

Representations of Illness in Literature and Film

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By

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P U B L I S H I N G

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To my grandson Yonatan:
welcome to the family,
with love from us all

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INTRODUCTION

The idea of incorporating disease or illness in literature has been with us from the beginning of fiction writing. Take, for example, the concept of madness: there have always been narrative strands of madness, dating from the works of Homer, Cervantes and Shakespeare. Representations of illness have captured the imaginations of countless readers. Why, then, is it important to explore modern works that repeat these patterns of the past?

One good reason to do so is because of the currently sympathetic, empathetic and realistic viewpoint vis-à-vis illness projected today. For example, few of us currently believe that some diseases might be the result of diabolic possession. In addition, many of the diseases under discussion in this work either did not exist in previous times or presented themselves very differently. Anorexia and bulimia, topics of the first chapter, could not have existed in their present form in pre-modern times because society was not sufficiently industrially developed for people, especially women, to starve or gorge themselves in reaction to the lives they lived. Although there has been some speculation that saintly women who fasted might indeed be the precursors to anorexics, a conscious decision to alter body image could not have been made. It seems fair to say that Teresa of Avila would not have looked in a mirror and decided that, for aesthetic reasons, she would just have to lose a few pounds. Only a postmodern, post-industrial world could have produced a character like Ruth, in *Eve's Apple*, a novel we will discuss in the first chapter, who is acting out her familial and personal difficulties through her obsession with caloric intake. And only our society could consider the machinations of the couple, her partner Joseph's investigations, and Ruth's destructive inclinations, real-life problematic behavior. The cultural representation of anorexia and bulimia is no less a cry for help for the calorically challenged in society than the pleas of the protagonists for their own personal resolutions. These particular disorders, then, anorexia and bulimia, owe their existence to specific economic and cultural conditions of the western world. In examining *Eve's Apple*, we will learn about the particular aspects of eating disorders that are posited on specific conditions of the world we live in. We might also develop a better understanding of the motives that drive people to view their bodies in a distorted manner.

In the second part of chapter I, Jonathan Lethem offers us a sympathetic view of Tourette's syndrome. Often a debilitating social disease, Tourette's does not prevent Lionel Essrog (the latter word is that of a fruit used in Jewish ritual for the holiday of Succoth that must be without blemish) from fulfilling a highly social role, that of an investigating detective, to impose his will upon the world and discover whodunit: that is to say, who killed his boss and mentor Frank Minna. Lionel's Tourette's syndrome is an obvious impediment to the investigation, not least because he is likely to release his Tourettic mantra of "eat me" and other choice linguistic morsels at the most inappropriate of times. Nevertheless, Lionel manipulates his disorder, most often culturally activated, as he claims to live in a city with a Tourettic beat, to solve the conundrum he has sworn to unravel. That someone is able to go beyond or at least circumvent his own cultural and organic limitations is a refreshing and original viewpoint for the notion of disorders. Not only is there room in the world for a Touretter, but his or her malady can also on occasion be turned into a strength, especially when Lionel confesses to the homicide detective's determined prodding that Tourette is the guy behind the scenes manipulating the investigation and no doubt the key to the case. Lethem helps us to acknowledge that people with disorders and syndromes are not beyond the social pale. To the contrary, Lionel's ability to solve a murder mystery reinforces the idea that he is a constructive member of his community and that no one should be excluded from society because of his or her "condition."

In chapter II, schizophrenia and loss of short-term memory come into play in the films *Fight Club* and *Memento* respectively, not particularly as completely realistic syndromes, but more as symbols in capitalist morality plays. Put simply, the bottom line for both films is that capitalism can make one sick in an unpleasant variety of ways, even, and perhaps especially, at the workplace. One need not bother to search the wards of mental hospitals to meet the schizophrenics that have opted out of reality to embrace a psychotic world because of their job, or because of the world around them. Nevertheless, should one search for an example, it is not beyond the pale to find such a "real-life" person. Indeed, it is a fairly common complaint to hear one grouse about one's boss or one's job, most often because of the work's stressful nature. These movies and their protagonists carry these neurotic complaints to a higher level. The point is, then, that certain aspects of capitalist society can indeed make people engage life in full-blown, anxiety, ennui, or estrangement. And it has become legitimate to engage cultural artifacts – the movies under investigation here, for example – to formulate such a discussion, even if

we know that that these capitalist films will eventually do nothing more than reinforce the spirit of capitalism. The idea, however, that cultural production must engage in a dialogue with the illness of capitalist life is encouraging and certainly cathartic. In *Fight Club*, the unnamed protagonist (who might be Jack) is paralyzed by his work for the automobile industry. He must choose dollars and cents over his moral sense every time he calculates whether or not an automotive recall is the economically viable decision to make. As long as people are dying in accidents from a defective part or system at economically sustainable rates, a recall is out of the question, no matter how many lives are lost to automotive defect. This untenable situation eventually leads Jack into a dual personality, one in which his alter ego, Tyler Durden, can plot the painful downfall of capitalist society, while his ever increasing group of followers beat each other senseless in order to feel alive. The film, then, revolves around a cultural use of a medical condition. The audience will no doubt enjoy fantasizing about the downfall of the "man" or the system, even if the feel-good ending leaves the post industrial mode of production in its dominant position. In other words, some systems are just too large and powerful to destroy, even if we employ mental illness to escape their boundaries.

