

Roth's Contribution to the Narrativization of Illness

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Abstract: In her article "Roth's Contribution to the Narrativization of Illness" Miriam Jaffe-Foger argues that Philipp Roth's fiction represents him as an empath, a writer who prescribes for modern medicine a dose of humanity in listening to the pain of others. Using Roth's *The Anatomy Lesson*, *The Dying Animal*, and *Exit Ghost* as primary source material in combination with theories from medical anthropology, Jaffe-Foger suggests that Roth is an inspiration for the field of narrative medicine. Jaffe-Foger examines the art in organizing narratives to tell these stories. Jaffe-Foger also argues against misogynist views of Roth as he represents woman's bodies, offering a modern reading of the relationship between illness and sexuality.

Miriam JAFFE-FOGER

Roth's Contribution to the Narrativization of Illness

I begin with a scene from the ending of Phillip Roth's *The Anatomy Lesson*: Nathan Zuckerman, who has been hospitalized after a year and a half of dealing with unexplainable physical pain — likely the embodiment of his layered mental anguish — enters rehabilitation for substance abuse. Initially, he is drawn to the hospital setting bent on turning from notorious author to full-fledged medical student; he imagines the escape from pain will come from a change in profession, one that will give him the stoic disposition of doctor as problem solver. But the closest he gets to this practice is during his residence as a patient; the doctor to whom he pleads for med-school admission sees he is not cut out for the field because he is too emotionally invested in illness, but during Zuckerman's stint in rehab, a physician offers him a shot as "Dr. Zuckerman ... resident humanist" (288).

His first case is gruesome: a woman with "only half a face. One cheek, up to the eye socket, and the whole side of her jaw had been eaten away by cancer" (288). She had never sought medical attention, and when Zuckerman sees the face cleaned up, there is a "hole in her cheek the size of a quarter" — tongue and jawbone exposed, the rest "a chunk of raw flesh" that smelled like rot. When the certified physician sees Zuckerman's reaction, he responds with uncontrollable laughter; he says, "You look green, Dr. Zuckerman ... Maybe you're better off sticking to books" (289). Zuckerman tries to face the traumas of the hospital, physically plunging his body into a bin of soiled linens, his mouth filled with bile as he processes the sounds of the hospital corridor, "howls [of] somebody's mother or sister or daughter, the cry of a survivor ... the worst ordeals that anyone could imagine" (290). Zuckerman vows to dedicate his life to medicine, following the interns around at night, his new job to follow through with establishing a "bond to those in duress, the urgent, immediate human exchange." He laments his "fanatical devotion to sitting with a typewriter alone in a room" with so much of this real work to be done (291). But that real work, of course, is the work of the book itself. *The Anatomy Lesson* as narrative creates the bridge between modern medicine and the human experience of pain and suffering.

In "Emergent Narratives," a chapter in her *Narrative and the Cultural Construction of Illness and Healing*, Cheryl Mattingly writes that "although we generally read or tell a story from the beginning to the end, and the beginning is chronologically earlier than the ending, this temporal frame only appears to imitate life" (183). We know from Roland Barthes this as a "chronological illusion" where "the illusion is created because the story really begins with the ending" (251-52). Thus, my beginning with *The Anatomy Lesson's* ending is taking an example from the beginning, or, in other words, the impetus for Roth's narrativization of Zuckerman's illness. Roth's narrative construction seems at face value mostly linear: the first chapter presents Zuckerman's symptoms of chronic pain in his neck, arms, and shoulders, and a context, a harem of women — inadequate replacements for the dead mother he wishes was still around to take care of him. The harem of women tell him their stories to distract him from his pain. These women, although Roth describes their sexual roles in his life with gritty detail, are catalysts for the real storytelling of survival. These women are just as sick as he is albeit for different reasons, like rape and abuse; Zuckerman is not manipulating them with his illness—rather their various states of psychosis bond the women to him. These women are why, in the last chapter, Zuckerman identifies mothers, sisters, and daughters—instead of men—as those howling in survival. What seems like a degradation of women in the beginning is a play on the cause of Zuckerman's pain: he's been accused of being a misogynist and shaming his family in his notorious novel *Carnovsky*, when in his reality, women beguile yet confuse him, and more importantly, he is deeply bereaved after the death of his parents, missing his dear mother especially. Chapter one begins, "When he is sick, every man wants his mother; if she's not around other women must do" (3), but the harem of Florence Nightingales doesn't do. Zuckerman is too sensitive here for that.

