

Université de Montréal

*Encountering the Suffering Other in Illness Narratives: Between the Memory of
Suffering and the Suffering Memory*

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ABSTRACT

In this research I examine the intersubjective dimension of suffering which affects the relation of the sufferer to his/her lived body, time and space, as well as to his/her narrative identity and narrative memory. I argue that narrative voice constitutes the intersubjective relation in illness narratives that caregivers write about partners or spouses who suffered from brain cancer or Alzheimer's disease. My discussion draws on ethics, phenomenology, theories of embodiment, life-narratives studies, medical anthropology and sociology, and narratological theory. The object of my study is the embodied, subjective experience of suffering in illness narratives and the main focus is cast on suffering as loss of memory and loss of the narrative self. I analyse Frank Davey's diary *How Linda Died*, and John Bayley's memoirs *Iris: A Memoir of Iris Murdoch*, and *Iris and Her Friends: A Memoir of Memory and Desire*. I explore how illness narratives as embodied stories constitute an ethical relation to the suffering Other who bears a lived impossibility of remembering. I situate the discussion of voice in the context of life-narratives and aim at filling in the theoretical gaps of sociological and anthropological approaches of voice in illness narratives. For this, I examine and question narratological studies of narrative voice and focalization. My own definition of narrative voice is based on Emmanuel Levinas's and Paul Ricœur's ethics, Saint Augustine's interpretation of time, memory, and forgetfulness, and on Levinas's discussion of time as intersubjective relation. I suggest that "spontanéité bienveillante" (Ricœur, *Soi-même comme un autre* 222) modulates

narrative voice as the attention towards the suffering Other whose voice is silenced. Reformulating the Augustinian definition of time that correlates the temporal modes with the reciting voice, I suggest that through the ethical stance towards the Other, voice is distended between the present voice of voice present, the present voice of voice past and the present voice of voice future. I show how the voice of the caregiver is inscribed by and inscribes itself in the interstices of an interrupted, suffering voice. I define life-narratives as textual interfaces between the self and the Other, between one's own voice and the sufferer's voice, as a mode of restoring the Other's narrative integrity.

Keywords: suffering, pain, memory, ethics, illness narratives, other, voice, diary, memoir, autobiography.

RÉSUMÉ

Cette étude porte sur la dimension intersubjective de la souffrance qui affecte le rapport du souffrant à son corps, au temps et à l'espace vécus de même que son identité narrative et sa mémoire narrative. Mon argument principal est que la voix narrative constitue le rapport intersubjectif dans les récits de maladie que les proches écrivent sur leurs partenaires souffrant de cancer de cerveau ou de la maladie d'Alzheimer. Ma discussion est basée sur l'éthique, la phénoménologie, les théories de l'incorporation, les études des récits de vie, la sociologie et l'anthropologie médicales et la narratologie. L'objet de mon étude est l'expérience incorporée de la souffrance dans les récits de maladie et je me concentre sur la souffrance comme perte de la mémoire et du soi narratif. J'analyse le journal *How Linda Died* de Frank Davey et les mémoires de John Bayley: *Iris: A Memoir of Iris Murdoch* et *Iris and Her Friends: A Memoir of Memory and Desire*. J'explore comment les récits de maladie constituent le rapport éthique à l'Autre souffrant de la rupture de la mémoire. La discussion de la voix est située dans le contexte des récits de vie et se propose de dépasser les limites des approches sociologiques et anthropologiques de la voix dans les récits de maladie. Dans ce sens, dans un premier temps je porte mon attention sur des études narratologiques de la voix en indiquant leurs limites. Ma propre définition de la voix narrative est basée sur l'éthique dans la perspective d'Emmanuel Levinas et de Paul Ricœur, sur l'interprétation du temps, de la mémoire et de l'oubli chez St-Augustin et la discussion levinasienne de la constitution intersubjective du temps.

J'avance l'idée que la "spontanéité bienveillante" (Ricœur, *Soi-même comme un autre* 222) articule la voix narrative et l'attention envers l'Autre souffrant qui ne peut plus se rappeler, ni raconter sa mémoire. En reformulant la définition augustinienne du temps qui met en corrélation les modes temporels avec la voix qui récite, j'avance l'idée que la voix est distendue entre la voix présente de la voix présente, la voix présente de la voix passée, la voix présente de la voix future. Je montre comment la voix du soignant est inscrite par et s'inscrit dans les interstices d'une voix interrompue, souffrante. Je définis les récits de vies comme des interfaces textuelles entre le soi et l'Autre, entre la voix du soi et la voix du souffrant, comme un mode de restaurer l'intégrité narrative de l'Autre.

Mots-clef: souffrance, douleur, mémoire, éthique, récits de maladie, autre, soi, voix, journal, autobiographie.

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In memory of my father

Gavril Burlea

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INTRODUCTION

While some scholars who study suffering tend to concentrate on suffering as an object of political argument, of engaged action or of discursive topics—“suffering at a distance” (Boltanski 9)—they risk neglecting the immediate, embodied proximity and the very language and discourse of suffering, the means through which the intersubjective relation to the suffering Other might become effective or not.

Definitions of “suffering” and “pain” formulated in the social sciences or philosophy point to the limits of bio-medical views on suffering and pain, to the difficulties in making a clear-cut distinction between them, and hence, as I shall argue, to the necessity of approaching suffering and pain from a contextual perspective. Moreover, as an existential experience, it compels the researcher to adopt a phenomenological point of view as the most appropriate way to understand the embodied condition of the sufferer and to put under scrutiny how one can relate to the suffering Other. Still, the phenomenological standpoint is not exempt from inconsistencies that plunge such approaches into the heart of *aporias*. I am thinking mainly of the phenomenologists’ assertion of the preobjective, prereflective status of embodiment while at the same time recognizing the distancing, objective relation to one’s body in pain.

