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Stories of Sickness

Second Edition

HOWARD BRODY



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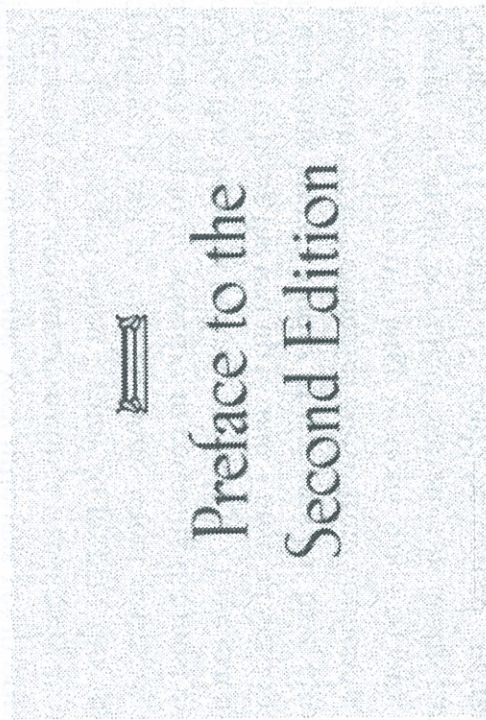
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In the early 1980s I read Alasdair MacIntyre's *After Virtue* and was particularly struck by his assertion that we can have a comprehensible ethics only when we understand human life as assuming the form of a narrative. As a physician, I naturally asked what implications this narrative approach would have for medicine. MacIntyre's narrative conception resonated with a formative experience I had enjoyed during my then-recently-completed residency training. I recalled the evenings when we family practice residents had gathered around the fireplace in the home of our department chair, "Dr. B." (who belatedly assumes his rightful role in this edition, at the beginning of Chapter 11). We listened raptly as Dr. B. told stories about his twenty years of experiences as a small-town family physician in South Carolina. At some level I must have wondered what we were doing there and why. We were training at a prestigious Eastern university hospital, seeking to master the latest drugs, technologies, and scientific breakthroughs. Patients did not tell us their stories; instead we took their medical histories. If anything remotely resembling the concept of narrative entered our workday discussions, it was the dreaded charge of "anecdote"—a pejorative term applied to out-of-date evidence that ought to be supplanted with "real" scientific data from the latest medical journals. Why, then, did we residents gather so eagerly to hear Dr. B. present us with "anecdotal evidence"? And what did our eagerness tell us about the true nature of medical activity?

While the first edition of *Stories of Sickness* appeared with a 1987 publica-

sion of both novels depends on the variety of ways of reacting to sickness. The protagonists are presented with a smorgasbord of behaviors, as it were, from which they may choose and combine to develop their own personal reactions to the sickness (or, especially in *The Magic Mountain*, to try on a variety of reactions in sequence as the novel progresses). Each novel, in effect, is a catalog of various ways of being sick and of assigning a meaning to one's illness in the context of one's life. Both authors have something important to say about the societies from which the characters have come to live in the place of sickness. Both authors see the societies as sick in an allegorical way, and both see the possibility of cure in the future: Mann's Germany through the fires of World War I, and Solzhenitsyn's Russia through de-Stalinization. However, both authors are as interested in people as they are in allegories and hence avoid Sontag's pitfall of dealing with illness *only* as metaphor. Both authors, while making their social comments, do so without injustice to the realistic portrayal of what sickness does to people.

A way to approach the two novels in tandem is to consider three main characters—Hans Castorp in *The Magic Mountain* and Rusanov and Kostoglotov in *The Cancer Ward*—as persons trying to find meaning in serious illness, trying to situate the story of the illness into the larger stories of their lives. They are surrounded by others who are finding meaning in their own illnesses in various ways. Others' modes of coping and finding meaning may offer useful models for the main characters. Alternatively, the others could, in effect, be tempters, holding out superficially attractive stories that actually fail to promote one's true character and aspirations. An important aspect of both novels, however, is that they take us into a foreign world, the world of the sick, where many of our healthy ways and ideas are challenged and turned topsy-turvy. It would be helpful, then, to get our bearings in this new world, before turning to issues of how people move between the world of the sick and the world of the healthy!

A Journey through Sickness

We can get a sense of one world of the sick by following the career of Hans Castorp (Mann 1944). We meet Hans, a young German who has just finished his apprenticeship and is about to embark upon a career as a marine engineer, arriving at the Swiss tuberculosis sanatorium, the Berghof, for a three-week visit with his cousin Joachim. Hans is coaxed into adopting the ways of the Berghof—the bountiful and frequent meals, the outdoor cures, even taking his own temperature—as one might out of curiosity and diplomacy adopt the ways of natives in a strange land. Before the visit is done, however, Hans is diagnosed as actually having tuberculosis, and the three-week stay turns into an

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Sick Roles: Practices and Life Plans

Virginia Woolf, in an essay entitled "On Being Ill," lamented:

Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to view, . . . how we go down into the pit of death and feel the waters of annihilation close above our heads and wake thinking to find ourselves in the presence of the angels and the harpers when we have a tooth out. . . . When we think of this, as we are so frequently forced to think of it, it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature. (Woolf 1948: 9)

Woolf, it seems, would have approved of two monumental twentieth-century novels, Thomas Mann's *The Magic Mountain* and Aleksandr Solzhenitsyn's *The Cancer Ward*. The novels have several things in common that will repay careful study. Both depict a central character or characters who are sick and who spend most of the novel in a place of sickness among those who share the same disease. To set the stage and to place the main characters in a broader context, the authors must show us a number of sick persons, each suffering or coping with his disease in a different way. (The diseases, tuberculosis and cancer, are chronic conditions that behave differently at different stages of their processes and that strike different parts of the body, thus allowing maximal variability in how the individuals are affected by them.) The dramatic ten-

extended sojourn. Mann depicts Hans as actually having very little desire to become an engineer and as generally hemmed in by the restrictive and archaic social structure of the German maritime city on the flatland. Hans has no real symptoms but instead metaphorically exhibits the sickness of his society.⁷

With the diagnosis of tuberculosis confirmed by the Berghof's presiding physician, Dr. Behrens, Hans can, for a while, assume the sick role as described by Parsons, following the therapeutic regimen laid out for him and trying to get well. Soon, however, he falls under the influence of an attractive Russian woman, Clavdia Chauchat, with whom he becomes infatuated. "The patients at the Berghof are fascinated by her, because she does what many would like to do but dare not: she openly uses her illness as an excuse for badness" (Siegler and Osmond 1974: 45). An Italian patient, the literary Settembrini, who often serves as Hans's Virgil through this mountaintop world, opines that Chauchat is probably incurable because her illness is "in good part, if not entirely, a moral one. . . . neither the ground nor the consequence of her 'slackness,' but precisely one and the same thing" (Mann 1944: 228). Although the "slacknesses" of which Chauchat is guilty include such minor offenses as slamming doors and exhibiting easygoing table manners as well as indulging in sexual dalliances with men to whom she is not married, she is nonetheless dangerous. The sick role grants excuse from one's normal role responsibilities only provisionally, so that one may devote one's energies to the therapeutic regimen and the restoration of health. When the excuse from responsibility becomes an end in itself rather than a means toward health and the shared values of the well community, one has entered a deviant role distinct from the sick role. Such deviance in the isolated environment of the Berghof, far above the moralizing flatlands, has many attractions and few penalties.

