narrower the funnel becomes, the easier it is to be drawn into the hallowed-out state of having but one choice, either to live or die"¹². Disability and space are, thus, directly proportional to each other.

Not only do we see shrinkage of lived space in *Endgame* but also shrinkage of lived-time—the continuum of time which anticipates what-is-to-come (the future)

¹² See Williams, Teasdale, Segal and Kabat-Zinn 28-29. It has been quoted from Aho and Aho 120.

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relative to what-is- now (the present) and to what-once-was (the past). The temporal existence of the characters on stage is reduced to their immediacy as if they are stuck or glued to their present “now”. They have become prisoners of the present and confined to their single temporal dimension. Unsure about their past their future seem to be very dark and bleak. In illness, “the lived past”, as James and Kevin Aho point out, “with its remembered images of vitality and independence closes off. The remaining memories are stripped of their emotional valence and begin showing up in an alien and abstract way as the experiences of someone else” and on the other hand “once open vista of future hopes and dreams collapses”¹³. The illness and impairment in the play cause the rhythmic flow of time to stop and shrink, disabling them to think and act beyond the limits of the stage-time. So not only *here* but ‘outside of *now* its death’ as well.

In the play, we do not find any of the characters transcending the limits of the time on stage. “Nothing seems to happen in the now of the dramatic action. All that is left for the characters is the recollection of the past”¹⁴, as Quayson points out. We see Hamm, and especially, Nagg and Nell taking recourse to the past as a respite from the pain of the present—dreariness and weariness of their present existence:

Hamm: I love the *old* questions.

[*With fervor*]

Ah the *old* questions, the *old* answers, there’s nothing like them!

[...] (46)

¹³ See Aho and Aho 120-121

¹⁴ See Quayson 68

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Although their effort to (re)create the past in order to suit their present proves futile, it provides them some kind of anesthesia — momentary relief from their painful sterile condition. Nagg and Nell remain isolated from each other in their separate ash bins. They do not share anything in the ‘here, now’ of the stage but that lack of ‘-with-the-other’ is compensated by a shared past. They were hardly able to see each other but they could hear properly and it was their narrative (of the past) that was keeping them alive:

Nagg: Can you see me?

Nell: Hardly. And you?

Nagg: What?

Nell: Can you see me?

Nagg: Hardly.

Nell: So much the better, so much the better.

Nagg: Don't say that.

[*Pause.*]

Our sight has failed.

Nell: Yes

[*Pause. They turn away from each other.*]

Nagg: Can you hear me?

Nell: Yes. And you?

Nagg: Yes.

[*Pause.*]

Our hearing hasn't failed. [...]

Nagg: Do you *remember*—

[...] (22)

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The narrative of what had happened on Lake Como in this particular scene juxtaposes the past with the present or to be more correct, the *ability* of the past with the *disability* of the present. So for Nagg and Nell, “the process of recalling the past is at same time a process of animating what is potentially sterile and inert, that is, dead and only enlivened in memory”¹⁵. Such interlocutions help to build up the conflict— mnemonic interludes of *action* in the play exist in stark contrast to the general *inaction* on the stage.

The experience of pain and disability remains unaccounted throughout the play. Although in pain none of the characters recognize it. Only in few instances we find Hamm asking for painkillers; but, pain and, especially physical pain, remains unrecognized and uncertain. We do not see any articulation of the body in pain, of the body which is suffering— a condition which can be called *painfulness without pain* where one is able to be in pain but is not able to feel pain. Such ambiguous and perplexed status of pain in the play is the consequence of the contradiction between *being in pain* and *feeling pain*. Pain is always already contingent upon intersubjective recognition— the validation of pain of the sufferer is somewhat validated by the recognition of the other. In *Body in Pain* (1985), Elaine Scarry suggests that one of the complex things about pain is that it produces epistemological certainty for the pain sufferer but the possibility of doubt for the nonsufferer. “To have pain,” Scarry points out, “is to have *certainty*; to hear about pain is to have *doubt*”¹⁶. There is no “analogical verification” or

¹⁵ See Quayson 71

¹⁶ For strong points of view on different aspects of the issue, see Scarry

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“analogical substantiation” of pain in Beckett’s plays. *Endgame* employs a whole new structure of interlocution by disrupting and reframing the very relationship between the sufferer and the witness. There is no recognition and there is no effort on the part of the characters to alleviate pain: they remain indifferent to each other’s pain. Hamm’s demand for painkillers is never meted out by Clov. Hamm, on the other hand, never takes Clov’s pain seriously. And they both stay oblivious to the hunger, pain and suffering of Nagg and Nell:

Hamm: [...]

Is it not time for my pain killers?

Clov: No

[*Pause.*]

I’ll leave you, I have things to do. (14)

And again,

Hamm: How are your eyes?

Clov: Bad

Hamm: How are your legs?

Clov: Bad

Hamm: But you can move.

Clov: Yes.

Hamm: [*violently*] Then move! (14)

Quayson points out, “[t]he absence of a structure of interlocution for addressing pain in Beckett is what allows his drama in particular to reside uneasily between tragedy and

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comedy. The dianoetic laughter that often attends plays such as *Endgame* is possible because the characters' suffering is not physical or even indeed emotional. They are not perceived to be in pain in any physical sense of the word"¹⁷. Rather than evoking pathos the situation of the characters tend to evoke bathos. The characters in the play are often thought to be ciphers and their act nothing more than clowning. Nell diagnoses the problem and critiques their situation, as he says:

Nell: One mustn't laugh at those things, Nagg. Why must you always laugh at them?

Nagg: Not so loud!

Nell: [without lowering her voice] Nothing is funnier than unhappiness. I grant you that... (26)

The negation of any real referent of physical pain and discomfort firstly, from the stage, secondly, from the structure of impairment and disability, thirdly, from the minds of the characters and, fourthly, the relationship between them enable the play to fall victim to several metaphysical categories or speculations. In order to understand the Beckettesque world, the *anamn sis* of the sheer complexities surrounding pain and suffering is required. In his reading of the play, Ranjan Ghosh refers to these phenomena and unsurprisingly raises some fundamental questions:

Despite Hamm's self-reflexive moves to change the horizon of existence, the inherent immovability of suffering remains as the "unyielding sureness of reality", which does not fail to cross our will. Why is this suffering, and what is the suffering for? Why does suffering need to be so persistent as to affect the life of the self, the spirit, and the body? Does *Endgame* provide us with a means by

¹⁷ See Quayson 83

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which to judge the reality and vitality of suffering? How do we account for such a dismembered and disjointed world?¹⁸

The “overdetermination” of physical pain can be observed throughout the play. Even the three-legged castrated dog whom Clov uses in the play to hit Hamm can be seen as an allusion to Friedrich Nietzsche’s metaphor for pain. In *The Gay Science* Nietzsche writes: “I have given a name to my pain and call it ‘dog’. It is just as faithful, just as obtrusive and shameless, just as entertaining, just as clever as any other dog— and I can scold it and vent my bad mood on it, as others do with their dogs, servants, and wives.”¹⁹ Perhaps, even Clov himself can be seen as a reification of Hamm’s unbearable pain. He never gives Hamm his painkillers. The entire existence of Hamm is conditional and depends on Clov heavily. The latter, on the other hand, always threatens Hamm but never leaves (“I’ll leave you, I have things to do”). They equally surmount Hamm— *like* pain, *like* Clov. The pain is more of a cipher in Beckettesque reality making it very difficult to read. The disabled and impaired bodies in *Endgame* and the “precise metacritical function” that they serve make them elusive and ambiguous in nature rendering the “entire apparatus of representation... riddled with gaps and aporia”²⁰.

Beckett’s plays diagnose the limits of lived body. In *Theatre and Body*, Colette Conroy points out, “the body” for Beckett “is a metaphor for the restrictive experiences

¹⁸ Ranjan Ghosh. ‘Reading and Experiencing a Play Transculturally’. *Comparative Drama Vol. 46 No.3* (2012). 260-281

¹⁹ See Nietzsche 249

²⁰ See Quayson, At 83

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of the human psyche and its failure to escape from its own painful restrictions”²¹. There is no ‘escape’ in Beckett’s theatre and in *Endgame*, the uncanny immobility on the stage never allows any extant for freedom and transcendence. Although in the play we find Hamm once hinting at such an escape to a distant land, “Let’s go from *here*, the two of us! South! You can make a raft and the currents will carry us, far away, to other... mammals!” (42) but very soon his *anagnorisis* of pain brings him down to his bodily existence: “Wait! [...] Is it not yet time for my pain-killer?” The limits of ‘here, now’ of the stage *limit* the agency of the characters— not allowing them to come out of their ‘restrictive economy’ of corporeal existence.

The lived body becomes a tool to study different dimensions of disability in theatre. Conroy claims “[t]here is a huge difference between talking about ‘the body’ and its experience of a theatre performance and talking about ‘bodies’ and their experiences. *The body* supposes that there is an ideal or assumed body and that all people gain access to the pleasures of performance in broadly the same way. When we think about *bodies* as entities that see, feel and move in radically different ways, as in disability theatre, the idealized *body* becomes the disparate *bodies*. We can’t suppose that the play offers one overriding ‘meaning’ or a single coherent performance.”²² The (re)presentation of disability and impairment in Beckett’s *Endgame* blast open the very continuum of hermeneutics, challenging the ‘ideal’ and calling for an array of possibilities. There is no end to this game. By continuously resisting and subverting the notions of the body, pain, disability and action Beckett is trying to change the very rules of the game. The body,

²¹ Colette 73

²² For further discussion, see Colette 55-6

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pain, illness and impairment in the play are not what we understand off-stage. On-stage the exceptional bodies of Hamm, Clov, Nagg and Nell incite violence, encourage representation and persistently force explanation. They managed to suffer *better* even when sufferance was looming large. The play rather becomes a game to end the kind of conventional politics prevalent both on and off the stage.

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Chapter Two

The Circumcised Body

of

Kafka's Select Letters

I am constantly trying to communicate something *incommunicable*, to explain something *inexplicable*, to tell about something I only feel in my bones and which can only be experienced in those bones.

-Kafka, *Letters to Milena*

One is not born a Jew but becomes one. The “becomings” and “micro-becomings” in Kafka are symptomatic of a process of destabilization: his (micro)struggle against the agencies of the day. The struggle is between coming out of his Jewishness and, at the same time, to assert and maintain the Jewishness with all its differences and multiplicities. The de-stratification and fluidity of Kafka's poetics is not very uncomplicated, but its ambiguity lies in the fact that the process of becoming-Jew involves destabilizing the molar Jewish identity as well as creating a new one while

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preserving the old. If one is a Jew, then it becomes very important to maintain that Jewishness. *That* Jewishness, nevertheless, is nothing but an “empty body-without-organ” (BwO), unable to connect with other bodies, an existence inward, cut off from the rest of the world—the kind of alienation and loneliness that one finds in his oeuvre. In Kafka we find a being severing all ties with the world, a narrative becoming notes from the underground and a voice more of a victim of the hidden structures of subjectivity which one can neither escape nor understand. His epistles are not exception: his epistolary conversations with Max Brod, Felice Bauer, Milena Jesenská and Hermann Kafka become a brilliant case study of Kafka's tryst with the *enigmatic* tuberculosis; the disease retained its romantic notion even in the first half of twentieth-century. Susan Sontag points out:

To die of TB was still mysterious and (often) edifying, and remained so until practically nobody in Western Europe and North America died of it any more. Although the incidence of the disease began to decline precipitously after 1900 because of improved hygiene, the mortality rate among those who contracted it remained high; the power of the myth was dispelled only when proper treatment was finally developed, with the discovery of streptomycin in 1944 and the introduction of isoniazid in 1952.¹

The shame, guilt, stigma and the concomitant alienation are results of not only his Jewishness but of his pathological condition also, to the extent that his Jewishness was never free from his illness. His subjectivity and his poetics were always already dictated by his pathology so much so that his “I am” was never really far from “I am sick”. This

¹ Sontag 34

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ontico-ontology of “I am, therefore I am sick” and “I am sick therefore I am” made him to think of himself as a ‘foreign body’ cut off from the life-world. This non- human, stigmatized, diseased and fragmented body lacks any kind of agency— a body which can be ‘observed, grasped and manipulated’ at will, a body ruthlessly exposed to the other, an object, a “body-for-other” (*corps pour autrui*).

The binary between “I am” and “I am sick”, between health and illness, gets a whole new expression in the form of military images. The metaphor of battle used for any diseased body is commonplace in various pathographical accounts. The idea of conflict between a normal self and a violent pathological non-self is something that takes us away from the body itself to a world of metaphors and symbols. Even Kafka uses such expressions to communicate something which is *incommunicable* and to explain something which is *inexplicable*, as he writes to his fiancée Felice Bauer referring to this fight:

For secretly I don't believe this illness to be tuberculosis, at least not primarily tuberculosis, but rather a sign of my general bankruptcy. I had thought the war could last longer, but it can't. The blood issues not from the lung, but from a decisive stab delivered by one of the combatants.

....Simply because it is not the kind of tuberculosis that can be laid in a deck chair and nursed back to health, but a weapon that continues to be of supreme necessity as long as I remain alive. And both cannot remain alive.²

² *Letters to Felice*

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The “general bankruptcy” of which Kafka talks about is as much socio-political as personal and considers tuberculosis a mere manifestation of that. The metaphor of war stands for his constant struggle against the status quo of the period as well his own body. He considers the latter a “major obstacle”. He considers himself as much a victim of contemporary politics as his own ill body— both brought equal amount of shame, guilt and dejection to Kafka; both objectified and corporealized Kafka in equal terms. Kafka's notion of his own body can be compared with that of someone suffering from Body Dysmorphic Disorder (BDD) or body-image disorder, a form of obsessive self-loathing with regard to one's own body or any of its parts. In case of Kafka it was both the result of his Jewishness and illness. The *otherisation* of his own body is reflected in the following lines from a never-sent-letter to his father:

Since there was nothing at all I was certain of, since I needed to be provided at every instant with a new confirmation of my existence, since nothing was in my very own, undoubted, sole possession, determined unequivocally only by me — in sober truth a disinherited son — naturally I became unsure even of the thing nearest to me, my own body.³

A sound subject body's gaze is projected towards the other, towards the world; the other remains the centre of a gaze. But the moment the world starts to look at the self, the self becomes the centre of a gaze and starts looking inward rather than outward, reflecting on the body as an object. This objectification or corporealization captivates one's self and initiates the process of extermination of one's subjectivity. Such kind of

³ *Letters to his Father*

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reductionism is a threat to the self, its agency and its spontaneity. This event of desubjectivation, striping someone of all its vitalities, occurred at many levels for the Jewish body. The Jewish body and its nakedness were exposed in public arenas making it a site of ridicule, anger and utter abjection; it is often compared to that of the sewage system, the channel of expulsion where people could vent out their spleen. Words like “ventilating, evacuating, circulating, deodorizing, regulating, managing, draining, cleansing, privatizing” , used by Alain Corbin⁴ while talking about modern sewage system, was also a part of anti-Semite *Weltanschauung* and was used as a linguistic detox. This was in a way very important in the process of maintaining the psychological and social hygiene of the *Volkskorper*. Kafka writes to Milena on 26 August, 1920: “I am dirty, Milena, infinitely dirty, this is why I scream so much about purity.”⁵

When the scrutinizing gaze of the other is internalized, the body-for-itself gives way to the body-for-other, creating a stand-still which tends to arrest body's essential “becoming” and binds it to “me-here-now”: a condition that corporealizes the pre-reflective lived-body (*leib*). The pre-reflective body and the corporeal body (*korper*) do not exist in the manner of Cartesian duality but are dialectically intertwined always. It presents itself as a way of being-in-the-world, that is, the lived-body (*leib*). In illness this pre-reflective body which was hitherto absent foregrounds itself violently disrupting the very harmony of with-the-other. The concord of existence is replaced by the discord of existence: body becomes an *obstacle* the moment it becomes dis-eased. Kafka writes in one of his diary entries this body-image disorder:

⁴ *The Foul and the Fragrant* 102

⁵ *Letters to Milena*

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It is certain that a major *obstacle* to my progress is my physical condition. Nothing can be accomplished with *such a body*... My body is too long for a its weakness, it hasn't the least bit of fat to engender a blessed warmth, to preserve an inner fire, no fat on which the spirit could occasionally nourish itself beyond its daily need without *damage to the whole*. How shall the *weak heart* that lately has troubled me so often be able to pound the blood through the length of these *legs*. It would be labor enough to the *knees*, and from there it can only spill with a senile strength into the lower parts of his legs. But now it is already needed up above again, it is being waited for, while it is wasting itself below. Everything is pulled apart throughout the length of my body. What could it accomplish then, when it perhaps wouldn't have enough strength for what I want to achieve even if it were shorter and more compact.⁶

The body in disease entails “damage to the whole”, a breakdown not only with the world around but also with one's own body. The wholeness of existence gives way to fragmentation and alienation; and this fragmentation and alienation is not only experienced psychologically but also corporeally. All of a sudden the body parts that we were oblivious to so far resurface and call for attention in the form of “weak heart”, “knees” and “legs”. The body and its parts in illness seem uncanny and foreign, distinguished from the wholeness of the self (being-with-the-world and being-with-the-body) that health *creates*. Kafka feels that his organs are conspiring against him and his (w)holistic existence. This conspiracy of the body parts which went on without his knowledge highlights the unhome-like existence of the body in illness and, this inability of keeping the “whole intact” is one of the chief characteristics of illness. Kafka writes:

⁶ *The Diaries*

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You see, my brain was unable to bear the pain and anxiety with which it had been burdened. It said: "I'm giving up; but if anyone else here cares about keeping the *whole intact*, then he should share the load and things will run a little longer." Whereupon my lung volunteered, it probably didn't have much to lose anyway. These negotiations between brain and lung, which went on without my knowledge, may well have been quite terrifying.⁷

He considers this *wholeness* as a form of deception because in health one is never aware of the daily drama of the body. The awareness comes with illness only. Health is a state of complete harmony so much so that it hinges on the level of ignorance when one is pre-reflectively involved with the world. It is often conceived as enigmatic and illusive in nature. The breakdown at the time of illness can in a way become an opportunity of reflection and awareness. It can pull us out of ignorance by bracketing our natural attitude(s) out. For Kafka, ignorance was never bliss:

This state of health is also deceptive, it deceives even me; at any moment I am liable to be assailed by the most detailed and precise imaginings and invariably on the most inconvenient occasions.⁸

The fear of existence of uncanny body parts and the kind of relationship amongst them create a picture of Kafkaesque body which is no different from the Kafkaesque reality— a world of shame, guilt, fear and abhorrence. Kafka's attitude towards diseased body is that of fear and abhorrence also . He himself detests sitting beside someone suffering from larynx. He writes to Max Brod on 11 March 1921:

⁷ *Letters to Milena*

⁸ *Letters to Felice*

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I am firmly convinced, now that I have been living here among consumptives, that healthy people run no danger of infection. Here, however, the healthy are only the wood cutters in the forest and the girls in the kitchen (who will simply pick uneaten food from the plates of patients and eat it—patients whom I *shrink* from sitting opposite) but not a single person from our town circles. But how *loathsome* it is to sit opposite a larynx patient, for instance (blood brother of a consumptive but far sadder), who sits across from you so friendly and harmless, looking at you with the transfigured eyes of the consumptive and at the same time coughing into your face through his spread fingers drops of purulent phlegm from his tubercular ulcer. At home I would be sitting that way, though not quite in so *dire* a state, as ‘good uncle’ among the children.⁹

His experience of living in a sanatorium amongst tubercular patients, as Kafka himself points out, is both *dire* and *loathsome*. He fails to establish any meaningful relationship with the inhabitants— his being cut-off from the other and from the world equidistantly. The dis-ease maintains the distance between the suffering being and the world, leading into a form of not only ghettoization but also of self-ghettoization; this means that in disease alienation is not always externally imposed: the sufferer alienates himself from the world also creating a ghetto of his own. The diseased body ‘shrinks’ as much as the diseased body ‘shrinks itself’. The ‘ecstatic’ involvement in health, existing ‘out of’ its corporeality *shrinks* not only when one is ill but also when one suddenly encounters the ‘other’ in the form of any diseased and abjected body. It is simply based on such ideas that discourses, especially medical discourses were generated to re-produce the Jewish

⁹ *Letters to Friends, Family, and Editors*

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body alongwith the bodies of the gypsies and homosexuals as abnormal, diseased and deviant—the abjected ‘other’.

Kafka's “anxiety of becoming what one is condemned to become”¹⁰ is quite evident when he writes, “Without going into all the medical details, the outcome is that I have tuberculosis in both lungs. That I should suddenly develop some disease did not surprise me...” and goes onto locate the corporeal disease in his prevalent psychological state. He continues, “...for years my insomnia and headaches have invited a serious illness”. Tuberculosis, the disease he was suffering from, was as much physical as psychological, as he points in one of his letters, “I am mentally handicapped, the lung disease is none other than an overflow of the mental disease”¹¹. Kafka here, though unwittingly, emphasizes the psychosomatic aspect of illness, any disease whether mental or corporeal is not exclusive either to the mind or the body. Susan Sontag points out the contemporary discourse built upon the analogies between tuberculosis and mental insanity:

The fancies associated with tuberculosis and insanity have many parallels. With both illnesses, there is confinement. Sufferers are sent to a "sanatorium" (the common word for a clinic for tuberculars and the most common euphemism for an insane asylum). Once put away, the patient enters a duplicate world with special rules. Like TB, insanity is a kind of exile. The metaphor of the psychic voyage is an extension of the romantic idea of travel that was associated with tuberculosis. To be cured, the patient has to be taken out of his or her daily routine. It is not an accident that the most common metaphor for an extreme psychological experience viewed positively—whether produced by drugs or by becoming psychotic—is a trip.¹²

¹⁰ Gilman 8

¹¹ *Letters to Milena*

¹² Sontag 35-36

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Locating mental illness in body and corporeal illness in mind are common practices even till today. The “condemned” body of a Jew, thus, was never far from his mental disposition and vice-versa. This *fin-de-siecle* medicalization and territorialization of Jewish body, even years after Robert Koch’s discovery, add complexities to the entire discourse paving the way for the construction and dissemination of the Jewish “imagined body”. The “condemned” body of the Jew was thus seen from a reductionist point of view, a bare body, pathological body to be dissected and incarcerated “like a patient etherized on a table”.

But life is never bare, as Maurice Blanchot points out; what remains is “the naked relation to naked life”¹³. A man can be destroyed but what remains indestructible is his relation with alterity—the naked relation with the Other. Similarly, a body can never be bare completely for a long time. A subject—diseased, crippled and bare—almost at the threshold of collapse witnesses a flight of its subjectivity towards inter-subjectivity: an ethical, phenomenological and psychological “escape” from enrootedness to a more collective relationality. This “extreme exposure and sensitivity of one’s subjectivity to another”¹⁴ transcends the limits of human existence and vulnerability of a body-subject towards a more ethical inter-Being. The vulnerable body ceases to limit itself in its *Dasein* and becomes the site of Transcendence. What trigger this Transcendence are illness, shame and pain. Such kind of negation (*Nichtung*) of the subjectivity is also a mode of self-consciousness.

¹³ *The Infinite Conversation* 133

¹⁴ Levinas

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Existence “otherwise than being” is despite oneself in the midst of vulnerability. In pain life is “despite life”. This “risky unconverging” of the self is painful and yet very sensible. It is this sensibility amidst vulnerability “that is an opening to others, a nearness, the one-for-the-other, precisely vulnerability to others”¹⁵. This pain which call into question our very existence is what cuts through our finite skin exposing us to the scorching sun of the Infinite. Such inescapable relationship, *a relation without a relation*, with the infinite is what sustains life despite oneself: “Life is life despite life”.

In illness, one is reduced to its corporeal existence which is nothing more than a lump of flesh. But this existential reduction also provides a way by which we can reflect both on our body and also the world around us. In health we tend to forget that our bodies are like anchors— anchoring us to the world; illness, on the other hand, makes us aware of our anchorages, spatio-temporal existence, our being being-in-the-world. The latter brings us to the simple fact that we *exist*. Illness enables us to reflect and take notice of the things which were hitherto absent. Actually painful and non-volitional, it can still provide a new meaning to our existence. Kafka shares the same opinion and writes:

All these alleged diseases, sad as they seem, are matters of faith, anchorages in some maternal ground for souls in distress.... those anchorages which are firmly fixed in real ground aren't merely isolated, interchangeable possessions— they are preformed in man's being, and they continue to form and re-form his being (as well as his body) along the same lines.

He realizes that illnesses and diseases are integral parts of one's existence. They are not antithetical to life rather they are “preformed in man's being, and they continue to form

¹⁵ Benaroyo, 2007

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and re-form his being". Illness then, becomes essential to not only one's being but also one's *becoming*.

Kafka and his bleeding body: the body with all its flesh and blood and its embodiedness anticipates the condition of the Jewish body during the time of *Shoah*. The racialization and over-medicalization turned the Jewish body into a grotesque body— a body “that defies clear definitions and borders and that occupies the middle ground between life and death, between subject and object, between one and many”¹⁶; this kind of fluidity that Kafka “deciphers it with his wound”¹⁷ and can be traced all over his oeuvre. The “unfinished” and “ambiguous” body of Kafka, suffering from bodily feebleness, somatic otherness, neurasthenia and tuberculosis, signify, as Sander Gilman points out, his existence as a Jewish body. Not only tuberculosis but the very pain and *angst* of living within the confinements of or rather beyond the boundaries of the societal arrangement lead to the creation of an alien and uncanny self-body. His was not a body that can be what Sartre calls “passed-over-in-silence”, an inexperiential “unaware awareness” but fleshly and corporeal, that can be a body put on trial, stigmatized and objectified and finally, destroyed. But it was also the same body with all its fleshliness and corporeality that enabled him and those like him into a non-closed, open and inter-corporeal subjectivity connected to others in the form of an ethical relationship— the “ever unfinished, ever creating body”¹⁸.

¹⁶ Shabot

¹⁷ *The Penal Colony* 204

¹⁸ Bakhtin 26

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“This excessive body which constantly outgrows itself and escapes from its own skin, constitutes a body that cannot be framed”¹⁹. It, though ambiguous and open, never dissolves into an inauthentic and undifferentiated oblivion but maintains its singularity and differentiation at all risk. The ethics and poetics, “overlapping and limit” of such bodies are always functional at the same time²⁰. This is how the “grotesque”, hyper- or de-politicized Jewish bodies and its “shared flesh”, calls for a crisis in civilization by being ‘unrepresentable’ or ‘unknowable’. “It comprises *singularity, heterogeneity and difference*”²¹.

The will to power over the other, to limit its embodied intersubjectivity, lead to an ethical closure transforming the other into an Other— an opaque body which can be fixed but never assimilated. These ‘unassimilated’ bodies— excesses of body and bodies of excess, can either be feared or despised, either be worshiped or exterminated depending upon the need of the hour. In those situations cruelties are justified; and radical medicalization is just another process of justification for maintaining social equilibrium (read, health). Those bodies, unclean and “unfinished”, become the site of politics of *excess and equilibrium* so much so that it becomes, what Luc-Nancy calls, “the desire for murder, for an increase of cruelty and horror... it is mutilation, carving up, relentlessness, meticulous execution, the joy of agony”²². The politics of excess and equilibrium, thus, give rise to the ‘normal’ and the ‘pathological’.

¹⁹ Shabot

²⁰ Merleau-Ponty 142

²¹ Shabot

²² *Being Singular Plural* 21

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The birth of pathology entailed the death of body and what remained was a body entangled in the politics of sign and signification, an objectified body subject to examination and/or extermination. But Nancy has argued that “there has never been any body in philosophy”²³ and, what you have in place is a series of metaphors trying earnestly to get hold of the body and undoubtedly, the body in pain; the guilt from which not only the western metaphysics but also our language is suffering. He explains, “from the body-cave to the glorious body, signs have become inverted, just as they have been turned around and displaced over and over again, in hylomorphism, in the sinner-body, in the body-machine or in the “body proper” of phenomenology. But the philosophical-theological corpus of bodies is still supported by the spine of mimesis, of representation, and of the sign”²⁴. The Jewish body— the body in ‘pain’ (derived from the Greek word *poin* and Latin word *poena* both meaning punishment, torture and penalty), in a similar vein remained the unknown and unrepresentable body down the ages till efforts were launched in the twentieth-century to expose it completely and examine it to be the pathological, parasitic and punishable body. Kafka in a letter to Max Brod writes: “And there is a relationship between all this and Jewishness, or more precisely between young Jews and their Jewishness, with the fearful inner predicament of these generations.”²⁵

The *presence* of the Jewish body “embedded in the material world characterized by its spatial, tangible relations”²⁶— its lived (embodied) experience of history and politics, the ‘being in touch’, helped its movement away from complete biological reductionism or

²³ *Corpus* 193

²⁴ *Ibid* 192

²⁵ *Letters to Friends, Family and Editors*

²⁶ Gumbrecht 318

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constructivism and medicalization or racialization of being (*ousia*). The profession of medicine, as Long²⁷ points out, sought to objectify the body while the profession of history sought to objectify the past— the circumcised history of the circumcised body. In this 'somatic turn', Kafka then emerges as a brilliant study of the history of the flesh and the history in the flesh, a perfect paradigm of how crises of representation lead to a crises in civilization in twentieth-century.

²⁷ *Rehabilitating Bodies* 2004

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Chapter Three

‘Connoisseurship... of Disease’

and

Thomas Mann’s *Death in Venice*

What were art and virtue to him given the advantages of *chaos*?

-Mann

Gustav von Aschenbach’s struggle to remain an artist and his search for new artistic avenues overlap with his biological decay, dying and subsequent death in Venice. The narrative captures his dilemma between the Apollonian and Dionysian impulses, his repressed homoerotic desires, his suffering from writer’s block and cholera, and treating them single-handedly and locating them on a singular yet variedly symptomatic body. Thomas Mann’s interest in disease which, sometimes, was often at the brink of obsession hindered him to portray illness and disease in his works as mere metaphorical usage. Hence, we should not read cholera’s victimisation of Aschenbach in this novella as

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merely an allegory of the protagonist’s spiritual decay. The metaphysical understanding of disease will rather be kept at bay in our analysis of Mann’s *Death in Venice* (1912). While discussing about the harrowing effects of cholera on human body William H. McNeill in his *Plagues and Peoples* points out:

The speed with which cholera killed was profoundly alarming, since perfectly healthy people could never feel safe from sudden death when infection was anywhere near. In addition, the symptoms were particularly horrible: radical dehydration meant that a victim shrank into a wizened caricature of his former self within a few hours, while ruptured capillaries discoloured the skin, turning it black and blue. The effect was to make mortality uniquely visible: patterns of bodily decay were exacerbated and accelerated, as in a time-lapse motion picture, to remind all who saw it of death’s ugly horror and utter inevitability.¹

In Mann’s *Death in Venice* Aschenbach’s body juxtaposes biological decay, repressed desire and *dépaysement*— the state of being in a foreign, unfamiliar country. Our bodies are as much ours’ as they belong to others. They are *ek-statically* with the world. Unlike other objects our bodies are never elemental and singular; they are plural and are continuously influenced by multiple external factors. The body is as much into the environment as the environment is into the body and yet, it is not an airy nothing. It never loses its essential characteristics. As we travel the body undergoes changes also and gets influenced by various factors— geographical, clinical, gastronomical, cultural etcetera— and yet does not undergo complete transformation. In its efforts at becoming-other it never forgets its being. Aschenbach’s travel to Venice and his efforts of

¹ McNeill 261

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becoming Venetian will never be complete as he will never be able to erase the imprints of the past. He will never be able to *reach* Venice. He will always be a traveler (the word travel derives from the French ‘travail’ meaning work) working *on* the body as much as *with* the body².