In the social sciences, illness narratives have been among the privileged descriptors, and at the same time operators, where scholars have retrieved the embodied and intersubjective dimensions of suffering. However, though the temporal

structure of narratives is closely related to the problem of remembering and memory, the pervading interest is oriented towards the embodied condition of the sufferer, and less towards how one can relate to a disrupted remembering that turns into a disturbed lived time, and a disturbed lived story of the embodied self. It is significant to note the distinction made by Arthur W. Frank (*The Wounded Storyteller*) between the disturbance of “remembering” and the disturbance of “memory.” For him, it is only “memory” that can bear the weight of moral significance, as memory elicits the coherence of self. Illness affects memory so far as the sufferer is not able to give meaning to the past from the perspective of the present illness, and a blurred vision of the future. Finally the past is experienced as a painful incoherent present: “the illness experiences that are being told are unassimilated fragments that refuse to become past, haunting the present” (*The Wounded Storyteller* 60). Structured by storytelling, memory appears to be a means of restoring the sense of coherence that is threatened by illness. For Frank, storytelling is equivalent to the storyteller’s witnessing of his/her own condition, and reaching the readers as a community of witnesses to his/her experience. But what about experiencing oneself as an impossible storyteller whose memory is affected in its remembering capacity? What about a lived time where past, present and future lose not only their chronological sequencing, but the very quality of having ever been experienced or awaiting to be experienced?

In the case of Alzheimer’s disease or brain cancer, one is confronted with the prospect of the loss of memory, not only as the loss of narrative coherence, but also as the loss of remembering. What are at stake are not only the narrative structure of memory, but also what Adriana Cavarero calls *spontaneous acts* of telling the story

of self, the “familiar experience of a narratability of the self” (34), “the self-sensing [*assaporarsi*] of the self as narratable” (35).

Thus, illness narratives, if they relate to us the suffering Other, have to be examined as operators of the intersubjective relation that can give access to a forgotten dimension of suffering, the loss of memory as remembering, as narratable self, and as an embodied self.

The main problem would then be to account for illness narratives as embodied stories that perform an ethical relation to the suffering Other who bears a lived impossibility to remember. Eventually, one will then have to answer the following questions: how does the narrative discourse convey the embodied condition of suffering, and how can narrative discourse constitute an intersubjective relation to the suffering Other as affected by the loss of remembering, by forgetfulness. What would the narrative mechanisms be that render this relation effective? As a consequence, one has to tackle the temporal aspects of intersubjectivity, a neglected domain among studies that question the intersubjective dimensions of suffering.

My aim is to show that the experience of suffering entails intersubjective dimensions, and to point towards narrative discourses as embodied tales performing the intersubjective relation with the suffering Other.

CHAPTER 1

SITUATING THE PROBLEM

The Indeterminacy of Suffering and Pain

Situated at the crossroads between body and mind, biology and culture (Bendelow, and Williams, “Pain and the Mind-Body Dualism,” “Emotions, Pain and Gender”; Jackson, “*Camp Pain*”), sensation and subjective experience; resisting its objectification through language, radically destroying language as a world of significance (Scarry, *The Body in Pain*; Good, “A Body in Pain,” “The Body, Illness Experience, and the Lifeworld”; Le Breton), incommunicable, impossible to share with others and which one can reach only by the *invention* of words *referring* to it or going back to the original emergence of language, (Scarry, *The Body in Pain*; Illich; Baszanger, “Pain: Its Experience and Treatments,” “Déchiffrer la douleur chronique”), physical pain deters any attempt at its reduction to an object of biomedical gaze (Baszanger, “Pain: Its Experience and Treatments,” “Déchiffrer la douleur chronique”; Loeser). The consideration of its psychological, affective, cognitive and sociocultural dimensions by Ronald Melzac and Patrick D. Wall led to the redefinition of pain as perception that should be tackled within a multidisciplinary

view.¹

The very nexus between mind and body led to the more or less undetermined use of the terms “pain” and “suffering.” At first glance, for Frederik J. J. Buytendijk, it seems that pain and suffering are equivalent experiences, both implying the bodily/psychic divide, despite his rejection of the Cartesian system. Physical pain is synonymous with “bodily suffering” (Buytendijk 16). It is the “irritation *par excellence*” (Buytendijk 15) that calls upon the immediate pragmatic act of looking for the remedy, as opposed to mental suffering or “*psychic pain*” (24; italics in the original) that would necessarily imply relations with others, social contexts, that activates a reflexive act upon it and a whole range of feelings, psychic processes, and volitional acts.

But both physical pain and “bodily suffering” are associated with sickness and death, a memento of the frailty of our existence: “Fear of sickness and death is really fear of suffering” (15). Thus the boundaries between pain and suffering become blurred as “fear of suffering” and “fear of pain” seem to be interchangeable:

[m]odern man ... is irritated by old age, long illness, and even by death; above all he is irritated by pain. Pain simply must not occur. ... The consequence is an immoderate state of algophobia (fear of pain) which is itself an evil and sets a seal of timidity on the whole of human life. (15-16)

The apparent inconsistency ensues in fact from his acknowledgment of a basic “contradiction of union and body-mind parallelism [that] must be accepted as an irreducible fact” (Buytendijk 37); “union and body-mind [physical and psychological]

¹ Neurologists are more and more aware of the limits of a stimulus-response definition of pain, taking into account the learned past experiences, the anticipated consequences and genetically formed responses that modulate the response to pain (see Loeser’s model).

parallelism” would mean a coexistence, co-dependency between body and mind that, at the same time, consolidates them as two distinct entities.

Scholars have called attention to the suffering patient as a suffering *person* in his/her wholeness, an embodied person with a certain personality structure and located in a social world, not simply a “case” (Cassell, *The Nature of Suffering*; Buytendijk; Frank, *At the Will of the Body, The Wounded Storyteller*). Eric J. Cassell’s criticism is doubly oriented: towards either the analogy between a bio-medical definition of pain and suffering, or towards the exclusive identification of suffering with the domain of mind, and spirit:

Suffering occurs when an impending destruction of the person is perceived ... suffering extends beyond the physical. [...] suffering can be defined as the state of severe distress associated with events that threaten the intactness of person. [...] suffering can occur in relation to any aspect of the person.
(Cassell, *The Nature of Suffering* 32)

Nonetheless, Cassell makes the distinction between pain and suffering, arguing that there are forms of suffering without pain and forms of pain without suffering (“Recognizing Suffering,” *The Nature of Suffering*). But the same type of argument could be used against such a claim: as *there are* forms of pain that develop into forms of suffering and vice versa, one could argue for the non-distinctiveness between pain and suffering. Moreover, Cassell identifies the “whole person” as “not ... *solely* the whole biological organism ... although it may be the object of the threat, for persons, while they may be identified with their bodies, cannot be whole in body alone” (“Recognizing Suffering” 25, added emphasis), an argument which implies however that the biological organism is at least one dimension of the “whole person” affected

by pain.