Hans's cousin Joachim typifies at times a model that the flatlands would find much more worthy. Joachim is a soldier, eager for promotion and glory, who chafes under his forced leisure and longs to return to the colors. At times he obsessively complies with the treatment in the unconscious hope that his goodness and sacrifice will cause divine powers to grant him his health as a reciprocal reward. It is partly this moralistic bargaining posture that Dr. Behrens has in mind when he tells Hans that Joachim is "no good at being ill" (Mann 1944: 46). True to the doctor's prediction, Joachim leaves against medical advice to rejoin his regiment, only to return to the Berghof with worsened consumption and later die there.

Hans reacts against Chauchat's badness and the general frivolity and aimlessness he sees among the other patients by visiting the bedridden and dying, whom everyone else studiously ignores. He later dabbles in psychoanalysis under the tutelage of Behrens's assistant, Dr. Krokowski, who gives rather bizarre lectures in which he develops his theory that all disease is caused by

perverted manifestations of the power of human love, that disease is merely love transformed. Then comes a major decision. Joachim has elected to leave despite Behrens's warnings, but Behrens tells Hans that he has improved enough so that he can return to the flatland, too. Hans finds reasons to discount this advice and remains at the Berghof. One way to view this decision is that Hans has reinterpreted his illness as an opportunity for taking stock and developing new sensitivities to the meaning of life; he cannot now leave until his new quest is fulfilled (Siegler and Osmond 1974).

Hans's new quest of "taking stock" reaches its culmination one afternoon when he goes out skiing and becomes lost in a blinding snowstorm. It seems to Hans at the time that he has had a peak experience and has finally achieved wisdom. He muses:

[A]ll interest in disease and death is only another expression of interest in life. . . . I have made a dream poem of humanity. I will cling to it. I will be good. I will let death have no mastery over my thoughts. For therein lies goodness and love of humankind, and in nothing else. . . . Love stands opposed to death. It is love, not reason, that is stronger than death. . . . I have taken stock. I will remember. I will keep faith with death in my heart, yet well remember that faith with death and the dead is evil, is hostile to humankind, so soon as we give it power over thought and action. . . . My dream has given it me, in utter clearness, that I may know it for ever. (Mann 1944: 495-497)

The storm clears, and Hans finds that instead of being out on the mountain all night, as he had thought, he had been away only a few hours. He readily makes his way home in time for the evening meal. "An hour later the highly civilized atmosphere of the Berghof caressed him. He ate enormously at dinner. What he had dreamed was already fading from his mind. What he had thought—even that selfsame evening it was no longer as clear as it had been at first" (Mann 1944: 498).

It turns out that Hans has not been a great success at his new substitute quest of "taking stock." He misdiagnosed his problem. It was not that death and disease had assumed positive polarity for him, drawing his mind away from life and love. Instead, it was precisely because he had found no meaning in life that death and disease seemed worthy of his attention. To a person who is largely stuck in an adolescent stage of development, retreating to the top of the mountain may appear to provide the vantage point from which one can finally see truth, but Hans could not, in the end, find meaning in life by refusing to live one.

Hans now slips imperceptibly into regarding himself as a permanent resident of the Berghof, cut off from life in the flatland. He greets a new vaccine treatment proposed by Behrens with cynicism rather than hope. Hans finally and abruptly leaves the mountaintop to reenter life at the start of the Great

War, taking up the colors that Joachim longed to follow but could not. Our last glimpse of Hans is as a soldier dodging bullets at the front, in no way incommoded by any vestiges of the supposedly serious illness that kept him at the Berghof for seven years. The final message seems to be that Hans's more serious illness was not pulmonary but rather derived from the prospect of a life that offered no self-respect. Hans could be the author of his life story at the Berghof in a way that he never could back in the flatlands had he pursued his initial course of becoming a maritime engineer as dictated by his family. The only cure would have come from a restructuring of society so that a role with real meaning was available to him.

The Practice of Being Sick

Looked at in Behrens's way, Joachim is not a good patient because his compliance with treatment arises from a bargaining posture, as if good behavior will be rewarded automatically by a cure, but that is not all there is to Joachim's attitude toward the treatment. He pursues the cure so that he may return to the service, but also "for the sake of the cure itself, which, after all, was a service, like another; and was not duty duty, wherever performed?" (Mann 1944: 147). Elsewhere Joachim is depicted as devoting himself to the treatment in lieu of his military service, "even . . . making of it an interim profession" (Mann 1944: 207). Joachim seems at some level to have shared other patients' reactions to life-threatening illness, the hope that he might "rise to the occasion" (Frank 1995: 62). Joachim's attitude raises the question of whether somehow a life with sickness, properly lived, can have its own internal set of rewards and standards. In MacIntyre's (1981) phraseology, can there be a *practice* of being sick, just as there is a practice of medicine?

Asking about the practice of being sick expands upon an apparent paradox in the notion of the sick role as a form of socially deviant behavior. On the one hand, occupying the sick role entails being excused from the expectations and responsibilities that form part of one's usual role in life (as businessman, homemaker, etc.). On the other hand, if the sick role is to be a true social role (in the sense that it reciprocally guides and modifies the behavior of others toward oneself and oneself toward others over time), then there must be a new set of expectations and responsibilities that belong to the sick role in its own right. Even though being sick is a deviant and thus socially disvalued state, people can admire the "good patient" who adheres to treatment and tries hard to get well, because the goal is abandonment of the deviance and return to the socially valued role. We do not, in the same fashion, admire the "good criminal" or the "good sinner" or the "good adulterer" who occupy deviant roles from which a return to nondeviance is indirect or impossible (although we

may admire the truly repentant sinner). This explains the resentment and envy with which Hans Castorp regards Chauchat and the other patients who use their sickness as an excuse for a life of empty frivolity and sexual license. The social bargain implicit in their living at the Berghof is that, in exchange for not being blamed for not carrying out their usual social duties, they are supposed to try to get well and follow orders. (They are, that is, supposed to be cheerful but not to enjoy themselves.) When they fail to turn all their energies toward cure but instead devote themselves to petty gratification, they become doubly deviant. They suffer little from this stigmatization, however, because they are isolated from the flatland world and the social values of the healthy. They have left behind their peer review groups, who would urge them to retain self-respect by disavowing such a frivolous way of living one's life. Instead, they can surround themselves with others similarly inclined who are therefore not likely to pass any moral judgment.