In chapter two, the narrativization of illness shifts to a discursive tactic that sequences into back story so that readers can un-puzzle the mental disorder behind the somatic presentation, which is why no doctor of purely physical knowledge can help Zuckerman the client. The chapter begins, "Zuckerman has lost his subject ... he couldn't find a posture for writing ... What he'd made his fiction from was gone" (39). The truth is that Roth builds to this backstory so that a mental block becomes the

reason behind the pain. What Zuckerman has "lost" — what is "gone" — is his family. A great deal of this chapter deals with adjustment disorder that has become a major depressive episode after the death of his mother, and what has replaced this source of comfort is not a harem, but a harsh culturally embedded reaction to his work and persona. By chapter three, back to the linear narrative of *The Anatomy Lesson*, Zuckerman considers suicide — he would "jump from the roof of the Stanhope Hotel" (107) because Milton Appel's guilt inducing derogatory criticism has infiltrated Zuckerman's mind and body to the point where he considers himself "no longer ... worth preserving" (107; an allusion to the fact that published words preserve a person). This suicidal ideation along with his hypersomnia, low self-esteem, and somatic symptoms classifies him as ill according to the Diagnostic and Statistical Manual of Mental Disorders (DSM).

But Roth writes to prove how illness helps him to be empathic and responsive to the pain of others, something the DSM cannot teach. He listens, in *The Anatomy Lesson*, to women's problems, and as we see in the book's ending, yearns to solve them under the auspices of a scientific perspective—a future that is a fantasy, not a legitimate path for Zuckerman, eternal author and human lover. Yet as Ann Jurecic notes in *Illness as Narrative*, the problem with modern medicine is the disconnect between how doctors define, interpret, and treat pain and how it can be made meaningful in a sufferer's life. While "biomedical epistemology has become the dominant framework for understanding health and illness, accounts of pain" are important measures that protects against the dehumanization of the patient when "language is unvalued and unrecognized in medical culture" (48). This language, as Roth and Jurecic agree implicitly, is not always verbal; Jurecic cites the moans and howls and cries as the expression of pain that doctors sift through for a logical terminology, but as Roth writes, "Pain is like a baby crying. What it wants it can't name ... Chronic pain is a puzzle for which few [doctors] have time. Most of them are frightened by it" (157) and a frightened doctor cannot provide the scientific support if he/she feels the way, say, Virginia Woolf does in "On Being Ill" or Emily Dickinson does in "Pain — has an Element of Blank." These are famous women voices on pain, which society accepts because society expects women to feel. But the male doctors of *The Anatomy Lesson* do not comprehend it. It is Roth, the male humanist, the writer, who gets it. Like so many of Roth's books, written as reactions to attacks on his reputation, Roth may be trying to prove the hidden value of his work. He wants to be understood as an empath, and with empathy from others, and for readers to see that there is a connection between sexual relationships and the way Roth's narrators offer empathy to women, as we see in *The Dying Animal*, a story of breast cancer, and in *Exit Ghost*, where Zuckerman is the only one left who will truly listen to his former crush Amy Bellette, demented by brain cancer in her old age. Through writing stories of responding to the pain of others, women especially, we see a side of Roth obscured by earlier, and I would argue biased, readings of his work.