For Steven D. Edwards, pain is initially neither a necessary condition of suffering nor suffering a necessary consequence of pain; both pain and suffering might seem to be fairly independent of each other. However, while defining the “intuitive concept of suffering” (64), Edwards states as *sine qua non* conditions of experiencing suffering the “felt, mental experience of suffering” (65) assumed by the sufferer’s self, *caused* by physical pain,² its “significant duration” (65), and the power to subjugate mental life, centering the subject’s attention on suffering. In a more nuanced stance, John David Loeser asks whether suffering, a

negative affective response to pain originates within the brain when information saying ‘pain’ is received, or whether nociceptive information reaching the dorsal horn leads to the activation of circuits leading to the production of both pain and suffering at the spinal and brainstem levels. That is, is suffering added onto pain in the brain? Or does it have a structural underpinning that starts in specific projection systems? (19-20)

At the same time he sustains a “generating” view on suffering, in which suffering is a part of a four-element model defining “pain.” This model is structured around nociceptive input, pain, suffering, and pain behaviour (exteriorized pain gestures, attitudes, socially learned somatizations), where suffering is “*generated* in the brain by pain, fear, anxiety, stress, loss of loved objects, and other psychological states” (19, emphasis added). Moreover, everyday talk seems to overturn any clear-cut distinction between pain and suffering, as pain vocabulary is used to denote suffering

² “But the significance of such physical changes ultimately derives from the fact that they *cause* humans to feel awful, to feel ill, to suffer” (Edwards 64, emphasis added). The question to ask then would be: how can pain cause suffering?

(Loeser).

Hence, far from being exclusively limited to the physical domain, physical pain is a “a hurtful mode of subjectivity; a way of being which is distorted, tortured, and distressed [it is] a form of suffering” (van Hooft, “Pain and Communication” 256; Morris, *Illness and Culture*). Physical pain is a dimension of suffering (Kahn and Steeves, “Witnesses to Suffering”). Suffering is the integrative experience comprising pain and illness: malady and being sick are forms of suffering too (van Hooft, “Suffering and the Goals of Medicine”).³ Emmanuel Levinas (“La souffrance inutile” interchangeably uses the terms of “useless suffering” and “useless pain.” He understands suffering as sensorial content or data which pierces the senses and consciousness against any intentional orientation; an in-spite-of-itself consciousness in which the unbearable cannot bear itself anymore, but still gives itself as data, as painful sensation. Suffering is then passivity, to be subjected to adversity, vulnerability, *pathos*: “ ‘le contenu’ dont la conscience endolorie est souffrance, son mal” (Levinas, “La souffrance inutile” 101).

Eventually pain becomes an object of sociological, anthropological and philosophical investigation pointing to “the complexities of emotion” (Bendelow and Williams, “Emotions, Pain and Gender” 255), to the adversity and distress inseparable

³ In “Pain and Communication” Stan van Hooft offers a holistic view of suffering based on Aristotle’s four dimensional model of the soul (vegetative-biological; appetitive-emotional, desiring, relating to others; deliberative-rational, practical; contemplative-spiritual). The model constitutes the dimensions of the person affected, frustrated in his/her goals with respect to these dimensions, by pain, and malady. Though I accept his view of pain as a subjective mode of suffering, I do not agree with this four dimensional model, which tries, on the contrary, to offer an objective view of suffering on the basis of situations where people can suffer without being aware of their suffering. I challenge his objective perspective as under the name of different types of suffering, biological, emotional, practical, and spiritual, he re-formulates similar dichotomies as those between the former mind/body, pain/suffering. At the same time, Aristotle’s view of soul implies a hierarchical order which cannot be applied with respect to pain and suffering experiences.

from the sensorial experience (Leder, “Toward a Phenomenology of Pain,” *The Absent Body*; Jackson, “The Rashomon Approach to Dealing with Chronic Pain,” *Camp Pain*; Van Hooft, “Pain and Communication”), from the social and psychological dimensions engaged in the pain experience (Bendelow and Williams, “Emotions, Pain and Gender”). It is understood as the subjective experience eliciting pain stories and stories *about* pain (Scarry; Kleinman, *The Illness Narratives*; Saillant; Morris, *The Culture of Pain*; Good, “The Body, Illness Experience, and the Lifeworld”; Kleinman, “Pain and Resistance”; Kleinman, and Kleinman; Bendelow, and Williams, “Pain and the Mind-Body Dualism,” “Transcending the Dualisms”; Loeser), obliging the subject to start an interpretive work (Leder, “Toward a Phenomenology of Pain,” *The Absent Body*) whose instruments are the cultural and social meanings of the life world in which he is a participant. The very physiology of pain is filtered by social and cultural categories through which it is understood (Kleinman, *The Illness Narratives*, “Pain and Resistance”; Morris, *The Culture of Pain*, “The Plot of Suffering”; Good, “A Body in Pain”; Bendelow and Williams, “Pain and the Mind-Body Dualism,” “Emotions, Pain and Gender”; Kleinman and Kleinman, “Suffering and Its Professional Transformation”). Pain articulates then with existential suffering, with its subjective, intersubjective and cultural significances (Illich) because, integrated into the world of lived experience: “Pain is not a psychological fact, but an existential fact. It is not the body that suffers, but the individual in its thoroughness” (le Breton 45). It engages the human being with its moral consciousness in a process where pain and suffering are constituted in an interdependent relationship (le Breton).

The object of the present study is the subjective suffering experience in illness narratives, inseparable from physical pain, the “pain-related suffering” (Chapman and Volinn 74). I shall use, in an alternative way, the concepts of “suffering” and “pain” where pain is understood as an embodied dimension of suffering. My analysis will focus upon Frank Davey’s diary *How Linda Died*, John Bayley’s memoirs *Iris: A Memoir of Iris Murdoch*, and *Iris and her Friends: A Memoir of Memory and Desire*.

