

Sickness as Story: An Approach to Philip Roth's Patrimony
and Saul Bellow's More Die of Heartbreak

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INTRODUCTION

In "Doctor Talk to Me," Anatole Broyard, a former editor of the New York Times Book Review, movingly recounts his reactions to being diagnosed and treated for prostate cancer. Likening the literary critic's interpretation of a text to the physician's interpretation of a patient's history of illness and physical findings, Broyard submits an insightful critique of modern medical practice. Drawing on his profoundly disappointing interactions with physicians--who analyzed his bodily condition but neglected the condition of his spirit--Broyard eloquently portrays his conception of the ideal doctor.

This ideal practitioner, not only a talented physician but a "bit of a metaphysician, too,"¹ would be a close "reader" of illness, a good "critic of medicine"(pp.33,36). Broyard relates how his ideal doctor would understand the many facets of his sickness: he would "'read' my poetry, my literature. He would recognize how my illness has purified me, weakening my worst parts and strengthening the best"(p.36).

Broyard explains that the length of time spent in a doctor-patient encounter is not as crucial as the quality of awareness the physician extends: "I just wish he would

¹Anatole Broyard, "Doctor Talk to Me," The New York Times Magazine (August 26, 1990), pp.33,36.

brood on my situation for perhaps five minutes, that he would give me his whole mind just once"(p.36). What the sick person wants, suggests Broyard, is "a spacious, flaring grasp of his situation, what is known now in the literature as 'empathic witnessing'"(p.36). Always on the "brink of revelation," the patient needs someone "who can recognize it when it comes"(p.36).

Broyard believes modern technology deprives patients of the "intimacy" of illness, making the illness seem to be "something that belongs to science"(p.36). He calls for physicians who can talk with patients, physicians who--by conveying the "music of [their] humanity"--help "compensate . . . for all the speechless machines" so that illness is "personal again"(p.36). Recognizing that not all patients can be saved, Broyard points out that a doctor's concern can "ease"(p.36) the patient's experience of illness. And "in learning to talk to his patients," Broyard asserts, "the doctor may talk himself back into loving his work"(p.36).

Broyard's vision of a more healing relationship between doctors and patients is shared by many others. Viewed from outside and inside the medical profession, from both popular and academic perspectives, the proper practice of modern medicine is currently the subject of a great deal of criticism and rethinking. One line of argument focuses on the concern that our technologically-based, fragmented system of health care delivery has damaged the more

personal, empathic, and stable patient-doctor relationships that were once the norm. In her recent Migrations to Solitude, Sue Halpern, a medical ethicist and journalist, concludes after describing her twenty-three hour observation of an Intensive Care Unit: "Modern medicine's greatest failing [is] its tendency to view people as bodies, and bodies as containers of data, and to treat the data and not the person."² According to Patricia Benner, a health care professional and author of The Primacy of Caring:

We have become invisible members of corporate systems of health as a commodity, a commercial enterprise that seeks to have individuals manage their health in order to minimize cost. . . . We have colonized sickness, mak[ing] it an industry of assessment, diagnosis, and deficit accounting. . . . We give little attention to our healing arts.³

And John Stone, a cardiologist and poet (author of In the Country of Hearts), adds his voice to this chorus. He insists that health professionals be willing to listen not only to the patient's literal, anatomical heart but also to the patient's metaphorical heart--the heart as "a synonym

²Sue Halpern, Migrations to Solitude (New York: Pantheon Books, 1992), p.175.

³From Benner's unpublished "Lamentation and Prayer," presented during the 1991 Crisis of Care conference. Available in tape form through Perpetual Motion Unlimited, 1705 14th St. Suite 396, Boulder, CO 80302.

for sensibility, sensitivity, . . . the seat of the emotions
_ . . . that heart."⁴

In response to these expressions of dissatisfaction, calls to broaden the psychological and social perspectives of physicians have emerged from concerned members of the health care community and from involved academics. One such call, expressed by the nationwide Society for Health and Human Values, led to the formation in 1975 of the cross-disciplinary field of literature and medicine.⁵ This

⁴John Stone, In the Country of Hearts (New York: Delacorte Press, 1990), p.7.

⁵The field of literature and medicine is part of a larger movement that explores how perspectives from the humanities and social sciences may be usefully applied to medical concerns. Philosophy has provided a theoretical framework for the field of bioethics; linguistics has influenced the growing body of work analyzing communication between patients and doctors; and, while medical anthropology and medical sociology are not new fields, each has gained in academic representation in anthropology and sociology, respectively, due to the increasing value placed on studying modern medicine as a social institution.

In addition to the conference sponsored by the Institute for Health and Human values, other key events in the growing association between literature and medicine were: the publication of Trautmann and Pollard's comprehensive annotated bibliography, Literature and Medicine: Topics, Titles, & Notes (Philadelphia: Society for Health and Human Values, 1975); G.S. Rousseau's "Literature and Medicine: The State of the Field," Isis 72 (1981), pp.406-24; and the publication of the first volume of the journal of Literature and Medicine in 1982.

Now a recognized, thriving field of study, Literature and Medicine is offered in increasing numbers of medical schools across the country. The Institute for Human Values in Medicine continues to sponsor interdisciplinary conferences; its current 1991-92 session includes such topics as: Literature as a Vehicle for Studying Medical Issues in their Human Contexts; Literature and Aging; Literature and Aids; and Literature and Patient-Doctor Communication.

field's "ultimate purpose," according to one of its early spokespersons-- physician and ethicist Edmund Pellegrino--is to "examine how literature may contribute to the education of a physician and enable him to gain a better comprehension of the human values with which he deals daily."⁶

Literature, Pellegrino points out, teaches one to grasp "the nuances of verbal communication and the importance of clarity and suggestion in the use of language"(p.x). And Pellegrino stresses the unique capacity of literature to teach "empathy with regard to experiencing illness in ways that the clinical lecture cannot"(p.x).

This thesis takes its direction from one of the fundamental premises of the field of literature and medicine: the similarity between the interpretive acts made by physicians and those made by literary critics. Both reading a text and caring for a patient, for example, depend on skillful interpretation of narrative, imagery, and context.⁷ Yet for many doctors, such as those Broyard

⁶Edmund D. Pellegrino, foreword, The Healing Arts in Dialogue, ed. Joanne Trautmann (Carbondale: Southern Illinois University Press, 1981), p. x.

⁷I find the conclusions of practicing physicians, such as John Stone, Rita Charon, and Jon Mukand, to be provocative and persuasive: all speak about the interpretation of a text as a useful analogy for the interpretation of patient's self-representation.

For Stone, a story, like a complicated patient, "resists easy explanations and invites rigorous discussion"(In the Country of Hearts, p.67). For Charon, her close readings of literary texts are akin to her ability to "use intuition and . . . to recognize patterns of meaning and reference" when

encountered with such deeply felt disappointment, what may be regarded as the patient's "text" includes solely the data provided by physical exams and laboratory assessments (blood chemistry panels, bacterial cultures, etc.). As the majority of medical schools offer only limited education for appreciating the psycho-social realm of illness, fields such as literature and medicine offer the opportunity to assist in this training. According to Stephen Daniel, Director of Medical Education at Eastern Virginia Medical School, "If the object of medicine is the patient as a person existing

seeing patients ("To Render the Lives of Patients," Literature and Medicine, 5 (1986), p.72). For Mukand, who comments on his dual role as a physician and Ph.D. in English:

I have found that the medical encounter--when one looks beyond the checklist of symptoms, signs, lab data, and radiologic procedures often turns out to be similar to the encounter with a poem, short story, essay.... With all its weaknesses and strengths, the text requires an empathic yet analytic approach; often the process of appreciating the text is a multidisciplinary one, which is usually advantageous for the text just as for the patient. Between the physician-reader and the patient-text lie many layers of imagery and metaphor.... Just as our insight into texts and the resulting production of literary criticism improve with experience and study, so our reading of patients may lead to better medical care"(Vital Lines: Contemporary Fiction about Medicine (New York: St. Martin's Press, 1990) pp.xi, xxvii).