Thus, Roth writes of Zuckerman in *The Anatomy Lesson*: "He was there to listen. Listening was the only treatment he could give. They come, [Zuckerman] thought, and tell me things, and I listen and I say ... 'I understand'" (133). After this, Roth makes a calculated narrative move and breaks out of writing in the third person, eerily inside Zuckerman's thoughts or infused with them; Roth writes, "there is no treatment I can offer to cure the woes of all the outpatients crossing my path, bent beneath their burdens and their separate griefs. Monstrous that all the world's suffering is good to me inasmuch as it's grist to my mill — that all I can do, when confronted with anyone's story, is to wish to turn it into *material*" (133; emphasis in the original). This passage is full of thinly veiled manipulation meant to be seen through and perhaps even appreciated for its irony. When Roth writes "there is no treatment I can offer to cure," he means to say my treatment is to listen and then make something out of what it means to be human (133). Indeed, the writer's job is to turn life into material so that readers can find comfort in their fellow sufferers, so that people have the courage to tell their true stories. He goes on: "there's a demonic side to this business that the Nobel Prize committee doesn't talk much about. It would be nice, particularly in the presence of the needy, to have pure disinterested motives like everybody else, but alas, that isn't the job. The only patient being treated by the writer is the writer himself" (133). While Roth may not ever win the Nobel Prize, what he calls its "demonic side" is actually great literature's very purpose: its contribution to humanity, "the antidote to suffering through depiction of our common fate" (5). Moreover, Roth's *zetz*, or calculated pouncing upon his detractors, in pretending that everyone else has pure disinterested motives, is the comic relief: alas, pure-hearted critics, you've been called out for your small-minded reading here. The writer himself is

not the only one cured, dear critics. In *The Anatomy Lesson*, where readers are "forc[ed] to pay attention to [Zuckerman's] moan" (267), we become better listeners to those in the world around his. Through Zuckerman, and through narrative, Roth teaches us how. Maybe he even teaches us how to be the mother everyone needs when he or she is sick.

After all, much of *The Anatomy Lesson* is a narrative of symptoms, a Zuckerman's Complaint, if you will, making the novel a sardonic reversal of Portnoy, which got Roth into so much trouble particularly when it came to the depiction of the Jewish mother-figure idolized in *The Anatomy Lesson*. Zuckerman's physical pain and the words Roth chooses to describe it resonate within readers' bodies. Whereas modern medical practice tracks pain through the use of "relative numerical scales" or the Wong-Baker Faces Pain scale of emoticons which "reduces language" and in turn creates an illusion that only narrative can attempt to integrate into stories of illness (Jurecic 49), Roth's account of illness in *The Anatomy Lesson* fights against something that discourages and dismays naively inspired beginning medical students who, much like Zuckerman, think that gaining a fuller picture will help them help others. As Byron J. and Mary-Jo DelVecchio Good point out, medical students must report "facts" instead of "fiction" — fiction being patients' fuller context and facts being a reduction into scientific mimesis — thus learning that in their trade "stories of suffering maintain a fictional quality" in the eyes of their supervisors who want a specifically edited narrative (51). While medical students may adjust to overcoming this anxiety, patients continue to report feeling unheard. By narrativizing illness, Roth does not give into the pressure of being silenced. Instead, he describes Zuckerman's pain poetically: "Just having a neck, arms, and shoulders was like carrying another person around ... [he wore a cervical collar] to diminish the hot line of pain that ran from behind his right ear into his neck, then branched downward beneath the scapula like a menorah held bottom side up" (*The Anatomy* 4). If one had listened or had done the close reading where these lines appear on the first page, and knew Zuckerman's angst over his writerly reputation, one could see from the metaphor of the upside down menorah that he had developed an internal struggle to the indictment of his anti-Semitic self-hating Jewishness as the betrayal to his mother — this is the image of himself being "another person" he must carry around despite the fact that is not who believes himself to be. Despite doctors' prescriptions for pain medications that throw him into a whirlwind of substance abuse, and despite orthopedic pillows for stories his doctor has "heard a thousand times" — his pain here being reduced to a common and easily fixable problem requiring nothing but boiling hot pressure-point showers — nothing works until he accepts his role as a writer.