Apropos reactions to the post-industrial world, Leonard Shelby, the protagonist of the film *Memento*, has an interesting condition of his own, a kind of postmodern Alzheimer's (a disease itself that is always already postmodern), which prevents him from retaining any new memories. His work as an insurance claims adjuster has saved his company much money, but his immoral judgments have brought death and destruction to innocent lives. Partly in reaction to his guilt over his capitalist machinations, Leonard's life is reduced to a Sisyphean quest to track down and kill John G., the man who may have murdered Leonard's wife. Unfortunately, there are many John G's in the world to keep Leonard occupied. Having denied the just insurance claim of someone who is memory impaired, Leonard, primarily because of his own memory problem, is responsible for the death of many innocent people, as he desperately attempts to escape from the burden of his cultural disease. Once again, we learn through a cautionary tale about the evil that men do because of their place in the economic hierarchy. Yet there can be no solution for Leonard other than the endless repetition of destruction. There is no tragedy here, because the protagonist was never free to behave differently. And he must pay the price of his dubious place in the world, by drifting aimlessly and murderously through life without the ability to recall events of the recent past.

Chapter III examines *the curious incident of the dog in the night-time*, a novel which marks the official emergence of Asperger's syndrome in literature, something that has become legitimate and recognized in medical circles within the last two decades (unfortunately, Asperger's as sub-category of autism may soon be revoked by the AMA). Formerly grouped together with autism, Asperger's is now understood as an independent disorder, one that affects one's social behavior rather than one's intellectual abilities. Also under discussion is the life and work of Temple Grandin, an autistic professor with an Aspergerian bent who manages to use her disorder to further her career and her profession. Grandin claims that autistic people and animals think alike. That is, they visualize in pictures rather than in words, which is the very characteristic that allows her to sense the anxiety of animals in slaughterhouses. She has fashioned a career troubleshooting the problems of slaughterhouses to make sure they operate humanely even if she seems incapable of expressing emotion about the kind of work she does.

In *curious incident*, Chris, the young boy afflicted with Asperger's, also is able to utilize his disorder to ameliorate his life and the lives of his parents. He manages to solve the mystery of his neighbor's dog's murder and also succeeds in reconnecting to his mother, whom he has been told had passed away. While the boy is clearly hindered by the effects of Asperger's, he also is able to employ his disorder to make his way in the world. Much like in *Motherless Brooklyn*, the disorder becomes the star of the novel, and Chris is able to influence the world around him because of and despite his affliction. The novel reveals a great cultural acceptance for the impaired, which conflicts with earlier times when most people suffering from illness were isolated at best, and ostracized at worst. The cultural acceptance of the other, especially the afflicted other, makes for a more just world in which the impaired can use their handicap to make a life among the so-called "normal" people of society.

In Chapter IV, the presentation of AIDS in Pearl Cleage's novel, *what looks like crazy on an ordinary day*, portrays the cultural aspects that have made the disease one that threatens the very existence of the African American community. The cultural factors that lead to the spread of AIDS in minority communities, specifically here in an imaginary all-black town (Idlewild) in Michigan, are also those that have a devastating effect on African American women, currently the most susceptible group to new HIV infections. Yet the novel offers feminist and didactic perspectives and is not an attempt merely to create sympathy for victims who first and foremost fall prey to their own ignorance. Ava Johnson, the middle-class protagonist who is infected with AIDS, on more than one occasion notes

that she should have behaved differently and taken responsibility for her sexual actions because she knew better. And she will allow no mystery as to how she got infected: that is, by having unprotected sex with men. The novel is a didactic attempt to educate a young generation of black youth that might suffer devastating rates of infection if they do not learn to adapt their behavior to AIDS. Simultaneously, while fighting the ignorance that leads to STDs, most often resulting from the didactic strategies of abstinence and denial, the novel also attempts to rebuild the shattered family life that is in part responsible for the ignorance of the youth.

Chapter V examines the explosion of sexual enhancement products and how they have helped turn erectile dysfunction into an “in” cultural disease, especially for many people who need not rely on such medication. Nevertheless, it is hard to resist the charms of the little blue pill and its spin offs, especially since sexual enhancement products have spread tales of sexual execution on par with the greatest of urban myths. Far from straightforward medication for sexual dysfunction, the drugs of sexual enhancement are tightly bound to cultural needs and conventions, if not patriarchy itself. In addition, the very notion of medication, in all its cultural ramifications, gives rise to thoughts about what it means today to be human while relying on pharmaceuticals. The reader will be tacitly asked to consider the consequences of taking sexually enhancing drugs.

Chapter VI explores the manifestations of a relatively new disease, chronic pain, in two works of fiction, *Therapy* by David Lodge and *Truth and Consequences* by Alison Lurie. In the former, Lodge offers a humorous account of a ubiquitous pain in the knee, inexplicable in conventional medical terms, which leads the protagonist, Tubby Passmore to understand that he suffers from the IDK syndrome, better known as “I Don’t Know.” Although he undergoes therapy to understand the root cause of his psychic and physical pains, he eventually understands that the two categories are mutually inclusive, if not inseparable. He undergoes a comedic journey of initiation into self-knowledge so that he can understand the cultural and psychological causes of his pain and dissatisfaction. Alison Lurie, in contrast, alerts us to the horrors of chronic pain that seem to become a permanent fixture in the marriage of Alan and Jane. The former suffers from debilitating back pain and allows it to destroy his love for Jane and eventually to ruin their marriage. In both novels, chronic pain is portrayed as a postmodern illness, as for the first time in human affairs the pain becomes the illness itself, rather than a mere symptom of impairment. We will trace the development of that former symptom, chronic pain, into an independent condition or disorder.