Norman Cousins makes a similar claim in his Introduction to the anthology The Physician in Literature. He states that "poetry cannot replace prescriptions but it can widen perceptions"(p.xviii), therefore helping the physician "whose skill depends as much on his knowledge of life as it does on his knowledge of disease"(p.xviii).

in his or her world, then the interpretation of literature provides perhaps the clearest heuristic model for understanding the patient."⁸

This thesis brings together my interests in diagnostic and literary interpretations and has two aims. One is to explore how literature can serve as a source of insight for practitioners seeking to better understand and function within the doctor-patient relationship. An expectation of this thesis, which is shared by the field of literature and medicine, is that the study of literature can teach medical students and physicians to become more perceptive readers of the symbolic narrative (the web of allusions, imagery, and core metaphors) that texts and patients similarly communicate. The other aim of this thesis is to show how a background in medicine is one way of providing the literary critic with a heightened awareness and attentiveness to illness in literary texts. The expectation here is that the critic's added insight expands his or her ability to analyze the particular functions that imagery of the body and of disease may hold within a work.

Support for these two aims of my thesis will be provided by a discussion of two literary works, Philip Roth's Patrimony--in Part One--and Saul Bellow's More Die of Heartbreak--in Part Two. Though there will be overlap, my

⁸Stephen J. Daniel, "Literature and Medicine: In Quest of Method," Literature and Medicine 6 (1987), p.4.

first aim will be demonstrated primarily through references to Patrimony while the second will be demonstrated primarily through references to More Die of Heartbreak.

Part One will examine Roth's attempt to come to terms with what are, for him, the overwhelming details of his father's suffering from a brain tumor. Possibly as a strategy for his own emotional survival, novelist Roth shifts away from a focus on the unbearably literal aspects of Herman's tumor and interprets the circumstances surrounding his father's illness symbolically. Herman's illness, filtered through Roth's literary handling, becomes an occasion for Roth to probe the nature of his literal and figurative relationship to this man and to himself. Through taking the opportunity to re-examine his lifelong difficulties with Herman, Roth finds himself able to develop a fuller, more healing perspective in relation to his father.

In addition to closely following Roth's coping strategy as a way to appreciate better the central concerns in Patrimony, I hope to use Part One to show how Roth's efforts to broaden his perspective of his dying father can offer physicians a model for more fully appreciating their patients' humanity and for widening their understanding of the psycho-social dimensions of the experience of terminal illness.

The analysis of Parts One and Two point to a contrast between Patrimony and More Die of Heartbreak. Whereas Roth shifts away from the unendurably literal images of physical disease, Bellow shifts toward literal descriptions of illness in order to ground or concretize his primarily metaphysical concerns. Innumerable metaphors of illness vitalize the novel's portrayal of spiritual diseases, diseases which pose a critical threat to the survival of the soul.

The primary intent of the discussion of More Die of Heartbreak is to demonstrate the value of a medical background as one way of achieving a heightened appreciation for Bellow's medical metaphors and his novel's treatment of both the social impact of illness and society's highly technological approach to its cure. Part Two also intends to show how Bellow's metaphors, which express societal tensions in the language of the body, enables us to recognize that an individual's physical complaints may be inarticulate expressions of more metaphysical concerns.

In Intoxicated By My Illness, an extension and elaboration of his "Doctor Talk to Me," Broyard argues that, in addition to having a "physical self who's ill," there is a "metaphysical self who's ill."⁹ The physician's ability

⁹Anatole Broyard, Intoxicated By My Illness: And Other Writings on Life and Death (New York: Clarkson Potter, 1992), p.40. All future page references are from this

to recognize this metaphysical self involves going "beyond the science into the person"(p.49) and taking, as Arthur Kleinman suggests, the "meaning of pain as seriously"¹⁰ as its biology. Such a perspective entails appreciating that the patient is more than his or her disease. It means understanding that, especially at a time of serious illness when a person's customary needs for attention and reassurance are accentuated, a patient wants more than physical care. No one who is ill should be made to feel that he or she is a text-book case or a body part--the "cirrhotic liver in Room 333."

Courses in literature and medicine, with their study of meanings that complement the literal and concrete, may result in an outlook for medical students and physicians which is different from the narrower scientific focus still prevalent in medical training. Such courses aim to be a part of the movement that would enable physicians to be more effective by practicing both the science and art of medicine.

Physicians, this thesis proposes, can learn from award-winning novelist Roth's nonfictional account of his growing ability to understand and appreciate a dying man just as they can learn from Bellow's fictional representation of our

edition.

¹⁰Arthur Kleinman, The Illness Narratives: Suffering, Healing, & the Human Condition (New York: Basic Books, 1988), p.73. All future page numbers from this edition.

society's imbalanced emphasis on our physical, as opposed to spiritual health. And the ability to recognize how disease plays an important organizing role in conveying the authors' themes in the two works helps support the claim that a background in medicine, by directing attention to textual uses of disease and body imagery, can enrich interpretations of literature. It is to illustrate these two purposes that I present my study of Patrimony and More Die of Heartbreak.

PART ONE

A Literary Approach to a Father's Death:

Philip Roth's Patrimony

In his autobiographical work Patrimony, award-winning novelist Philip Roth uses literary strategies, such as symbolic interpretations and metaphoric language, to come to terms with the painful realities of his father's death from a brain tumor. As the caretaker of his father, Herman, Roth is literally steeped in the bodily details of his father's medical condition. By considering the symbolic dimensions of Herman's life, Roth constructs a context for himself that allows him to cope with the overwhelmingly literal facts of Herman's brain tumor and also the longstanding difficulties that have existed between father and son.

My first intent in this Part is to show how Roth's struggle to broaden his initial, confiningly literal perspective on his dying father can offer insight to medical students and physicians in their encounters with terminally-ill patients. Roth's metaphorical readings of his dying father, helping him to appreciate better his father's humanity, serve as a model for efforts of medical professionals to deepen their understanding of the psychosocial aspects of patients who experience terminal illness. Roth's reading reinforces the point that the critically-ill present their doctors with more than a diseased body. My

second intent is to examine how a background in medicine offers the literary critic a particularly useful point of entry into Roth's central concern in Patrimony: his metaphorical treatment of Herman's terminal illness as a path toward insight.

Patrimony, by emphasizing the metaphysical dimensions of disease, effectively underscores that it is inadequate for physicians and society as a whole to focus on only the physical condition of patients. In Patrimony, after reading the radiologist's report that accompanies his father's MRI scans, Roth points out how the report's anatomically precise description of the location and extent of Herman's tumor cannot convey the "mystery scarcely short of divine"¹ of his father's brain. The sophisticated scan, he recognizes, reveals both "everything and nothing"(p.17). Attempting a humanistic "scan," Roth describes the tissue portrayed so literally by the MRI as the same brain tissue that has enabled Herman to "think the blunt way he thought, speak the emphatic way he spoke, reason the emotional way he reasoned, decide the impulsive way he decided"(p.16). Roth understands that this brain had "sustained for more than eight decades [Herman's] stubborn self-discipline" and served as the "source of everything that had so frustrated [Roth] as his adolescent son"(p.16).

¹Philip Roth, Patrimony: A True Story (New York: Simon and Schuster, 1991), p.17. All future page references from this edition.

Roth's personal account of his father's death highlights the need to appreciate critically-ill patients as exhibiting more than their physical diseases. In addition, this broader account may help physicians who literally withdraw from a patient when the prospects for treatment success are minimal. As the patient's chances of survival decrease, physicians tend to avoid even the anatomical details of these "hopeless cases"--an anecdotal finding borne out by studies in Intensive Care Units.² In At the Will of the Body, Arthur Frank's account of suffering from a serious form of testicular cancer, Frank recalls how members of his health care team would not speak of his cancer directly but would euphemistically refer to it as "c.a." Having the literal facts of his bodily experience unacknowledged brought Frank an added cause of suffering:

I was suddenly ashamed of what might be wrong with me. In the silencing of the word 'cancer,' I as a person with cancer was also silenced. It was the same silencing I had experienced when Cathie [his wife] told me about the nurse who referred to me as the 'seminoma in 53.' She denied that I existed as anything more than a disease. Now,

²Yvonne Rand, Discussion Coordinator, Conference on Death and Dying for Medical Students, Green Gulch Farm, Marin County California, April 20, 1992.

even the disease was unspeakable. . . . In that .
. . . 'c.a.' I disappeared.³

Roth's struggle to cope more effectively with the physical facts of Herman's illness and to continue to see his father as a whole person would seem especially pertinent for health professionals wishing to address complaints such as Frank's. The scene in which Roth plans to reveal the fatal implications of Herman's brain tumor to his father helps us begin to understand how Roth uses symbolic interpretation to help him in his struggle.