The ending where Zuckerman becomes a doctor is really a display of fiction or narrative as what the doctor should have ordered. Roth writes of Zuckerman's pursuit of the medical field: "Never again [would he] give himself over to doctors who weren't interested enough or patient enough or simply serious enough to see a puzzle like his to the end ... a good writer can't abandon his character's suffering. A writer learns to stay around, has to, in order to make sense of incurable life, in order to chart the turnings of the punishing unknown even when there is no sense to be made" (*The Anatomy* 111). Although Zuckerman dismisses the etiology that his own illness has to do with Milton Appel or his perception of himself as a "washed up writer" refocused on curing others, may indeed be a form of treatment for Roth, the writer behind the writer whom he just can't abandon. Projection does enter into even the most sensitive of empaths. But most importantly, if Zuckerman chooses the medical field as a temporary fantasy, Roth, then in writing *The Anatomy Lesson*, clearly chooses to stay around and make something out of "incurable life." Roth writes because he feels he does not deserve the pain. And in his benevolence, no one of his readership deserves the pain. He offers the narrativization of illness as comfort, reassurance, empathy, and interest in other people's stories.

Roth's expertise in the narrativization of illness is similarly apparent in *The Dying Animal* and in *Exit Ghost*, where sexuality and illness are purposefully conflated to say something often deemed indecent regarding the mind-body connection. Whereas many critics have labeled Roth's representation of women as misogynistic, in *The Dying Animal*, as Velichka Ivanova points out, Roth's narrator David Kepesh "actually lives in fear of being dominated" (33). If Consuela Castillo, whom Kepesh meets when she is twenty-four and he is sixty two, is initially described as fresh "meat" for his sexual feast, she at least knows what the healthy and youthful and especially buxom body is "worth" to a man who imagines that his younger female lovers are questioned in disgust by their friends: "But what about his skin? Didn't he smell funny? What about his long white hair? What about his wattle? What about

his little pot belly? Didn't you feel sick?" (8-9). He knew from the outset that his penis, "the organ most conspicuous through your life [as a man] is doomed to dwindle into insignificance?" and he feels "how old [he] is ... in a new way" (34-35). This new way of feeling old manifests itself in jealousy. Kepesh fears his aging body cannot compete with those of younger men. The connection between his aging body and the anxieties it produces eventually leads to Consuela leaving him. It is not that he is older; she reverses age. It is the mental anguish that his aging induces that finally pushes her away.

Yet when Consuela reappears in his life to announce her diagnosis of breast cancer, when she is thirty-two and he is seventy, the mind-body playing field is leveled, and in turn, their gender differences are also leveled. The body in illness and decay is not a non-gendered body, but the power of gender, or dominance of one gender over another means much less. As Ivanova writes, "In the prospect of Consuela's death, he realizes the brutal contingency of existence and fears his own death. Moreover, Consuela's impending death subverts Kepesh's conception of her as an aesthetic body ... For the first time he looks beneath the surface of Consuela's skin" (41). Looking beneath her skin, Kepesh finds "the erotic power of Consuela's body," but more importantly, he admits that although he "had an erection, [he] couldn't have sustained it ... He would have been in great trouble if she had asked him to sleep with her that night" (*The Dying* 142). In the same paragraph, Kepesh makes it sound as though his aging body did not prevent his ability to perform — he boasts of his fortune to have "a hard on and the drive" as an assertion of the masculinity he must remind himself of throughout the novel — but suddenly their shared bodily decay unites them in fear. Certainly, at age seventy, Kepesh fears that he is "less vigorous" — this phrase borrowed from Ivanova — but really, if he loses control of his feelings, his sexual virility and masculine identity is most at stake. Kepesh's awareness of this mind-body connection Consuela "person"ifies — they are persons, humans, and thus subject to the more generalizably human loss of identity in illness and decay. As Consuela, faced with the mastectomy of her entire right breast, laments, "I feel myself, I feel my body with my hands, I think, This is my body! It can't go away! This can't be real! ... I'm afraid to die!" (150). While both fear death, what is more salient, actually, is the loss of sexuality and one's identity of his/her own sexual appeal as the body falls prey to disease.