The final chapter explores the cultural effects of perhaps the most debilitating disease to confront the elderly of the 21st century: dementia and its subcategory Alzheimer's. Jonathan Franzen, in his essay titled "My Father's Brain," and John Bayley, in his memoir of his wife Iris Murdoch, titled *Iris*, explore their relations with loved ones through the prism of memory and the inability to remember. The cultural entanglements for both the caregivers and receivers are almost larger than life. Franzen deals with many cultural topics that closely relate to his father's illness, chief among them the very notion of memory itself. He also takes a look at the difficulty of naming and dating the exact moment that forgetfulness ends and Alzheimer's begins: as a result of his father's condition, he decides to tell his father's story in his place. He also tells his own story and explores, among other topics, the ground rules of his parents' relationship, and the problematic connection he shared with them, as well the difficulties his parents encountered in their marriage. Alzheimer's is portrayed as a postmodern illness, with important cultural implications, most often because we come to understand that the disease attacks the personality – and destroys it – well before it leaves its toll on the body.

Bayley's memoir is especially poignant because of the intellectual stature of his wife, Iris Murdoch, who eventually comes to take her greatest joy from watching television cartoon characters. Bayley on occasion hopes against hope that the "real" Iris Murdoch, she who wrote 27 novels and other nonfiction works on philosophy, might actually be buried beneath the plaques and tangles of her Alzheimer's brain. Bayley also delves into the world of the caretaker, the endless frustrations brought about in a marriage that once brought them close by being apart. The upheaval of that world, with the couple drawn into a choking closeness, makes the caretaker almost as much of a victim as the Alzheimer's sufferer.

These illnesses and works of art, then, begin our initial exploration of the many manifestations of the relationship between culture and disease.

CHAPTER ONE

THE DIS-EASE OF CULTURE IN JONATHAN LETHEM'S *MOTHERLESS BROOKLYN* AND JONATHAN ROSEN'S *EVE'S APPLE*

Should the postmodern view of the world legitimate the ideas of cultural disease, cultural dis-ease, the dis-ease of culture and the disease of culture? Or is that going too far? I think not. There seems to be an almost symbiotic, cultural link between disease and dis-ease and that link was most probably well established long before the postmodern era.¹ The diseases humankind experiences vary with the changes in culture, but the link is always there. Therefore, in this chapter I will argue that we cannot fully understand certain diseases unless we approach them holistically and allow for a cultural as well as physical or chemical explication.² That is to say, I will argue that Tourette's syndrome and anorexia may have either cultural roots or cultural catalysts, if not both. Furthermore, in the case of the former, it is possible to utilize the oddities of the syndrome to further one's cause in the world. If this is so, it is no longer possible to grasp and perhaps treat these diseases without considering their cultural connections. Nor is it possible to appreciate fully the scope and ramifications of what we call culture. This is perhaps one reason, then, that disease and dis-ease have attracted the notice of popular culture, both in literature and in film.

Specifically, in this chapter we will examine the following cases: in the novel *Motherless Brooklyn*, the hero/detective must not only unravel the conundrum of whodunit, but must also battle the wild ticking and involuntary outbursts of his Tourette's Syndrome "self" while searching for the murderer of his friend, mentor, and boss. In *Eve's Apple*, we will track the machinations of yet another would-be detective, as he follows his anorexic, possibly still bulimic, girlfriend to discover if, when, and how much she eats and then subsequently how and if she gets rid of the calories. In both cases the cultural origins and catalysts of the diseases are present by their absence. That is, we can imagine and even describe their cultural origins even if it is not possible to prove this thesis scientifically.

This chapter clearly owes a debt to Susan Sontag's groundbreaking essays, *Illness as Metaphor and AIDS and its Metaphors*. Sontag argues that TB, cancer and AIDS have clear cultural components and attributes and must be examined and/or interpreted in light of their societal ramifications. While TB was once a culturally "desirable" disease, cancer and AIDS strike the "impure," with the body reflecting an unhealthy state of mind. In contrast to the cases of cancer and AIDS, having TB, she notes, "was imagined to be an aphrodisiac, and to confer extraordinary powers of seduction." Yet "cancer, as well as AIDS, is considered to be de-sexualizing" [13]. TB was, indeed, a "sexy" disease, while cancer and AIDS are illnesses that have clear stages leading to "unattractive" death. Henry David Thoreau conceived of his own TB as follows: "Death and disease are often beautiful, like...the hectic glow of consumption" [quoted in Sontag 20]. Disease for the romantics was "merely" "love transformed." People who loved too much got TB; people who were disappointed with life, like Freud and an abundance of literary characters, got cancer! [23] To this day, we still credit the patient to a certain extent with the responsibility for his/her illness. Those who are better fighters and have more reason to live are those we expect to recover, while those who given will probably not. Yet I believe that Sontag is overly negative when she claims that "psychological theories of illness are a powerful means of placing the blame on the ill. Patients who are instructed that they have, unwittingly, caused their disease are also being made to feel that they have deserved it" [57]. Perhaps it would be more appropriate to suggest that those who engage their disease with a positive mindset, living life to the fullest as if every day were their last, are more likely to overcome their diseases.

Clearly, beginning in the 19th century, TB was a highly attractive malady because of its cultural/artistic potential. It was more than a disease; thus its physical characteristics could be used to put together a "consumptive appearance," whether one suffered from the disease or not. This appearance or affectation could signify sexuality, or, paradoxically purity, but suggested that one had managed to reach the sublime, even if to do so were deadly. Cancer, in contrast, was something that destroyed the body and has, even today, yet to be aestheticized. "Romantic" agony was a lot more appealing than mere agony. Perhaps today's non-romantic modern version of TB is AIDS, an illness that is often supposed to strike those who "deserve" it.