Except for his on-again, off-again infatuation with Chauchat, this shallow way of living without any true self-respect is not the way Hans Castorp intends to go about the business of being sick. Although he was stuck in a culture that gave him no room to create a life plan that could rationally reflect his individual talents and proclivities, Hans compensates by devoting himself to living the right way, to coming up to the standards that he can set for himself. The pettiness of his activities viewed more broadly only went to show how the culture had failed to teach Hans any meaning or purpose to life; the pettiness did not detract from the fact that the activities formed a practice Hans had learned over time to excel at, and at which he tried to excel for rewards that were internal to the practice. Back on the flatlands, Hans chose exactly the correct items of wardrobe and smoked only a particular sort of imported cigar not to impress others or to make his way ahead in the world of commerce, but to live up to the standards that he set for himself. Hans's stay at the Berghof is marked by gradually giving up each of his flatland activities (first to go are the cigars, which don't taste right in the mountain atmosphere) and substituting new practices of living that celebrate his commitment to life in the sanatorium. Hans now takes pride in the expert way he can wrap himself snugly in his rugs when he goes onto the outside balcony for the rest cure in his chaise longue: "Only a few old hands . . . could wield both blankets at once, flinging them into position with three self-assured motions. This was a rare and enviable facility, to which belonged not only long years of practice, but a certain knack as well" (Mann 1944: 102). He is proud when he perfects the old-timers' ability to lie quietly for the hours of the rest cure, doing absolutely nothing, an unread book in his lap. Eventually he finds a new brand of cigar available in the local village shop that suits his taste perfectly.

Aware of the work involved in living up to these new standards, which would be totally unappreciated by anyone of the flatlands, Hans can begin to

facial appearance that one could achieve a robust sense of self-respect by devoting one's life to sickness. That one could eventually become an expert at the practice of being sick might make a life of sickness especially tempting, even if adopting a different social role might be much more rewarding in the end. At least since Molière, writers have seen literary possibilities in the temptation posed by the sick role.

One can get self-satisfaction from practices like these well carried out, but one cannot ultimately gain self-respect unless these practices form a part of a larger life plan that is affirmed by one's peer review group. (Hans chooses most of the time to associate with those whom, like Settembrini, he views as more intelligent than himself, showing that he seeks a deeper and more enduring self-respect than do most of his fellow patients. Thus, as a character, Hans eventually earns the reader's respect despite his seemingly interminable adolescent soul-searching.) Eventually, with the coming of the war, Hans finds the prospect of an activity that can give meaning to his life, and he is then able to abandon the practices that occupied him for seven years without a qualm or a backward glance.

A different way to approach the question, "How does Hans Castorp find meaning in his illness?" is to note that Hans arrives at the Berghof more or less without a sense of his true life story, as it normally would be beginning to unfold for one at the beginning of adulthood and about to embark on one's life work. Whatever life story Hans possesses is one from which he is alienated, and he feels that others have been the sole authors of that story. The Berghof offers him a very constricted life story, that of a special sort of model tuberculosis patient, and Hans seizes upon that life story as more satisfying to him, more *his own* story, than the one the flatlands had provided. Mann comments on how constricted the sickness life story actually is through the episode in the snowstorm. What seems at the time to be a true epiphany, a sudden glimpse of deep meaning, turns out the morning after to be no such thing at all. With the coming of war, Hans saw his entire society swept up in a much larger and presumably grander story. He could now see a way to author his own life story in conjunction with that larger societal narrative. The Berghof world suddenly became superfluous to his search for meaning in life.

In the final analysis, we can ask how Hans finds meaning in *his illness*, but we cannot ask how he finds meaning in *his tuberculosis*.⁴ Hans is a fraud as a tuberculosis patient. He is surrounded by people (like Joachim and Settembrini) seriously trying to find meaning in life with tuberculosis, because the disease could, indeed, kill them or at least render them unable to carry out many of their prized activities. Hans, as Dr. Behrens informs him and as events later prove, can leave the Berghof at any time at no risk to his health. The cancer patients about whom Solzhenitsyn writes are in quite a different predicament.

sympathize with the Berghof patient in an anecdote related by Settembrini. This patient was discharged, completely cured, and returned to his family below, only to find the flatland life totally intolerable after his years on the mountain. Everything he had come to regard as important they viewed as trivial and vice versa. Eventually, despite continued absence of symptoms, he had no choice but to return to the Berghof. His family below, said Settembrini, "lacked the fundamental conception" (Mann 1944: 199). Hans's calm self-assurance in the practices of the Berghof serves him well when his family makes its only serious effort to retrieve him from the mountaintop and recall him to his career and responsibilities. His uncle, the ambassador from the flatland, immediately senses that he is in a foreign environment in which he knows nothing but in which Hans is expert. Soon the uncle bolts for home, desperate lest he, too, become captive to the Berghof and extend his planned stay of days into years.⁵

The story of Hans illustrates the importance of one element of a philosophical analysis of self-respect. John Rawls lays special stress on what he calls the Aristotelian principle. Rawls makes an assumption about psychology: "Other things being equal, human beings enjoy the exercise of their realized capacities (their innate or trained abilities), and this enjoyment increases the more the capacity is realized, or the greater the complexity" (Rawls 1971: 426). Rawls therefore assumes that the sort of life plan that will lead to the fullest degree of self-respect and the sort of life plan that a good peer review group would be most likely to affirm maximizes one's opportunities to develop one's talents and skills to a higher level of complexity and expertise. Rawls's assumption seems plausible no matter how "high-brow" or "low-brow" one's life plan might be. Suppose that my favorite recreation is watching stock car racing. I will probably watch racing on television and in person as often as I can and subscribe to racing magazines that will inform me about the features of the cars and the lives of my favorite drivers. I may buy my own car and drive it at a local track, experiencing to a slight degree at first hand the skill needed to race such a car at high speeds for long distances. I will, in short, get more enjoyment from my hobby to the extent that I can put effort into it over time and see the effort pay off in terms of a more complex understanding and skill. The basic principle would be the same if my life plan called for me to work as an architect or to become an Olympic athlete.