In *Exit Ghost*, Zuckerman is not only impotent, as readers learn in *The Human Stain*, but looking for incontinence remedies following his prostate surgery. The contrast between his sexual vigor in *The Anatomy Lesson* lies in stark contrast with the 71-year-old body back on the same Upper East Side New York streets where he did not have to worry about the "shaming side of wetting oneself" or master "the underlying humiliation" of dealing with the unsexy undergarments and changing pads ordered in drug stores and pool supply catalogs rather than the empowering nakedness of a healthy body, one that did not have to be so hidden. He had in his youth a body that made it possible for him to swim in a public pool, but the embarrassment and self-consciousness of his medical condition kept him to swimming alone in the confines of "the yellowing waters [his] own pond" (*Exit Ghost* 4) weather permitting. His health had kept him holed-up, without the prospect for a romantic partnership, without the confidence for friendships. Zuckerman was lonely because of his medical condition. He had begun with a sort of envy when he imagined the amorous rawness in the relationship between Coleman Silk and Faunia Farley in *The Human Stain*, but perhaps his envy had caused hopelessness and reclusivity. That reclusivity may be how he pushed away the envy, the loss.

But during his visit to the city for a urological medical procedure, he happens upon an apartment swap advertisement in the real estate section of *The New York Review of Books*: "Reliable writing couple in early thirties wishes to swap homey, book-lined 3-room Upper West Side apartment for quiet rural retreat" (29). Against his instincts, "unwilling to oppose to the power of the crazed hope of rejuvenation that was affecting all [his] actions ... aware of the mistake he was making" — his action in the face of illness requiring the same courage it took for Consuela to bare her hairless head, to be seen in decay — he answers the advertisement. And once at the apartment, he meets Jamie Logan: "Her sensual presence was strong ... her breasts weren't those of an undernourished woman" (35). The breasts he longed for, to nurse him back to his former self, although he knew it could never be: "however sexually disabled, however sexually unpracticed I was after eleven years away, the drive excited by meeting Jamie had madly reasserted itself as the animating force. As though in the presence of this young woman there was hope" (52-53). Like Consuela, who knew Kepesh had once loved her healthy body and who sought out his recognition of that body one last time in pictures, Zuckerman

fanaticizes that Jamie might see him the same way. Or perhaps, as Kepesh decides to tend to Consuela at the end of *The Anatomy Lesson*, Jamie could serve a role that Zuckerman desperately needs: a partner who would love and care for him. Despite Zuckerman's reputation for fleeting sexual desire — his drive for sex over sustainable emotional connection — in his illness, he realizes, the need for a partner. In talking with Jamie's husband Billy about his fascination with her non-Jewish background, which he ironically says is "as good a reason to marry as any," referring, perhaps, to his overly criticized fascination with "shiksas," he tries to covertly joke with Billy about the sexual advantages to marrying such a beautiful woman (80). But Billy disarms him by saying what truly draws him to Jamie: her ability to be a caretaker for the seriously ill.

Jamie, Zuckerman learns from Billy, sat at her older sister Jessie's bedside for five months as her thirty-year-old body died slowly, while Jessie's mind was able to process the whole thing, up to her death. The Logan parents were of no use — her mother too shattered by the diagnosis to confront it and her father too distant to be in touch with his emotions — and it was Jaime who stayed by her side, sleeping on a cot in Jessie's room, never leaving her alone through the bitter end. Jaime Logan was the embodiment of the familial relationships that had fallen apart for Zuckerman. Billy had married Jamie for more than her body. And his move teaches the aging Zuckerman a lesson as he begins to care for Amy Bellette, the now dying woman he had eroticized in *The Ghost Writer* (1979). After all, Zuckerman's relationship with Amy Bellette, now dying from a brain tumor in *Exit Ghost*, is one where he vows to care for her, protect her, and help her defend the reputation of her late husband E.I. Lonoff, who Amy Bellette cared for through his bitter end. Who would be there for Zuckerman? He illusioned himself and knowingly fictionalized the idea, the hope, that it could be Jamie Logan, but his infatuation with this idea, and the inevitable rejection with which she responded, could have been what ultimately killed him — not just the ailing body, but the ailing heart: unrequited lust, Zuckerman's inability to form sustainable, emotional attachments, like the one between Lonoff and Bellette, Billy and Jamie, even his neighbors in the Berkshires, who start off the novel, Larry and Marylynne Hollis.