Unable to face straight-on the realities he must communicate to his father, Roth finds himself inadvertently taking a "wrong-turn"(p.20) on his way to Herman. Instead of driving to his father's home, Roth arrives at the cemetery, where his mother is buried and where--in the grave site beside her body--Herman will lie. Roth explains to himself and to us that what occurred was actually much more than a missed turn. Appreciated in its symbolic dimensions, the apparent "wrong turn" is transformed into Roth having "flawlessly traveled the straightest possible route"(p.20) from his hotel to Herman's future grave site. On the one hand, his visit to the cemetery confirms Roth's sense of his father's eventual "doom"(p.74). Yet the ability of the real-life visit to resonate symbolically--by fitting

³Arthur Frank, At the Will of the Body: Reflections on Illness. (Boston: Houghton Mifflin), 1991, p.100. Emphasis added. All future page references from this edition.

novelist Roth's requirements for a well-constructed plot-- makes the happening a valued source of comfort. The visit was "narratively right"(p.74). "Paradoxically . . . [it] had the feel of an event not entirely random and unpredictable and [this] offered a sort of strange relief from the impact of all that was frighteningly unforeseen"(p.74).

Roth's literary recasting allows him to construct a broader context in which to place the terrifyingly literal fact of his father's rapidly growing cancer. And our attention to Roth's strategies for coping with his father's illness helps us enter into and broaden our understanding of Roth's text. Roth moves from the physical realm to the metaphysical not only when he runs into the inescapable facts of his father's brain tumor but also when he confronts the undeniably "literal" aspects of the matter-of-fact, unapologetically blunt Herman--a man Roth calls "unpoetic and expressive and point-blank"(p.18). Roth's use of literary reconstruction to comfort himself the morning he is to give Herman the diagnosis of a brain tumor is similar to how Roth copes with the news that his father's tefillin (ritual articles of Jewish prayer) were "got[ten] rid of"(p.92) at the local Y instead of being passed on to Roth.

Upon first hearing of his father's actions, Roth finds himself instinctively hurt that Herman had not even considered it a possibility that Roth might cherish having

the tefillin. Then, with a movement that Roth seems not to notice but which we can recognize as characteristic of Roth, he recasts his father's literal actions symbolically, allowing Herman's actions to be appreciated as narratively right. Herman's leaving his tefillin at the Y instead of with his son is converted from a crude, thoughtless act into an utterly perspicacious, albeit unconscious, recognition that the local YMHA (Young Man's Hebrew Association) is the most fitting place for these religious objects. The Y, as Herman's living place of worship, is "closer to the core of Judaism"(p.96) than any actual synagogue. "Yes," emphasizes Roth, "the locker room of the Y, . . . where they undressed, where they schvitzed . . . where, as men among men . . . they kibitzed.. that was their temple and where they remained Jews"(p.96).

For Roth, Herman's fatal illness lends an emotional charge to everything he does. It creates a literary opportunity for Roth to develop a more healing perspective on the differences separating him from his blunt and action-oriented father. Roth's ability to develop this perspective is the crucial task he documents in Patrimony. One way for us to configure this task is to introduce Marilyn Chandler's observation that a "dramatic disclosure" is sought between individuals and their dying parents.⁴ This dramatic

⁴Marilyn Chandler, class lecture in Spring 1991's Medicine in Literature, Mills College.

disclosure involves the individual's wish to be fully recognized, to be seen and appreciated as he or she really is, before the parent dies.

Such a disclosure, we come to realize as we read Patrimony, cannot take place between Roth and his father. Implicit in the definition of the dramatic disclosure is the assumption that the parent is able to perceive what is disclosed and then appreciate it. Herman is incapable of comprehending the existence of his son's unique personality. "All my life," Roth tells us despairingly, "I have been trying to tell him that people are different one from the other . . . and that the difference is legitimate. But he couldn't grasp it. They all had to work the same way, want the same way, be dutiful the same way, and whoever did it different was meshugge-- crazy"(p.127).

Instead of showing a parent's clear-sighted appreciation of his son, Patrimony portrays a son's ability, by moving beyond a literal reading of a man and his illness, to gain a clear-sighted appreciation of a father. It is an impressive illustration of the power of symbolic interpretation. We can recognize similarities between Roth's struggle to more adeptly read his father and a physician's attempts to broaden his or her perspective of a patient. Our analysis of Patrimony, therefore, helps us not only to more thoroughly understand the text's concern with the relationship between Roth and his father, but also to

use Roth's efforts with Herman as a potent and instructive guide for health professionals interested in interpreting the symbolic meanings in their patients' narratives.

In one passage, for example, Roth provides an exegesis of the unspoken message underlying Herman's long-winded communication with his neurosurgeon:

Several times, in recounting the history of his illness, my father veered off into an anecdote out of his Newark childhood some seventy-five years earlier, a narrative whose subterranean message appeared to be that he had learned to be realistic on Rutgers Street and was prepared for whatever befell him now. He and life went way, way back together, and he wanted Benjamin [his neurosurgeon] to know that. (p. 132; italics added).

Herman's style of speaking and thinking is immersed in the literal, day-to-day occurrences of life. His fact-based stories allow him to express fears or hopes that he cannot utter directly. Roth must interpret the "subterranean message" in Herman's text in order to appreciate his father, and his efforts to do so are applicable to those that physicians may have to make. The long stories that Herman has always told, stories Roth found "tedious and . . . tremendously repetitious"(p.189), now are recognized as his father's means of deriving comfort. Herman's recitation of

the Roth family history--with a complete account of the "illnesses, the operations, the fevers, the transfusions, the recoveries, the comas, the vigils, the deaths, the burials"(p.70)--is perceived as Herman's attempt to "domesticate his terror"(p.71) about the prognosis. As Roth now sees, such stories allow Herman to place himself "in a context where he was no longer someone alone with an affliction peculiarly and horribly his own but a member of a clan whose trials he knew and accepted and had no choice but to share"(p.71).⁵

Until confronted with the unalterable circumstances surrounding his father's death, Roth had not developed this context for better understanding his father. Especially when growing up, Roth found Herman's literal style of communicating to be unendurably binding: "[My father would] drive me crazy with advice that was useless and strictures that were pointless and reasoning that caused me, all alone in my room, to smack my forehead and howl with despair"(p.180). It is only through reading his father's literal dimensions symbolically that Roth finds a way to transcend the sense of stricture his father's dogged personal style causes him.

⁵ At a later point in Patrimony, again describing Herman's narrative style, Roth elevates the stories in a way that Herman never could by describing them as Herman's sacred text. They comprise Herman's "Deuteronomy, the history of his Israel"(p.191; italics added).

Roth's descriptions of a lifetime of being forced into the position of reading his father's unyielding literalness suggest that Roth plays the role of "secondary source" to Herman's "primary text." Though Roth does not use these literary terms, they seem a logical outgrowth of Roth's explicit attention to language and examination of narrative style in Patrimony. And a familiarity with other works of Roth's suggests that such terms may be indeed be especially appropriate for describing Roth's relationships. For example, his Reading Myself and Others can be understood as a perfectly apt title for an individual who, acting as a secondary source, "reads" others and, by relating to parts of himself as primary text, "reads" himself.

Our recognition of Roth's position as a secondary source to Herman's primary text helps us see similarities between the interpretive acts made by all critics of a text--be they of literature, parents, or patients. The physician's ability to make symbolic translations of a patient's narrative divagations, just as the literary critic would analyze both the literal and figurative meanings of a novel, results in greater insight regarding the patient. And by conveying his or her greater insight to the patient--either verbally or nonverbally--the physician increases the likelihood of the patient feeling understood and finding the encounter itself therapeutic.

In the passage where Roth explicates Herman's underlying message in describing his Newark childhood to the neurosurgeon, Roth makes clear that an important purpose to Herman's anecdote is its expectation that the physician will be able to decipher its symbolic content. The physician's recognition of the assertion embedded in Herman's narrative --that Herman and life "go way, way back"--plays an integral role in Herman's ability to maintain his reassuring sense that he will indeed be able to face this most current challenge.

In his At the Will of the Body, Arthur Frank affirms how important a role physicians can have by making perceptive interpretations: "Physicians often forget that when treatment runs out, there can still be care. Simply recognizing suffering for what it is, regardless of whether it can be treated, is care"(p.101).