This sense of (non)ending is what haunts our protagonist from the very beginning but, at the same time, enables him to understand his *true* self. Also, Aschenbach’s sense of non-ending, his knowledge of *unreachability*, meets his sense of ending and *ability* later in the work. It was his awareness of death as a way to be and not as a way to end that brings him closer to truth and what it means to *be*. Death, here, reveals itself not as negative or as antithetical to life but as something that entails meaningful possibilities. It was his awareness of death that finally helps him to overcome his fear of (non)ending and exist *authentically*.

Mann’s treatment of Tadzio, Venice and death are on the same plane. We see the metaphor of death used over and over again in the context of describing Tadzio and Venice. The necropolis of Venice has been represented no differently from the morbid Tadzio. Aschenbach while reflecting on Tadzio says, “He is delicate, he is sickly” and again, “He will most likely not live to grow old” (27). Initially, Tadzio, Venice and death were all covered with the cloak of mystery and Aschenbach was alienated from all of them equidistantly. But it was his realization of mortality and death that finally revealed the actuality before him. The endeavour of knowing one’s self finally culminated into one’s death. For Aschenbach the moment of ultimate truth conflates with his moment of

² Jonathan Gill Harris’s *The First Firangis* (India: Aleph Books, 2015)

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death. This transformation from concealment to revelation, from someone who feared death to a ‘being-towards-death’ is what constitutes *Death in Venice*. Instead of considering death as an end or an incident that happens in future, Mann sees death as an existential awareness of the possible not-being. Death here becomes a phenomenon of life that reveals the way in which a human being exists and what it means to be. It was his alienation from death during the course of the narrative that made Aschenbach *foreign* to Tadzio, to Venice and, most importantly, to himself.

Living and dying are two sides of the same coin. They are not antithetical to each other depending upon how we see; concealing one would be equivalent to alienating a part of your self. In his effort to conceal his physical signs of ageing and look young Aschenbach started visiting a salon. Going to the barber was his attempt to highlight only the *living* side of his existence while concealing the *dying* side. But as long as he did that he always remained something not-yet. He failed to realize the *end* as an indelible part of one’s own being and led a self- alienating life— it was Aschenbach’s death in Venice that finally revealed to him the other side, the side from which he was alienated for most part of his life. His attempt to look young was a mere façade. Mann in his essay ‘Goethe and Tolstoy’ writes, that “[t]he human form can never be grasped merely through the observation of its surface; one must uncover its inner being, separate its parts, note the connections between them”³. His *Death in Venice*, thus, is a journey that a writer undertakes towards the unknown— the ultimate— and the infinite resulting in his *Erziehung*: writing is but life in disguise and life is but death in disguise. The narrative

³ See Koelb 205

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juxtaposes art, life, dying and death in a way that they all become a part of a ‘zone of indistinction’.

Aschenbach’s love and death wish for Tadzio and his love and death wish for himself establish a very uncanny relation which he shares with both life and death. His expressions of love and life were never free from thanatological signifiers. Moreover, instead of fleeing from the site he embraces plague as the last resort to be with the boy. The narrator points out,

...and it seemed at times to Ashenbach, in his obsessed state, that death and fear together might clear the island of all other souls and leave him there along with him he coveted.

The fear of oblivion mingled with the wish for oblivion make the entire trajectory an ambiguous one. This tête-a-tête with the other is both loathed and desired at the same time and it is a disease that enables this encounter. In the novella cholera becomes the borderline between Aschenbach’s self and not-self. It brings him close to the other—understanding of which is pivotal to the understanding one’s own existence. “Surrendering”, as Arthur W. Frank notes while referring to Audrey Lorde’s *The Cancer Journal*, “the superficial control of health yields control of a higher order. Lorde expresses this paradox when she writes that only by facing death can she become

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someone over whom no one has power.”⁴ The same can be said about that of Gustav von Aschenbach.

Mann’s emphasis on the Dionysian impulses of the disordered body and its effect on the psychosomatic condition of Aschenbach are conveyed through cholera:

There he sat, the master; this was he who had found a way to reconcile art and honours; who had written *The Subject*, in a style of classic purity renounced bohemianism and all its works, all sympathy with the abyss and the troubled depths of the outcast human soul. This was he who had put knowledge underfoot to climb so high; who had outgrown the ironic pose and adjusted himself to the burdens and obligations of fame; whose renown had been officially recognized and his name ennobled, whose style was set for a model in the schools. There he sat. His eyelids were closed, there was only a swift, sidelong glint of the eyeballs now and again, something between a question and a leer; while the rouged and flabby mouth uttered single words of the sentences shaped in his disordered brain by the fantastic logic that governs our dreams.

It is through the plagued body of Aschenbach that Mann raises some fundamental issues pertinent to both human existence and aesthetics. He notes that “disease makes men more physical, it leaves them nothing but body”⁵. He writes further that “And now his body has come into the foreground in another sense and made itself important and independent of the rest of him, namely— through illness”⁶. The significance that he attributes to the

⁴ *The Wounded Storyteller* 126

⁵ *The Magic Mountain* 178

⁶ *Ibid* 184

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diseased body is grounded in Schopenhauer’s paradoxical appreciation of the body as a seat of ‘pain and deficiency’ and as ‘the ground of our knowledge’. The disordered and diseased body then becomes a mechanism to know the self. Schopenhauer was cynical of the perception of disease as an ‘accidental error’ within the ‘manageable machine’ that the body has become.⁷

Aschenbach as a foreigner (one who is “not familiar”), and his *foreignness* becomes the very symptom of the kind of alienation that he was suffering from. His journey from *homelike* status quo to a strange *un-homelike* foreign space is a metaphor of the kind of transition his body was going through— from the state of healthy being-in-the-world to the state of illness. Though this was not his first visit to Venice, his unfamiliarity of the place can be seen as a *de-worldling* and, as Rebecca Saunders points out, “requires a thematization that is not necessary for the native, orientation must be learned and considered, belongingness takes deliberation”. His phenomenological unfamiliarity with Venice is evident from the fact that it was always an exotic, distant and uncanny place to him. He could never involve himself with the place and the people. Now, the kind of *de-worldling* from which he was afflicted involves two things: Saunders points out that, “first, it likens foreigners to entities not characterized by *Dasein*, associates them with non-being, animals, instrumental objects, and material goods. Second, it evinces the degree to which foreignness is commensurate with physical pain; for Elaine Scarry has argued, ‘the absence of pain is a presence of world; the presence of

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pain is the absence of world’.”⁸ The body which is supposed to act as a bridge between the self and the world, in case of Aschenbach was acting as a hindrance. He was finding it difficult to get involved with the world *bodily* (which is an important criterion for *Dasein*). He was completely out of place. His entire world was infested and subsumed by cholera. Lisa Sanders in her *Every Patient Tells a Story* makes an important point in this regard, “[t]he experience of being ill can be like waking up in a foreign country. Life, as you formerly knew it, is on hold while you travel through this other world as unknown as it is unexpected.”⁹

The process of *de-worldling* also, paradoxically, enabled Aschenbach to understand reality in greater degree as he started reflecting on things more clearly and objectively. This ‘breakdown’ enabled a dialogue, eradicating “the automatism of perception” and helping him to overcome the kind of estrangement and alienation that he was suffering from. The kind of *anxiety* that this uncanny situation led can be grasped with the help of the German word *ungeheur*¹⁰. “It is” as Hans-Georg Gadamer points out, “people’s disposition of anxiety that the question of the meaning of being and the meaning of nothingness visible in a new way”¹¹. He was no more oblivious and unaware; he was no more “pre-reflectively” involved with the world. Instead of being only the reason for his suffering and death cholera was also instrumental in his emancipation for it absorbed and intensified life meanings and facilitated a better understanding of both life

⁸ *The Body in Pain* 37

⁹ Sanders

¹⁰ Gadamer defines *ungeheur* as “a highly effective expression for the incomprehensible vastness, for the emptiness, remoteness and strangeness which takes our breath away even while we struggle to sustain our lives and to make ourselves at home in this world.” *The Enigma of Health* 154

¹¹ *Ibid* 153

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and death. It worked as an *anagnorisis*. Susan Sontag in her *Illness as Metaphor* points out that “Cholera is the kind of fatality that, in retrospect, has simplified a complex self”¹². As long as he was alive, he was always something “not-yet”. The existential mood of anxiety that death brought helped him to appreciate life holistically. His life was complete by death. It brought possibility to impossibility, it brought infinitude to his finite existence.

Instead of considering *Death in Venice* as “Mann’s attempt to recapturing the classical explanation for disease, which allows Aschenbach to be absolved of his sins through disease”, cholera in this novella should be considered as a mode of emancipation towards knowledge. Nicola Von Bodman-Hensler points out that “[w]ithin Mann’s thinking falling ill thus means in a first instance the immersion in nature, whilst also granting the possibility of emancipation from nature through this experience of immersion. This stance hints at the valourisation of defect as the sign of a successful process of immersion”. The way the diseased body has been seen in the novella marks the transition from medical to aesthetic gaze. The aesthetic transformation— from Apollonian to Dionysian—through which Aschenbach undergoes, then, becomes a metaphor for the paradigmatic shift from science to art and, the way the former and the latter look at the body and its disorderliness.

Illness is the night side of Aschenbach’s life. It brought the much needed *chaos* to his apparently structured and ordered social life. Mann himself says: “what were art and

¹² Sontag 37

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virtue to him given the advantages of *chaos*?”¹³ Health is, on the other hand often associated with wholeness and harmony. The Dionysian illness to which he succumbs and the Apollonian aesthetics in which he believed makes Aschenbach’s heart cleave in twain. Ritchie Robertson points out in his ‘Classicism and its Pitfalls: *Death in Venice*’:

[The] two aspects of Aschenbach, the classical and the Romantic, are apparent in the biographical sketch provided by the narrator in Chapter 2. For Goethe, Schiller and their like-minded contemporaries, classicism included the physical health and harmony, the sense of being happily at home in the world, that they ascribed to the Greeks. Aschenbach is far removed from such an ideal. His health is poor. His substantial oeuvre is the product of determined self-discipline which enabled him to use all his available strength for literary work. Evidently Aschenbach’s frail physical powers, including his creative energies, are controlled by an iron will. His feminine, intuitive abilities, his maternal inheritance, are under the firm guidance of his masculine, rational character: at least until the experience of homosexual love dissolves the rigid antitheses which frame his life.¹⁴

Philosophically, order and disorder, cosmos and chaos, *arch* and *anarch* are not indifferent from each other. The classical limitation and the romantic transgression made Aschenbach a dual citizen of the life-world. Hence, Aschenbach’s romantic yearning for the Mediterranean is a result of his illness. The Northerners finally succumbing to the sexual impulses in the South is a very common phenomenon in literature, of which E.M. Forster and Oscar Wilde, as Robertson points out, are best examples.¹⁵

¹³ *Thomas Mann’s ‘Goethe and Tolstoy’: Notes and Sources*

¹⁴ *The Cambridge Companion to Thomas Mann* 98

¹⁵ *Ibid* 96

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Mann’s philosophy is not that of *melete thanatou* (a ‘practice of death’). He does not consider the ‘soul’ to be a prisoner of the body; for him the body is not a site of pain, desire, anguish, suffering and estrangement. Unlike Plato, he does not believe that “the supreme gnosis of being is only possible in a state of complete freedom from the body and its distractions and constraints”¹⁶. Rather, his notion of freedom is always already embodied. He is not of the view that one should detach “his or her psyche from what Bergson called ‘the plane of life’”. Aschenbach’s moment of death for Mann thus, is not the moment when the mind/soul severs all ties from the body but, a moment of truth and consummation— a moment when life becomes complete. Aschenbach, while dying had a renewed sense of perception and wonder of the world, a feeling heightened by the prospect of an ending. Mann’s idea of body, illness and death was thus more romantic. Like Keats’ “at the foundation” of Mann’s work “is the paradox that life accrues value precisely to the extent that one intensely experiences its fragility and transience. Or, as the twentieth-century American poet Wallace Stevens put it in his most Keatsian poem: ‘Death is the mother of beauty’.”¹⁷ The following statement by Mann is more romantic than anything: “Symptoms of disease are nothing but a disguised manifestation of the power of love; and all disease is only love transformed” (*The Magic Mountain*). And again: “Solitude gives birth to the original in us, to beauty unfamiliar and perilous - to poetry. But also, it gives birth to the opposite: to the perverse, the illicit, the absurd” (*Death in Venice*). Like Romantics, he regards death as both an end and a mode of

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¹⁷ Quoted from ‘Sorrow More Beautiful than Beauty’s Self’: John Keats and the Music of Self by Ronald A. Sharp in *Death and Dying*, ed. By Sudhir Kakkar (India: Penguin Books, 2014), 72-92

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emancipation. In him we see both denial and acceptance of death. The “perverse, the illicit, the absurd” here is the Dionysian to which our protagonist finally succumbs.

Aschenbach transforms his denial of death into a denial of rage against death. He refuses to rage against ‘the dying of the light’ and finally, accepts death with peace and equanimity:

He rested his head against the chair-back and followed the movements of the figure out there, then lifted it, as it were in answer to Tadzio's gaze. It sank on his breast, the eyes looked out beneath their lids, while his whole face took on the relaxed and brooding expression of deep slumber. It seemed to him the pale and lovely Summoner out there smiled at him and beckoned; as though, with the hand he lifted from his hip, he pointed outward as he hovered on before into an immensity of richest expectation. And, as so often before, he rose to follow.

Some minutes passed before anyone hastened to the aid of the elderly man sitting there collapsed in his chair....

Tadzio and Venice were mere catalysts in this transformation. They first heightened and, finally, resolved all the conflicts. “One does this by” as Michael Grosso points out “pursuing a path of dialectic that leads from dianoia (conceptual understanding) to direct mystical illumination or nous”¹⁸. He now really thinks it is a *good* night. Marie de Hennezel, a French psychologist, believes and her belief can be related to Aschenbach

¹⁸ From Plato’s ‘Phaedo and Near-Death Experience: Survival Research and Self- Transformation’ in *Death and Dying* ed. by Sudhir Kakkar (India: Penguin Books, 2012), 44-69

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and that is: “the person who says to someone else ‘I am going to die’ does not become the *victim* of death but, rather, the *protagonist* in his or her own dying”¹⁹.

His quest for peace brings him to Venice. But contrary to his expectation Venice catapults Aschenbach more towards his hidden and tabooed desires— his not yet acknowledged self. He is suddenly dragged out of his comfort zone (read, the pre-reflective lived-space) and made to encounter his own other, the part which was hitherto latent. Aschenbach’s mourning at the end should be seen as a way of laying things to rest. His acceptance of death is nothing more than a way of mourning the loss of whatever he used to cherish— his health, his writings, his apollonian stature et al. The pathological condition of melancholia here is remitted by the recognition of his relation with death and dying. The sense of mortality, sharpened by the radical nature of illness, provides him with new perspectives and dislodging the natural attitude and habit. In such circumstances one does not try to evade death as a futural event but regard it as a mode of existential attitude and a source of *anxiety* essential for one’s *becoming*, of one’s fullest realization. Taking a cue from Kierkegaard, Gosetti-Ferencei notes in her article ‘Death and Authenticity’, “Anxiety, in a call from nowhere that seems to be inescapable, catches up with Dasein, and shakes up Dasein with a call of conscience such that facing death, or facing mortality and the most extreme possibility, becomes possible”²⁰. It was his anxiety of death and not fear that finally unbinds Aschenbach and makes him encounter his utmost potentialities. The possibility of death is one of the prerequisites of *potentiality-*

¹⁹ Hennezel, Marie de. *Seize the Day: How the Dying teach us to live*. Trans. Carol Brown Janeway. London: Pan Macmillan, 2012.

²⁰ Gosetti-Ferencei 55

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*for-Being*²¹. She observes further that “In anxiety I do not know when or how I will die, but I do know only that I will die”²². Becoming estranged life then appears in a novel way.