Hans's experience at the Berghof shows that *the practice of being sick* is, to at least some degree, the sort of thing at which one can get more skilled the more one puts effort and attention into it over time. This fact promises a level of psychological satisfaction if one is hopelessly, terminally ill and the sick role is truly all that life has to offer. However, it creates a trap if the sick role is competing for one's allegiance against other open roles. The fact that Rawls's Aristotelian principle seems to apply to the sick role creates a super-

Self-Respect in and through Sickness

The Cancer Ward, set in a hospital in Soviet Central Asia in the mid-1950s, is seen mainly through the eyes of Pavel Rusanov, a loyal middle-level bureaucrat of the Stalinist system, and Oleg Kostoglotov, a Russian whom that system sent to forced labor camps for years for some imagined political infraction and who then emerged as an exile in a Central Asian village. Unlike Hans Castorp, Rusanov and Kostoglotov each identify strongly with a preexisting life story and try to make sense of their experience with cancer within the overall framework of that life story. Because their life stories are so different, they end up approaching cancer in almost diametrically opposed ways.

Kostoglotov finds meaning in his cancer via the process of trying to make plans for the future, constructing for himself a quest narrative. From years in the forced labor camps where he dared plan no more than brute survival, he has emerged into exile where he can at least enjoy some of the simple pleasures of village life. Cancer for him is in some ways less of a threat than the labor camps. He is now willing to trade off some increased life expectancy in order to return reasonably intact to that village life without undue delay. The doctors, insensitive to his life story, are enraged with him over his failure to go along with the ward routine, especially his questioning of their treatment and his threatened refusal of consent for additional treatment. They think it totally irrational that Kostoglotov, dragged into the hospital two weeks earlier, more dead than alive and having recovered remarkably in so short a time, should now turn on their medical regimens with such base ingratitude. From Kostoglotov's viewpoint he is being eminently rational. So long as he was almost dead he had no need to make plans. Now that he seems to be recovering, making plans is uppermost in his mind, and he is frustrated by the physicians who will not candidly answer his questions and grant him a role in deciding his treatment. He chafes at the hospital policies that will not permit him openly to consult medical books to learn about his prognosis, and he is indignant when, without informing him of the consequences, the physicians begin a course of hormone treatment that will render him impotent (thus further limiting his future life options). Kostoglotov's brief flirtations with an attractive nurse and doctor are less hospital skirt-chasing episodes than "try-ons" for his life-planning process—how seriously should he consider a future life story that involves marriage or sexual commitment? Eventually for Kostoglotov accepting his sickness and pursuing his quest involves accepting his impotence, just as he has previously accepted his status as ex-prisoner and exile. These are simply limitations within which he must construct a life story that makes the most of what he has available.

Whereas Kostoglotov's stay in the cancer ward is marked by serious planning and chafing at the restrictions that interfere with his planning, Rusanov's

stay is marked at the beginning by unrelieved fear and suffering. Kostoglotov, as a survivor of the labor camps, has a strong sense of both his life story and his own role in creating that story. Rusanov, by contrast, has a strong sense of his life story but has been satisfied to see that story as basically authored by others, so that he need take no personal responsibility for what it contains. Basically insecure and weak, Rusanov has found a niche for himself within a totalitarian bureaucracy, following the party line without question and identifying with those in authority in order eventually to wrest some authority for himself that he can then use in selfish ways. He is very good at his work, which involves searching for damaging information among the intimate details of other people's personnel files; in addition to the satisfaction of the work itself he enjoys the power that he has to terrorize any of his subordinates with a carefully dropped word or facial expression. Rusanov is happy to equate his own life story with the larger story of the Soviet Stalinist bureaucracy within which he has become so comfortable.

Rusanov is very jealous of his authority, and for him one of the sufferings of sickness is to be stripped of the trappings of authority and to be forced onto a par with his fellow patients. While in his office Rusanov habitually climbed a flight of stairs to use a bathroom on another floor, feeling it would be demeaning if any of his subordinates or peers encountered him in the common facility; in the hospital he is forced to use the common latrine that has no stalls and no privacy. "In a few hours [after his admission to the ward] Rusanov had lost his whole status in life, his honors, and his plans for the future, and had become 168 pounds of warm white flesh that did not know what would happen to it tomorrow" (Solzhenitsyn 1968: 12). In the hospital he is deprived of the advice and companionship of his wife, the only person to whom he can speak candidly of aspects of his life. Between them, for example, they have rationalized his denunciation of a neighbor to the secret police years ago so that they could take over the half of the apartment formerly occupied by that neighbor and his family. Typically, on learning that this neighbor has been rehabilitated after Stalin's death, Rusanov's reaction is not a twinge of conscience or remorse but simply the purely physical fear that the former neighbor will come and beat him.

Rusanov projects onto the nation that he professes to serve with devotion this same sense that one should not speak openly of one's true motives and behavior. He can understand why Beria should have to be shot after Stalin's death if Beria was really guilty of all the crimes he was said to have committed as leader of the secret police. What Rusanov cannot comprehend is that this should have been talked of publicly. In his view, the right thing would have been to shoot Beria, let it be known that he had died of a heart attack, and then to give him a hero's funeral.

When a tumor appears on his neck, shutting off Rusanov "like a wall" from

his family, his office, and his easy and comfortable life (Solzhenitsyn 1968: 18-19), he has few resources to deal with his sickness. The story of his previous life tempts him to try to treat the sickness as a bureaucratic problem, for which he possesses the job skills to handle easily. In his terror he begins by denying that his disease is cancer, to which an unsympathetic but logical fellow patient responds, "Now there's a fool! If he didn't have cancer, why would they put him in here?" (Solzhenitsyn 1968: 10). In attempts to shore up his self-esteem by regaining a sense of authority and influence, he begs his wife to cajole additional privileges on his behalf from the hospital authorities. It turns out that his influence with the higher-ups is less than he had imagined. The only result is that he is allowed to wear his own pyjamas that he has brought from home; the longed-for transfer to a Moscow hospital never materializes. Primarily, he is reduced to blustering at the other patients and instructing them on correct socialist attitudes.