Culture and society have long been described in terms of metaphors of illness. Shakespeare had his infections of the body politic, and his demented King Lear, while Nietzsche claimed that his infirm civilization

under the authority of Christianity attempted to throttle and destroy culture [*Will to Power*, 85-87].

But in the postmodern world we can take the relationship between culture and disease to a more complex level. That is, culture acts as either the creator or catalyst of certain diseases. Perhaps the least obvious example of those diseases and disorders we will discuss is the cultural connection to Tourette's syndrome.

But before we do so, let us review the disease as it is described and defined in the medical literature. Tourette's syndrome is a neurological disorder named after the French neurologist Georges Gilles de la Tourette, who, in 1885, described nine patients with childhood-onset tics, accompanied by uncontrollable noises and utterances [Jankovic 1184]. Tics, the clinical hallmark of Tourette's syndrome, are sudden, brief, intermittent, involuntary or semi voluntary movements (motor tics) or sounds (phonic or vocal tics). They typically consist of simple or coordinated, repetitive or sequential movements, gestures and utterances that mimic fragments of normal behavior. Examples of complex motor tics include headshaking, trunk bending or gyrating, brushing hair, touching, throwing, hitting, jumping, kicking, making rude gestures, grabbing one's genitalia, and making other lewd or obscene gestures (copropraxia) and imitating others' gestures (echopraxia). Burping, vomiting, and retching have also been described as part of the clinical picture of Tourette's syndrome. Some complex, repetitive movements and sounds may be considered a compulsion when they are preceded by or associated with a feeling of anxiety or fear that if they are not promptly or properly executed, "something bad will happen." [1184-1185]

Before the 1960s the disease was considered a bizarre psychological disorder, yet when the positive effects of neuroleptic drugs on the disease were recognized, Tourette's earned the distinction of becoming a relatively common, biological and genetic disorder. The more medical and educational personnel are trained to spot Tourette's syndrome the more cases appear in the literature, so that this phenomenon can also be called cultural.

Aside from biological, neurological and genetic factors, there is also limited discussion of the ways in which environmental factors affect Tourette's symptomatology in children. For example, factors associated with an increase in Tourette symptoms include events causing anxiety, emotional trauma, and social gatherings [Munoz et al 306]. This suggests, then, that the more uncertain the world we live in is, our own postmodern world, for example, the more we can expect to encounter cases of Tourette's. As clinical neurologist and author Oliver Sacks points out, a

Tourette's syndrome association came into being in 1974, with a membership of 50, yet seven years later, it had a few thousand. The membership grew, apparently, because sufferers began to recognize themselves, and family members were able to associate the symptoms of Tourette's with their loved ones [*The Man Who Mistook His Wife for a Hat* 94-95].

Sacks provides a rich cultural context for this, and other, .infirmities. Thus Sacks explains the "disappearance" of Tourette's syndrome in the first half of the 20th century as a result of the split between neurology and psychology. "By the turn of the century, a split had occurred, into a soulless neurology and a bodiless psychology, and with this any understanding of Tourette's disappeared" [Sacks 93]. Sacks believes that the disease was too "strange" for modern medicine. Strange diseases [Tourette's and *encephalitis lethargica*], he argues, "could not be accommodated by the conventional frameworks of medicine, and therefore they were forgotten and mysteriously 'disappeared'" [Sacks 93].

But because Sacks had become involved with post-encephalitic patients who exhibited Tourettic symptoms, he began to notice "ticcers" in the streets, potentially suffering from Tourette's syndrome. Sacks' most "cultural" Tourette's patient was known as "Ray." He exemplified the ways in which art and play become part of and temporarily overcome Tourette's. That is, "when the galvanised [British spelling] Touretter sings, plays, or acts he in turn is completely liberated from his Tourette's. Here the 'I' vanquishes and reigns over the 'it'" [96]. Ray's way of dealing with and surviving his near incapacitating tics was to play the drums.

He was, (like many Touretters) remarkably musical, and could scarcely have survived – emotionally or economically – had he not been a weekend jazz drummer of real virtuosity, famous for his sudden and wild extemporizations, which would arise from a tic or a compulsive hitting of a drum and would instantly be made the nucleus of a wild and wonderful improvisation, so that the 'sudden intruder' [Tourette's] would be turned to brilliant advantage [97]. Drumming is what helped Ray survive being fired from dozens of jobs, though he had managed to make it through college and was married. His marriage, however, was often threatened by his involuntary cries of "shit" and "fuck" at inappropriate – most often sexual – moments.

Yet what is most interesting about Ray is not how he dealt with his malady, but how he described it as part of his life. Although Sacks suggested medication that would mitigate his syndrome, Ray was hesitant about losing his tics, fearing that he would also lose his identity.

“‘Suppose you could take away the tics,’ he said. ‘What would be left? I consist of tics – there is nothing else’” [98]. He related to himself in the third person, calling himself “Witty ticcy Ray.” He could not imagine life without Tourette’s both because he was a drummer who was convinced [apparently rightly so] that his drumming reached occasional heights of greatness because of the speedy movements Tourette’s allowed him and because he so identified his very existence with the disease. Ray had employed and exploited his malady all his life and the thought of living without it was initially unacceptable. He and Sacks eventually worked out a compromise, whereby Ray took his medication during the week so his “square” self [Ray’s term] could hold down a job and satisfy societal expectations. But on the weekends he reunites with Tourette’s in order to be the great jazz drummer that he is. He also believes that his disease affords him an insight into life that “straight” people never have. He knows what it is to live life in the fast lane, after living in the dull lane for five days a week. Ray’s experience, it seems, is strong confirmation of the cultural connotations of a neurological/chemical imbalance in the brain.