Aschenbach’s *ars moriendi* (“art of dying”) is a critique of modernity’s understanding of dying and death, and its project of prolonging dying instead of prolonging life. His death is unlike “medical death”— “the technological prolongation of life at the expense of any real sense of the quality of life”²³. His idea of “where” to die and “for whom” to die is quite apparent, unlike his “how” to die; the poetics of “how” to die in Aschenbach’s case has its own logic very different from that of conventional model. Anne Hunsaker Hawkins in her *Reconstructing Illness* refers to such pathographical and thanatographical accounts where the *Moriens* (“the dying person”) device their own plot of dying and refuse to succumb to kafkaesque medical trials. In one such account Eric Robinson writes that, “Death is a personal experience and each one of us should be allowed to die his or her death and not to be expected to conform to some general pattern”²⁴. The illness, dying and death of Aschenbach, thus, does not conform to the ‘general pattern’ of modern health care system and re-evaluates the notion of “medical death”. His illness and dying put forward of what I call “the death of clinic”²⁵—

²¹ Heidegger writes in *Being and Time* “As potentiality-for-Being, Dasein cannot outstrip the possibility of death. Death is the possibility of the absolute impossibility of Dasein.” 294

²² Gosetti-Ferencei 55

²³ Hawkins 91

²⁴ Hawkins 92

²⁵ I am here referring to ‘the death of the clinic’ as opposed to Foucauldian ‘the birth of the clinic’; the latter entails institutionalized and disciplined medical narrative.

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a process of de-medicalisation— a process to resist and subvert medical modernity and reclaim what, Henri Bergson in his *Creative Evolution* calls élan vital.

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Chapter Four

‘Undiscovered Countries’ through Virginia Woolf’s *On Being Ill*

[T]his monster, the body, this miracle, its pain, will soon make us taper into *mysticism*,
or, rise with rapid beats of the wings, into the raptures of *transcendentalism*.

-Virginia Woolf, *On Being Ill*

On Being Ill, the 1926 essay by Virginia Woolf trace her solitary journey into the unknown and distant country of illness where the destination and map with the help of which she used to navigate before were no longer relevant¹. This sudden distantiation from the “army of the upright”, from the ideology of health, transcends her to a whole new paradigm of being-in-the-world. Illness in her case not only exerts a tyranny of pain

¹ In illness, Judith Zaruch notes, “The destination and map I had used to navigate before were no longer useful” (qtd. in Frank 1:1)

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and suffering but also a mode of reflection and seeing things in new light. Her life long battle with excruciating and debilitating psychosomatic illnesses is not something to which she succumbs but sublimates and sublates those agonizing affects into creative and liberating effects. She often associates it with mystical qualities:

If I could stay in bed another fortnight (but there is no chance of that) I believe I should see the whole of ‘The Waves’.... I believe these illnesses are in my case—how shall I express it?— partly mystical. Something happens in my mind. It refuses to go registering impressions. It shuts itself up. It becomes a chrysalis. I lie quite torpid, often with acute physical pain— as last year; only discomfort this. Then something *springs*.²

Illness, according to Woolf, is a journey of a solitary mind accompanied by none. It is not a shared experience and does not follow “cooperative conventions”; firstly, because of the confinement it leads to and secondly, because of the failure of language to capture the emotion associated with it— “Here we go alone, and like it better so”, she writes (12). The healthy and normative continuum of being-with-the-world is challenged in illness exposing the very nudity of the self— a self which concomitantly becomes unipolar and concentrated. It is like “a whole current of life cut off”. This alienated being cut-off from the world is an important aspect of illness. Moreover, the binary between *normal* and *abnormal*, the politics of segregation and social hygiene, were enforced quite violently in Europe in the first half of twentieth-century. Modern medicine, at the same time, by shifting its focus from the sufferer to the disease itself, alienates the person who

² *The Diary of Virginia Woolf* 150

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is suffering throwing her into a solitary incarceration. In modern medical discourse the *voice* of the sufferer remains unacknowledged and, quite often, the muteness of the sufferer mingles with the deafness of the healer. The alienating and dehumanizing gaze of modern medicine and the disjuncture that illness yields are represented metaphorically through this lonesome journey.

Illness diagnoses the very poverty of language when it comes to representing the pain and agony of suffering. Illness does not only resist formal language but destroys it completely, “deconstructing it into the pre-language of cries and groans”³. “English” Woolf points out, “which can express the thoughts of Hamlet and the tragedy of Lear, has no word for the shiver and the headache” (6). This gives opportunity for her to call for a new breed of bodily language which will be more grotesque and carnivalised— “more primitive, more sensual, more obscene”— breaking the polite discourse of formal language (7). Here in language the politics of *equilibrium* gives way to the politics of *excess*. Such ‘linguistic turn’ will only be able to capture the daily drama of the body:

[L]ove must be deposed in favour of a temperature of 104; jealousy give place to the pangs of sciatica; sleeplessness play the part of villain, and the hero become the white liquid with a sweet taste— that mighty Prince with the moth’s eye and the feathered feet, one of whose name is Chloral (7-8).

In this essay too the formal and classical structure has been challenged in favour of an almost plotless, wayward and impetuous narrative dealing with varied subjects and ideas. Such playfulness comes from the fact that her writing is more *through* the body and less

³ See Elaine Scarry 172

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about the body and more *through* illness and less *about* illness. Her writing then becomes very symptomatic of the grotesque body— the body in pain and suffering— materializing it into text. The grotesque and complex “lump of pure sound” is crushed with pain to create “a brand new word” which quite often evokes laughter (7). The symptoms of illness are meanings in themselves and cannot be standardized.

By writing *through* the body she is trying to destabilize the dualism and the hierarchized structure prevalent in western metaphysics, of the body being a slave to the mind. She is, rather, pointing towards a grey zone of non-dualism when she says, “...[mind] cannot separate off from the body like a sheath of a knife or pod of a pea for a single instant” (4). A lived-body or a psychosomatic whole does not adhere to the Manichean binary which philosophy since pre-Socratic times has practiced. Philosophy always talks about “doings of the mind” and “how the mind has civilized the universe” (5). And body, on the other hand, has been kicked “like an old leather football, across leagues of snow and desert in the pursuit of conquest or discovery” (ibid). Woolf in this essay tries to materialize the mind and spiritualize the body. The mind and the body are too much into each other to be dealt separately and differently. This (in)distinction is generally deemed as lived-body (*leib*) as opposed to a passive ‘leather football’ called corporeal body (*körper*). And this dynamic lived-body “must go through the whole unending procession of changes, heat and cold, comfort and discomfort, hunger and satisfaction, health and illness, until there comes the inevitable catastrophe; the body smashes itself to smithereens, and the soul (it is said) escapes” (ibid). As long as we are alive the body cannot be kicked off like an old leather football. Body should be ignored at

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its own peril. This essay and, in a way, her illness become an effort to go back to the body.

The “daily drama of the body”, according to Woolf, should not be overwhelmed by the “doings of the mind”. Her writing successfully captures the more primitive sound of the body— the cries and groans— and gives it a voice. The absence of the body in western philosophy disturbs her a lot as she thinks our being-in-the-world as always already embodied. There is no disembodied consciousness. But the ideology of health throws the body into a state of oblivion. Taking the opportunity of a harmonious and holistic existence of the holy trinity of mind-body-world, the mind-self takes the body for granted “kicking the body...across leagues of snow and desert” (ibid). Across metaphysics we see a reference to the body *in absentia*. This absent-body suddenly comes to the foreground when we are ill especially, in case of physical illness. In illness there occurs a dialogue where the body starts to speak to you (though in a very pre-linguistic, primordial manner) and the understanding of which requires dislodging our natural attitude in favour of a more radical reflection. Husserl would call this ‘intentional feeling’. In order to avert the “doings of the mind” we first have to do away with the natural and shared attitude (or rather a mere suspension of it). Illness helps in bracketing-out such attitudes.

Illness, as Havi Carel points out, not only entails rupture in the *contents* but *structure* of the experience too. It forces us to reflect on the things which were hitherto ignored. The daily drama of the body which was hitherto overwhelmed by the daily humdrum resurfaces to break down the whole structure of the everyday. In illness the

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continuum of time is replaced by individual moments and everyday is replaced by every day. One starts reflecting on the self and the world differently, as they appear now estranged and in a novel manner. In a painful and non-volitional way illness creates this *difference*. In that sense illness can also become a philosophical apparatus (this sounds uncanny, though). Carel explains:

While the execution of most philosophical procedures, such as doubt or questioning, is volitional and theoretical, illness is uninvited and threatening. Illness throws the ill person into a state of anxiety and uncertainty. As such it can be viewed as a radical, violent philosophical motivation that can profoundly alter our outlook. I argue that the radical nature of illness should be utilized to sharpen and expand philosophical discussion⁴.

Like Husserlian *epoché*, it can challenge the prevalent pre-reflective and metaphysical discourses and can become an embodied “philosophical gate” through which horizons of understanding and new philosophical encounters can be expanded and established.

The world seems *different* in illness. The corporeal enlightenment it leads to shuns the ignorance and alienation of a healthy being-in-the-world. The harmony of existence is challenged and replaced by the *disharmony* of phenomenological shock and revelation. Woolf does not beg to differ: “[n]ow, lying recumbent, staring straight up, the sky is discovered to be something so different from this that really it is a little *shocking*” (13). Here a Romantic existential expectation of empathy, harmony and integrated community gives way to a more radical outlook based on dis-integration or rather dys-

⁴ For more detailed discussion, see Carel 20-40

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integration. The Romantic empathy of sitting and hearing ‘each other groan’ is substituted by a Modernist disjuncture and ‘disinterestedness’. Such dis-integration and dis-involvement are prerequisites for any phenomenological understanding leading to what Merleau-Ponty has called the “wonder in the face of the world”⁵; Woolf would call this “strange” and “shocking”. One may not feel-like-at-home and the world may seem strange and unfamiliar; Woolf lying on her bed feels, “[t]he world has changed its shape; the tools of business grown remote... the whole landscape of life lies remote and fair, like the shore seen from a ship far out at sea” (8). The alienated being like “a ship far out at sea” manages to reflect and re-examine the familiar topography with greater vigour and preciseness.

In illness there is a movement away from the world, a world “so shaped that it echoes every groan” and pain. It is in a way a movement away from a shared being-with-the-world and being-with-the-other. The landscape of health is very different from the landscape of illness. Woolf in her essay points out two separate phenomenological conditions— one in health and the other in illness. While in health, “the army of the upright *marches* to battle”; in illness, the recumbents “*float* with sticks on the stream; helter-skelter with the dead leaves on the lawn, irresponsible and disinterested” (12). The more robust *marching* here is in stark contrast to the unstable and unanchored *floating* and *helter-skelter*; the latter being symptomatic of the loosening ties between the self and the world during illness. The body is an anchor through which we are connected to the world; in illness the anchor itself becomes a burden.

⁵ See Merleau-Ponty xiii

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But Woolf in her essay subverts this ‘burdenhood’ of the body in illness into a site of fresh perception. The body in illness, amidst the pain and throbbing, can lead to new horizons which were hitherto unknown and unheard of. She writes, “[...] how astonishing, when the lights of health go down, that undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza bring to light” (3). It can take you to places “where man has not trodden”, “where even the print of birds’ is unknown” and that enables one with fresh perspective and new knowledge (15). The kind of epithets she uses in the essay— ‘undiscovered’, ‘virgin’, ‘unknown’ et al— for the landscape of illness signifies her uncanny existence, her not-being-at-home there. But as already mentioned this not-being-at-home is a *de rigueur* to any phenomenological perspective. Her going back to the body in-itself then becomes a way of understanding and going back to the things-in-themselves.

The ill body not only gives her a chance to gaze up at the clouds and look sideways on to the world but it also gives her wings of poesy. The way she conceives illness makes her no different from the Romantics and the transcendentalists. As Hermione Lee points out in her ‘Introduction’, the essay is “at once romantic and modern” (xxvii). The Romantic concept of illness becomes predominant in many parts of the essay and a clear ‘anxiety of influence’ can easily be traced. Reading in bed we can trace in her a bit of a reader of Coleridge here and De Quincey there, a bit of Lamb here and Keats there. The antic disposition of the Romantics influences the essay a lot— as if she is half in love with illness and death. Like the Romantics the debilitating illness chariots her to the untrodden landscape of the “undiscovered countries” and “virgin

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forests”. Writing in bed we find in her a recluse— weighed down by fever, fret and weariness— looking for transcendence. In the essay we see a continuous vacillation between being-ill and becoming-transcendent.

Woolf’s vulnerable body takes a radical flight from the binding ontology of totality and perhaps the totality of ontology. Instead of nailing down illness loosens her from the binding existence of ‘here, now’ providing her a means of escape. As pointed out by Hermione Lee, Woolf writes in her diary that, “The best of these illnesses is that they loosen the earth about the roots. They make changes” (xviii). It pulls her out of her solipsism, her enrootedness and her natural attitude to a domain which is more hospitable and for-the-other. For Levinas vulnerability is a major pre-condition for hospitability; and, for Woolf, this vulnerability comes from her ailing body.

Though she regards illness as “the great confessional”, the virility of the confessional subject in this regard is slackened and humbled by the vulnerability that pain and suffering leads to. Referring to Levinas, Fleurdeliz R. Altez-Albela points out that for him body is dialectic medium between the existential condition of escape and the condition of a subject struggling against the enrootedness of presence and position⁶. In case of Woolf her presence and position were completely overwhelmed by her “great experience”, her pain and illness. They give her the opportunity to undertake a journey, to transcend herself. ‘On being ill’ brings to her the prospect of ‘on going a journey’⁷— a

⁶ For further discussion, see Altez-Albela ‘The Body and Transcendence in Emmanuel Levinas’ *Phenomenological Ethics* 36-50

⁷ The title of the essay echoes William Hazlitt’s 1882 essay ‘On Going a Journey’. The metaphor of journey becomes a very important one in Woolf’s essay.

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journey towards creating a room of one’s own. But not for a long time; the room finally collapses in the year 1941.

This essay was published in 1926 and finally not being able to sustain further, in 1941 she commits suicide. During this period she quite repeatedly acknowledges the overpowering nature of her illness. She finally succumbs to what had made her suffer lifelong. Throughout her lifetime it had controlled almost every aspect of her life. Even her love for her husband was not able to withstand the onslaught. Addressing Leopold Woolf she writes in her suicide note:

Dearest,

I feel certain that I am going mad again. I feel we can't go through another of those terrible times. And I shan't recover this time. I begin to hear voices, and I can't concentrate. So I am doing what seems the best thing to do. You have given me the greatest possible happiness. You have been in every way all that anyone could be. I don't think two people could have been happier 'til this *terrible disease* came. I can't fight any longer. I know that I am spoiling your life, that without me you could work. And you will I know. You see I can't even write this properly. I can't read. What I want to say is I owe all the happiness of my life to you. You have been entirely patient with me and incredibly good. I want to say that — everybody knows it. If anybody could have saved me it would have been you. Everything has gone from me but the certainty of your goodness. I can't go on spoiling your life any longer.

I don't think two people could have been happier than we have been. V.⁸

She considers this ‘fight’ a lost battle and laments, “everything has gone from me”. The transcendence and subversion of which she talks about in the essay give way to a more

⁸ Sylvie Crinquand, *Last Letters* (Cambridge: Cambridge Scholar Publishing, 2009), 43.

‘Undiscovered Countries’ through Virginia Woolf’s *On Being Ill*

morbid and negative conception of illness as antithetical to love and life. The *journey* finally ends in Rive Ouse into which she submerges herself never to surface again.