Rusanov suffers terribly with his illness (until the tumor starts to regress under therapy) because his experience lacks meaning. As he is afraid even to admit the name of the illness, he can hardly construct a satisfactory explanatory framework within which to place it. (His only available explanatory systems seem to be political. Hence his desire for a cure gets expressed as a desire to be transferred to a hospital in Moscow, where the specialists are presumably better.) Kept apart from his wife, he is stripped of the caring companion he is used to leaning on in times of trouble, and his obnoxious bluster helps ensure that he will find no support in the cancer ward from his fellow patients. In addition, he has lost all sense of control because those practices at which he excels and that have assured his control in his life up to this point no longer seem applicable.

Solzhenitsyn adeptly uses the transformation of the large society to mirror Rusanov's feeling of loss of control over his personal life and future. One of the special privileges Rusanov tries to bully for himself is to be the first to read the newspaper.

"Why should you be first?"

"What do you mean, 'why?' 'Why?'" Pavel Nikolayevich was in anguish, suffering from the undeniability, the self-evidence of his right to be first, indefensible though this right might be in words. He felt something akin to jealousy if someone else unfolded a fresh newspaper with uninitiated fingers. Nobody here could understand what was in the newspaper better than he, Pavel Nikolayevich. He regarded newspapers as openly disseminating what were, in fact, coded instructions, in which it was impossible to call things by their proper names, but from which a knowledgeable and capable person could form the correct concept of the newest trend by various little hints, the page position and display of the articles, and what had been omitted or left unsaid. That was precisely why Rusanov had to be the first to read the newspaper. (Solzhenitsyn 1968: 243-244)

Reading a Soviet newspaper properly is thus described as a practice at which Rusanov excels, and he feels that his excellence at this practice, which others ought properly to esteem, is part of what makes him a worthwhile person. His mastery of the practice makes him feel in control of his life and his future; in the hospital, where his feeling of control has been largely stripped away, he clings even more desperately to this appearance of power. Fate, however, has dealt him a further blow. When he finally gets the paper he finds news of sweeping changes on an unprecedented scale. The Supreme Court has been completely replaced. Malenkov has asked that he be relieved of his post as chairman of the Council of Ministers.

[Rusanov] grew weaker and his grip on the paper relaxed. He could not go on reading. He did not understand this news. He had ceased to understand "coded information" openly disseminated. . . . [I]t was as though, somewhere at great, great depths, geological strata had rumbled and quivered ever so slightly in their rock bed, and the whole city, the hospital, and Pavel Nikolayevich's bed had swayed with the shock. (Solzhenitsyn 1968: 304)

Hoping to gain some return of his inner strength by exercising a practice at which he excels, Rusanov is cruelly deceived and is left feeling even more depressed. He faces a great uncertainty in his life because of his tumor and seeks an anchor. Previously, the Stalinist system had provided that anchor for him. With that anchor having pulled loose, Rusanov feels even more adrift and vulnerable.

Later, as his tumor shrinks, the old Rusanov reasserts himself. At first, his inability to deal with the larger social realities had made him feel even less powerful in dealing with his sickness. Conversely, once his sickness starts to remit, he regains all his old optimism about being able, with his bureaucratic wiles, to survive in the larger world. The direct link between his life story and that of his political society persuades him that as the former starts to look more promising, the latter must also. Rusanov has told himself a restitution narrative, which at this point seems to be a valid narrative for his experience of sickness. He leaves the hospital essentially the same person, the same shallow hypocrite, as when he was admitted. The future is not clear, but we are left with the impression that when he suffers the almost inevitable relapse, he will be every bit as unprepared to face that new challenge as he was this one. Should Rusanov later be in need of a quest narrative to give meaning to his experience, we have seen nothing in his character to suggest that he is equal to the challenge. By contrast, Kostoglotov leaves the hospital with a changed sense of himself and his future as a result of his self-conscious reflection on the meaning of the sickness for his future life plans. Solzhenitsyn's political irony is to illustrate this inversion of roles. The prisoner abused by the Stalin-

ist system emerges as the relative victor, shown to be superior to the bureaucrat whose life epitomizes that system.

Sickness and Life Plans

Hans Castorp is young and impressionable, and therefore is often tempted to "try on" the various ways in which other Berghof patients try to find meaning in their illnesses. Neither Rusanov nor Kostoglotov is so impressionable, and so they remain mostly uninfluenced by the coping strategies employed by their fellow patients in *The Cancer Ward*. Nevertheless, Solzhenitsyn's novel presents a rich catalogue of the various ways in which people construct meaning for the experience of being sick.

Akhmadzhan, a young Uzbek who translates for the other tribesmen who do not speak Russian, fulfills a "good patient" role somewhat analogous to Joachim's in *The Magic Mountain*. Akhmadzhan's only and constant desire is to go home, and he occasionally whines or wheedles, not so much to be difficult as to express the depth of this desire. Most of the time he is cheerful and has devoted himself to learning the ward routine and to accepting the words and deeds of the doctors without question. Fortunately, he has an early cancer that is responding well to treatment, which seems to justify a restitution narrative about his illness.

Restitution narratives view sickness as a lacuna in the narrative of one's life. Once it is over, one takes up one's life plan exactly where one left off and proceeds as if nothing had happened. This is the view of sickness that seems implicit in the ideal Parsonian sick role, illustrating why that theory is so much better suited to acute than to chronic illness. A restitution narrative seems to inform Joachim's view of his tuberculosis much of the time—he sees his cure as an unpleasant duty to be gotten over so that he can rejoin his regiment and resume his military career. In *The Cancer Ward*, young Asya, who eventually is to have her breast removed, responds initially in the restitution fashion. She tells one of the young male patients, Demka, that she is in the hospital for a "checkup." The entire content of her conversation addresses her outside life and activities, which she intends to return to shortly.