Roth's exegesis of his father's medical text gives him insight into the nature of his problematic relationship with Herman. By demonstrating the kind of "flaring grasp" of his father called for by Broyard, he makes it possible for his father's character, with all its strengths and weaknesses, to be revealed. Roth identifies Herman as the "vernacular"(p.181) personified and is able to appreciate that, while Herman embodies "all the vernacular's glaring limitations" (p.181), he exhibits "all its durable force"(p.181) as well. This man has "everything there is to

hate in a father and everything there is to love"(p.180). He can teach his son "something . . . not the conventional American Dad stuff . . . but something coarser"(p.181). Speaking to a friend, Roth finds himself admiring Herman: "He's the bard of Newark. That really rich Newark stuff isn't my story, it's his"(p.125). And, as seen, while initially hurt by his father's throwing out the tefillin, Roth's literary recasting gives him the occasion to see Herman's actions as the product of an "imagination altogether bolder and more mysterious"(p.94) than Roth's own. Herman's inscrutability, translated through his son's symbolic interpretation, is appreciated as a "personalized mythology as eccentric as Beckett's or Gogol's"(p.94). This is high praise from a novelist as successful as Roth, whose own imaginative ability, we see, has helped him to transform Herman's often painful differences from him into qualities that can be accepted and even admired.

Just as Herman's medical condition gives Roth an impetus to bridge longstanding sources of emotional conflict, his dying father's bodily frailty gives Roth an opportunity to deepen their literal connection. During a walk with Herman, for example, Roth notices that by taking his father's dentures: "slimy saliva and all, and dumping them in my pocket, I had, quite inadvertently, stepped across the divide of physical estrangement that, not so unnaturally, had opened up between us once I'd stopped being

a boy"(p.152). Similarly, by cleaning up his father's feces, after his father has "beshat" himself--and most of the bathroom, Roth feels that: "I couldn't have asked anything more for myself before he died"(p.176). By "sidestep[ping] disgust and ignor[ing] nausea and plung[ing] past those phobias" Roth finds himself in touch, both literally and figuratively, with his father.

In this scene he is able to identify and accept his father's legacy. The question of just how to describe accurately his patrimony is one that has been asked throughout Patrimony. Is it money? Is it the tefillin? Is it the list of questions concerning his tumor that Herman asks of his neurosurgeon? Roth gradually pares down his answers until this scene in which, by scrubbing the soiled bathroom, he arrives at one that rings true. This answer he knows to be right, declaring: So that was the patrimony" (p.176). He inherits "not the money, not the tefillin, not the shaving mug, but the shit"(p.176). Acquired through cleaning up Herman's excrement, this patrimony is precious not "because cleaning it up was symbolic of something else but because it wasn't, because it was nothing less or more than the lived reality that it was"(p.176).

Roth's recasting of the literal, we see, is not purely an attempt to escape from it. Instead, by initially shifting away from the literal aspects of his father's illness and of his father's personality, he finds a way to

embrace the literal, to receive the "lived reality" that makes up his patrimony. Roth's struggle to characterize his father's legacy correctly can be seen as an attempt to form a relationship with those key figures and features of Roth's own life which are coarse, unprocessed, raw. Roth's analysis of the struggle that he plays out with Herman helps Roth to better describe his own personal text. It is this text that I wish to examine now.

Patrimony is a narrative that shows Roth's struggle between feelings which arise from a consciously constructed narrative and feelings which arise from a narrative that flows from the literal details of everyday life. It is a struggle about the relationship between a novelist, an expert at interpretation, who "reads himself and others" and his father who, to his son, is original, the vernacular personified, a "maddening"(p.79) "primitive"(p.180) "unpoetic"(p.181) primary text. And, it is a struggle concerning a son's attempt to identify and accept his patrimony of "lived reality", to form a relationship with his own "buried"(p.237) wisdom.

Roth characterizes himself as being from the horde of sons that have "teeth, as the cannibals do, but they are there, imbedded in our jaws, the better to help us articulate"(p.159). When such sons

lay waste, when we efface, it isn't with raging fists . . . but with our words, our brains, with

mentality, with all the stuff that produced the poignant abyss between our fathers and us and that they themselves broke their backs to give us. Encouraging us to be so smart and such yeshiva buchers, they little knew how they were equipping us to leave them isolated and uncomprehending in the face of all our forceful babble"(p.159).

We might point out that this "poignant abyss" is actually bridged, in a sense at least, by the very material which Roth sees as being responsible for its existence. Roth's ability with language enables him to record all the details of his father's death on paper "so that when he [Herman] is gone I can re-create the father who created me"(p.177). In Patrimony, then, Herman is born from the words of his son.

In Patrimony, Roth is interested more in his own articulateness or inarticulateness than that of a physician. However, his overall interest in language attunes his ear to the topic of patient/doctor communication (or lack of communication). In one scene, for example, Roth, who has spoken with his father's surgeon, attempts to explain the surgeon's information with his father. Herman asks:

"Will my face get better if he operates?"

"No. There just won't be any more deterioration."

"So, this is the way I'm going to be."

"I'm afraid so." Two minutes and I had learned to talk like a surgeon"(p.67; italics added).

Roth's short vignette makes an effective statement on the flatness that is characteristic of many physicians' use of language.

Roth's difficulty identifying his patrimony provides an important source of self-awareness for him. Indeed, his book reveals him to be as interested in his struggle to identify his patrimony as he is in the answer that is ultimately revealed. And this is only fitting. His father's patrimony of "lived reality"(p.176) involves Roth's learning that Herman's unapologetically blunt stance towards life has a strength, an emotional immediacy, that Roth's characteristic position of being one step removed (needing to recast the literal in order to appreciate it) does not.

Roth recognizes that one of his father's basic traits is his willingness to continue to fight no matter how difficult things become for him. As Roth's friend Joanna says, "And you admire that in him, that jumping out of the window for him is an impossible act"(p.124). Roth agrees, replying: "Admire it and envy it. When I was on the bottom last year, I thought about jumping every day"(p.124). Roth admires his father for "chinning himself up on life"(p.147), for being a survivor. "What goes into survival isn't always pretty"(p.126), and those very traits that made growing up with Herman so difficult are part of what enable this survival.

By understanding and appreciating his father, Roth is able to come to terms with the fact that a moment of dramatic disclosure between himself and Herman will never, and can never take place. His father is not "equipped"(p.33) for such an encounter. But moments of dramatic disclosure are possible with one's self, and such moments can be ongoing. Patrimony shows Roth finding out about what is unprocessed in himself, and forming a relationship with it. In this sense, then, we might say that his book is not only about a father dying from cancer, but about a son gaining a new attitude towards life from the experiences. We are able to appreciate that Roth analogizes the medical reality of his father's illness as a method that connects to his fundamental orientation towards his own experience of life.

Roth's experiences with his dying father continually help Roth to become a better explicator of his own text. This is particularly evident in his decision with regard to his father's will. This event calls forth an "unforeseen response"(p.104) in the son. Roth tells his father to leave all the money to Roth's brother. Roth, a financially successful novelist, "didn't need any money"(p.104).

The decision, Roth says, is a generous gesture, but is also "of a piece with the assertions of equality and self-reliance"(p.104) that Roth has been making since early adolescence. Though the decision to give up the money is

Roth's, he finds that he feels "repudiated" by his father, "cast out by him"(p.104). Roth realizes that he wants his father's money because

it was his money and I was his son and I had a right to my share, and I wanted it because it was, if not an authentic chunk of his hardworking hide, something like the embodiment of all that he had overcome or outlasted. It was what he had to give me, it was what he had wanted to give me, it was due to me by custom and tradition, and why couldn't I have kept my mouth shut and allowed what was only natural to prevail? (p.104-5).

The experience teaches Roth something about the deepest parts of himself: "[I] . . . refused to allow convention to determine my conduct only to learn, after I'd gone my own way, that my bedrock feelings were sometimes more conventional than my sense of unswerving moral imperative"(p.105). Roth is able to have a moment of dramatic disclosure with himself, just as when, at the end of the book, he appreciates how one of his dreams gives him a sense of his "buried wisdom"--a wisdom that his "wide-awake mind" often prevents him from perceiving. Roth takes great pleasure in such moments of disclosure. But what we especially notice is the fact that Roth's struggle to get in touch with his own "primary" text entails a pleasure that is very much of the "secondary-source" type. After learning

about his "bedrock" feelings about his father's will, Roth consoles himself by telling himself, "It's almost worth the dough to be able to savor, yet again, the comedy of your own automatic brand of elevated stupidity"(p.106).