Though *On Being Ill* accounts her journey on “a ship far out at sea” from where the shore of health looks far away the essay also, as Lorraine Sim points out, contrary to the medical discourse of the time “seeks to validate the perspective of the invalid, and while illness and pain are not enjoyable or desirable states Woolf suggests that, as integral aspects of ordinary life, they require much more attention and narrative representation so that as experiences they might be better understood and appreciated”⁹. The *being* of ‘on being ill’ then ceases to remain a passive being of a patient and turns into a more dynamic *becoming*. Illness leads her to corporeal confinement and spatiotemporal constriction; it also paves the way for a ‘radical flight’ and transcendence from mechanized existence. Arthur W. Frank deems such journeys/narratives as quest narratives as “they meet suffering head on”. He observes, “[T]hey accept illness and seek to use it. Illness is the occasion of a journey that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person’s belief that something is going to be gained through the experience.”¹⁰

The *telos* of the body is body itself. The *entelechy* of the body is body as *entelechia*. In the essay Woolf’s journey to the ‘undiscovered countries’ is as much bodily as the ‘undiscovered country’ itself. It is a situation where the space of both the journey and the destination remains the same. Jean Luc-Nancy would consider body to be

⁹ See Sim 82

¹⁰ *The Wounded Storyteller* 115

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both “world” and “worldling”, both “space” and “spacing”. This is unlike what Aristotle conceives body to be in the *De Anima* i.e. soul as the complete realisation or *entelechia* of the body. The *journey* of the body in illness is not merely towards ‘presence’ in spatial term but, to use Nancy, a ‘birth to presence’ which is more temporal¹¹. This is simply because of its *ek-static* and ever-evolving nature. Derrida would refer to it as touch-without-touching as opposed to simple touch. The ‘sense’ (body as sense and sense as body) aggravates during illness; and this is what Woolf is trying here to posit. A close reading of the narrative of *On Being Ill* will make it clear that Woolf’s depiction of illness is both monadic and nomadic at the same time. Illness enables her to *exscribe* (“writing out”) — *from* the body, *to* the body and *through* the body. Her “exscribe” gives us an alternative by thwarting the tendency of modernity to control what Leibniz calls *principium vitale* (“life principle”)¹².

¹¹ It becomes very difficult to speak in terms of simple spatiality or temporality, as Nancy points out in *The Gravity of Thought*, there is no pure space and time but, there are only places, which are simultaneously locations and extensions of bodies. (77)

¹² Leibniz writes “This first acting principle, this entelechia is a real life principle (*principium vitale*) which has a perceiving ability as well, and which is imperishable. And this just what I consider as the soul of animals”.

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Chapter Five

‘Connect Nothing with Nothing’

in

T. S. Eliot’s *The Wasteland*

the sickness that must *grow* worse in order to find healing

-Eliot, ‘East Coker’

“The physician and the poet”, as A. H. Jones points out “can both be healers. They share a common goal in efforts to maintain light and order against the chaos of darkness and disease, and to create or restore the beauty and harmony of health: in this quest, medicine serves the body, poetry the spirit”¹. T. S. Eliot played the role of a physician in *The Wasteland* masquerading himself in the guise of a poet. And, as a physician, his job was to diagnose the root cause of modernist anxiety and prescribe a prognosis in the form of a new vision of centre. He, in a way, performs one of those Galenic ‘radical’ surgeries, dissecting the corpse of modern existence only to find out the vacuity that lies underneath

¹ See Jones 275

‘Connect Nothing with Nothing’ in T. S. Eliot’s The Wasteland

the skin. The poem was dedicated to Ezra Pound— “*il miglior fabbro*”, the ‘better craftsman’ or what I call the ‘better surgeon’. This dedication gives us an image of Pound performing a surgery upon a poem lying on the table of a dark chamber crying and groaning in agony:

If you must needs enquire

Know diligent Reader

That an inch Occasion

Ezra performed the Caesarian Operation.²

Such an image of ‘a patient etherized upon a table’ lurks everywhere in the modern period signifying a sudden somatic turn that the early twentieth-century took. This conflation of the *aesthetic* and the *an-aesthetic* can also be viewed as a reversal of Cartesian dualism. The poem diagnoses, as well, an overabundant emphasis on corporeal body and lack of spirituality wherein all the major characters are found to be reduced to their material and decaying body. The Cartesian “I think therefore, I am” in the poem paves the way for “I have a body therefore, I am”. Such a reductionist view curtails all other facets of human existence in favour of a process of dehumanization and technologization— characteristic of the modern biopolitical arrangement in which not only is spirituality denied but even bodies are rendered numb and etherized. The modern predicament of *reality* as being reduced to *corporeality* is something that Eliot is staunchly aware of and can be seen in his portrayal of different bodies in the poem. The

²This is the third stanza of a poem titled ‘Homme Sage’ written by Ezra Pound and included in a letter to Eliot in the late December, 1921 where the former is identifying himself as the poem’s “midwife”.

‘Connect Nothing with Nothing’ in T. S. Eliot’s The Wasteland

modern body and certainly Eliotic numbed body “is stung into sharp, percipient, erotic self-realization by the metropolis, world war, and technology”³. Such numbness and *anaesthetic* condition of the modern subject/patient can be traced in the following lines:

Do

You know nothing? Do you see nothing? Do you remember
Nothing? (121-23)

And again,

Are you alive, or not? Is there nothing in your head?

The modern subjecthood was no different from the patienthood. Both were enjoying the same subject-position and were getting the same kind of *treatment* from the twentieth-century technocratic political and medical establishments both without any voice, agency and autonomy of their own.

The rise of metropolis on one hand and wars on the other reduced the human existence almost to its corporeal existence (*körper*). The gaze which was hitherto *from* the body and *through* the body was now turned upon itself. The body was now its own object and this objectification ultimately led to its alienation and materiality in the modern urban space. In Eliot we see inhospitable bodies existing in an inhospitable space. The Eliotic space is not a body-friendly space and the pathological bodies in the poem find immense difficulty in inhabiting such a hostile environment. Gadamer likens

³ Laity 15

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the state of illness to the German word *Gegenstand*⁴ as illness— as opposed to health. The former ‘objectifies’ itself and “confronts us as something opposed to us and which forces itself upon us”⁵. Their being is not with-the-world but rather against-the-world. The wasteland is not inhabited by healthy, porous lived-bodies that are in harmony with the world and which can be “passed-over-in-silence”⁶; the *topos* is inhabited by corporeal, opaque and diseased bodies which “can only connect nothing with nothing”. The diseased bodies in the poem are not *ek-statically* involved with the urban space; they are victims of gross mechanization. ‘The apparition of these faces in the crowd’ and their suffering become quite evident as they somehow drag themselves along the city streets sighing over their condition and living a life of anonymity:

Unreal City,
Under the brown fog of a winter dawn,
A crowd flowed over London Bridge, so many,
I had not thought death had undone so many.
Sighs, short and infrequent, were exhaled,
And each man fixed his eyes before his feet. (60-65)

The urbanity calls for mechanization and, in the poem, we see a machinic portrayal of human existence where on the one hand, machines and tools become prostheses and phantom body parts and, on the other, bodies are portrayed as somnambulistic motors. The dynamic and organic bodies are nowhere to be found in the wasteland. Such

⁴ Gadamer 105. Gadamer writes, “*Gegenstand* is a highly significant word. It means that which offers resistance (*Widerstand*), that which withstands our natural impulses and which cannot simply incorporate into the order of our lives.

⁵ Ibid 107

⁶ For detailed discussion on the subject, see Sartre, *Being and Nothingness* (London: Routledge, 1958)

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conflation of the human and the machine is symptomatic of the process of dehumanization witnessed by the modern era— the body was conceived as a machine just like any other machine, be it a part of a modern metropolis or a modern battleground. Eliot writes,

At the violet hour, when the eyes and back
Turn upward from the desk, when the *human engine* waits
Like a *taxi throbbing* waiting [...] (215-17)

At such a violet hour of modern times we find subjects *patient*-ly waiting and sighing over their dehumanized existence.

The impaired characters in the poem challenges F. H. Bradley’s notion of the “felt continuity between the object and oneself”. Bradley in his thesis talks about a common world and a coherent consciousness in harmony with that world. The kind of intersubjectivity and with-the-other existence that he argues for cannot be traced in the wasteland. The Bloomsbury idea of ‘only connect’ is replaced in the poem by “connect nothing with nothing” (300-301). The latter stands as the condition of illness in which the ‘connection’ between the being and the world is disrupted. In illness the bridge which was hitherto maintaining the coherent relationship in being-in-the-world and being-with-the-world starts to fall down [“London Bridge is falling down falling down falling down” (427)] leading to insanity [“Hieronymo’s mad againe” (432)] and disorder [“Shall I at least set my lands in order?” (432)]. When ill, one can no longer be at ease. The dis-ease that a disease leads to transforms the coherent subject and alienates him/her from the a-

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priori of the life-world. And T. S. Eliot’s *The Wasteland* is populated with such characters and situations.

In health, the body remains absent and in illness, this absence comes to the foreground and non-volitionally tries to presence itself. Drew Leder prefers the phrase ‘absence of absence’ rather than *presence* as the latter brings with it the idea of metaphysics of presence. The disappearing body and that is because of the “body’s own tendency toward self-concealment”⁷ and its organic involvement with the world is threatened during illness and any such breakdowns. Leder observes that at “moments of breakdown I experience *to* my body, not simply *from* it. My body demands a direct and focal thematization. In contrast to the ‘disappearances’ that characterize ordinary functioning [in health], I will term this the principle of *dys-appearance*. That is, the body *appears* as thematic focus, but precisely as in a *dys* state— *dys* is from the Greek prefix signifying ‘bad’, ‘hard’, or ‘ill’, and is found in English words such as ‘dysfunctional’”⁸. The dys-appearing bodies of major Eliotic characters like the Cumean Sibyl, Mrs. Equitone, Belladonna and her lover, Lil, the typist, Phlebas, Fisher King and most obviously the blind-seer Tiresias forbid them to establish any ‘meaningful’ connection with the world. They suffer, and their suffering is because of their bodies’ dys-appearing. They can now only ‘connect nothing with nothing’. It is because of their illnesses (of various forms) that their connection with the spatiotemporality and especially, the space around is now severed and what remains at the end of the day is:

⁷ See Leder 69

⁸ Ibid 83-4

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A heap of broken images, where the sun beats,
And the dead tree gives no shelter, the cricket no relief,
And the dry stone no sound of water. (22-24)

The above lines are the objective correlatives of pathological condition wherein the sufferer feels not-being-at-home and wherein both the body and the world around cease to remain familiar and become uncanny. It not only leads to a breakdown between the being and the surrounding (in which 'being-there' is replaced by 'being-here') but also a breakdown in the continuum of time— no past, no future but momentary 'here-now'. Both, lived-space and lived-time are constricted and one's condition is pinned down to the level of a "handful of dust" i.e. fear of death:

And I will show you something different from either
Your shadow at morning striding behind you
Or your shadow at evening rising to meet you;
I will show you fear in a handful of dust. (27-30)

Here the "I" of the narrator points towards a paranoid pathological condition wherein one is cut-off from both "shadow at morning striding behind you" (i.e. past) and "shadow at evening rising to meet you" (i.e. future) and is reduced as a prisoner of the present without either a discreet "memory" or "desire".

As a matter of fact in late 1921 Eliot was himself undergoing treatment for his "nervous breakdown" at a sanatorium near Lake Lemman in Lausanne, Switzerland.

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Matthew K. Gold reads the poem insightfully vis-a-vis Dr. Roger Vittoz’ *The Treatment of Neurasthenia By Means of Brain Control* and compares the latter to an “anesthesiologist on call during the delivery, guiding Eliot through the birthing process and slipping him an epidural when the pain became too great. Vittoz’ therapeutic programme re-educated Eliot’s broken will and enabled him to complete his work. *The Wasteland* stands as a record of Eliot’s sickness and his cure”. The references to that mountainous retreat can be traced in lines such as “In the mountains, there you feel free/ I read, much of the night, and go south in winter” (18) and “By the waters of Lemman I sat down and wept” (182). Gold lays bare the confluence between poetics and pathology—of how the pathological condition of the creator shapes the poetic feelings and utterances in a work and, also, opens up the possibility of a New Historicist reading of a literary text with the help of a medical treatise. He writes:

If the “main consciousness” of *The Wasteland* is himself ill, then the reading experience itself becomes an exercise in illumination: we may be able to see *The Wasteland* as a *sick body* that Eliot presents to the reader, in the hope that the sickness would prove revelatory. In other words, if modern society is presented with an image of itself as a *body riddled with sickness*, then its potential recognition of its ills could prove redemptive. In this view, *The Wasteland* performs a function that is quite similar to the function of Vittoz’ book: it educates its readers about their diseased condition and gives them the means to pull themselves out of that condition.⁹

Like Dr. Vittoz, Eliot first tries to diagnose the problem, opening up the cadaver of modern body etherized upon a table and then like any healer looks frantically for the

⁹ Gold 527

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remedy. His restlessness— an antidote to the listlessness of modern human condition— is quite evident in the poem.

The placebos prescribed in the poem are found either in the form of Dr. Vittoz’s therapy or F. H. Bradley’s ethics or the Buddhist and Upanishadic spiritualism. The loss of wholeness is one of the salient characteristics of illness which he compensates with the ‘wholeness’ that the above therapeutic, ethical and spiritualist philosophies are to provide. Health, as I have mentioned earlier in my thesis, is often associated with balance and wholeness and it is illness that leads to the breakdown of this holistic structure. It creates rupture between the being and the world, the being and the other, mind and body, *körper* and *leib*. And hence, illness on several occasions is deemed a lost wholeness, something that can be traced in Hegel’s definition of illness:

...the system or organ establishes itself in isolation, and by persisting in its particular activity in opposition to activity of the *whole*, obstructs the fluidity of this activity, as well as the process by which it pervades all moments of the *whole*.¹⁰

Eliot’s notion of *Shantih*— “the peace which passeth understanding”— is very close to the kind of wholeness I am referring. I am also tempted to see this in the light of Gadamer’s notion of ‘balance/health’; not only this provides a new vision of existential centre to the fragmentation and disjuncture of modern socio-political condition but also a new vision of health. The latter can act as placebo and provide some respite to the citizens of the wasteland. The sense of incompleteness and uncanniness that illness brings

¹⁰ Hegel, G. W. F. *Hegel’s Philosophy of Nature*. Vol.3. Trans. Michael John Perry. New York: Humanities Press, 1970. Print. (quoted from Leder 88)

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with it can only be remedied with the help of this new sense of wholeness. “Health”, Hans-Georg Gadamer writes, “is a rhythm of life, a continuous process in which balance always stabilizes”¹¹. It is this stability, which Eliot frantically looks for throughout the poem.

The Upanishadic utterances *Datta* (give), *Dayadhvam* (sympathise) and *Damayata* (control) also become Eliotic remedies to counter ‘the aggressive pathological non-self’: and, for that matter, do not advocate a counter attack in the form of a violent opaque self but rather a hospitable and porous entity in harmony with-the-other. *Datta*, *Dayadhvam* and *Damayata* do not call for a complete annihilation of self but spaces forth hospitality towards the other. They talk about a shared space, a Bradleyan “common world”— or rather a therapeutic dialogue which Gadamer prescribes with the help of which the disorder and disease can be brought back to the state of balance, harmony and integrality. Taking a cue from Eastern philosophies, Eliot suggests a hospitable and open space where both the sufferer and the healer can come together and be a part of the healing process. This can very well provide a solution for the kind of alienation a patient feels in a modern medical regime. An empathetic and careful understanding can keep at bay the *etherized* condition of the modern patient/subject. A patient hearing of the patient’s voice can make the healing process more dialogic and “in consonant with the health needs of individuals and collectives”. In the poem then Prajapati’s voice becomes a catalyst in the process of reclaiming the *voice* of a sufferer.

¹¹ *The Enigma of Health*

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In such case, “I cannot” of illness becomes “I can” and “*have* body” changes into “*am* body”. The dis-abled conditions of “...I could not/ Speak, and my eyes failed, I was neither/ Living nor dead, and I knew nothing,/ Looking into the heart of the light, the silence” (38-41) are transcended. And here, illness itself plays the role of a catalyst. Because of its “telic demand” illness not only binds us to the immediate time and space but also generates an overpowering desire to be free from it. This burning desire cannibalizes all other desires and can be compared to the “fire” of ‘The Fire Sermon’. In this section of the poem, Eliot draws heavily from the Fire Sermon preached by Lord Buddha. Leder’s understanding of the “telic demand” can be compared to the Buddhist *trsn*. The symbolism of fire in this section not only stands for the truth that there is suffering and a cause of suffering but also, the truth of cessation (*nirodha*) of suffering and the path (*m rga*) of cessation of suffering or liberation (*nirv na*). The fire in Eliot’s poem, hence, embodies the four noble truths or *catv ri rya-satyani* predominant in Buddhist meditations. It not only refers to the raging and uncontrolled fire of passion, the desire that binds us to the wheel of *sams ra* but also to the willed and controlled fire of purification. Following on this argument, we can infer that pain and illness apart from the suffering that they lead to, also give us the opportunity of questioning the ‘ignorance is bliss’ ideology of a healthy being. Pain and illness initiate a dialogue not only with our own body but also with the world around. This phenomenological distance gives us the room to reflect upon ourselves and also the other. For that moment, they free us from the wheel of *sams ra*. Leder point towards Jean-Paul Sartre and his idea of pain consciousness: “[it] is a project toward a further consciousness which would be empty of

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all pain; that is, to a consciousness whose contexture, whose being-there would be not painful” and how it can lead to a *hermeneutic* and *pragmatic* moment. This Sartrean “empty of all pain” can be compared to Eliotic ‘*Shantih*’ and the scriptural ‘peace that passeth understanding’.