Just as Sacks has shown the cultural connection to Tourette’s, so too has Jonathan Lethem’s novel, *Motherless Brooklyn*. Lionel Essrog, American orphan, must embark upon his quintessential American quest to reinvent himself with a twist. He is a would-be or wannabe detective that suffers from Tourette’s syndrome.

Indeed, from the first sentence of the novel, “context is everything,” the text prepares the reader for the possibility that there are cultural connotations and origins to Lionel’s malady. From the opening narrative we realize that the disease also manifests itself as a performing art in addition to its physical symptoms:

Context is everything. Dress me up and see. I’m a carnival barker, an auctioneer, a downtown performance artist, a speaker in tongues, a senator drunk on filibuster. *I’ve got Tourette’s*. My mouth won’t quit, though mostly I whisper or subvocalize like I’m reading aloud, my Adam’s apple bobbing, jaw muscle beating like a miniature heart under my cheek, the noise suppressed silently, mere ghosts of themselves, husks empty of breath and tone. (If I were a Dick Tracy villain, I’d have to be Mumbles.) In this diminished form the words rush out of the cornucopia of my brain to course over the surface of the world, tickling reality like fingers on piano keys. Caressing, nudging. They’re an invisible army on a peacekeeping mission, a peaceable horde. They mean no harm. They placate, interpret, massage. Everywhere they’re smoothing down imperfections, putting hairs in place, putting ducks in a row, replacing divots. Counting and polishing the silver. Patting old ladies gently on the behind, eliciting a giggle. Only – here’s the rub – when they find too much

perfection, when the surface is already buffed smooth, the ducks already orderly, the old ladies complacent, then my little army rebels, breaks into the stores. Reality needs a prick here and there, the carpet needs a flaw. My words begin plucking at threads nervously, seeking purchase, a weak point, a vulnerable ear. That's when it comes, the urge to shout in the church, the nursery, the crowded movie house. It's an itch at first. Inconsequential. But that itch is soon a torrent behind a straining damn. Noah's flood. That itch is my whole life. Here it comes now. Cover your ears. Build an ark.

'Eat me,' I scream. [1-2]

In essence, this rather long quotation is the key to understanding the dynamics of the entire novel and the plight of Lionel as Tourette. In this rich and spellbinding description of Tourette Syndrome, the narrator presents both cultural and physical metaphors and similes, yet he begins with the former, as if to suggest the cultural connotation of Lionel's suffering.

Thus the narrator describes accommodating and conventional cultural roles in order to create a societal context for his own social transgressions. He plays a variety of roles, "performance artist, carnival barker, auctioneer, speaker in tongues, and senator drunk on filibuster." All of these social functions rely on language to reach fruition, though most of them function in the realm of linguistic distortion. Ultimately, since Lionel sees himself as a potential Mumbles, his attempts to make sense of a chaotic world lead to chaos rather than understanding, a reasonable approximation of the postmodern world. Despite the physical manifestation of the disease, "Adam's Apple bobbing, jaw muscle beating," the mission of Lionel's Tourette's, as he sees it, is to send out an army of words into the world and make sense of it, by "smoothing down the imperfections." Indeed, it is not the latter that triggers his "irrational" verbal response, but rather a seemingly perfect world that has no visible flaws and thus becomes incomprehensible. When Lionel's ability to categorize the world [apropos of the imagery of the flood and Noah's Ark] breaks down, he loses his ability to placate his verbal excesses. As a last resort, he must scream "eat me" or something similarly outrageous to an unwieldy world in order to engage it.

The text makes numerous cultural references to the disease, even implicating geography in the malady's formation. Therefore, it is appropriate to describe New York, the setting of the novel and Lionel's whole world, as a touretic city [113], thus suggesting a symbiotic relationship between the city's dis-ease and Lionel's symptoms. Indeed, Lionel has never known peace, as one character suggests, because he has never left the city. Therefore, Lionel sums up his city life as follows:

My life story to this point:

The teacher looked at me like I was crazy.
 The social-services worker looked at me like I was crazy.
 The boy looked at me like I was crazy and then hit me.
 The girl looked at me like I was crazy.
 The woman looked at me like I was crazy.
 The black homicide detective looked at me like I was crazy. [107]

This summary of Lionel's experience suggests the cultural bind in which he finds himself. While being crazy is a cultural determination, as Michel Foucault suggests, Lionel's affliction is not easily recognizable to the layman and is immediately labeled "crazy." Yet these experiences have also contributed to and enhanced Lionel's tourettic behavior, since each time he has been branded a "freak," a much repeated description of Lionel, he behaves more and more freak-like. In effect, Lionel becomes a self-fulfilling prophecy as his symptoms emanate from specific cultural and social contexts.

The narrative emphasizes the self and other game that Lionel plays with his disease. Sometimes they are one, while at other times Tourette's syndrome is a separate entity that acts as Lionel's adversary. When the homicide detective questions Lionel, the latter is forced to explain that his outbursts are the result of Tourette's. In fact, he declares that Tourette is the "shitman." Assuming that Lionel is speaking some kind of esoteric street talk, the detective demands to be taken immediately to see Tourette, as if he/it were the key to the case. When Lionel insists that "there is no Tourette," the detective promises to interrogate Tourette without giving out Lionel's name. Lionel is quite pleased to let Tourette be the suspect so that he can "get off the hook" [110]. Once again, the disease exists only if people are familiar enough with the symptoms to identify it accurately. Or perhaps it shows the obverse of that--not knowing=no disease.