As we will see further, pain and suffering are embodied, contextually, and culturally situated experiences (see p. 30). Hence, my purpose is not to formulate a general definition of pain or suffering that would establish their sufficient and necessary conditions. The review of different studies on pain and suffering enabled me to understand that such a project would be destined to fail. When talking about pain and suffering, one has to consider the contexts in which they are experienced: the illness context is different from sport or work effort; human pain and suffering are different from animal pain and suffering, etc. And even in the experience of an illness, one can seize differences among acute or chronic conditions, among different forms of disease. Trying to formulate an overarching definition while mixing these conditions would be a risky approach, vulnerable to the continuous expansion of types of pain and suffering.

Therefore, my reading of different approaches of pain and suffering has been articulated by its explicit or implicit reference to the illness context of my research, by its relevance to the illness experience.

The Importance of the Study

The contribution of my study is twofold: theoretical and methodological.

From the very beginning, the illness narratives I have chosen to analyze plunge my research into unexplored territory: suffering as a loss of remembering in the context of an apparently strict physical and physiological disorder (brain cancer).⁴ My purpose then is to undo the silence to which forgetting condemns the patient through revealing how illness narratives can compensate for the loss of a remembering voice. Moreover, it will reveal how the “narrative prosthesis” (Mitchell and Sharon 2000) functions as “narrative negotiation” (1) with and *for* a suffering subject who is slowly losing her voice.

Second, my study will supply a narrative method that I consider the most appropriate to account for the narratives with and for the suffering Other. My method questions narratological studies of narrative voice and focalization, an unvoiced story in sociological studies conducted on illness narratives.⁵ As I will show, qualitative studies of illness narratives have explored the multiple facets of emplotment, a central concept in narratology. But they ignore the value of other narrative elements (narrative voice) that are crucial for the narrative functioning as emplotment: no narrative exists without a *narrating* agent, the narrator. My study will allow me to understand the ethical issues of narrating for and about the Other’s illness, a pervasive problem in the context of the recent abundance of published life writings (see

⁴ Hence I depart from traumatic memory and mental disease as the topic of our study. However, I will bring up for discussion some of their aspects that can illuminate the cases I am analyzing.

⁵ I first proposed this method and presented the incipient version of our analysis in *Encountering the Other’s Suffering in Illness Diaries and Memoirs*, a paper presented at the 20th European Conference on Philosophy of Medicine and Health Care, August 23-26 2006, Helsinki.

Couser's detailed review in *Recovering Bodies*). I argue that applying such a method enables us to find a way out of the risks of misrepresentation, of false claims to narrative authority.

CHAPTER 2

LITERATURE REVIEW

Existential Domains of Suffering: Finding the Locus of Intersubjectivity

Critical perspectives on bio-medical definitions of pain that bracket the sufferers' voice have been formulated mainly within a phenomenological perspective and the paradigm of embodiment. These perspectives specifically take into consideration the lived, "phenomenologically embodied" experience of the sufferer in its day-to-day immediacy, transcending the division of body and thought (Bendelow and Williams, "Pain and the Mind-Body Dualism" 86, see also "Transcending the Dualisms"; Good, "A Body in Pain"; Jackson, "Chronic Pain," "*Camp Pain*"; Kahn and Steeves, "The Significance of Suffering"). The pain of the ill body is part of the self and cannot be reduced to a physical object or physiological phase: "The body is subject, the very grounds of subjectivity or of experience in the world" (Good, "The Body, Illness Experience, and the Lifeworld" 116; see also Csordas, "Embodiment as a Paradigm"). As a "conscious body," it is an integral part of consciousness, "the diseased body is therefore not simply the object of cognition and knowledge, of representation [...] It is at the same time a disordered agent of experience" imposing changes in the whole life world (Good, "The Body, Illness Experience, and the Lifeworld" 116).

Hence, from the very beginning, one has to underscore that disruptive pain irrupts into the existential domains of suffering, anchored in an embodied condition, but pervading the whole person and his/her life world, “the experience of time, lived human relations, and lived space” (Kahn and Steeves, “The Significance of Suffering” 13; see also van Manen, *Researching Lived Experience*; Steeves). Scholars demonstrated in phenomenological studies that pain affects, disrupts the experience of self that unites a prereflexive awareness of one’s body, one’s own sense of personhood, and social identity; pain converts into a suffering self, socially embarrassed, disfigured, and isolated (Steeves; Kahn and Steeves, “Witnesses to Suffering”), that cannot be in agreement anymore with his/her social roles, self-image, self-identity. Eventually it becomes a “loss of self” (Charmaz, “Loss of Self”; *Good Days, Bad Days*; “Stories of Suffering”; Good, “A Body in Pain”; “The Body, Illness Experience, and the Lifeworld”; Chapman and Volinn; van Hooft, “The Meanings of Suffering”; “Suffering and the Goals of Medicine”).

Such approaches have to refer then, through a phenomenological description of the suffering experience (Good, “A Body in Pain”), to “the embodied experience, the intersubjective meaning, [and] narratives” (Good, “The Body, Illness Experience, and the Lifeworld” 118) reflecting and reconstructing illness and suffering experiences, the social practices that articulate illness behaviour. In the following section I shall define the concept of *embodiment* as I use it, second I will conduct the discussion of intersubjectivity in the phenomenological context and finally I shall examine the way different interpretations of suffering are defined with respect to the integration or non-integration of intersubjectivity in the suffering experience.

Embodiment: Beyond the Body/Mind Divide

The project of transcending Western thought dichotomies has appeared in sociological and anthropological studies of body and emotions. Their attempt is to offer an integrated vision of body-mind, nature-culture, emotion-reason relations (Rosaldo; Scheper-Hughes and Lock; Lyon).

Anchoring his work in Maurice Merleau-Ponty's "phenomenology of perception" (*Phénoménologie de la perception*) and in Pierre Bourdieu's definition of the *habitus* concept, Thomas J. Csordas formulated, in medical anthropology, the paradigm of embodiment. He does not consider the body an object, but "the *subject* of culture, [as] the existential base of culture" (Csordas, "Embodiment as a Paradigm for Anthropology" 5; Introduction). Merleau-Ponty (*Phénoménologie de la perception*) has advanced such a position in his argument for the preobjective constitution of perception, before the reflective objectification of the self or the analytical distinction between subject and object. The primary requirement of this approach is to grasp "the preobjective and prereflective experience of the body" (Csordas, "Embodiment as a Paradigm for Anthropology" 6) and the way cultural significance and social limitations are entangled in the existential experience of the body through perception. From the very fact of our existence, the body inhabits the social world and carries this social world with itself in a prereflective way (see also Csordas, Introduction).