With such narrative craft Roth begins *Exit Ghost* with the character Larry Hollis. Larry Hollis is not a central character to the plot as *Exit Ghost* unfolds, but his character serves to foreshadow and forewarn us of Zuckerman's cause of death. Larry Hollis acts with intention, with a plan, whereas Zuckerman, nearing the end of his life, abandons all reason, his despair leading into a kind of dementia, as he sentences himself first to loneliness and then to his ultimately destructive attraction to Jamie Logan. Hollis, who changed his name from Irwin Golub, forced a friendship with Zuckerman, determined that he should not live alone in illness. The notion that one should live alone in illness is so inconceivable to Hollis that once Hollis was diagnosed with cancer, he makes quick arrangements to be hospitalized, where he committed suicide the night before his daughter's wedding with deliberate calculation. Perhaps he had become conditioned to imagine that there is no reality in sharing the self in illness, that illness is too personal, too individual to be understood by others. Perhaps he wanted to spare others the responsibility to responding to his pain, as it would draw out over the months of what he thought of as his inevitable decline into the grave. But the narrative construction of Roth's introduction, a small gesture so simultaneously grand, is evident when he sets up Zuckerman as trying to avoid Hollis's "deadly" slew of questions about writing; Hollis asks, "'Have you ever killed a character?'" (7). Within five pages, Hollis himself is dead. Roth killed him quickly, painlessly, sparing him suffering. But Roth sets up Hollis's fast narrative to frame Zuckerman's slow-motion narrative: Hollis writes Zuckerman a goodbye letter, which reads, "I don't like leaving you like this. In this whole wide world, you cannot be alone. You cannot be without contact with anything. You must promise me that you will not go on living as you were when I found you." For Hollis, life in a decaying body would be too lonely, but he does not promote that fate for Zuckerman. Ironically, Hollis will not let Zuckerman escape without facing life even though Hollis chooses his own exit via drug overdose. Zuckerman would ultimately end up dying chasing his fantasy that Jaime Logan could not only witness, but love, the decaying body. Roth does not spare readers "the excruciating agonies of a dying" human (13). The narrativization of illness, and the hope that one might not be lonely in illness, but is destined, despite fame or fortune, to die alone, without any control, powers the narrative.

Thus, Zuckerman decides to stay in New York for one last moment, if only imagined, with Jamie Logan. He is captivated, unsurprisingly, by her breasts, which would figuratively nurse the same de-

sires with which he begins *The Anatomy Lesson*: "When he is sick, every man wants his mother; if she's not around other women must do" (3). In a scene Zuckerman writes to fulfill needs that cannot be, he interviews Jamie Logan — "for the job of she-who-leaves-her-husband-for-the-much-much-older-man," a man she will nurse and read aloud to at his bedside (238) — about her breasts, about how she uses them to her advantage, the way that Consuela did in her classroom with Kepesh. He tells her he wants "to be charmed to death" (235). Instead, he is ignored and invisible to her. Subconsciously, he knows this fact, and so he must bring to back his dead mother in a dream in which he asks her a favor: "Can we have incest?" (242). While the details of the Oedipal sequence do not include any description of sexual activity, he awakens with the feeling that there has never been "a mother more tender and kind." His affair with Jaime Logan will never come to fruition; not even his "insane excitement" before he is "gone for good" at the end of the novel will allow for her to take the place of his mother. The sentiment that "other women must do" from *The Anatomy Lesson* proves, once again, not an option in Zuckerman's feverish pre-death visions. In death, Zuckerman dreams, he will return to his mother in a "room of large bare windows flooded with light," and in this way, "be the one in the ground forever" (242). It is almost too cliché for Roth to go to that common trope of the bright light one sees before death unless we consider this peacefulness as signs of universality and the hopefulness of humanity wanting not just for themselves, but for others, something beyond the grave to make them whole—the ground is a conduit for some moment of reunion.