This is Roth criticizing Roth. As he struggles to form a relationship with the blunt, "point-blank"(p.81) aspects of himself, he is both secondary source and primary source, son and father. In his efforts to become a better reader of his father's text he has helped himself to become a better reader of his own.

The medical student or physician, in reading Patrimony, looks over Roth's shoulder as he comes to terms with the unavoidable realities of his father's cancer. Roth's understanding can help the physician to appreciate the importance of interpretation of the narrative text for patient, relative, and doctor alike. Figurative associations can help doctors respond more positively to their terminally-ill patients. The physician-reader learns to appreciate that he or she can be of healing value to the terminally-ill patient even though the patient's life cannot be saved. This calls to mind Broyard's advice in "Doctor Talk to Me." He asserts that while not every patient can be saved, a doctor, in responding to the patient, "may save himself" because he has "talked himself back into loving his work"(p.36).

PART TWO

Medical Analogies at Heart: A Literature/Medicine Approach to Saul Bellow's More Die of Heartbreak

In a recent interview in Bostonia (January/February 1991), Saul Bellow speaks of his fears concerning contemporary American society and its erosive influence on modern thought, a phenomenon he refers to as the "wasting disease of civilization."¹ For readers familiar with Bellow's latest full-length novel, More Die of Heartbreak (1987)², Bellow's decision to liken civilization's effects to those of a disease process via a medical metaphor is not surprising. More Die of Heartbreak provides many similar examples of imagery taken from literal descriptions of illness. Unlike Roth, whose use of metaphorical language stems from his difficulty confronting the physical realities of his father's illness, Bellow makes use of the physical illness as a means of graphically conveying his metaphysical concerns regarding society's spiritual sickness.

The Bostonia interview offers provocative information pertaining to Bellow's use of disease imagery in More Die of Heartbreak by enabling readers to make a connection between Bellow's choice of medical metaphors and his having had, as

¹"Saul Bellow, A Second Half Life: An Autobiography in Ideas, Part Two," (Bostonia January/February 1991), p.34.

²He has since written two novellas, A Theft (1989) and The Bellarosa Connection (1989).

a child, a personal encounter with serious physical illness. At age eight, Bellow contracted and nearly died of the literal "wasting disease"--tuberculosis. Never before separated from his family, Bellow spent six frightening and lonely months in a sanatorium.

Written as "An Autobiography in Ideas,"³ the Bostonia interview is the only one of its kind that Bellow, who has not written a full-length autobiography and has indicated his lack of plans to do so, has granted.⁴ The interview not only presents the facts of his illness, but also conveys Bellow's emphasis on the tremendous impact this incident had in forming his "primitive metaphysical ideas" ("A Half Life," p.37), which, he notes, have continued to remain "fundamental"("A Half Life," p.38) to him.

In her biography of Bellow, Ruth Miller, a long-time friend, suggests that a covert description of Bellow's childhood illness is given by Charlie Citrane in Humbolt's Gift. Citrane recalls himself as a young boy on a TB ward, isolated from his loved ones:

³"Saul Bellow, A Half Life: An Autobiography in Ideas," Bostonia (November/December 1990), pp.37-47. "Saul Bellow, A Second Half Life: An Autobiography in Ideas, Part Two," Bostonia (January/February 1991), pp.33-39.

⁴In "A Half Life," p.37, Bellow states: "I don't think I should be my own haruspex." As the Bostonia comments, their interview is unique as long as Bellow continues to feel that he should not be "examining his own entrails"(p.37).

Oh, I loved them all terribly, abnormally. I was all torn up with love. Deep in the heart. I used to cry in the sanatorium because I might never make it home to see them. I'm sure they never knew how much I loved them. . . . I had a TB fever, and also a love fever. A passionate morbid boy . . . [in the ward] I became very thoughtful . . . and I think the disease of the lungs passed over into an emotional disorder. . . . Owing to the TB I connected breathing with joy, and owing to the gloom of the ward I connected joy with light, and owing to my irrationality, I related light on the walls to the light inside me.⁵

Whether or not the passage is strictly autobiographical what we, as readers of the later novel, More Die of Heartbreak, notice is Bellow's strikingly fluid, poetic movement from a description of the bodily experience (TB's congestion of the lungs) to that of the emotional experience (which Citrane later refers to as the "congestion of tender impulses"). While More Die of Heartbreak's medical imagery is more conspicuously heart-centered⁶ than that in Humbolt's Gift,

⁵Qtd. in Ruth Miller, Saul Bellow: A Biography of the Imagination (New York: St. Martin's Press, 1991), p.5.

⁶Interestingly, though, More Die of Heartbreak's narrator, Kenneth, describes his most joyful experiences with his beloved Uncle Benn in respiratory terms, exclaiming: "Not only my lungs were breathing--but my mind breathed too"(Saul Bellow, More Die of Heartbreak [New York: Dell Publishing, 1987], p.364).

we also notice how this passage foreshadows Bellow's later novel through setting up an analogical relationship wherein the vocabulary of bodily experience is used, through metaphor, to concretize the more abstract experiences of the spirit. Figuring so prominently in More Die of Heartbreak, this relationship asserts a similarity between medical illness and emotional/spiritual sickness; between the experience of physiological imbalance and that of mental instability; and between bodily integrity and a capacity for spiritual illumination. We might speculate that the existence of this relationship is one of the influential "primitive metaphysical ideas" acquired during his childhood illness. And, in recognizing the importance of this relationship to Bellow, we begin to see that attention to More Die of Heartbreak's body and disease imagery offers a way of approaching the novel's metaphysical considerations.

Bellow's concern with the spiritual aspects of the human condition are specified in his Nobel Prize Lecture, where he speaks of his obligations as a writer to call attention to the spiritual aspects of individuals, and to render in concrete terms the "other reality [that] is always sending us hints" and the "glimpses" that are "fundamental, enduring, essential."⁷ In his acceptance speech for a National Book Award, he addresses the writer's obligation to

⁷Saul Bellow, "The Nobel Lecture," The American Scholar 46 (Summer 1977), pp.321,325.

heed the societal context in which individuals find themselves. In our contemporary technological age, he warns, the artist, along with everyone else, must strive to maintain his or her quality of life and freedom because these are "threatened by mechanization and bureaucracy."⁸

This chapter will explore how Bellow uses medical metaphors in more Die of Heartbreak both to make the abstract tangible and to convey his points of social criticism. In More Die of Heartbreak Bellow utilizes medical metaphors to discuss not only disease within a single body, but also that within its aggregate--the larger social body. As viewed by Bellow, our technologically oriented society places undue importance on the material aspects of life. This focus contributes to the "wasting disease of society." Combining his concern for the modern individual with his concern for the condition of modern culture, Saul Bellow uses medical metaphors to diagnose and criticize contemporary society's afflictions of the spirit.

Throughout writings that range from the 1940s through 1990s, Bellow has demonstrated his abiding concern for the individual human condition and also for society as a whole.⁹ In the Bostonia interview he explicitly criticizes

⁸"The Thinking Man's Waste Land," Saturday Review (3 April 1965): 20, as cited in Robert R. Dutton's Saul Bellow (New York: Twayne Publishers, 1971), p.64.

⁹See for example, Bellow's concern with anti-semitism in The Victim (1947), urban decay in Mr. Sammler's Planet (1970) and The Dean's December (1982), and the loss of

ours as a "spray-can culture," where our attention goes solely to surface considerations, leaving "so many people cut off from their first soul."¹⁰ More Die of Heartbreak shows America's highly technologically-oriented society to be a diseased community because physical preoccupations--including a focus on the physical body, in its erotic and diseased aspects--have replaced spiritual concerns. Characters in the novel suffer from a number of medical conditions and receive technologically sophisticated treatments--all of which are related in accurate detail by Bellow's narrator, Kenneth. All of these fail to help the ill soul.