At the same time, Csordas explores the solution of the suppression of the body-mind and sign-significance dualities proposed by Bourdieu through the concept of *habitus*: the disposition system constituting the principle of production and

unification of practices and representations, which is founded in the socially constructed body and relates the world vision with the objective structures of a specific social world.

As far as the perception and the objectification of the self take place within the moment where subject and object are indistinct, experience is understood basically as an unstructured, and preobjective expression of a culturally formed self. The body is the locus of a spontaneous manifestation of the preobjective cultural sense, embodied as somatic disposition, to which individuals have immediate access. Hence, one has to shift from a definition of cultural meaning as an external reference to expression, and see it as embodied in the very act of somatic expression—the shared *habitus*.

Intersubjectivity: A Starting Point

The intersubjectivity problem has been one of the main concerns in the phenomenological approach in sociology. Though it had already appeared in the symbolic interactionists' work (Cooley; Mead; Blumer; Goffman), as my main concern is with the existential domains of the experience of suffering, I shall specifically discuss Alfred Schütz's work, which is deeply rooted in the European phenomenological tradition and in the Weberian comprehensive sociology.

Schütz's phenomenological definition of intersubjectivity is based on the meaningful configuration of self-explanation, on the contents of consciousness. Central to his view is the thesis of the prevalence of the social world reality in relation

to the Ego's reality. Social reality is taken for granted in the natural attitude and configures the situation of the human being in the world as reference to the *we* sphere: the common sphere to which the ego participates while relating to others, to *Thou*. The "We-Relationship" (Schütz, *The Phenomenology of the Social World* 163) is pre-given to and a prerequisite for our mundane relationship with others. It implies the presupposition that the temporal structure of consciousness of the subject who apprehends the other is analogous to the other's consciousness, that the "Thou knows its experiences only through reflective Acts of attention." (Schütz, *The Phenomenology of the Social World* 98) which change over time too. Both are experiencing ageing.

The temporal structure of consciousness is based on attention Acts accomplished as intentional Acts of orientation and selection of the consciousness flux moments. The interpretation of these moments of a lived experience depends on specific meaning configurations (contexts) synthetically formed throughout the successive acts of consciousness that give meaning to objects. They form the total stock of knowledge accumulated throughout the lived experience. The "intended meaning" of lived experience is constituted by the reference to the "meaning contexts." In the context of intersubjective relationships, Schütz points then to the limits of apprehending the other's comprehensive interpretation of his own lived experiences. It is impossible to reiterate exactly the intentional acts of the other, for his consciousness moments depend on an individual spatial and temporal situation. How then is intersubjectivity possible? The relationship to the other resides in *our* experience of *his* experience, his actions, his body and these are given in the

interpretation of our perceptions of the other who appears as an “other,” as an alterity. In the everyday life world, the other is given to us as subject, a psychophysical unity between bodily movements and its psyche. Our interpretation is then a meaningful apprehension of the other for the other’s bodily movements are taken as the expression of other’s consciousness content, as signs or indications referring to his lived experiences and the experiences emergent from his reflective attention to which he confers an intentional significance. Intersubjectivity is then the reciprocal correspondence between the lived experience of Ego and the other, between the body of the Ego and the other. It is the sense of this correspondence that has to be clarified.

Even if the other’s experience is apprehended through the Ego’s experience, as far as the other’s lived experience is given in a significant intentional Act of Ego and, as a consequence, it is his *intentional object* here and now, the access to the other’s experience is not determined by a reflective act of attention to the experience of Ego. On the contrary, the gaze oriented towards the other can seize lived experiences of the other which belong to a pre-phenomenal sphere for himself, which are still not thematized, differentiated by his own reflective act. Thus, it is possible to have access to the other’s experiences during their very accomplishment, and not just to past experiences forming objects of the reflective attention of Ego.

The possibility of constituting the other’s flux of consciousness as an intentional object here and now is the solution to the co-existence and simultaneity of consciousnesses, for their “intersection.” Schütz brings forward the notion of “synchronism of two streams of consciousness” (*The Phenomenology of the Social World* 102), of “simultaneity of two durations” (103). The natural attitude towards the

other implies the presupposition of the analogy between the temporal structures of Ego and the other's consciousness; this means that *durée* is not only an "absolute reality" (103) of every subject separately, but *durée* is an absolute reality *for* the other. It appears then that a single intentional Act joins two flows of consciousness. Simultaneity is finally translated as "the phenomenon of *growing older together*" (103; italics in the original) making possible the subjective experience not only of our own *durée*, but of the other's as well. Hence, one is able to apprehend the very character of otherness, the pre-phenomenal subjective experience of the other, its intentional Acts, and meaning configurations that have arisen simultaneously with those of the Ego.

However, Schütz observes that simultaneity does not imply the identity of lived experiences because experience comprehension bears the interpretive marks of Ego placed in a subjective space-time and in a specific meaning context based on past lived experience. The comprehension of the other refers ineluctably to the "self-explication" (100) of Ego. The other is understood and interpreted from the perspective of the meaning structures of the Ego. One could say that there is an interpretive obstacle that governs intersubjectivity, and that constitutes, at the same time, the intentional orientation towards the other. The other's interpretation will always be fragmented, open to questions, and there will always be an imbalance between intended meanings attributed to experiences, and the experiences selected for interpretation. The comprehensive Acts (*verstehende Akte*) – of self and the other – are meaning correlates and it is only through intentional reference to the other as a synchronic temporal consciousness that it is possible to transcend the limits of "self-

explication.” In true intersubjective comprehension, “the observer’s living intentionality” (115) is carried out in synchronicity with the meaningful constitution of the other’s lived experience. And this process takes the form of identification with the other’s experience in the *We* sphere.