Yet another connection that the novel creates between culture and the disease is Lionel's aside on the music of Prince, his favorite artist.

I don't know if the Artist Formerly Known as Prince is Tourettic or obsessive-compulsive in his human life, but I know for certain he is deeply so in the life of his work. Music had never made much of an impression on me until the day in 1986 when sitting in the passenger seat of Minna's Cadillac, I first heard the single "Kiss" squirting its manic way out of the car radio. To that point in my life I might have once or twice heard music that toyed with feelings of claustrophobic discomfort and expulsive release, and which in so doing passingly charmed my Tourette's, gulled it with a sense of recognition, like Art Carney or Daffy Duck – but here was

a song that lived entirely in that territory, guitar and voice twitching and throbbing within obsessively delineated bounds, alternately silent and plosive. It so pulsed with Tourette energies that I could surrender to its tormented, squeaky beat and let my syndrome live outside my brain for once, live in the air instead. [127-128]

Thus for Lionel life, disease and art become intertwined and allow him once again to distance himself from Tourette's, giving it life outside of himself, allowing him the opportunity to observe culturally rather than act out his malady. Music, a cultural product, is just as capable of any human being of acting "tourettically." The attempt to fuse culture and disease, I would argue, stems from Lionel and humankind's desire to utilize human affliction constructively, to make one's existence easier, or perhaps more meaningful, in the world.

And that is exactly what Lionel accomplishes by becoming a detective. He uses Tourette's as an ally – the black homicide detective was not so far off the mark – to solve the murder of the person closest to him, his boss, Frank Minna. Minna was the first person to "diagnose" Lionel successfully, so that it is both ironic and fitting that Lionel employs Tourette's to find Minna's killer. Lionel, as rational detective, fulfills an important cultural function in the world, giving us all hope that, despite our maladies and deficiencies, we have a chance of making sense of human existence by solving a difficult conundrum of life and death by employing our wit and reason. We all might have the chance to become a postmodern Oedipus, so to speak. Lionel, as Tourette, becomes a successful human being, someone who exploits his own handicap and refashions it into a "cultural" strength.

* * *

Joseph, the protagonist of *Eve's Apple*, also uses an encounter with disease to refashion his existence. In this case, however, Ruth, his partner, suffers from anorexia, while Joseph does not realize that by trying to save Ruth, he is, in effect, trying to save himself. Yet I will argue that both characters suffer from their own maladies, with Ruth's anorexia clearly affected by culture no less than by family history. Ruth's affliction is the more obvious of the two, since the surface level of the text focuses on her problems with food.

Just as Lionel describes New York as a tourettic city in order to establish a cultural context for his disease, Joseph makes a similar connection between anorexia/bulimia and New York. The latter is described as an "overweight" city, "with tons of concrete and iron and

granite piling up greedily around me" [107]. The personified capital of Western culture, then, is a bulimic creature. A city on a permanent binge, so to speak.

That anorexia and or bulimia is cultural/psychological is suggested even by the most conservative of medical sources, one that focuses on the physical aspects of the disease, the Diagnostic and Statistical Manual of Mental Disorders, commonly known as DSM IV [483-495].³

Anorexia Nervosa

1. Refusal to maintain body weight over a minimal normal weight for age and height, e.g. weight loss leading to maintenance of body weight 15 percent below that expected, or failure to make expected weight gain during a period of growth, leading to 15 per cent below that expected.
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. Disturbance in body image, e.g. the way in which one's body weight, size or shape is experienced. Feeling fat when emaciated or experiencing one body part as too fat, even when underweight.
4. In women, absence of at least three menstrual cycles, when otherwise expected to occur (primary or secondary amenorrhea).

Bulimia Nervosa

1. Recurrent episodes of binge eating
2. A feeling of lack of control over eating during the eating binges.
3. The person regularly engages in either self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain.
4. A minimum of two binge eating episodes a week for at least three months.
5. Persistent over-concern with body shape and weight.

What is cultural in the DSM is the perception of body image, which is determined to a great extent by fashion, marketing, and the media. Moreover, only in a culture of leisure with an abundance of food does one have the opportunity to refuse to eat or to binge. Caloric denial is not a statement of ego power in starving societies, nor is bingeing a realistic option.

Thus anorexia and or bulimia occurs almost exclusively in Western countries and other nations that have a high standard of living [Garfinkel 112-119] making New York City an excellent locale for the setting of

Eve's Apple. Indeed, the novel recalls De Tocqueville's *Democracy in America*, in which the author describes "'the strange melancholy which often haunts the inhabitants of democratic countries in the midst of their abundance, and the disgust of life that sometimes seizes in the midst of calm and easy circumstances'" [Rosen 276]. Clearly, Ruth, our anorexic heroine, presents both the "disgust of life" and the DSM symptoms of bulimia and anorexia. Indeed, Ruth displays just about all of the symptoms of both diseases. She is obsessed with her body, imagines she is fat in specific body parts, skips rope obsessively at night to burn calories, vomits, hides her shape with oversized clothing, indulges in binge eating, and ceases menses for a number of months despite her inaccurate claim that she is pregnant.

As we understand from the novel, her inability to get along with her parents, combined with their affluence and the ways they use money to keep her emotionally at bay, triggers her resistance to caloric intake. In describing her mother's late-in-life academic success, Ruth declares to her partner, Joseph, "'She wanted to have her kids and eat them, too,' she told me once, bitterly. 'She wanted to escape, [her marriage] which is fine, except that I had already been born. How could I compete with Katharine Hepburn when I was only five?'" Whether Ruth is referring to her mother's academic work on film or Hepburn as icon of an empowered woman makes little difference. Ruth's resistance to her mother's so-called cannibalistic desire is to eat as little as possible.