In More Die of Heartbreak (1987) physical illness becomes a metaphor for a social disease affecting the entire society. The novel is conspicuous for its attentive consideration of physical illness and society's highly technological approaches to cures. An incomplete compendium includes: Alzheimers disease, cystoscopy of the bladder and prostate, AIDS, CAT scans, tachycardias, arrhythmias, and an assortment of medications that include beta blockers, quinidine gluconate, Xanax, Elavil, and lithium. Bellow's increased use of technologically sophisticated terminology for disease and for associated treatments functions as a

meaningful family relationships in "A Theft" (1989).

¹⁰"Saul Bellow, A Second Half Life: An Autobiography in Ideas, Part Two," Bostonia (January/February, 1991), p.38.

dramatic reflection of his fears concerning our troubled society.

Through the use of medical imagery, the novel's details of physical disease become an avenue for drawing attention to the metaphysical ramifications of physical sickness--both within diseased individuals and within their diseased society. Indeed, More Die of Heartbreak's countless references to disease processes and the preponderance of specific images involving the heart are charged with meaning. On a physical level, for example, two characters--Della Bedell and Harold Vilitzer--die from heart attacks. The novel's symbolic handling of Della's death includes a description of how this heartbroken woman, suffering from the rejection of Uncle Benn (uncle of the narrator, Kenneth) is "suffocated by swollen longings. Poor thing, her heart gave out."¹¹ Similarly, the materialistically focused Harold Vilitzer, Kenneth's great-uncle, is signalled by his "motorized" heart. Fitted with a pacemaker, his "post-operative heart . . . banging away"(p.374), he goes to his death unwilling to "open his heart to sentiment"(p.241). Finally, it is his "aorta that went"(p.422).

Uncle Benn suffers from cardiac arrhythmias; these abnormal, irregular beatings of the heart correspond to the fact that Benn, despite his distinguished career as a plant

¹¹Saul Bellow, More Die of Heartbreak (New York: Dell Publishing, 1987), p.106. All future references are to this text.

morphologist, is a "dub"(p.402) with women. And narrator Kenneth Trachtenberg's experiences with physiological "contractions of the heart"(p.264) mirror his own difficulties with women. Unable to convince the mother of his child, Treckie, to marry him, and unable to feel attracted to Dita, the woman who loves him (and who has "ten times more heart in her"[p.271] than Treckie), an unhappy Kenneth describes his surroundings in terms of heart imagery, lending his preoccupation with the heart a comic/tragic quality. A Professor of Russian, he teaches an advanced seminar on "The Meaning of love" at a university in the "U.S. Heartland"(p.31), a university where his uncle, similarly unlucky at love, also is an educator.

While criticism of More Die of Heartbreak has considered such subjects as Bellow's moral vision, his belief in the transcendence of the imagination, his use of comic irony, and his depiction of women characters, it has not examined the way in which Bellow uses medical imagery.¹² The primary intent of Part Two of my thesis is to show how the medical imagery sets up the novel's central problem-- society's skewed focus on physical rather than spiritual

¹²See for example the listing of articles on More Die of Heartbreak in Gloria Cronin, ed., Saul Bellow: An Annotated Bibliography (New York: Garland, 1987); Gloria Cronin, ed., Saul Bellow in the 1980s: A Collection of Critical Essays (East Lansing, Mich.: Michigan State UP, 1989). See also Gerhardt Bach, ed., Saul Bellow at Seventy-Five: A Collection of Critical Essays (Tübingen: Gunter Narr Verlag, 1991).

forms of sickness. This discussion will present the novel's handling of this complex issue by focusing on the following key images: the distinction between heart disease and heartbreak; between the "ordeal of privation" (the "old death") and the "ordeal of consciousness" (the "new death") (pp.124, 126); between a focus on bodily longings (sex) and on spiritual longings (love); and between the Tree of Knowledge (with its emphasis on technologically-based understanding) and the Tree of Life (with its emphasis on the humanities).

A secondary intent of this discussion is to look at ways in which Bellow's novel, with its medical metaphors emphasizing the spiritual "condition" of individuals, provides a timely commentary on current criticism of the practice of medicine: the need to broaden the health professions' perspective from the physical to the whole person, and from the ills of an individual to the ills facing society as a whole. This need is clearly analyzed by Dr. Arthur Kleinman in Social Origins of Distress and Disease. He discusses the phenomenon of somatization, in which individuals express social distress through physical complaints existing "in the absence of defined organic pathology."¹³ Treating the total person, then, involves

¹³Arthur Kleinman, Social Origins of Distress and Disease: Depression, Neurasthenia and Pain in Modern China (New Haven: Yale University Press, 1986), p.57. All other page numbers refer to this edition.

recognizing the societal framework surrounding a patient's biological symptoms and assessing the possible impact that this framework may have in contributing to the patient's illness. Physicians, as Norman Cousins asserts, must be able to appreciate "the ease with which modern society transfers its malaises to the individual."¹⁴ More Die of Heartbreak, with its emphasis on the interaction of a diseased society and the individuals living within it, offers Bellow's interpretation of the ways in which societal tensions are experienced by individuals through the idioms of bodily experience.

The Dichotomy Between Physical and Metaphysical Sickness

(1) Heart Disease and Heartbreak

The initial image that Bellow's novel presents centers around its title, More Die of Heartbreak, taken from a statement made by Kenneth's Uncle Benn that "more people die from heartbreak than of radiation"(p.107). This statement, which Kenneth reiterates throughout the novel, has important functions. By emphasizing that more die of heartbreak, and omitting the last part of Benn's statement so that no alternative cause of death is provided for the reader to focus on, the title both introduces and underscores the

¹⁴Norman Cousins, ed., The Physician in Literature (Philadelphia: The Saunders Press, 1982), p.xix. All future page numbers are taken from this edition.

seriousness of heartbreak. At the onset, we are alerted to the existence of a relationship between a metaphysical cause of death--heartbreak--and some other cause, which as yet, remains unnamed.

We hear Benn's full statement after we have encountered not only the title's assertion but also one hundred pages of heart imagery detailing the morbidity and mortality associated with heartbreak. We learn that the disheartened Della Bedell, suffocating from "swollen longings," is a victim of heartbreak. And the very account we are reading, Kenneth tells us, is the product of a "heart laid bare"(p.62), a chronicle of how both he and Uncle Benn are victims, "fell[ed]"(p.5) by unhappy affairs of the heart. With such preparation, we are ready to hear Benn's reply when asked by an interviewer for his scientific opinion on the dangers of the Chernobyl disaster and the increasing radiation level: "It's terribly serious, of course, but I think more people die of heartbreak than of radiation"(p.107). Indeed, we realize by the end of the novel that all the major characters either have died, or are slowly dying from heartbreak.

(2)The Two Ordeals: The "Old Death" and the "New Death"

In the Bostonia interview, Bellow is unreserved in describing his concerns about society's focus on readily identifiable types of destruction, and its lack of interest

in the less outwardly visible sources of individual distress: "Our entertainments swarm with specters of world crisis. . . . We use the greater suffering to expel the lesser. . . . Famine makes Ethiopia eligible. Now North America, if you except Mexico, isn't even in it."¹⁵

More Die of Heartbreak presents Bellow's concerns through bodily-focused imagery depicting two types of ordeals. This imagery helps further develop Benn's description of metaphysical suffering's toxic potential, and his de-emphasis on physical forms of threat. The novel explains that the "ordeal of privation" is the "old death" and it takes its toll on the physical body. It involves suffering in its "classic"(p.126) form, the "suffering mankind has always known best in war, plague, famine, and slavery"(p.125). It is the ordeal "Stalin poured on"(p.126) in Russia.

In the United States, the novel reveals, individuals undergo the "ordeal of consciousness." This is the "new death." It entails the suffering that comes with freedom, making its claims not on the corporeal body but on the human soul. This new death, Bellow's narrator warns, is the cause of a crisis of epidemic proportions, "snatch[ing] souls away by the hundreds of millions"(p.138). Its disastrous effects include the potential of permanently disrupting humankind's long-term survival: "Free personalities getting no help

¹⁵"Saul Bellow, A Second Half Life," p.38.

from either deaf heaven or neutral earth were facing mortally dangerous choices which would determine the future of civilization"(p.125).

Part of this second ordeal's insidiousness, the novel points out, is that a society that pays little attention to its spiritual condition has no terms to describe its ailment: "There aren't any words for what happens to the soul in the free world. Never mind 'rising entitlements,' never mind the luxury of 'life style.' Our buried judgment knows better"(p.126). Bellow's anger over society's lack of interest in this metaphorical "wasting disease" is shown in More Die of Heartbreak's criticism of "the public"(p.9). With its narrow focus on localizable, quantifiable sources of physical distress, and their corresponding remedies, this public is sensible only to the needs for "heart transplants, . . . a cure for AIDS, reversals of senility"(p.9).