Still, the explanation of access to the synchronicity of *durées* and of intersubjectivity is circular because the intentional orientation towards the other’s lived experiences is played out from the starting point by the indications given by his expressive bodily movements. It remains anchored and has to go through (even by the act of transcending it) the “self-explication” of Ego. The other’s movements and expressive acts have to be integrated into the meaning context of the observer, in what he already knows from his own experience as similar expressions to those of the other, in what he may already know about the other’s manifestations. Moreover, the body is reduced to a mere index of consciousness content or is confounded with a meaning structure needing to be interpreted. As a consequence Schütz risks maintaining a body-mind dichotomy that I have already criticized.

Nonetheless, it is important to retain Schütz’s openness towards grasping the pre-phenomenal lived experiences before its thematization as an object of reflexive attention.

For Merleau-Ponty, intersubjectivity consists of a mutual understanding of gestures. The “embodied subject” engaged through movement in the phenomenal world understands the other’s gestures through the very deployment of his own bodily gestures. The other is coexisting with the “I” in the community of bodily adjustment to each other, and refuses any intellectual or common-sense interpretation. There is a

bodily *recognition* of the other as an active, embodied participant in the inhabited world whose significance is known by the very act of its embodied exploration. A common, “familiar way of treating the world” is recognized in the other which seems to prolong each other’s intentions (see also Leder, *The Absent Body*; Csordas, “Embodiment as a Paradigm for Anthropology”). The experience of dialogue is based on the same structure: it constitutes another domain of the coexistence within the same world. Eventually, Merleau-Ponty affirms the already givenness of what pervades our certitude of coexistence: “before any *voluntary position taking*, I [...] was already *situated* in an intersubjective world...” (*Phénoménologie de la perception* 408).⁶

The Phenomenology of Pain and the Status of Intersubjectivity

So far, I have identified phenomenological studies as the most appropriate to account for the experience of suffering and pain. At present, I intend to review the phenomenological descriptions of suffering and pain that exist in the social sciences as well as the phenomenological conceptual framework in order to explore in a more detailed way how existential domains of pain and suffering have been grasped, and to seize the views on the suffering–intersubjectivity relationship problem. At the end of this section it will be possible to understand that the strict application of phenomenological description reaches a paradoxical point where one has to adopt an

⁶ One can observe that, at this point, Merleau-Ponty joins Schütz’s idea of the pre-eminence of the common social reality (the “*We* relationship”) with respect to the Ego spheres, but the foundation of this pre-eminence in Merleau-Ponty’s view depends on the phenomenal structure of the body, and not on a correspondence between reflexive organizations of the consciousness moments.

ethical stance towards the suffering Other and to underscore the role of language and narrative discourse (illness narratives) in performing the intersubjective relationship in the context of serious illness. I have called “embodied tale” the expressive discourse through which the suffering Other calls upon a responsible, ethical attitude. Eventually, approaching intersubjectivity from a narrative standpoint will allow me to explore neglected existential domains of the experience of suffering: the narrative self-memory.

Two perspectives can be generally identified in the effort to understand the status of intersubjectivity in the experience of suffering:

1. Suffering as a lived experience of the radical and monadic subjectivity excludes any possibility of intersubjectivity.
2. Suffering, a subjective experience, cannot be shared as it is lived, but its experience is mediated by the cultural and social significances of the life world in which subjects are situated. Intersubjectivity is then possible in the sense of the constitution of the suffering experience by the worlds of socially and culturally shared significances, or as mutual sharing of the same embodied condition.

1. Suffering: Lived Experience of the Radical and Monadic Subjectivity

Criticizing the definition of the essence of the phenomenal manifestation in the transcendental horizon (of objectification, of reflexivity and of the intentional donation of sense), Michel Henry argues that the original essence of manifestation and

of being resides in suffering. Its structure is defined by auto-affection. Through auto-affection, to which it adheres completely, the being does not donate to itself by a reflective distancing; it does not manifest in the deployment of the transcendental horizon of appearance, but *reveals* to itself entirely. In its “originary passivity” towards itself, the being coincides with itself in the lived experience that constitutes and manifests the being. The very structure of suffering is determined by the experience of “enduring itself,” by the absence of any distance of effective suffering, by being bound to itself.

Positing that the essence of manifestation resides in the auto-affection of suffering, Henry grounds his ontology in subjectivity. Because suffering is defined in terms of auto-affection and as the complete absence of any reflective distancing, of any objectifying transcendence, suffering is immanent to subjectivity and consumes itself within the limits of the being bound to itself. Suffering is then *radical* as it founds, in an originary way, ontology.

One can observe that in this interpretation sharing and communicating suffering as lived experience of the radical and monadic subjectivity are denied; hence the impossibility to conceive any passage of suffering into discourse.

However, a difficulty to distinguish clearly between the radical subjective and intersubjective experience appears in the difficulties in separating between pain and suffering that I have already presented. Frederik Buytendijk argued for the difference between “psychic pain” and “bodily suffering,” and the subjective/intersubjective opposition that follows as a consequence. The denial of broad metaphysical explanations brought by modernity with its fragmentation effect upon individuals

seems to have imprinted a radical and isolating character on the pain experience itself: “pain is a purely individual affair which has nothing to do with metaphysical reality and which is experienced more acutely than anything else” (Buytendijk 15).

But I have shown that the distinction he proposed was questionable from a phenomenological and embodiment standpoint (see pp. 5-6). Hence, the subjective-intersubjective divide itself becomes uncertain.

2. Suffering: Subjective Experience, Cultural and Social Significances of the Life World

Pain is a deeply personal experience that translates into the subjective experience of suffering. Though fully grasping this experience is a futile attempt, some voices claim “its sharable and intersubjective dimensions” (Morris, *Illness and Culture* 109).

Situations of serious illness or other traumatic experiences elicit the radical, sometimes destructive transformations of the embodied experience of the lifeworld (Kleinman, *The Illness Narratives*; Good, “A Body in Pain”; “The Body, Illness Experience, and the Lifeworld”). The starting point of a phenomenological description of suffering and pain is then rooted in the embodied experience in so much as pain is essentially experienced through the body, which has become a vector of the pain situation in the preobjective domain of the indistinctness between subject and object.