To tell a restitution narrative when one has a disease like cancer or tuberculosis requires denying the severity of the disease, even if one does not deny the disease itself. An even more extreme instance of denial is to construct no narrative at all. One treats the sickness as a nonentity, continues to pursue one's life plan exactly as if nothing is going on, and refuses to admit the sickness into one's life story. In *The Cancer Ward* this reaction is typified by Chaly, who goes on arranging black market deals and juggling the visits of his various wives so that they will not meet one another, exactly as he would have

had he never been admitted to the ward. Characteristically, Rusanov takes an instant liking to Chaly, because denial of one's illness seems to mirror so well the Stalinist bureaucracy's tendency to deal with unpleasant truths by denying them.⁵

Another sort of story about sickness is the adoption of sickness as a career, of abandoning one's previous life plan and formulating a new one with the sickness as the centerpiece. This is the role that Hans Castorp adopts through a good deal of *The Magic Mountain* and that some of his fellow patients have adopted even more firmly and enthusiastically. The story of one's life after the sickness, then, is the story of how one has adopted the various practices associated with the sickness. As Hans's case shows, this story generally requires that one's previous life story was highly unsatisfactory and that no attractive alternatives are available. Accordingly, we see little of this tendency among the patients in *The Cancer Ward*, because even Soviet society provides many alternatives more attractive than being treated for cancer. (And, of course, that society would not tolerate an institution like the Berghof, peopled with its capitalist parasites, for even five minutes.) One patient who typifies this story is the incurable Sibgatov, whose tumor on his lower back is a smelly, running sore. He is going to die, knows it, and carries out his practice of quiet, polite, uncomplaining existence on the ward because that is all that is left to him. Sibgatov's story is a very limited form of quest narrative. He has basically lost all that is important to him in life except his self-respect. So long as he adheres to the practices that have marked his stay on the ward thus far, he can maintain his self-respect until he dies. Achieving that limited goal is what he has left to live for.

We have already seen that the young geologist, Vadim, represents another modification of the quest narrative. Even when the sickness is accepted as fatal, one may pursue one's life plan without major modification, only accelerating its pace given the short time remaining. Thus, Vadim refuses to give up his goal of developing his new geologic process and models himself after the poet Lermontov. Vadim, planning how he is going to accomplish his life plan within the time that remains to him, often sounds as if he is prospectively composing his own obituary.⁶ His death is a foregone conclusion, and his remaining quest is that upon his death his associates will be able to remember him for what he had accomplished in his brief life.

In the more usual form of quest narrative, sickness forces a modification of one's life plan. The story that will be told of one's life includes one's plans and aspirations before the sickness occurred, followed by a reexamination and a formulation of a new life plan that seems reasonable given the limitations the chronic sickness is expected to impose. The novels we are examining suggest that this is a difficult and complex matter. At the same time that one is trying to reformulate the new life story, one must also undergo the

grieving process over the old life plan. My old life, after all, was a major part of myself. I possessed self-respect because I felt that that life plan was esteemed by my peer review group and because I felt that I was making reasonable progress in turning that life plan into reality. Losing that vision of the rest of my life is not a loss I can lightly accept. Furthermore, my self-respect requires that my peer review group, that group of associates whom I especially respect, will proceed to affirm my new, revised life story, but that itself becomes problematic. The circumstances of illness may have removed me from easy communication with my old peer review group. Even if they are available, my old associates may no longer be ideally suited for the peer review process. They may be insufficiently cognizant of the realities of the limitations imposed by illness. In that case they might either demand of me a level of accomplishment that is simply unattainable or else assume too quickly that I can aspire to only low-level goals in the future. Many sick persons find themselves constituting a new peer review group to make up for these deficiencies. Support groups made up of fellow sufferers from the same disease often appear to function in this manner.

The painful endeavor of formulating new life stories, grieving over the old ones, and looking out for rational and sympathetic associates whom one can trust to affirm one's new life plan on appropriate grounds unites Kostoglotov and young Demka in a bond of sympathetic friendship. Demka, soon to lose his leg to his cancer, is grief-stricken at his impending loss, but he is still ambitious about his studies and involves his fellow patients in discussions about what sorts of activities are possible for an amputee. He is, in effect, inviting them to become coauthors of his revised life story. Kostoglotov, as we saw earlier, has less to grieve for in his old life plan, because much of his life has been spent under circumstances in which the only rational plan was, in effect, none at all, but he is determined to wrest whatever simple happiness he can from his life that remains within the limitations that sickness will impose.⁷

Yet another form of the quest narrative is, ironically, a failed-quest narrative, in which one has to admit that one has devoted one's entire life to a single goal and finally failed to accomplish it. This sad outcome is epitomized in *The Cancer Ward* by Shulubin, who has colon cancer that will require an ileostomy. Shulubin's life story (as he tells it to Kostoglotov) is that of a man who responded to the political and social upheavals of the Stalinist purges by adopting an attitude of total acquiescence and servility in order to survive and keep his family intact.

That's how far they've driven me to the wall. . . . I lectured in several disciplines—and all this in Moscow! But then the great oaks began to topple. . . . They swept out professors by the dozen. Were we expected to confess errors? I confessed errors! Did we have to recant? I recanted. . . . They told us to rewrite anatomy, microbiol-

ogy and neuropathology according to the teachings of an ignorant agronomist. . . . Bravo, I agree, I'm in favor! No, that's not enough, give up your assistantship, too! All right, I won't argue, I'll become an instructor in agricultural methods. No, that wasn't enough of a sacrifice. . . . All right, I agree, I'll become a librarian, a librarian in remote Kokand! How far I had retreated! But nevertheless I was alive, and my children had been graduated from institutes. (Solzhenitsyn 1968: 507)

But now, with cancer, has come the final realization that it was all for nothing:

I lived for twenty-five years, maybe twenty-eight and saved myself only by cringing and keeping quiet. I kept silent for the sake of my wife, for the sake of the children, for my own sinful skin. But my wife died. My skin is a bag of manure, and they're going to open up a hole in its side. My children grew up so hardhearted that it's beyond comprehension. When my daughter began suddenly to write to me it turned out to be because the Party organization told her she ought to *normalize* her relationship with her father. (Solzhenitsyn 1968: 506)

We do not get to see how or whether Shulubin will resolve the inconsistencies between the life plan that has served him up till now and his new realizations. At this point all Shulubin can do is express envy of Kostoglotov's life, both as political prisoner and as exile: "At least you lied less, do you understand? At least you cringed less" (Solzhenitsyn 1968: 501).

Shulubin, as a result of his illness, comes to regret his life of servility, but there is nothing servile in his reaction to the illness now. Servility as a reaction to sickness is illustrated rather by another of the inmates of the cancer ward. This individual, a former university lecturer, is visiting from another ward when Kostoglotov is telling his fellow patients about a new folk remedy for cancer he has learned of. Kostoglotov is still operating partially under the rules that governed his survival in prison camp: in a world where one has so little power, a little knowledge makes a lot of difference; one does not share that kind of power willy-nilly, but only with carefully selected fellows. Kostoglotov lacks the money to procure the remedy, a magic root, but he can at least withhold the address of the purveyors except from those few to whom he elects, for his own purposes, to reveal it. The lecturer (who suffers from a tumor of the larynx) importunes him persistently and abjectly for the address. Kostoglotov is first put off by the man's cringing demeanor; he is further disgusted when he finds that the man was a lecturer in philosophy—what good was all the philosophy this man expounded if it cannot help him cope with his illness in a more satisfactory and manly fashion? "It was a shame to laugh at sickness and grief; but sickness and grief too should be borne in such a way as not to provoke laughter" (Solzhenitsyn 1968: 173). In the end, however, Kostoglotov gives the man the address, moved by the irony of the fact that this

person, who has depended on his voice for his career and livelihood, should have been struck by a tumor of the larynx.