Yet Ruth does conform to the cultural demands of her mother's academic specialty – film – by adopting movie-star modeling standards to evaluate the female body, specifically her own. Disturbed body image is a predominant feature of both anorexia and bulimia. These phenomena are clearly multidimensional, and have been attributed to cultural standards for beauty, learning within the family, disturbances in psychosexual development and deficits in self-esteem [Bruch 1-25]. Once again, Ruth meets the criteria for all these categories, and never allows her body to accept itself.

So if this disease is clearly connected to cultural malaise, why explore the ways dis-ease and disease are linked at all? I would argue that what make the linkage in *Eve's Apple* special are the unusual metaphors employed to describe the cultural and psychological dis-ease of both Ruth and Joseph. Indeed, they make for an uncanny cultural/psychological experience via illness, one in which disease becomes a lifestyle. In addition, that anorexia has become the focus of fiction suggests the disease's intimate bonds to popular culture. Moreover, anorexia, because of its "popularity," is the subject of countless Internet sites.

If in the 19th-century tradition consumption is linked to heightened sexuality, Joseph is able to link the latter in the 20th-century to anorexia. Put simply, Ruth's condition ensnares Joseph in a near voyeuristic trap of eroticism:

The first time I undressed her – we were still in college – the vision of her body, not merely given but gift-wrapped, nearly knocked me out. That her physical unease should express itself so erotically, should prove so gratifying, gave me a vague pinch of guilt, but a greater pinch of desire.
[15]

This is the essence of Joseph's relationship with Ruth. He takes erotic and psychic pleasure in her dis-ease and denial. He is sexually enflamed by those rare occasions she is willing to give of herself because she spends most of her life hungry, thwarting her desires, often treating Joseph's potential sexual penetration "as a kind of taboo food." He is psychically captivated by her malady because it allows him to relive the suicide of his sister and relieve himself of his irrational guilt surrounding her death. If he was unable to save Hilda, he unconsciously reasons, he will certainly save Ruth, even if it involves denying his own problems and voyeuristically invading Ruth's privacy. He follows her around New York, examines the bathroom after she uses it for signs of vomiting, and interrogates her hoping to catch her in an anorexic or bulimic falsehood. In doing so, he almost destroys them both.

But beyond their psychological drama, at the heart of the novel lie the cultural emanations of Ruth's disease. Dr. Ranji, the physician who treats Ruth for anorexia, claims that the latter is a luxury for the Rich in America. He has seen too much starvation in the place of his birth to believe otherwise. In their cultural machinations, Joseph and Ruth sometimes reduce her illness to a linguistic oddity. When they play scrabble he observes the slight difference in spelling between "fast" and "feast," as well as "diet" and "die." Indeed, both characters are caught between the polarities of both word groups.

As Ruth's mother's companion [and advisor to Joseph] Dr. Flek, the lapsed psychiatrist notes,

'Not everything is a substitute for something else, despite what my former colleagues might believe. Why discount the material aspects of our lives? More wars have been fought over food than over love. Our civilization exists because we found a way to make food reliable. All we are, all we make, all we do, arose because we found a way to make food our servant instead of the other way around. Ten thousand years ago we stopped being hunter-gatherers and learned to domesticate plants and animals. We tamed

the earth and made it grow food for us instead of foraging for what we needed. These early cities grew and with them art, culture, literature, history.' [126-127]

Although a bit simplistic, Flek's explanation is basically sound. There is no progressive civilization as we know it without an abundant supply of food. The latter is what allowed humanity to take control of its destiny. Paradoxically, in her world of abundance, Ruth takes control of her destiny by refusing to consume, or, alternatively, eating and then bulimically disgorging the world before it or postmodern culture eats her.

Perhaps the most outrageous cultural connection to Ruth's eating disorder is the new age cure that she and Joseph endure to put an end to her refusal to consume. In an Alan-Ginsberg-like "Supermarket in California" gone mad, they embark upon a wild journey into an all-night supermarket to flaunt the abundance of caloric possibility in America.

Ruth's new age cure is based on the premise that people who binge are anxious about the disappearance of food. They supposedly consume as much as possible to prepare for a rainy day, so to speak. Thus the solution is to buy everything one desires, without limits, so that no matter how much one eats there will always be something more to consume. Joseph and Ruth fill two heaping carts of groceries, but she breaks down before check out and takes off into the night, horrified by her caloric accumulation [188-194]. In this novel, then, shopping is not the panacea for cultural malaise or disease. Lacanian desire, the endless "I want" without an object, cannot be fulfilled in a supermarket, part of the very culture that brings out Ruth's dis-ease. The journey to the all-night Food Emporium ends in failure, at least as far as eliminating bingeing from Ruth's anorexic repertoire.

How, then, do Ruth and Joseph emerge from the anorexic maze that has trapped them? As Flek explains Ruth's relationship with Joseph to the latter, both of them have been playing a game of control, each with a separate agenda. Joseph has attempted to avoid the angst he feels over his sister's suicide, while Ruth is trying to control the uncontrollable world in which she finds herself.

'Please don't ask me about my family,' I [Joseph] said. His [Flek's] gentle coaxing threatened to distract me from the purpose of my visit and I felt mounting anxiety. 'Don't you understand, it's Ruth? She needs me.'