It is because the self is ontologically embodied that it relates to the body as a subject coinciding with its body and, at the same time, in an objectifying manner: a

“body-subject” refers to a “body-object” (Leder, *The Absent Body* 88; see also “Toward a Phenomenology of Pain”). From its non-thematized mode in daily life, an “unaware awareness” (Van Manen, “Modalities of Body Experience” 11), through a “sensorial intensification,” the body becomes the centre of the attentive consciousness in the pain experience (Leder, *The Absent Body*; “Toward a Phenomenology of Pain”). It “dys-appears” as dysfunction in the radical negativity and adversity of pain, which calls on the attention of the sufferer (see also Scarry; Steeves; Jackson, “Chronic Pain”; “*Camp Pain*”; van Hooft, “Pain and Communication”; Cassell, *The Nature of Suffering* for the adversative quality of pain). As revealed by Drew Leder (“Toward a Phenomenology of Pain”; *The Absent Body*), through its embodied character and thematization of the body, pain radically changes our life in world: it dislocates and disrupts our intentional life, transforms the spatio-temporal horizon, and exerts a “teleological demand.” Van Manen refers to this disruptive attention to the body as “an encumbrance” (“Modalities of Body Experience” 12) experienced by the body. The diseased body, the injured body becomes a resisting entity, an object for the self. The attention oriented ecstatically during the bodily action towards the world is displaced towards the body whose “transitive use” (Leder, *The Absent Body* 74) is interrupted. The intentional reorientation as a consequence determines the modification of the relations to time and space under the form of centripetal and centrifugal movement in Leder’s terms.

In the first case, pain operates a “spatio-temporal *constriction*” centering the perceptive attention and the motor capacities on the spatiality of the body, on the immediate here and now limits of the painful body, limiting actions and practical tasks

(van Hooft, “The Meanings of Suffering”); hence, the isolation and alienation of the sufferer (Leder, *The Absent Body*; see also Scarry; Steeves). Pain deviates consciousness from an engaged “attitude of full attention to life” (Schütz, “On Multiple Realities” 213) towards the hurting body and medication, or barely exhausts the sufferer (Good, “The Body, Illness Experience, and the Lifeworld”). Physical adversity, crises, drugs, overtake the body and feelings and translate them into disrupted temporal order (Good, “A Body in Pain”; 1994; Charmaz, “Stories of Suffering”), uncertainty about the future, blurred memory, “loss of control,” and loss of autonomy (Charmaz, “Stories of Suffering”). Life projects are bracketed or suspended as the taken-for-granted common-sense world is threatened by doubts, by the emergence of one’s awareness of mortality (see Good’s interpretation of Schütz’s “cognitive style” of the everyday world). Self-identity is anchored in continuity throughout time, in a coherent idea that one has constructed about one’s self, in its purposes and projects for actions. Suffering disintegrates the cohesiveness of “identity expressed in purposeful action” as it has been designed in the past to be accomplished in the future (Cassell, *Recognizing Suffering* 25).⁷ Moreover, suffering decomposes the memory of a stable surrounding world (Cassell, *Recognizing Suffering*). It threatens thus all the landmarks that constitute the memory of one’s self.

Second, the very adversity of pain imposes a centrifugal movement in an active quest for escape possibilities through projections towards the external world, an active quest for remedy, an imaginary one or an escape into memory. However, it is the centrifugal orientation which finally re-establishes, in a paradoxical way, the

⁷ One might observe that martyrs unify identity through pain. I would rather suggest that the unity of identity is based in this case on the idea of a future embodied salvation and not on the experience of pain as such. Pain has no value *per se*; its significance is understood in the horizon of salvation.

“constriction of pain” (Leder, *The Absent Body* 76), the coincidence between self and body. Then, again, the very structure of perception through which the body gives itself immediately to the self, commands the distancing of what is perceived and transforms the body into an objectified, strange entity, or an enemy (Leder, *The Absent Body*; Good, “A Body in Pain”; “The Body, Illness Experience, and the Lifeworld”; Cassell, *The Nature of Suffering*), a dissociated entity that hurts. It is not the self that acts and experiences the world through an agentive body, but “the pain [which] has agency” (Good, “The Body, Illness Experience, and the Lifeworld” 124; “A Body in Pain”).

Analyzing the modes through which the body *dys-appears* in illness and pain, Leder (*The Absent Body*) refers to the dysfunctional sense of the body’s thematization and the distancing process between body and self. From what I have seen so far, these modalities are founded in the separation that takes place within the body itself, in the dislocation of the prethematic synergy of the body.

It is within the distancing horizon of pain that a *hermeneutic* (pain interpretation and comprehension) and a *pragmatic* moment (action towards escaping or controlling pain, help request) can emerge (Leder, *The Absent Body*; Cassell, *The Nature of Suffering*). One is displaced from the prethematic sense of pain, the “embodied comprehension” of immediately felt distress (Leder, “Toward a Phenomenology of Pain” 259), to an interpretation transcending the immediacy of pain. This will confront the sufferer with the vulnerability, and finitude of being, with moral judgments and authenticity (Leder, “Toward a Phenomenology of Pain”; Cassell, *The Nature of Suffering*). Interpretation, the view on events, can become a source of suffering if one cannot find the existential meaning of suffering (van Hooft,

“The Meanings of Suffering”), but also an incitement towards *doing*. One way of avoiding suffering is the merging process between interpretation and the demand for action (Frankl) in “the timeless instant” (Cassell, *The Nature of Suffering* 57). The person is aware of the happening of the events of pain and distress in the *here and now*, and this very moment calls for an immediate action that resolves the present situation.

Finally, as far as the body in pain transforms not only the modality of experience but also the world of experience, the meaning of pain can develop into the deconstruction of the meaning underlying the day-to-day lifeworld (Leder, “Toward a Phenomenology of Pain” ; Good, “The Body, Illness Experience, and the Lifeworld”) of the world itself (Scarry).

The structure of the pain experience described in this section contrasts radically with the one identified by Henry and risks contradicting the paradigm of preobjective embodiment while still affirming the embodiment of pain. Referring to the preobjective status of the embodied experience of pain, some observations should be made. If Merleau-Ponty and Csordas argue that, at the preobjective level of the embodiment process, the body cannot be thematized as an object, maintaining the embodied definition of pain while sustaining the body’s thematization becomes problematic.