Now if we go back and re-read the poem, we will see how the images of numb and debilitating effects of disease: “Do/ You know nothing? Do you see nothing? Do you remember/ Nothing?” (121-23) and “Are you alive, or not? Is there nothing in your head?” (126) seem more like phenomenological enquiries. The questions raised are more existential and ontological in nature rather than arbitrary monologues and in all this, illness plays the role of a catalyst. The questions are also very symptomatic of Heideggerian “concern” (*sorge*) — the kind of questions that a healer may start with in order to start a dialogue with the sufferer, highlighting the fact that *care* is primary to *cure*. As Gadamer points out, “The role of the doctor is to ‘treat’ or ‘handle’ the patient with care in a certain manner. The German word treating a patient is *behandeln*, equivalent to the Latin *palpare*. It means, with the hand (*palpus*), carefully and responsively feeling the patient’s body so as to confirm or correct the patient’s own subjective localization, that is, the patient’s experience of pain”¹². The healer-sufferer relationship (“beating obedient/ to controlling hands”) and the responsibility that they should have for each other are epitomized in the following lines wherein Eliot suggests a shared space, a dialogic process that will enable healing humanely— ‘reviving for a moment even a broken’ boat (read, body):

¹² The Enigma of Health 108

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The Boat responded

Gaily, to the hand expert with sail and oar

The sea was calm, your heart would have responded

Gaily, when invited, beating obedient

To controlling hands. (419-23)

The Eliotic diseased bodies are not only incomplete bodies living in a debilitating condition but also ever-unfinished, ambiguous bodies always challenging the notion of the ideal— bodies “that defies clear definitions and borders and that occupies the middle ground between life and death, between subject and object, between one and many”. Eliot himself points out that the condition is “neither living nor dead”; the epitome of which is Tiresias, phenomenologically *empathetic* “throbbing between two lives” and *concerned* with a painful knowledge equivalent to “ha[ving] foresuffered all”. The *dis-* prefix of the word dis-ease stands for “apart” and “away” or in a way distance. This distance (often phenomenological) is what that makes it a philosophical tool through which we can enquire various facets of our existence; somewhat like Eliot’s theory of objective criticism. This aspect of illness as a mode of illumination is something of which even he was aware of, as he writes in ‘The Pensées of Pascal’:

[I]t is a commonplace that some forms of illness are extremely favourable, not only to religious illumination, but to artistic and literary composition. A piece of

‘Connect Nothing with Nothing’ in T. S. Eliot’s The Wasteland

writing meditated, apparently without progress, for months or years, may suddenly take shape and word; and in this state long passages may be produced which require little or no retouch.¹³

¹³ *Selected Prose* 237 (Quoted in Gold 527)

'Connect Nothing with Nothing' in T. S. Eliot's The Wasteland

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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.

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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

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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

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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)

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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

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Circumcised Identity: A Reading Through The *Flesh* of Body, History and Politics

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Abstract

Kafka's imagining of his body, as Sander Gilman points out was a part of anti-Semitic Weltanschauung. Such discourses, especially medical discourses were generated to reproduce the Jewish body as abnormal, diseased and deviant—the abjected 'other'. Kafka and his bleeding body—the body with all its flesh and blood and its embodiedness anticipates the condition of the Jewish body during the time of Shoah. The racialization and over-medicalization turned the Jewish body into a grotesque body. This fin-de-siècle medicalization and territorialisation of Jewish body, even years after Robert Koch's discovery, add complexities to the entire discourse and, paves the way for the construction and dissemination of the Jewish "imagined body".

Keywords

body, biopolitics, illness, grotesque, tuberculosis, *Shoah*.

“*Life is life despite life*” - Levinas

“*Man is the indestructible that can be infinitely destroyed*” - Maurice Blanchot

One is not born, but becomes a Jew. The “becomings” and “micro-becomings” in Kafka is symptomatic of a process of destabilization: his (micro)struggle against the agencies of the day. The struggle is between coming out of his Jewishness and at the same time, to assert and to maintain the Jewishness with all its differences and multiplicities. The de-stratification and fluidity of Kafka’s poetics is not very uncomplicated, but its ambiguity lies in the fact that the process of becoming-Jew involves destabilizing the molar Jewish identity as well as creating a new one while preserving the old. If one is a Jew, then it becomes very important to maintain that Jewishness. *That* Jewishness, nevertheless, is nothing but an “empty body-without-organ” (BwO), unable to connect with other bodies, an existence inward, cut off from the rest of the world—the kind of alienation and loneliness that one finds in his oeuvre. As if the being has severed all ties with the world, the narrative becomes ‘notes from underground’ and the voice more of a victim of the hidden structures of subjectivity which one can neither escape nor understand.

The shame, guilt, stigma and the concomitant alienation are results of not only his Jewishness but of his pathological condition too, to the extent that his Jewishness was never free from his illness. His subjectivity and his poetics were always already dictated by his pathology so much so that his “I am” was never really far from “I am sick”. This ontico-ontology of “I am, therefore I am sick” and “I am sick therefore I am” made him to think of himself as a ‘foreign body’ cut off from the life-world. This non-human, stigmatized, diseased and fragmented body lacks any kind of agency—a body which can be ‘observed, grasped and manipulated’ at will, a body ruthlessly exposed to the other, an object, a “body-for-other” (*corps pour autrui*).

When the scrutinizing gaze of the other is internalized, the body-for-itself gives way to the body-for-other, creating a stand-still which tends to arrest body’s essential “becoming” and binds it to “me-here-now”: a condition that corporealizes the pre-reflective lived-body (*leib*). The pre-reflective body and the corporeal body (*korper*) do not exist in the manner of Cartesian duality but are always dialectically intertwined. “To be a body is to be tied to a world”; this inseparability of the body from the surrounding is the state of holiness—the wholeness, completeness, balance, which we call ‘health’. It is when one is at ‘dis-ease’ with

this interconnectedness, that we find a kind of disjuncture in this very harmony. Health is concealed, elusive and enigmatic— it is 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 body remains alienated. The dialogue only occurs when there is a sudden rupture between the *korper* and the *leib*, the moment my own body becomes most other, when one is conscious about one’s own body or any of its parts. This sudden encounter brings us out of oblivion by creating an image of doppelganger. This state of (ir)reducible gap would be a ‘violence’, a state of ‘suffering’, a state when we are at dis-ease. This is nothing, but a moment of possibility and ruin of possibility, proximity and ruin of proximity.

A sound subject body’s gaze is projected towards the other, towards the world; the other remains the centre of a gaze. But the moment the world starts looking at the self, the self becomes the centre of a gaze and starts looking inward rather than outward, reflecting on the body as an object. This objectification or corporealization captivates one’s self and initiates the process of extermination of one’s subjectivity. Such kind of reductionism is a threat to self, its agency and its spontaneity. This event of desubjectivation, to strip off someone of all its vitalities occurred at many levels for the Jewish body. The Jewish body and its nakedness were exposed in public arenas making it a site of ridicule, anger and utter abjection— the sewage system, the channel of expulsion where people could vent out their spleen. Words like “ventilating, evacuating, circulating, deodorizing, regulating, managing, draining, cleansing, privatizing” , used by Alain Corbin(*The Foul and the Fragrant*,102) while talking about modern sewage system, was also a part of anti-Semite *Weltanschauung* and was used as a linguistic detox, that finally went on to culminate into Holocaust or *Shoah*.

This was in a way very important in the process of maintaining the psychological and social hygiene of the *Volkskorper*. It is simply for this reason that discourses, especially medical discourses were generated to re-produce the Jewish body alongwith the bodies of the gypsies and homosexuals as abnormal, diseased and deviant— the abjected ‘other’. The binary between health and illness, normal and abnormal is often constructed and there is nothing ‘natural’ about it. From the viewpoint of society, health and ‘normality’ are synonymous and, any kind of deviation from ‘normality’ is deemed to be sickness— sickness as deviance and deviance as sickness, both. 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 Nietzsche points out, is so essential for

social unity and a personal sense of sense-worth that if it didnot exist, it would have to be invented.

Kafka's "anxiety of becoming what one is condemned to become" (1995,p.8) and, his "fear engendered by the images associated with the Jewish male in Kafka's world" (8), as Sander Gilman points out was always a part of his masculinity and racial memory. He continues, "It provides for him a vocabulary with which to clothe his innermost unspoken anxieties about himself, a vocabulary that distorts or represses this central anxiety, the anxiety of transformation and change, the anxiety leading unto death" (8). Tuberculosis, the disease he was suffering from was as much physical as psychological, as he points in one of his letters, "I am mentally handicapped, the lung disease is none other than an overflow of the mental disease" (*Letters to Milena*). The "condemned" body of a Jew, thus, was never far from his mental disposition and vice-versa. "Thus the trope of the psychosomatic nature of illness, specifically of his tuberculosis, begins to evolve. Tuberculosis is an attenuated mental illness in physical guise. It is a psychosomatic (read: Jewish) illness, for Jews suffer from mental illness expressed in their bodies..." (181). This *fin-de-siecle* medicalization and territorialization of Jewish body, even years after Robert Koch's discovery, add complexities to the entire discourse and, paves the way for the construction and dissemination of the Jewish "imagined body".

The "body of spectacle" (Fanon, 1967), the racialized and sexualized body, acts as "the boundary markers of society" (Nadia Guidotto, 2007) — the banished "other", the exception that is both inside and outside the law. Such bodies, the objects of knowledge and targets of power are considered as constant threat to the system and, are subjected to rigorous policing or extermination, an effort that can best be described as "the reductive ontological drive to settle or fix by simplifying what in essence is unsetttable, fixable, and irreducible"(Spanos,200,p.18). This kind of "freak show" (Fanon, 1967) then, becomes "the metaphysical prerequisite to transform that which defies naming into manageable and exploitable object" (Spanos, p.19). These docile bodies or the mechanical bodies thus created, through such disciplinary and punitive mechanisms of the sovereign/ biopolitical power are then subjected to non-life, at the fringes of the society. Medical science plays a pivotal role in that entire narrative of production and dissemination, so much so that Foucault observes a conflation of the mechanical body, the Cartesian "anatomico-metaphysical" body of the medical institutions and the "technico-political" body of the population management. As Agamben points out, "in the biopolitical horizon that characterizes modernity, the

physician and the scientist move in the no-man's-land into which at one point the sovereign alone could penetrate" (p.159): a kind of a horizon or a "zone of indistinction" between "analyzable" body and "manipulable" body, politics and biology, sovereign power and biopolitical power.

Despite Life

The subjectification of the diseased and stigmatized body of the 'racial other' under the sovereign/biopolitical power before and at the time of *Shoah* (literally meaning 'a great and terrible wind' in Hebrew) was also a process of desubjectification, a kind of 'double movement' that Agamben talks about in his *The Remnants of Auschwitz* and also in his *Homo Sacer*. The ghettoization of the Jewish body was a "zone of indistinction" between "exclusion and inclusion, outside and inside and *bios* and *zoē*"— a sovereign exception. The Hellenic distinction between *bios*- the biopolitical life and *zoē*- the natural life gets conflated in the modern biopolitics yielding to a (non)life which Agamben calls "bare life"— a sort of naked life reduced to the level of the beast. As he writes, "What had to remain in the collective unconscious as a monstrous hybrid of human and animal, divided between the forest and the city- the werewolf- is, therefore, in its origin the figure of the man who has been banned from the city" (*Homo Sacer*, p.105). Thus, the double movement of subjectification (i.e. assimilation) and desubjectification (i.e. destruction) of the Jewish body within the racist paradigm is a result of the "phenomenological rendering of the *bios* into *zoē*" (Crockett, 2013), the process through which the Jewish sense of the body (*bios*) was immersed in the biological body (*zoē*). The exposure of the body to such naked existence devoid of all its humanity and emptied of all its desires, turns that body into a sacred body— the body of a homo sacer, who "can be killed but not sacrificed", extermination of which will not be deemed as criminal offence. In other words, the sovereign decision of stigmatization and extermination of the parasitic bodies— whether racialized or medicalized, was never deemed as transgression but necessary to maintain the political 'economy' (*oikonomia*).

The sovereign control and the biopolitical control over the bodies, though manifested quite differently, functions by creating 'a state of exception', bodies which are forced to live beyond the boundaries of the *polis* but also at the same time, denying them their right over *oikos*—"a zone of indistinction" or what Primo Levi calls "gray zone", bodies which are neither living nor lying dead. The traditional sovereign power's right over life and death or "to make die and to live" and, modern biopolitical power's concern over the life and health of the population or "to make live and let die" get conflated in any extreme form of

majoritarian politics, based on race or religion or both. “According to Agamben”, as Anke Snoek (2010) points out in her article, “the formula that defines the most specific trait of twentieth-century bio politics is no longer either *to make die* or *to make live*, but *to make survive*. This survival is a mutable and virtually infinite survival, the absolute separation of animal life from organic life until an essential mobile threshold is reached. What survives is the human in the animal and the animal in the human. To *make survive* means to produce naked life, which is subjected to death....” (*Foucault Studies*, No.10, p.50). Such type of “post-sovereign” politics with the help of highly specialized medical science tries to create a caesura between various demographics, that is, some sort of rupture between different racial groups— a mechanism through which biologic is appropriated into racial politics. This turn marks ‘the second coming’ of the politics of death; biopolitics giving way to thanatopolitics, the kind of politics one witnessed in the Third Reich— the politics of biological fragmentation, ghettoization and extermination.

Thus, the interplay of sovereignty and “governmentality” and, politics and pathology on the bodies of those who are deemed to be a threat to the health and hygiene of the society, lead to a rigorous treatment of those bodies. Such ruthless management of the bodies is often a part of the state-sponsored violence and are at times, ambiguous in nature. The ambiguities can be witnessed in situations like life-in-death and death-in-life, or when natural bodies are turned into social bodies and social bodies are turned into natural bodies, or inclusions in the form of exclusions and exclusions in the form of inclusions— a result of the politics of ‘purity and danger’ and concomitant cleansing or, to put it differently, a stand-still because of the insurmountable gap between diagnosis and prognosis. The politics of pathologization and pathologization of politics lead to a complete disjuncture between the human and the inhuman, rendering humanity *inoperative*.

The relationship between the sovereign and the “bare life” is not a-priori and can be destabilized. The sovereign power’s effort to fragment life and non-life, human and inhuman, healthy and diseased can never be accomplished fully because this gap, this caesura is too volatile to maintain the status-quo. Since there is no given humanity, it cannot be destroyed— “the humanity of the human” can never be decimated; humanity by becoming ‘inoperative’ exerts a challenge to its complete annihilation. What remains is the human in the inhuman and, inhuman in the human. Such ‘inoperative’ existence or what Agamben calls “form-of-life” acts as the bio politics of resistance “wherein it is impossible to distinguish between an essence and an existence, a life that is showed but never represented or possessed”

(Snoek,2001) : the sign of indestructible humanity at the face of any totalitarian discourse. A life, non-teleological and without a meaning is beyond the realm of the “logos”, the realm of the power and thus, cannot be exterminated. We are humans, all too humans to be reduced and destroyed completely.