The novel ridicules the United States' preoccupation with the external body, with its attempts to dazzle the world "with the teeth of its children"(p.203). The novel disparages an age that is at an "all-time world climax, a peak of genius for external perfection and high finish"(p.331). Bellow's narrator looks askance at how far contemporary standards have fallen below those held in ancient Greece--where the healthy soul and healthy body coexisted: "We've split things in two, dividing the physique from the mind"(p.44). The classical ideal has been

recast according to a materialistic interpretation. By investing in health clubs and "Pritikin diets"(p.42) and neglecting the cultivation of the soul, the ancient standard exists in crippled form--as the "admirable body"(p.42) now "without wings"(p.143).

(3) A Diseased Split Between the Body (Sex) and the Soul (love): The Annihilation of Eros into Body Parts

Bellow's criticisms of the "fallen world"(p.26) in the 20th century, with its attentiveness to its physical rather than to its spiritual condition, is translated into another of the novel's central images: the dichotomy between sex, with its focus on the body, and love, which involves "the exchange of souls"(p.63). Here, Bellow uses medical imagery to show how one of the destructive consequences of society's diseased focus is death--the metaphoric death of love: "When it becomes a matter of limbs, members and organs, Eros faces annihilation"(p.110).

Medical imagery also allows Bellow to portray vividly his sense of the public desire for easily available, "non-prescription" remedies to combat any and all ailments. In its misguided search for a physical cure to its metaphysical illness of the Soul, the public is described as taking "sexual Tylenol"(p.395) for its "spiritual headaches" (p.395). Linking sex with Tylenol allows Bellow to play upon Tylenol's widely known lethality when taken in

overdose. Despite Tylenol's reputation as a benign substance and its ready accessibility, the novel explains that taking "sexual Tylenol . . . wasn't an across-the-counter transaction. The price was infinitely greater than the easy suppositions . . . society led you to expect"(p.395). Here again Bellow's use of a medical metaphor acts as a graphic portrayal of a spiritual problem.

The fragmentation resulting from the diseased split between the body and the soul is rendered into the image of the fragmented heart residing within each individual. This contemporary heart, Bellow's narrator explains, is "three parts iced over"(p.87). Bellow's highly symbolic discussion of this iced-over-heart gives him a vocabulary for discussing abstract concepts (such as the soul and love) in concrete, bodily terms:

Each of us has an angel whose charge is to prepare us for the higher evolution of the spirit"(p.87). While the individual's job is to assist the angel, he is unable to do so since human beings can only endure the "noise of the world"(p.87) when coated with sleep. Therefore, our remaining "meager waking consciousness" offers the angels "little help from within when they try to instill warmth in us, the warmth of love"(p.88). Failing to transmit love into the soul, the angels inject it straight into the

physical body; the spiritual current (love)
becomes corrupted through becoming transformed
into a physically-oriented instinct (lust).

For Bellow, portraying the disease-like effects of the misdirected "current of lust"(p.88)--which is mistaken for love--makes this abstract current more tangibly destructive. Love's "ravages"(p.4), when inscribed on the soul, are shown to have body-like consequences: love "cuts [you] up"(p.4); love is a "bomb of flame that cremates you"(p.59). And Benn's ineptitude in affairs of the heart is likened to the disastrous actions of a diseased person oblivious to the rudiments of self care: he is like a "hemophiliac who would shave himself in the dark with a straight razor"(p.141). And, using the image of the angels, Bellow is able to delineate and criticize the ramifications of a diseased metaphysical condition: "The angels failing, the physicians take over. Love is replaced by Health, and Health is obtained by anatomical means. Then, as pharmacology follows medicine, we shoot ourselves full of drugs, hormones, narcotics, our souls are brutalized, human beings become impervious to all higher impulses"(pp.87-88).

These anatomical approaches to Health as a substitute for love, Bellow illustrates, are doomed--setting destructive cycles of "treatment" in motion. They fail to address the root causes of distress, which Bellow sees as metaphysical in origin, not physical. Interestingly, Bellow's fictional

scenario brings to mind the clinical experience of physician Kleinman, who sees physicians as setting destructive cycles in motion when treating somatizing patients. Kleinman criticizes the biomedical health care system for becoming a menace when its physicians are "trained professionally to somatize inasmuch as they are taught to reinterpret (medicalize) personal and social 'troubles' as medical problems."¹⁶. Paradoxically, with its focus on physical causes and physical solutions to disease, the biomedical philosophy encourages addiction to narcotic and analgesic drugs, and makes it more likely that patients will overuse expensive, risky tests as well as undergo unnecessary surgeries. To decrease the prevalence of somatization and lessen its costly consequences, physicians must recognize the "psychological and social sources" as well as the "biological bases"(p.57) of illness.

4)The Trees of Knowledge (Technology) and of Life (the Humanities)

In More Die of Heartbreak the recurrent medical imagery portrays bad thinking as a disease, an illustration that "knowledge divorced from Life equals sickness"(p.66). This sickness causes one to confuse physical and spiritual illnesses, as well as erotic desires and spiritual needs. In his "Foreword" to Allen Bloom's The Closing of the

¹⁶Kleinman, Social Origins of Stress and Disease, p.57.

American Mind (published the same year as More Die of Heartbreak), Bellow explains: "To put the matter at its baldest, we live in a thought world and the thinking has gotten very bad indeed."¹⁷ In More Die of Heartbreak, Bellow's bodily images underscore, anatomically, how the modern ordeal of desire and society's futile quest for meaning are related to diseased modern thinking.

To Bellow, this diseased thinking stems from the fact that "everybody pays the heart lip service . . . [but] nobody is educated for it"(p.314). Bellow uses imagery from nature to illustrate how society's diseased emphasis on the physical has grown from a distortion of the Divine Plan for human beings. Evoking the biblical Tree of Knowledge and Tree of Life (which grow side-by-side in Eden), he criticizes a society that educates its citizens in scientific, technological areas instead of the Humanities, confusing technological progress with advances for humanity as a whole. The Tree of Knowledge "is no . . . help"(p.108) for crises of the heart.

Bellow criticizes our society's substitution of physical details for psychological and spiritual understanding. When people's hearts are frozen because they lack the warmth of a spiritual sun, or soul, the rich dimensions of experience are flattened. Without knowledge from the Tree of Life,

¹⁷Allen Bloom, The Closing of the American Mind (New York: Simon and Schuster), 1987, p.17.

suffering becomes reduced to its literal components. It is an "inside adrenaline bath. . . . There's no judgment--only respiration, heart rate, blood pressure; prickly heat if you're sensitive. And that's it"(p.340).

The novel associates technology with the physical through technology's literal involvement with material matter--metals, chemicals--the raw substances that form the basis of mechanical and scientific projects. Society's focus on technology is seen as the cultivation of "intellect without soul"(p.279), with the resultant destructive sickness acting on the body. The divorce of knowledge from life allows critical consciousness to be unchecked as it "simply reduces all comers to their separate parts"(p.346). Without education for the heart, "you [have] nothing but assorted lips, noses, ears, hairlines, skulls, et cetera"(p.255).

The victims of this critical consciousness, according to the novel, include not only individuals but the entire discipline of the humanities--which "had been left behind when the age of science began"(p.321). More Die of Heartbreak, quoting E.T.A. Hoffmann, asks: "What will become of the arts in these rough, stormy times? Will they not wither like delicate plants that in vain turn their tender heads towards the dark clouds behind which the sun disappeared?"(p.436). And Bellow, lamenting the decline of the humanities in the Bostonia interview, says: "Literature

in my early days was still something you lived by, you absorbed it, you took it into your system"(p.38). Emphasizing that literature was a "part of your substance," not something outside the self, Bellow explains how literature was "something on which you formed your life"(p.38). With the growing emphasis on scientific and technological knowledge, however, "all that began to disappear . . . was already disappearing when I was young."¹⁸

Bellow's Images of the Diseased Society and Its Members

Bellow uses disease imagery to show how the societal gap between overvalued scientific knowledge and undervalued humanitarian understanding is embodied in the individual gap between "high achievement and personal ineptitude"(p.13): "In this (humanly underdeveloped) world . . . one tenth of the person makes galactic calculations, while his human remainder is still counting on his fingers"(p.402). Such fractured body images, including the contemporary heart that is "three parts iced over"(p.87), underscore the inadequacy of the part as compared to the whole. Without love, Kenneth says, only "a fraction of [the person] is alive, and that fraction isn't enough to sustain a real life"(p.347).

