

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 Tadzio, Venice and death are on the same plane. We see the metaphors of illness and death being used over and over again while describing Tadzio and Venice; and the way the modern necropolis of Venice has been portrayed is no different from the morbid Tadzio. 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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