Life is never bare, as Blanchot points out, what remains is “the naked relation to naked life” (*The Infinite Conversation*, 133). A man can be destroyed, but what remains indestructible is his relation with alterity— the naked relation with the Other. A subject— diseased, crippled and bare, almost at the threshold of collapse witnesses a flight of its subjectivity towards intersubjectivity— an ethical, phenomenological and psychological “escape” from enrootedness to a more collective relationality. This “extreme exposure and sensitivity of one subjectivity to another” (Levinas, 1987) transcends the limits of human existence and vulnerability of a body-subject to a more ethical inter-Being. The vulnerable body also becomes the site of Transcendence not limiting itself to its *Dasein*— and what triggers this transcendence is illness, shame and pain. But such kind of negation (*Nichtung*) of the subjectivity is also a mode of self-consciousness.

Existence “otherwise than being”, despite oneself in the midst of vulnerability, in the midst of pain is life “despite life”. This “risky unconverging” of the self is painful and yet, very sensible. It is this sensibility amidst vulnerability “that is an opening to others, a nearness, the one-for-the-other, precisely vulnerability to others” (Benaroyo, 2007). This pain which call into question our very existence is what cuts through our finite skin exposing us to the scorching sun of the Infinite. Such inescapable relationship, *a relation without a relation*, with the infinite is what sustains life despite oneself: “Life is life despite life”.

The Grotesque

Kafka and his bleeding body— the body with all its flesh and blood and its embodiedness anticipates the condition of the Jewish body during the time of *Shoah*. The racialization and over-medicalization turned the Jewish body into a grotesque body— a body “that defies clear definitions and borders and that occupies the middle ground between life and death, between subject and object, between one and many” (Shabot, 2006), the kind of fluidity that Kafka “deciphers it with his wound” (*The Penal Colony*; p.204) and can be traced all over his oeuvre. The “unfinished” and “ambiguous” body of Kafka, suffering from bodily feebleness, somatic otherness, neurasthenia and tuberculosis, all signify as Sander Gilman points out, his existence as a Jewish body. Not only tuberculosis but the very pain

and angst of living within the confinements of or rather beyond the boundaries of the societal arrangement lead to the creation of an alien and uncanny self-body. His was not a body that can be “passed-over-in-silence” (Sartre, 1956), an inexperiential “unaware awareness” but fleshly and corporeal— a body put on trial, stigmatized and objectified and lastly, destroyed. But it was also the same body with all its fleshliness and corporeality that enabled him and those like him into a non-closed, open and intercorporealsubjectivity connected to others in the form of an ethical relationship— the “ever unfinished, ever creating body” (Bakhtin, 1965, p.26).

“This excessive body which constantly outgrows itself and escapes from its own skin, constitutes a body that cannot be framed” (Shabot, 2006). It, though ambiguous and open, never dissolves into an inauthentic and undifferentiated oblivion but maintains its singularity and differentiation at all risk. The ethics and poetics, “overlapping and limit” (Merleau-Ponty, 1968, p.142) of such bodies are always functional at the same time. This is how the “grotesque”, hyper- or de-politicized Jewish bodies and its “shared flesh”, calls for a crisis in civilization by being ‘unrepresentable’ or ‘unknowable’. “It comprises *singularity*, *heterogeneity* and *difference*” (Shabot, 2006).

The will to power over the other, to limit its embodied intersubjectivity, leads to an ethical closure transforming the other into an other— an opaque body which can be fixed but never assimilated. These ‘unassimilated’ bodies— excesses of body and bodies of excess, can either be feared or despised, either be worshiped or exterminated depending upon the need of the hour. In those situations, cruelties are justified; and radical medicalization is just another process of justification for maintaining social equilibrium (read, health). Those bodies, unclean and “unfinished”, become the site of politics of *excess* and *equilibrium* so much so that it becomes, what Luc-Nancy calls, “the desire for murder, for an increase of cruelty and horror... it is mutilation, carving up, relentlessness, meticulous execution, the joy of agony” (*Being Singular Plural*, 21). The politics of excess and equilibrium thus give rise to the ‘normal’ and the ‘pathological’.

The birth of pathology entailed the death of body— what remained was a body entangled in the politics of sign and signification, an objectified body subject to examination and/or extermination. But, Nancy would argue that “there has never been any body in philosophy” (*Corpus*, 193) and, what you have in place is a series of metaphors trying earnestly to get hold of the body and undoubtedly, the body in pain; the guilt from which not only the western metaphysics but also our language is suffering. He explains, “from the body-

cave to the glorious body, signs have become inverted, just as they have been turned around and displaced over and over again, in hylomorphism, in the sinner-body, in the body-machine or in the “body proper” of phenomenology. But the philosophical-theological corpus of bodies is still supported by the spine of mimesis, of representation, and of the sign” (*Corpus*, 192). The Jewish body— the body in ‘pain’ (derived from the Greek word *poine* and Latin word *poena* both meaning punishment, torture and penalty), in a similar vein remained the unknown and unrepresentable body down the ages till efforts were launched in the twentieth-century to expose it completely and to deem it to be the pathological, parasitic and punishable body. It became the cancerous body: “ Just as in cancer the best treatment is to eradicate the parasitic growth as quickly as possible, the eugenic defense against the dysgenic social effects of afflicted subpopulations is of necessity limited to equally drastic measures....When these inferior elements are not effectively eliminated from a [healthy] population, then— just as when the cells of the malignant tumour are allowed to proliferate throughout the human body— they destroy the host body as well as themselves” (Lombardo, 2003). Statements like this one, made by Konrad Lorenz (1973), an eminent Austrian biologist and others like Spencer and Haeckel, were very much affiliated to the anti-Semite worldview based on Darwinism and, later taken up as an integral part of the Nazi programme. The Jews, gypsies and other non-Aryans were labeled as sub-humans and non-beings— a parasitic growth to be eradicated in the name of ‘evolution’ (*Entwicklung*). “If”, as Jerry Bergman points out wryly, “Darwinism is true, Hitler was our saviour and we have crucified him” (*Darwin and The Nazi Race Holocaust*, 1999).

It was Darwin who popularized the theory of bad blood, for “blood is a very special fluid” (Goethe, *Faust I*) and it is through bad blood that genetic pools are contaminated. As Gilman points out, the disease that pervades the Jew is found in his blood (p.110). He further elaborates, “... all pathology was in the blood. Blood, in this same culture, as we have seen, has many layers of meaning— from the blood associated with the blood libel trials to its role in purifying ritually slaughtered animals, from its function as primary German marker of race to the parallel concern with blood as the proof of a eugenically “healthy” body politic” (p.179). Their contract with devil was written with the blood. Blood was the central trope in the contemporary discourse on illness and was, readily associated with the cause, contamination and cleansing of the disease. Even Kafka while reflecting about his illness, suggests the same preoccupation with blood and writes,

“That I should suddenly develop some disease did not surprise me; nor did the sight of blood; for years my insomnia and headaches have invited a serious illness, and ultimately my maltreated blood had to burst forth...Well, I have to accept it; actually my headaches seem to have been washed away with the flow of blood”(Letters to Friends, Family, and Editors,543).

The infected blood was, thus needed to be cleansed out of the body because ill blood meant ill body. One can now comprehend why ‘cleansing’ became an important metaphor in contemporary social and political life— culminating into juxtaposition of ritual slaughtering, ethnic and racial cleansing and physio-pathology; and in all, blood remained the common trope. “To cut into body is to generate wound. Flesh is exposed and produced by this uncanny cut. Usually, when a living body is cut, it bleeds. Blood is liquid, viscous, and messy, and spilling too much leads to death, which is why we generally seek to prevent it or contain it within sacrificial economies. This is the cup of my blood, poured out of the colonized multitudes for our new covenant of corporate globalization. *Hic est enim calyx sanguines mei.*” (Crockett,2013)

The suffering and “strange” body of a Jew is a revolt against the unintelligent, mechanical and ateleological concept of nature; its “strangeness” is attributed to its potentiality, a metaphysical “tendency for something”. This more Aristotelian-Thomist view is very different from the Darwinian notion of a passive machine-body which is acted upon from outside. Its hylomorphism (*hyle* means “matter” and *morphē* means “form”) is more close to quantum mechanics, standing in the middle between subjectivity and objectivity and, between actuality and potentiality. As Werner Heisenberg points out, “they form a world of potentialities or possibilities rather than one of things or facts ... The probability wave ... mean[s] tendency for something. It's a quantitative version of the old concept of potentia from Aristotle's philosophy. It introduces something standing in the middle between the idea of an event and the actual event, a strange kind of physical reality just in the middle between possibility and reality." The body with its energy (“potentia”) directed towards fashioning and self-fashioning, transforming itself continuously from one form to another is “strange” compared to the Darwinian bodies— a kind of dynamism or “strangeness” added to body. The “revolutionary” expressions of such bodies have the potential to “encourage ruptures and new sprouting” (28), as Deleuze and Guattari note in their *Kafka: Toward a Minor Literature*; it becomes very difficult in such cases to distinguish between the form and the matter: “when a form is broken, one must reconstruct the content that will necessarily be part

of a rupture in the order of things”(155). The more one tries to understand it through external laws, the more it becomes incomprehensible— and as it takes a journey from the realm of known to the unknown, from finite to the infinite, it remains “unfinished and open” (Bakhtin,1965).

The ‘presence’ of the Jewish body “embedded in the material world characterized by its spatial, tangible relations” (Gumbrecht,2006, p.318)—its lived (embodied) experience of history and politics, the ‘being in touch’, helped its movement away from complete biological reductionism or constructivism and, medicalization or racialization of being (*ousia*).The profession of medicine, as Long points out, sought to objectify the body while the profession of history sought to objectify the past (*Rehabilitating Bodies*,2004) — the circumcised history of the circumcised body. And in this ‘somatic turn’, Kafka emerges as a brilliant study of history of the flesh and history in the flesh, a perfect paradigm of how in twentieth-century crises of representation lead to a crises in civilization.

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The Daily Drama of the Body: Disability and Samuel Beckett's *Endgame*

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Abstract: In Beckettian reality, bodies are not seen in their corporeality. Rather, they become tools for various philosophical and metaphysical speculations. This rupture between reality and corporeality is what makes Beckett an interesting case-study for disability studies. Disabled characters and their impaired bodies in the play *Endgame* are also subjected to such hermeneutical speculations. My effort will be to blast open the continuum of such hermeneutics and see those bodies in their phenomenological materiality—going back to the internal structure of pain, suffering and disability.

Keywords: lived body, disability, lived time, lived space, mobility

"I say to myself—sometimes, Clov you must learn to suffer *better* than that if you want them to weary of punishing you—one day"¹

— Clov in Beckett's *Endgame*

Throughout Beckett's corpus we find bodies—maimed bodies, disabled bodies, incarcerated bodies, grotesque bodies, painful bodies—bodies even though in crisis, are never seen in their phenomenological materiality. Rather, those bodies become a cradle for different philosophical and metaphysical speculations. They are always already de-contextualised and de-animated. They are free from the socio-political condition as well as from their spiritual and organic semblances. They become, in the hands of modern hermeneutics, what Foucault would call, "military machine" (*machine à guerir*) "not as a self-healing whole, but as an object, a hindrance to be mastered and made-over design"². The singularity and specificity of the body is completely ignored for the sake of some already established categories and, "[t]hus" as Ato Quayson points out "discussions of maimed and disabled characters in Beckett are often conducted around two broad rubric: existential phenomenology and deconstructive antihumanism"³. In Beckett there is a rupture between disability and pain.

Beckett himself suffered from various chronic ailments including arrhythmic heartbeat, cysts and abscesses and hence, it is no surprise that his *weltanschauung* is layered with different metaphors of illness. Deirdre Bair in *Samuel Beckett: A Biography* points out, "at one point Beckett insisted that all of life was a disease, with babyhood its beginning. Man, to him, was the prime example of the mortally ill, for man began as a helpless infant, unable to attend to himself, and most of the time ended in the same manner. In man's beginning and end there was immobility, and each man was thus at the mercy of all others"⁴. His dereliction for human and humanity makes him to employ illness and disability as chimerical devices in his works. There is no distinction between human-other in Beckett. In him we find a journey from anthropological to non-anthropological—in Beckett, the human is the *other* to the extent that that it is discontinuous and deformed.⁵

Disease, decay, deterioration and dismemberment are archetypes we find in Beckett's plays and novels in profusion but they are seldom associated with physical suffering. They are rather often conceived as allegorical—in many cases as symptom of spiritual and creative debasement. And in doing so, obliterates the very specificity of the body and the body-in-pain. It succumbs to what Quayson calls "hermeneutical conundrum", "not so much so as to raise doubt about what it might mean, but so that the entire apparatus of representation is riddled with gaps and aporias"⁶. *Endgame* too is filled with gaps and aporias or what Theodor Adorno calls "organized meaninglessness" and "an expression of meaning's absence". The disabled and

¹ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York

² Aho, James & Aho, Kevin (2008): *Body Matters: A Phenomenology of Sickness, Disease, and Illness*, Lexington Books, Plymouth, UK, 146

³ Quayson, Ato (2007): *Aesthetic Nervousness: Disability and Crisis of Representation*, Columbia University Press, New York, 56

⁴ Bair, Deirdre (1993): *Samuel Beckett: A Biography*, Touchstone, New York, 170

⁵ Sheehan, Paul (2004): *Modernism, Narrative and Humanism*, Cambridge University Press, UK, 176

⁶ *Ibid*, 84-5

impaired bodies in the play thus concomitantly, are never seen in their physiological and phenomenological realities; the studies on Beckettian dramaturgy are more centred around body as an idea or an ideal.

The play dramatizes the disability of two pairs of characters: Hamm and Clov on one hand and, Nagg and Nell on the other. But all these four characters have been tied together in such a manner that it would be almost impossible for a character to live autonomously and might perish in no time if taken out of this arrangement. Hamm is completely blind, crippled and immobile, and his entire existence is contingent upon Clov. He will die in no time if Clov leaves him. On the other hand, Clov is mobile and comparatively healthier. He is the only character who can move from one corner of the stage to another. He always threatens to leave Hamm but never does ("I'll leave you, I have things to do"⁷). He is aligned to Hamm because of some unknowable reasons. In case of Nagg and Nell, we see a sort of radical captivation—they are both physically and psychologically confined in their ash cans, totally cut-off from the world as well as from each other. The absurdity of the situation is thus, very striking. In the play, Clov's movement is in sharp contrast to the stillness of Hamm, Nagg and Nell. Quayson also iterates, "The dialectical relationship between mobility and immobility in a play constituted exclusively by characters that carry impairments serves to further accentuate the existential constraint of disability. Every move within this dialectic is constitutively dependent on its opposite, thus suggesting that impairment/disability/immobility and nondisability/mobility are part of a single continuum"⁸. Such radical interdependency becomes necessary especially when one is encountering a post-Holocaust-like situation:

Hamm: [...]
Why do you stay with me?
Clov: Why do you keep me?
Hamm: There's no one else.
Clov: There's nowhere else.
[Pause.]⁹

Moreover, Hamm's physical incapacity on the stage has been placed in striking contrast to Clov's mental incapacity that disables him to go from the stage and away from Hamm. Being completely blind and immobile, Hamm does not have any direct control over Clov but still we see him exerting some sort of *indirect* control over Clov and Clov's subsequent internalization of Hamm's authority. It is this internalization which helps in his confinement—when other's gaze is internalized, it creates a stand-still arresting one's essential "becoming" and binding it to "me-here-now". This objectification captivates one's self and initiates the process of extermination of one's subjectivity. And here, Victoria Swanson in her article draws a parallel between Sartre and Beckett and points out, "[t]he organizing consciousness, the consciousness of the observer, displaces and objectifies the subject. Sartre and Beckett both present the gaze of the 'Other' as violent and subjectifying"¹⁰. But as opposed to Sartre, in Beckettesque reality there is no provision for freedom, will and authenticity. Rather, she argues "Beckett embraces the impossibility of meaning as liberation from confinement inherent with predicaments of subjectivity, power, and the limitations of language". She continues, "[f]or Beckett, the Sartrean vision of subjectivity is a trap that can only be escaped, if it can at all, by the kind of self-violence that leads to self-dissolution"¹¹, something that can be seen in Clov's subjectivation and subjugation by Hamm:

Clov: I can't sit down.
Hamm: [*impatiently*] Well you will lie down then, what the hell! Or you'll come to a standstill, simply stop and stand still, the way you are now. One day you'll say, I am tired, I'll stop. What does the attitude matter?
[Pause]
Clov: So you all want me to leave you.
Hamm: Naturally.
Clov: Then I'll leave you.
Hamm: You can't leave us.
Clov: Then I won't leave you.
[Pause]¹²

⁷ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 15

⁸ Quayson, Ato (2007): *Aesthetic Nervousness: Disability and Crisis of Representation*, Columbia University Press, New York, 68

⁹ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 13

¹⁰ Swanson, Victoria (2011): Confining, Incapacitating, and Partitioning the Body: Carcerality and Surveillance in Samuel Beckett's *Endgame*, *Happy Days*, and *Play*, in Miranda [Online], Université Toulouse, <http://miranda.revues.org/1827>

¹¹ *ibid*

¹² Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 44-5

So, vulnerability in the play not only comes from corporeal confinement but psychological confinement too. Both Hamm and Clov are confined to the stage in their own way—the former because of his physical impairment and, the latter because of his subjectivity and carcerality. And it is only through his chaotic function, through his “repeated violations” that, Clov will be able to disrupt this very power relation and “transform the abode into a pandemonium”¹³.