An Ideal Sickness Story?

Is there an *ideal* story of sickness? Dealing as we are now with chronic and eventually terminal disease, such a story would depict a fatal illness coming at the close of a long and fruitful life, when one's life plans had been largely fulfilled and one's human relationships fully ripened. In this ideal story of sickness and death as a capstone to one's life, no ground for regret or envy exists, and self-respect has been fully developed and nurtured in such a way that sickness cannot threaten it.⁸ The ideal story is foreign to the Berghof or the cancer ward, where one sees either denial of death or death prematurely thwarting the life plans of the young and middle aged. For a story of death that carries some of this capstone quality, but with an ironic twist, we must turn to a different novel, Somerset Maugham's *Of Human Bondage* (1963). The poet Cronshaw has lived the life of the impoverished, unappreciated, expatriate poet in Paris, spending his evenings getting drunk in the cafes while artistically inclined younger men admire his literary conversation. He finally comes back to London to correct the proofs of the finally-to-be-published volume of his poetry but is totally broken down in health from alcohol, cigarettes, and malnutrition. Philip Carey, formerly one of the young men who gathered around Cronshaw's table in the cafes, now a medical student who has undertaken to nurse the poet in his last days, asks why he will not, even at this late date, give up drinking:

"Because I don't choose. It doesn't matter what a man does if he's ready to take the consequences. Well, I'm ready to take the consequences. You talk glibly of giving up drinking, but it's the only thing I've got left now. What do you think life would be to me without it? Can you understand the happiness I get out of my absinthe? I yearn for it; and when I drink it I savor every drop. . . . I am a man blessed with vivid senses, and I have indulged them with all my soul. I have to pay the penalty now, and I am ready to pay." (Maugham 1963: 405)

Philip asks whether, despite these bold words, the poet is not afraid of death:

"Sometimes when I'm alone." He looked at Philip. "You think that's a condemnation? You're wrong. I'm not afraid of my fear. . . . I know that I shall die struggling for breath, and I know that I shall be horribly afraid. I know that I shall not be able to keep myself from regretting bitterly the life that has brought me to such a pass; but I disown that regret. I now, weak, old, diseased, poor, dying, hold still my soul in my hands, and I regret nothing." (Maugham 1963: 405)

Cronshaw, in fact, dies quietly in his sleep and so never has a chance to alter these final deathbed sentiments.

It may seem odd to put forth Cronshaw's story as any sort of "ideal." In many ways Cronshaw seems a despicable person. He could be accused of having caused his own disease, and now that he has fallen ill, he is far from complying with medical advice to try to get better. Besides that, his major goals in life—to sit in cafes, talk, and get drunk—hardly seem admirable. Cronshaw, in rebuttal, would presumably say to us that by criticizing him, we are asking that he adopt a life story which would not have been his own. To work every day at an economically productive job, then go home at night to amusements calculated not to put his health in any danger, would have been for him to try to become a different person. Given who he was and what he preferred and valued in life, he made choices and ran risks. He asks for our respect now because he is willing to own those choices and accept the consequences of those risks. His death comes when he has no major unfinished business in life, besides whatever bottles of absinthe remain undrunk. He leaves no grieving family, and he has completed his volume of poetry. As much as was humanly possible, he completed his quest before his sickness arrived to interfere with his plans.

Let us attack Cronshaw's story from a different angle. When I elaborated a concept of self-respect, I drew its elements from the theory of philosopher John Rawls but tried to tone down the hyper-rationality that many would find objectionable in Rawls's approach—as if designing and carrying out the plan of a human life were like issuing the engineering specifications for a piece of machinery. For purposes of argument, however, let us accept Rawls in his most hyper-rational mode and ask whether, according to his theory, Cronshaw should be worthy of self-respect at the end of his life. Rawls would pose for our consideration the following questions:

- Does he have a *rational plan of life*? If we take Cronshaw at his word, he has a plan of life and it is rational for him. He wished to be a poet and intellectual conversationalist. He was presumably well suited temperamentally and intellectually for these roles and would have been ill suited for other life roles. We will assume that the role of drunkard was not an *essential* part of the life plan but that drinking absinthe was the sort of after-hours recreation that Cronshaw enjoyed more than any alternative use of his time and money and did not markedly interfere with his success as a poet and conversationalist. (Cronshaw would probably insist that the absinthe helped rather than hindered.)

- Has the *life plan been affirmed by his peer review group*? We do not know if Cronshaw had such a group. If he is correct about the direction in which his talents and proclivities lay, then presumably a reasonably constituted

group of thoughtful people would have affirmed his life plan as a sound one for him.

- *Is the life plan consistent with the Aristotelian Principle?* This principle requires that one's life plan emphasize appropriate goods internal to practices, which are capable of being refined and perfected over a long period. Certainly, being a good poet and a good conversationalist are skills to which one can dedicate a lifetime to refining.
- *Is he confident in his ability to carry out the life plan?* At the time in question, Cronshaw has, indeed, more or less completed his life plan.

According to Rawls's criteria, then, Cronshaw qualifies fully for self-respect. Rawls would say that he *rationaly ought to have no regrets* as to how his life had turned out. Maugham, the novelist, depicts Cronshaw as *actually having no regrets*, even though he fears in a later moment of weakness he might feel regret. As an artist Maugham obviously feels that such a portrayal is emotionally realistic.

How commonly do we encounter a sickness story such as Cronshaw's, which adheres to an "ideal" outline? Both literary works and empirical research in the social sciences are more likely to present us with narratives that are in some way problematic and hence "reportable" (Linde 1993). So the sickness story that forms a fully fitting end at the close of one's life might be more common in real life than in the list of narratives we are most commonly presented.

Arthur Kleinman recounts two narratives that approach "ideal" death. One involves Paddy Esposito, a man in his thirties dying of myocarditis who became a bereavement counselor and worked out his own approaching death by bringing joy and comfort into the lives of other dying patients (Kleinman 1988: 140-145). Another describes Gordon Stuart, a thirty-three-year-old writer dying of cancer. Shortly before his death, under hospice care at home, Stuart tells his family physician:

All that nonsense that's written about stages of dying, as if there were complete transitions—rooms that you enter, walk through, then leave behind for good. What rot. The anger, the shock, the unbelievableness, the grief—they are part of each day. And in no particular order, either. Who says you work your way eventually to acceptance—I don't accept it! Today I can't accept it. Yesterday I did partly. Saturday, I was there: kind of in a trance, waiting, ready to die. But not now. (Kleinman 1988: 147)

However, later in the same interview Stuart conveys considerable acceptance, speaking of how important it is for him to be at home and able to sit in his garden, reflecting on what it means to be a writer when one is facing death.