'You need her, Joseph. And I'm not sure it's for the noblest of reasons. Ruth's illness is about control – keeping chaos at bay, in her case through food. We all have different strategies for doing that, of course. I think yours is your obsession with her illness, but you can't use Ruth to replay your childhood with your sister. Or to hide from it.' [272]

Although initially enraged by Flek's analysis, Joseph comes to accept the truth of what he says just as Ruth admits that she is unable to control her denial of nutrition. Joseph is finally able to let go of the perverse side of his erotic desire, which focuses on what had become of Ruth's body, in order to help her survive. Ironically they do get to save each other, not by trying to undermine and control the other, but by acknowledging their inability to cope. The future is open and positive, as Doctor Ranji notes that "Ruth is a strong person,'... 'and eighty-eight pounds isn't nearly so bad.'"

In response to Joseph's question "'How can people allow it to get so bad,?'" Ranji remarks: "'When society itself is ill, noticing illness in others isn't easy'" [308]. So the doctor who apparently is about to treat Ruth's eating disorders with multiple tools infers that her illness is a function of societal malaise. Her "disorder" has meant to put order back into the world, something that our postmodern anxiety makes extremely difficult if not impossible.

What we have seen in both novels, then, is the way that culture and disease are not merely linked but how they create a loop in which one feeds off and nourishes the other. Culture helps to define disease because of the former's dis-ease, yet disease also contributes to the making of culture. Indeed, both novels by their very existence and subject material testify to the powerful creative combination of culture and disease.

CHAPTER TWO

RE-MEMBERING THE BODY IN *FIGHT CLUB* AND *MEMENTO*

In this chapter, we will explore the ways in which certain illnesses, specifically schizophrenia and loss of short-term memory, originate in cultural practices. Both of these illnesses are closer to verisimilitude than real life, yet they provide an imaginative and reasonable reaction to late capitalism. Thus, although it may not appear so at first viewing, the films *Fight Club* (1998) and *Memento* (2000) revolve around similar themes. Both films, exemplars of popular culture, struggle against late capitalism in order to establish individual identity in a de-centered world. Whether such a possibility to contract these diseases exists or is merely the fantasy of the creators of these movies matters little. What is important is that society, in its capitalistic guise, has the imagined potential to make people ill. Thus, in *Fight Club*, Jack works for the auto industry and must literally determine the value of human life, as he decides upon the economic justification for recalling defective automobiles. According to a rigid formula, Jack either recommends paying off the law suits of accident victims or recalling the problematic automobile model if the accidents and subsequent suits are too financially demanding. Simply put, Jack recommends the option that will cost his firm less money, including the “death” option, if the latter is more financially appealing. Consistent with late capitalism, human life is reduced to profit and loss.

In *Memento*, prior to his memory loss, Leonard Shelby [Shall be?] worked for an insurance company, as a claims adjuster/investigator. His greatest coup, the case that earned him a promotion, involved Sammy Jankis, someone who seemed to have lost all capacity to form lasting memory since the time of his automobile accident. Shelby succeeds in denying Jankis’s wife’s claim, leading to her suicide [with Sammy’s unwitting assistance, as he continuously injected her with insulin, unable to recall his short-term actions when his wife repeatedly told him “it’s time for my shot”] and Sammy’s incarceration in an asylum. In both movies, capitalism literally makes each of the protagonists ill and limits their

ability to function, though in very different ways. Each protagonist attempts to use his body to escape the control of society and reestablish his individual identity and will. Each protagonist suffers from a disease not conventionally thought to have cultural origins or triggers. Yet Jack's schizophrenia or dual personality and Leonard Shelby's inability to create new memories in some measure are both a result of their work and place in society. Finally, each protagonist will experience difficulties that seem to be a direct result of the contradictions of the capitalist, postmodern societies that they seek to avoid.

I will begin this exploration with *Fight Club*, perhaps the more "obvious" case of the connection between culture and disease and a film in which the body is clearly an arena where the battle for control over the individual is fought between society and the protagonist, Jack/Tyler Durden. In order to survive his postmodern nightmare, Jack, the "unnamed" narrator, creates an alternative personality, a schizophrenic alter ego he calls Tyler Durden. Durden is everything Jack is not: a bold, flamboyant, highly sexual, charismatic man who lives his life on the edge. In Michel de Certeau's terms, Jack invents Tyler to "make do" in the world. Or as Tyler puts it to Jack: "You were looking for a way to change your life. You could not do this on your own. All the ways you wish you could be? That's me. I look like you want to look, fuck like you want to fuck, I am smart, capable, and most importantly, I am free in all the ways you are not." Freedom is indeed the issue. By creating Tyler and Fight Club, Jack hopes to "short-circuit institutional stage directions" [de Certeau quoting Foucault xiv] in order to "sap the strength" of institutional power. But before we examine Jack's schizophrenic creation and evaluate his plan of action, it is necessary to understand the ways in which he finds his world intolerable.

Aside from his being paid a salary to reduce human life to an entry on a balance sheet, Jack's most obvious problem is his insomnia, as he moves through life like a zombie. His life is unreal to him, not only because of his work, but because he has nothing to live for other than the latest consumer toys of late capitalism. Reducing him to a metonymy, Tyler derisively labels Jack "IKEA boy," a dupe of advertising and marketing who spends his constipated toilet time phone-ordering catalogue products that he will never use. Jack understands his bizarre existence as nothing more than "a copy of a copy of a copy," a man with no identity, center, or authenticity, completely removed from any meaningful, constructive activity in the world. He appears doomed to live his life as if he were a commodity, to be used and then discarded, as he fills a minor niche in the great capitalist chain of being. Thus when Tyler blows up Jack's condo, the latter