One of the great reunions that *Exit Ghost* provides on earth is between Nathan Zuckerman and Amy Bellette—but the reunion bears the aspect of taking place in the afterlife, or in transit to an afterlife—perhaps Lonoff's afterlife, as Bellette and Zuckerman wrestle against Kliman to keep Lonoff from the purgatory of popular biography, alive in the earthly realm. Bellette's brain tumor and her impending death set her up for a reunion with the love of her life, who acted perhaps, initially, as a mentor/father figure in *The Ghost Writer*. Zuckerman's decision to stay in New York is propelled by his desire to act as savior to the dignity of his friends in their deaths, to unfetter their deaths, as well as his own. As in *The Anatomy Lesson*, Zuckerman becomes unselfish in illness and death. Again, he provides empathy, as Roth hopes to inspire as the writer of these books on illness. As Claudia Roth Pierpont's article "The Book of Laughter" suggests, Zuckerman and Bellette's reunification might be based on Roth's relationship to his friend Veronica Geng, who edited *The Ghost Writer*: "They were never lovers, Roth emphasizes, but they came to love each other. When Geng underwent surgery for brain cancer ... Roth was among her steadiest visitors, sitting on the edge of her bed in order to feed her ... Roth and ... friends covered her medical expenses, and he set up a fund to provide her with financial backup" (34). Pierpont continues, "Roth gave her ravaging illness — complete with a raw serpentine scar running across her skull — to the intellectually uncompromising and ardently literary Amy Bellette." If Zuckerman has served as Roth's alter ego and allowed him the autobiographical gesture throughout his novels, then Roth's narrativization of Amy Bellette's illness, and his own aging body in decay, is, indeed, a way that he uses writing in transit to an afterlife, or the human wonder of what might or might not come after life on earth, for both himself, his readers, and even his friends, as a central feature of what happens when a person lives with illness.

But more fruitfully in utilizing alter egos to reflect upon and fictionalize some of his real life experiences, Roth engages in an aspect of narrative medicine, a field championed by Rita Charon. Charon writes that "Sick persons and those who care for them become obligatory story-tellers and story-listeners ... and yet knowledge of the centrality of storytelling was obscured in medicine throughout much of the last century" ("Narrative Medicine" 261). Roth, however, has always taken up this project since his earliest work, which reflected, in many cases, mental illness. Through Zuckerman especially, Roth uses fiction to address one of Charon's tenets of narrative medicine: "the subject temporarily gives up his own ego for that of the object" (Charon, "Narrative" 263). While Roth and the people in his life lend to the creation of objects in his fiction, it is Roth who has given up his own ego, through fiction, to explore the state of illness in himself and others. He places himself "at the disposal of the other" — sometimes making his own experience an "other" — "letting the other talk through [him], ventriloquize, and in the words in which to say what cannot be said" (Charon, "Narrative" 263). While Zuckerman has often been cited as a ventriloquist, it is Roth himself who has occupied himself with the central mission of narrative medicine — what Charon calls its most "urgent goal," which is "to attend gravely, silently, absorbing oceanically that which the other says, connotes, displays, performs,

and means." If the practice of modern medicine has become "so impoverished ... by its recent positivism and reductionism that it can't even hear itself think" (263), then Roth is not only one of the greatest living writers to address this poverty in medicine, but also one of the best listeners, one who can simultaneously represent what that listening, responding, and empathy look like. Roth has donated himself, in his instances of narrativizing illness, "as the amphora," which Charon recognizes as coming from the Jamesian house of fiction ("Where Does" 28). Henry James calls the amphora "the great empty cup of attention" in *The Wings of the Dove* (19) and Roth has had to become that "clay vessel" of "generative empathy," where one must empty himself of distraction. He models what modern medicine needs to do to listen.