After Stuart's death, the family physician recalls him in this way:

Gordon died a good death. He was clear right up to the end. He had fortitude and character and died as he lived, very much his own person. He was no less angry, not accepting at the end, but he kept his sense of irony, his way with words. He seemed to grow into whom he wanted to be. His death confirmed his life. If you weren't there, you would say the death of a thirty-three-year-old man just beginning his career was a tragedy. But for those of us privileged to be there, tragedy is the wrong word. Anyhow, it's a word Gordon hated, thought it maudlin; and at the death, he so ordered things that it was not a word that came to mind. He was a model for me. I would wish to do the same for my own death. (Kleinman 1988: 149)

Arthur Frank (1995) suggests that *testimony* is one of the most important aspects of stories of sickness within the human community. When the sufferer tells the story of his sickness to the community, and the community listens, both experience healing. The sufferer feels healed to the extent that he has attached meaning to his experience with his words and his story and to the extent that the act of telling has reconnected him to his fellow human beings. The community is healed to the extent that they see a fellow person coping with illness and suffering and think that when their time comes, they, too, can find ways to cope and perhaps even to flourish despite illness and approaching death. Testimony is all the more powerful when it is transmitted by personal example and deeds rather than by a "mere" story. As Frank would have it, testimony is more powerful when the sick body itself does the testifying. When someone like Paddy Esposito or Gordon Stuart (or even Cronshaw) dies, it is natural for the onlookers immediately to think that they wish to die that way themselves when their time comes.

Our focus so far has been on how sickness affects the larger stories of our lives. We will next ask how sickness affects our day-to-day experience of the world.

Notes

1. I find the novels' descriptions of the "world of the sick" to be of considerable interest in illuminating the nature of illness. Some, however, might question the relevance of these views to the practice of medicine in the United States in the twenty-first century. Today we have, for the most part, eliminated such "worlds" as the tuberculosis sanatorium and chronic disease hospitals in favor of brief in-patient treatment and maximum return of the sick person to the world of the healthy. The extent to which this social practice has changed the inner world of the sick person and the experience of sickness thus becomes a very interesting question. One study of cancer survivors found that the inner sense of living in a different world that the healthy simply do not understand has not been banished by the "mainstreaming" of cancer patients (Little et al. 1998).
2. At one point the narrator suggests that Hans would not have been so ready to stay

at the Berghof had he only been provided by his culture and education with "any reasonably satisfying explanation of the meaning and purpose of man's life" (Mann 1944: 230).

3. A nice vignette of how Hans's concept of the practice of sickness differs from that of his undisciplined fellow patients is provided by a phonograph procured for the Berghof toward the end of the novel. The other patients pounce upon it as a new toy, play records helter-skelter, amuse themselves by such childish tricks as changing the speed of the turntable to hear the voices squeal, and then seek other amusement, leaving the records strewn about the room. Hans approaches the phonograph as a serious business, uses great care in handling the records and needles, and works his way methodically through the collection of songs.
4. A British physician, in a reference I have long since mislaid, said, "There is something wrong with a person who comes to the doctor even though there is nothing wrong with him."
5. In an even more extreme case of denial, a physician suffered what was obviously, to all his associates, an acute myocardial infarction. The physician refused to acknowledge that anything was the matter with him and waved away all efforts to have him admitted to the hospital; he continued to see patients and work in his office, where he dropped dead twenty hours later (Stiegler and Osmond 1974).
6. This further reinforces the connection between MacIntyre's (1981) notion of a human life as a connected narrative and Rawls's (1971) concept of a rational plan of life.
7. For Rawls, having one's life plan affirmed by one's close associates is only one of three conditions of self-respect. It is also necessary that the life plan be rational, taking into account one's natural talents and proclivities along with the realities of one's existence (including limitations imposed by illness), and that one be reasonably along the way to fulfilling the dictates of the life plan in accord with where one is on the expected life trajectory. The last condition, which demands progress in the fulfillment of one's life plan, envisages a plan that involves the concept of practices and what Rawls calls the Aristotelian Principle; that is, one must, in fact, be able to demonstrate progress and enhanced expertise over time (Rawls 1971: 422-429). One should ideally aim to do things that are not easy to do at first and become attainable only with dedication and practice. The life plan, by this account, ought not be devoted merely to day-to-day existence or the simple-minded enjoyment of passing whims and pleasures. This illustrates the error made by most of Hans Castorp's fellow patients, who use illness as an excuse for frivolous and loose behavior. Because everyone with whom they choose to associate does likewise, they gain the surface appearance of self-respect and do not reflect that true self-respect has been denied them. Rawls's account explains how it might justifiably be said that "no *self-respecting* person would behave that way even if they were really sick." Both Kostoglotov and Demka seem to aspire to this more robust level of self-respect, thus explaining why they find each other worthy associates.
8. Such a story seems to underlie the notion of a "natural death" as a moral good (Callahan 1977), not disputing the fact that death and sickness remain fundamentally evil but still acknowledging that their timing and circumstances can vary in ways that are of great moral importance.

7



How Sickness Alters Experience

We have been exploring how sickness interrupts and changes the narrative of one's life. A narrative of a life has some necessary features. Events within the narrative have to be located somehow within space and time, and for a narrative to flow in the expected fashion, the dimensions of time and space must remain reasonably constant and not undergo unexpected alterations. A narrative of a life also assumes a varied cast of characters. The central character, whose life it is, cannot be sufficient unto herself. Rather, events take on the meaning that they have in part because of the ways that others are involved.

One's experience of one's life is altered appreciably if sickness somehow distorts one's sense of time or space or one's sense of relationship to others. Here we will explore how sickness can alter experience in these ways. Later we will look at a different aspect of altered relationships—how the sick person appears to *others* and how the sickness affects *others'* lives.

Sickness, Time, and Space

We may, when sick, reflect upon our life stories and try to determine what the next events or chapters in these stories should be given the new and unpleasant fact of sickness, but this activity would assume that we are not unduly burdened with altered perceptions that would render such reflection difficult or impossible. For instance, if the experience of sickness involves a much altered