All the four characters in the play including Clov are incapacitated—they are at dis-ease with the world (though it will be very difficult for me to use the words ‘disease’ and ‘disability’ interchangeably). Their lack of ability (read, dis-ability) to interact with the other creates a rupture between their being and the world. Similarly, our bodies too live in relation to the other. 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, entangled with the world. So what the characters in the play lack is the inter-subjective acknowledgement; they remain not only physiologically but ontologically fractured, bruised, alienated and paranoid. Their incapacity to interact and communicate with the surrounding makes them deficit of the state of holiness—the wholeness, completeness, balance which we call ‘health’. They are all apprehensive and paranoid about their surroundings, abiding by the Sartrean thesis “Hell is—other people”¹⁴. It is this cynicism that is dis-abling them to escape from their situation—they are all either incarcerated or self-incarcerated:

Hamm: Outside of here it's death.
[Pause]¹⁵

And again,

Hamm: Stop!
[Clov stops chair close to back wall. Hamm lays his hand against wall.]
Old wall!
Beyond is the...other hell.
[Pause. Violently.]
Closure! Closure! Up against!¹⁶

Thus, all the players in Beckett's play are restricted to their limited time and space—Hamm to his wheel-chair, Nagg and Nell to their ash cans and Clov to the stage. The shrinking of time and space is one of the highlights of *Endgame*. The ‘restrictive economy’ of Beckettian stage does not provide any scope for transcendence.

The lived space, the familiar territory of the characters in the play shrinks as their impairments are turned into disabilities. Their bodies no more stretched “ex-statically” into lived space—rather we see restricted bodily functions and concomitantly, contraction of space. Their bodies lack what Maurice Merleau-Ponty would call “*praktognosia*” or kinesthetic wisdom. James Aho and Kevin Aho explain: “When I am healthy, my body stretches “ex-statically” into lived space, beyond the limits of my skin. The lived-body and the world “intersect and engage each other like gears” as I climb stairs, open doors, and sit at the desk. It is in those moments that I feel “I can”. When the lived-body is ill, on the other hand, this disposition shifts dramatically to “I can't”. Now the world no longer gives itself as an expansive horizon of possibilities into which I can pass. Instead, the stairs look *insurmountable*, the door is *too heavy*, and sitting is *painful*. The boundaries of my world begin to collapse”¹⁷. Such bodily restrictions and “freezing and rigidity of the lived-body” accentuate disability and immobility as one is pinned down to a particular space and never move and act beyond the *vicinity*. The players refuse leaving their *vicinity* since, all that they can be sure of is their *vicinity*, nothing further than:

Hamm: Nature has forgotten us.
Clov: There is no more nature.
Hamm: No more nature? You exaggerate.
Clov: In the *vicinity*.¹⁸

The actions in the play are very much restricted as there is no intersubjectivity, no intercorporeality, no ‘bodying-forth’—we see a contraction of both lived-body and lived-space. The bodies in the play fail to transcend their skin, their *körper*; they remain always already limited to their corporeality; and thus any attempt

¹³ Beckett, Samuel (1995): “The Lost Ones”, *The Complete Short Prose, 1929-1989*, Grove Press, New York, 209

¹⁴ Sartre, Jean-Paul (1946): *No Exit and The Flies*, Knopf, 61

¹⁵ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 16

¹⁶ *Ibid*, 33

¹⁷ Aho, James & Aho, Kevin (2008): *Body Matters: A Phenomenology of Sickness, Disease, and Illness*, Lexington Books, Plymouth, UK, 115-7

¹⁸ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 18

to establish relationship with the world remains futile. Hamm, Nagg, Nell and to a certain extent Clov stay caged in their machine-like bodies, they become what La Mettrie would call *L'homme machine*, devoid of any of the essential 'becoming(s)'. None of the characters enjoy what they do. And as the space is 'narrowing' upon them, their life is being reduced to its bare minimum ("bare life"). We witness such claustrophobic ambience in the very stagecraft and such 'narrowing' down from the beginning of the play:

Bare interior.

Grey light.

Left and right back, high up, two small windows, curtains drawn. Front right, a door. Hanging near door, its face to wall, a picture. Front left, touching each other, covered with an old sheet, two ashbins. Center, in an armchair on castors, covered with an old sheet, Hamm. Motionless by the door, his eyes fixed on Hamm, Clov. Very red face. Brief tableau.¹⁹

And that is all that Beckettian stage has to offer; life reduced to its bare minimum. The "bare interior" and closed spaces of the stage are symptomatic of not only the nadir of life but also shrinking of lived-space resulting from impairment and disability. "That is to say, there is a narrowing or 'funneling' of our existence down to essentials. Life close in on us; we stop doing things that once nourished and nourished us, leaving only work or other stressors that continue to deplete our emotional resources. The narrower the funnel becomes, the easier it is to be drawn into the hallowed-out state of having but one choice, either to live or die"²⁰. Disability and space are thus, directly proportional to each other.

Not only do we see shrinkage of lived space in *Endgame* but also shrinkage of lived time—the continuum of time which anticipates what-is-to-come (the future) relative to what-is- now (the present) and to what-once-was (the past). The temporal existence of the characters on stage is reduced to their immediacy, as if they are stuck or glued to their present "now". They have become prisoners of the present, to their single temporal dimension. They are all unsure about their past and the future seem to be dark and bleak. In illness "the lived past" as James and Kevin Aho point out "with its remembered images of vitality and independence closes off. The remaining memories are stripped of their emotional valence and begin showing up in an alien and abstract way as the experiences of someone else" and on the other hand "once open vista of future hopes and dreams collapses"²¹. The illness and impairment in the play causes the rhythmic flow of time to stop and shrink, disabling them to think and act beyond the limits of the time on stage. So not only *here* but 'outside of *now* its death' too.

In the play, we do not find any of the characters transcending the limits of the time on stage. "Nothing seems to happen in the now of the dramatic action. All that is left for the characters is the recollection of the past"²², as Quayson points out. We see Hamm and especially Nagg and Nell taking recourse to the past as a respite from the pain of the present—the dull, dreary and weariness of their present existence:

Hamm: I love the *old* questions.

[*With fervor*]

Ah the *old* questions, the *old* answers, there's nothing like them!

[...]²³

Although their effort to (re)create the past in order to suit their present proves futile, it provides them some kind of anesthesia — momentary relief from their painful sterile condition. Nagg and Nell remain isolated from each other in their separate ash bins. They do not share anything in the 'here, now' of the stage but that lack of 'with-the-other' is compensated by a shared past. They were hardly able to see each other but they could hear properly and it was their narrative (of the past) that was keeping them alive:

Nagg: Can you see me?

Nell: Hardly. And you?

Nagg: What?

Nell: Can you see me?

¹⁹ Ibid, 7

²⁰ Williams, M. J. Teasdale, Z. Segal, and J. Kabat-Zinn (2007): *The Mindful Waythrough Depression: Freeing Yourself from Chronic Unhappiness*, The Guilford Press, New York, 28-29 (Quoted from Aho, James & Aho, Kevin (2008): *Body Matters: A Phenomenology of Sickness, Disease, and Illness*, Lexington Books, Plymouth, UK, 120)

²¹ Aho, James & Aho, Kevin (2008): *Body Matters: A Phenomenology of Sickness, Disease, and Illness*, Lexington Books, Plymouth, UK, 120-121

²² Quayson, Ato (2007): *Aesthetic Nervousness: Disability and Crisis of Representation*, Columbia University Press, New York, 68

²³ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 46

Nagg: Hardly.
Nell: So much the better, so much the better.
Nagg: Don't say that.
[Pause.]
Our sight has failed.
Nell: Yes
[Pause. They turn away from each other.]
Nagg: Can you hear me?
Nell: Yes. And you?
Nagg: Yes.
[Pause.]
Our hearing hasn't failed. [...]
Nagg: Do you *remember*—
[...]²⁴

The narrative of what had happened on Lake Como in this particular scene juxtaposes the past with the present or to be more correct, the *ability* of the past with the *disability* of the present. So for Nagg and Nell, “the process of recalling the past is at same time a process of animating what is potentially sterile and inert, that is, dead and only enlivened in memory”²⁵. Such interlocutions help to build up the conflict— mnemonic interludes of *action* in the play are in stark contrast to the general *inaction* on the stage.

The experience of pain and disability remains unaccounted throughout the play. Although in pain, none of the characters recognize it. Only in few instances we find Hamm asking for painkillers nevertheless, pain and especially physical pain remains unrecognized and uncertain. We do not see any articulation of the body in pain, of the body which is suffering. A condition which can be called *painfulness without pain* where one is able to be in pain but is not able to feel pain. Such ambiguous and perplexing status of pain in the play is the consequence of the contradiction between *being in pain* and *feeling pain*. Pain is always already contingent upon intersubjective recognition— the validation of pain of the sufferer is somewhat validated by the recognition of the other. In *Body in Pain* (1985), Elaine Scarry suggests that one of the complex things about pain is that it produces epistemological certainty for the pain sufferer but the possibility of doubt for the nonsufferer. “To have pain,” Scarry points out, “is to have *certainty*; to hear about pain is to have *doubt*”²⁶. There is no “analogical verification” or “analogical substantiation” of pain in Beckett's plays. *Endgame* employs a whole new structure of interlocution by disrupting and reframing the very relationship between the sufferer and the witness. Not only recognition, there is no effort on the part of the characters to alleviate pain— they remain indifferent to each other's pain. Hamm's demand for painkillers is never meted out by Clov. Hamm on the other hand, never takes Clov's pain seriously. And they both stay oblivious to the hunger, pain and suffering of Nagg and Nell:

Hamm: [...]
Is it not time for my pain killers?
Clov: No
[Pause.]
I'll leave you, I have things to do.²⁷

And again,

Hamm: How are your eyes?
Clov: Bad
Hamm: How are your legs?
Clov: Bad
Hamm: But you can move.
Clov: Yes.
Hamm: [*violently*] Then move!²⁸

Quayson points out, “[t]he absence of a structure of interlocution for addressing pain in Beckett is what allows his drama in particular to reside uneasily between tragedy and comedy. The dianoetic laughter that often attends plays such as *Endgame* is possible because the characters' suffering is not physical or even indeed emotional.

²⁴ Ibid, 22

²⁵ Quayson, Ato (2007): *Aesthetic Nervousness: Disability and Crisis of Representation*, Columbia University Press, New York, 71

²⁶ Scarry, Elaine (1985): *The Body in Pain: The Making and Unmaking of the World*, Oxford University Press, Oxford and New York

²⁷ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 14

²⁸ Ibid, 14

They are not perceived to be in pain in any physical sense of the word"²⁹. Rather than evoking pathos the situation of the characters tend to evoke bathos. The characters in the play are often thought to be ciphers and their act nothing more than clowning. Nell diagnoses the problem and critiques their situation, as they say:

Nell: One mustn't laugh at those things, Nagg. Why must you always laugh at them?

Nagg: Not so loud!

Nell: [without lowering her voice] Nothing is funnier than unhappiness. I grant you that...³⁰

The negation of any real referent of pain and discomfort, thus, from the stage, from the structure of impairment and disability and from the minds of the characters and the relationship between them enables the play to fall victim to several metaphysical categories.

Such overdetermination of physical pain can be observed throughout the play. Even the three-legged castrated dog by which Clov in the play hits Hamm can be seen as an allusion to Friedrich Nietzsche's metaphor for pain. In *The Gay Science* Nietzsche writes, "I have given a name to my pain and call it 'dog'. It is just as faithful, just as obtrusive and shameless, just as entertaining, just as clever as any other dog— and I can scold it and vent my bad mood on it, as others do with their dogs, servants, and wives."³¹ Perhaps, even Clov himself can be seen as a reification of Hamm's unbearable pain. He never gives Hamm his painkillers. The entire existence of Hamm is conditional and heavily depends upon Clov. The latter on the other hand, always threatens Hamm but never leaves ("I'll leave you, I have things to do"). They equally surmount Hamm— *like* pain, *like* Clov. The pain is more of a cipher in Beckettian reality rendering it to be very difficult to read. The disabled and impaired bodies in *Endgame* and the "precise metacritical function" that it serves makes it elusive and ambiguous in nature rendering the "entire apparatus of representation... riddled with gaps and aporia"³².

Beckett's plays diagnose the limits of lived body. In *Theatre and Body* Colette Conroy points out, "the body" for Beckett "is a metaphor for the restrictive experiences of the human psyche and its failure to escape from its own painful restrictions"³³. There is no 'escape' in Beckett's theatre and in *Endgame* too, the uncanny immobility on the stage never allows any extant for freedom and transcendence. Although once in the play we find Hamm hinting at such an escape to a distant land, "Let's go from *here*, the two of us! South! You can make a raft and the currents will carry us, far away, to other... mammals!"³⁴ but very soon his anagnorisis of pain brings him down to his bodily existence: "Wait! [...] Is it not yet time for my pain-killer?" The limits of 'here, now' of the stage *limit* the agency of the characters— not allowing them to come out of their 'restrictive economy' of corporeal existence.

The lived body becomes a tool to study different dimensions of disability in theatre. Conroy claims, "[t]here is a huge difference between talking about 'the body' and its experience of a theatre performance and talking about 'bodies' and their experiences. *The body* supposes that there is an ideal or assumed body and that all people gain access to the pleasures of performance in broadly the same way. When we think about *bodies* as entities that see, feel and move in radically different ways, as in disability theatre, the idealized *body* becomes the disparate *bodies*. We can't suppose that the play offers one overriding 'meaning' or a single coherent performance."³⁵ The (re)presentation of disability and impairment in Beckett's *Endgame* blasts open the very continuum of hermeneutics— challenging the 'ideal' and calling for an array of possibilities. There is no end to this game. By continuously resisting and subverting the notions of body, pain, disability and action Beckett is trying to change the very rules of the game. The body, pain, illness and impairment in the play are not what we understand off-stage. On-stage, the exceptional bodies of Hamm, Clov, Nagg and Nell incite violence, encourage representation and force explanation persistently. Even when sufferance was looming large they managed to suffer *better*. The play rather becomes a game to end the kind of conventional politics prevalent— both on and off the stage.

²⁹ Quayson, Ato (2007): *Aesthetic Nervousness: Disability and Crisis of Representation*, Columbia University Press, New York, 83

³⁰ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 26

³¹ Nietzsche, Friedrich (1974): *The Gay Science*, trans. Walter Kaufmann, Vintage, New York, 249

³² Quayson, Ato (2007): *Aesthetic Nervousness: Disability and Crisis of Representation*, Columbia University Press, New York, 83

³³ Conroy, Colette (2010): *Theatre and the Body*, Palgrave Macmillan, New York, 73

³⁴ Beckett, Samuel (1957): *Endgame & Act Without Words I*, Grove Press, New York, 42

³⁵ Conroy, Colette (2010): *Theatre and the Body*, Palgrave Macmillan, New York, 55-6

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