Roth's *The Anatomy Lesson*, *The Dying Animal*, and *Exit Ghost* are where Roth's imagination and his narrativization of suffering exposes a cultural need for writers to bridge the gap between modern medicine and the modern human experience of physical and mental illness. Certainly, this project is echoed in *The Facts: A Novelist's Autobiography*, *Patrimony: A True Story*, *The Human Stain*, *The Plot Against America*, and *Everyman*. Roth's fiction is a necessary part of medicine, but also, research suggests, a necessary part of creating more empathy overall as part of what holds together the fabric of society in terms of people's overall relationships to each other. Social psychologists at the New School for Social Research in New York City recruited readers and studied the effects of a group that read literary works by writers like Don DeLillo against the effects of those assigned to read popular best sellers or non-fiction (see Belluck <<http://well.blogs.nytimes.com/2013/10/03/i-know-how-youre-feeling-i-read-chekhov/?hp>>). The readers who read just three to five minutes of literary texts "performed better on tests measuring empathy, social perception, and emotional intelligence" including sensitivity to "emotional nuance and complexity." Louise Erdrich, one of Roth's long time colleagues and close friends, reported "This is why I love science," because the research "found a way to prove the intangible benefits of literary fiction" (Erdrich qtd. in Belluck <<http://well.blogs.nytimes.com/2013/10/03/i-know-how-youre-feeling-i-read-chekhov/?hp>>). While the ailing Bellette and Zuckerman join forces to eradicate readers' focus on the autobiographical elements of literary fiction, perhaps the "intangible forces of literary fiction" would not be possible if it were not for the author-as-conduit for stories of illness that the author has experienced in himself and from empathizing with others.

Roth as "champion of empathy" in the narrativization of illness — that title certainly goes against the grain of his earlier reputation! Yet from an interdisciplinary standpoint, specifically in narrative medicine and anthropology, Roth has earned this designation (one ignored, perhaps, by the Nobel Prize committee). And this designation is legitimate, I would say, because of his access to autobiographical gestures, the reflection upon and re-imagination of his experiences to work out their meaning. As the late anthropologist Michelle Rosaldo points out, one must delve into the most personal in order to get to the most universal feeling: "instead of seeing feeling as a private realm that is — ironically enough — most universal and at the same time most particular to the self, it will make sense to see emotions as things not opposed to thought but as cognitions implicating the immediate, carnal 'me,' — as thoughts embodied" (205). The irony in Roth that goes so unrecognized is that his very body and "thoughts embodied" on the page, his most intimate sense of the world, is exactly what makes him so universally the empath he is and desires to be flayed out on the page. His books are his mind and body donated to science because empathy needs so very much to be part of the future for modern medicine. Roth illustrates for fiction what is, according to C. Jason Throop, already "a truism" for anthropologists, who "make sense of their experiences in the field in light of existential residues that carry forth from their experiences elsewhere." Throop continues, "there may be particular ways of being-in-the-world that are foreclosed to people who have not first had access to similar such experiences in their own lives" (771). From the reflection upon experience comes the "imaginative" and "communicative" part of empathy — and who better to communicate it than Roth in his medium? Certainly, though the opening of *Exit Ghost*, which casts Zuckerman as a writer-in-hiding and a decaying body-in-hiding, Roth himself has demonstrated the very opposite: the ability to both be in the world and to be empathetic to his own suffering. Rather than hide from it, he publicizes it. He shares it with precise wording and pre-meditated structure.

Thus, while Good and Good lament the loss of the patient's full story as medical students are taught to present an edited and logical differential diagnosis, Roth counters what the anthropologist

Douglas Hollan defines as "what empathy is not:" "detached insight or pure theoretical knowing it the predictions and forecasts, however accurate, of a third person observer." Roth writes according to Hollan's accepted definition of what empathy is: "a type of emotional reasoning in which a person emotionally resonates with the experience of another while simultaneously attempting to imaginatively view a situation from that other person's perspective ... we know how and why a person is angry, not only that he or she is angry" (475). Whereas medicine calls the practice of case presentation getting "more sophisticated — or more indoctrinated — about presenting" illness, "the problem is that the [system] dictates what you say and what you don't say," like "gee, you might want to think about why this person said what they did" in getting to a clear diagnosis — especially because as the medical student cited here in Good's and Good's work admits, these omissions often lead to diagnostic and deathly mistakes (57). The answer to this problem is one that Roth proposes in *The Anatomy Lesson*: bring the authors in to teach the doctors. Bring in Roth as Resident Humanist.

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