The contaminative effect of twentieth-century society is heightened by the novel's description of a literal

¹⁸"A Second Half Life," p.38.

impingement of "outer forces"(p.18) injecting themselves in individuals, "penetrating the very nervous system"(p.18). "Gas stations, hospitals, churches, paddy wagons, helicopters"(p.403) form an "urban air ocean"(p.403) against which our "defense systems"(p.403) are inadequate: "We have to breathe [it], like it or not"(p.403). The effect of Hollywood is also described as a literal contaminant, causing the exposed and susceptible modern heart to be "activated by trash"(p.304), to be "poisoned by . . . box office crap . . . Hollywood ptomaine"(p.304). Evoking the literal pollutants of modern society gives a solidity to the metaphorical pollutants that "urban America . . . imposes on the soul"(p.365).

(1) Individual Responses to the Diseased Society

In the face of the society's overemphasis on the physical, individuals may respond by revolting through their diseases. Kenneth describes how "sickness and sensibility" are the weapons that some use to fight a "world rolled flat as a pizza by the rational intellect"(p.271). This description of disease as a personal response to a larger societal sickness is one that doctors and other health professionals may find helpful to keep in mind. Kleinman, in The Illness Narratives, gives an example of how an individual's story of sickness may function "as a political

commentary, pointing a finger of condemnation at perceived injustice and the personal experience of oppression"(p.50).

Another personal response to the diseased literalness of society is to reflect society by embodying its mechanistic focus. More Die of Heartbreak's most powerful examples of this are Kenneth's great-uncle Vilitzer and Doctor Layamon. Vilitzer, is an "old-time pol and ward boss, a machine alderman . . . as crooked as they came"(p.43). His total dedication to the "high service of money"(p.372) seems to contaminate his body, so much so that he is described in inanimate terms. At the end of his life, he is left "as light as an empty plastic egg carton. Not an egg left in him. . . . Only the pacemaker unit under his shirt had any weight"(pp.374,6). Through cremation, death reduces him still further--to his elemental parts: "ninety cents' worth of chemicals"(p.435).

Doctor Layamon, Matilda's father, is a striking example of a character whose consistent focus on the material displays itself in his person. The criticism is sharp for this scheming physician (always trying to "lay one on") with "more angles than a geometry book"(p.228). The novel's only representative of the health profession, he is the character least likely to bring about, or even to be interested in, the "cure of souls"(p.90). Correspondingly, his movements are "more mechanical than organic"(p.171), and his "construction [is] flat"(p.171). Taking more pride in his

"political smarts"(p.216) than "medical achievements"(p.216), he is the very embodiment of an intellect without soul, the doctor without feeling. The narrator points out that, instead of healing, Doctor's Layamon's conversations "injected you with fears"(p.173). If one were to speak to him of metaphysical matters, this diseased physician would "stare at you as if you were bonkers"(p.210).

The novel emphasizes Doctor Layamon's lack of regard for suffering through this man's behavior in the hospital: "Motormouth Layamon . . . barg[ed] in and out of the rooms, pushing away the door and everything else, yanking off the covers . . . [and exposing] . . . the bald mounds . . . [of] . . . the old ladies . . . [as a] prank"(p.287,8,9). The novel makes the angry accusation: "There's nothing dirtier and more cynical than a big-city hospital or the operators like Doctor who take root there"(p.427). It "wouldn't be surpris[ing]," one of the novel's characters exclaims angrily, "if patients whose cases were botched were 'allowed' to die in order to avoid malpractice suits"(p.427).

In terms of sharp criticism, the novel's portrayal of Benn is less clear-cut. Though believing himself to be, unlike Vilitzer and Doctor Layamon, a "man of feeling"(p.13), a "loving heart"(p.64), Benn also participates in society's diseased focus on the physical.

Renowned for his skill as a plant morphologist, Benn is described as a "plant artist who was not qualified to be a love artist"(p.395). Benn's preoccupation with externals and scientific theory serves him in a scientific capacity, but Bellow shows how Benn's physically-oriented approach severely obstructs his vision in human affairs. Particularly with regard to the woman he treasures most, Matilda, Benn's theoretical constructs contaminate his view of human beings. "Drawn to have sex with perfection"(p.343), he marries Matilda Layamon for her physical beauty and is unable to appreciate her as a flesh and blood woman with frailties. He continually likens her to the representation of "Ideal Beauty"(p.182) celebrated by Edgar Allen Poe in the poem, "To Helen."

Benn's concern with physical perfection and his inability to accept frailty in his wife cause him to reduce Matilda to a collection of "somatic peculiarities"(p.369): her breasts appear too "widely separated"(p.369) and her shoulders take on the resemblance of her father (Doctor Layamon) and actor Tony Perkins, the "killer granny"(p.369) in the film Psycho. Benn, more and more estranged from life, seems to take on machine-like qualities. Mechanistic imagery signals the presence of something gone awry, a sickness of the body divorced from the soul, and the intellect from love. He "circles the world"(p.31) as if it were "a cyclotron to energize his particles"(p.31). His

cardiac arrhythmias become signs of "engine trouble"(288). He rushes to the airport to depart from his wife Matilda and "a great deal of heat radiated from his open coat"(p.403). His disorientation fragments him, the looks he gives Kenneth are "oddly divided"(p.403). Benn's "loving heart"(p. 64) virtually becomes contaminated because of his preoccupation with theoretical concerns. He seems reduced to a caricature of the scientist whose theory distorts human relationships, a caricature of the doctor who focuses on the physical aspects of disease and not on the patient. Benn finally departs not only from Matilda but from the midwest--the "Heartland"--and escapes to the Antarctic to focus on his research of polar lichens. He is a man who "really knew the vegetable kingdom . . . the scrutiny of secret things," but he is unable to "make the psychic transfer to human relations" (pp. 417, 132).

In More Die of Heartbreak the narrator Kenneth describes himself as an example of a "barbarian or hybrid of a peculiarly American type":

If you venture to think in America, you also feel an obligation to provide a historical sketch to go with it, to authenticate or legitimize your thoughts. So its one moment of flashing insight and then a quarter of an hour of pedantry and tiresome elaboration--

academic gabble. Locke to Freud with stops at local stations like Bentham and Kierkegaard. One has to feel sorry for people in such an explanatory bind. Or else (a better alternative) one can develop an eye for the comical side of this. (p.247)

And, in the Bostonia interview, Bellow describes the "high comedy of the intellectual in the never-never land of the "heart."¹⁹ In emphasizing the "deformities and diseases of civilized personalities"(p.16), Bellow's medical imagery underscores the hazardous nature of the situation confronting individuals in contemporary American society. The comic aspects of the novel do not obscure the ways in which metaphors of physical disease are used quite seriously and emphatically to argue for a greater recognition of the diseased condition of individuals and of the larger social body. More Die of Heartbreak points out the dangers in attempting to cure the complex ills of society through medicinal means. Its caricature of the materialistic Doctor Layamon emphasizes the need for health practitioners to be interested in, as Broyard says, the "metaphysical" person who is ill.²⁰

¹⁹"A Second Half Life," p.38.

²⁰Anatole Broyard, Intoxicated By My Illness: And Other Writings on Life and Death (New York: Clarkson Potter, 1992), p.40.

In arguing, as Bellow's narrator does, that "to be seen literally dries out one's humanity" (p.110), Bellow's More Die of Heartbreak joins Roth's Patrimony in speaking out forcefully and eloquently against overly biological approaches to others--be they one's patients or family members. Because Roth and Bellow explore the metaphysical dimensions of illness and its treatment, their works have helped me better understand the means by which literature can comment perceptively on the clinical encounter. I am convinced that courses in the medical humanities can contribute to the development of medical students as more skillful interpreters of the symbolic exchange that takes place between physicians and their patients. Writing this thesis also has enabled me to appreciate that a sensitivity to medical imagery and medical references can help the reader of a literary text. This thesis is submitted as one piece of evidence for a mutual interchange between the two disciplines of medicine and literature.

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