In a dialectical way, embodied pain calls forth the imaginary, the objectifying reference to the painful body as a foreign entity to the subject, as well as the subjectification of pain as indistinct from the painful body, suffered within the limits of the body: “pain is a part of the subject, a ‘thing’ of the body, a part of the self.”

(Good, “The Body, Illness Experience, and the Lifeworld” 124). Ultimately, it transforms the body into an “aversive agent [...] invested with menacing autonomy” (Good, “The Body, Illness Experience, and the Lifeworld” 124-125). Then, speaking about indistinctness between subject and object (Jackson, “Chronic Pain”) cannot be an appropriate formula. The described relationship to pain appears more as coexistence and *inseparableness* from the distinct realization of objectification and subjectification of pain. It is in the very embodied character of pain, in the subject anchored in the painful body and because of its embodiment, that the objectification is implied as a distinct moment. Objectification is constituted as a moment of embodiment. Consequently, the problem that should be addressed is the reconsideration of the objective status of pain. How can embodied pain be intentionally referred to as an object if, as specified by Merleau-Ponty, the experience of our body is that of an active, adroit engagement, and movement in the phenomenal world, and of a bodily space whose knowledge coincides and coexists with it. Speaking about pain and illness, Merleau-Ponty (*Phénoménologie de la perception*) agrees with this phenomenology:

Je veux dire que la douleur indique son lieu, qu’elle est constitutive d’un ‘espace douloureux’. ‘J’ai mal au pied’ signifie non pas: ‘Je pense que mon pied est cause de mal,’ mais: ‘la douleur vient de mon pied’ ou encore ‘mon pied a mal’. C’est ce que montre bien la ‘voluminosité primitive de la douleur...’ (110)

Le malade piqué par un moustique n’a pas à chercher le point piqué ... mais de rejoindre avec sa main phénoménale une certaine place douloureuse de son corps phenomenal, et qu’entre la main comme puissance de grater et le point

piqué comme point à grater un rapport vécu est donné dans le système naturel du corps propre. L'opération a lieu tout entière dans l'ordre du phenomenal, elle ne passe pas par le monde objectif ... (123)

The very status of objectification and embodiment should be clarified for a comprehensive understanding of pain and all of its dimensions. I have suggested above that thematized objectification appears as a moment in the very subjective experience of pain, a moment of embodiment.

Asserting the co-dependency between subjectification and objectification opens the horizon for interpretation, for the discursive reference to pain, and relations with others even under the form of their denial or deformation. In this sense, far from being limited to the domain of the body as object of consciousness, in the experience of pain and suffering, the social and political bodies are engaged as “source and medium of experience” (Good, “The Body, Illness Experience, and the Lifeworld” 127). The suffering experience, as experience, is intersubjective and involves the dialogue, polemics—or extreme confrontation—with others that reproduce social structures (see Good’s reference to systematic torture, even bio-medicine aggravating suffering). Based on Schütz’s (“On Multiple Realities”) analysis of our experience of everyday life, Byron J. Good shows that sociality, constitutive of the reality of common sense, is called into question and finally “ ‘unmade’ ” (“The Body, Illness Experience, and the Lifeworld” 124; see also “A Body in Pain”) by chronic illness and pain. Relations with others, the social presence of self in the world, will be distorted and limited to and by the “expressions of pain” (“The Body, Illness Experience, and the Lifeworld” 126; see also “A Body in Pain”).

One can observe throughout different approaches the effort to grasp the social

and cultural constitution of suffering and pain experience while simultaneously trying to attend to the implacable living of a being that is bound to his/her own embodied limits of pain.

While revealing the determining factors of pain experience (culture, anxiety, attention, and interpretation), Ivan Illich orients towards the moment of its questioning and interpretation, a cultural act modelled by the encounter between mythical and narrative traditions, cultural models or pharmacopoeia. However, the sufferer is plunged in the certitude and solitude of his suffering, which is impossible to share with the other, a different person unable to understand pain the same way as the sufferer. The other can be certain only of his/her own compassion towards the sufferer, hence “arguing” the sufferer’s solitude. Still, one cannot deny the perception of the other’s pain. At the same time, Illich’s approach leaves the opportunity for a discursive vehicle to intervene in the suffering experience.

At the level of interpretations of the first dysfunctional signs, the quest for and access to treatment, the negotiations with health professionals, Joseph W. Schneider and Peter Conrad examine the relationships between sufferers and family members, friends, and the work world. They underscore the necessity of understanding the sufferers’ self-perceptions and modes of experiencing identity transformations in relation to oneself and others as determined by illness dysfunction. As indicated by David L. Kahn and Richard S. Steeves, (“The Significance of Suffering in Cancer Care”) suffering elicits a continuous interaction between the intrapersonal struggle for coping and the interpersonal process of caring for the sufferer.

Even if suffering is experienced within the topos of the unique person, it

“exists, and often can only be understood in the context of others” (Cassell, *The Nature of Suffering* 34), being affected by and affecting the social context (especially caregivers—see Steeves; Kahn and Steeves, “Witnesses to Suffering”). This can be understood if, as explained by Cassell, one considers the sources of the suffering experience: the disruptive effect of disability and chronic illness on everyday interaction with others, the conflict between personal limits of the sufferer and his desire for socially normative self-esteem, recognition by the other and competitiveness. The conflict with the public world shifts towards an internal conflict of the sufferer with himself because the external world and the inner world are not isolated, but form a continuum based on the sharing of the same world of objects and persons and of symbols and language as vehicles of this sharing. Gender, class, ethnicity, social roles, personal biography imprint the chronic pain sufferer’s experience that configures suffering’s intersubjective character (Jackson, “How to Narrate Chronic Pain”), its recognition, legitimacy, perception, and search for treatment (Lasch).

In the attempt to clarify suffering and pain as an intersubjective, socially and culturally constructed experience, Arthur Kleinman and Joan Kleinman (Kleinman and Kleinman, “Suffering and Its Professional Transformation”; Kleinman, “Pain and Resistance”) situate their research in the particular social micro contexts of experience, “the local worlds of the lived experience” (Kleinman, “Pain and Resistance” 120). They aim at seizing experience as it is determined by what is of “primary practical relevance in the processes and forms of experience.” (Kleinman and Kleinman, “Suffering and Its Professional Transformation” 97), by what is “at

stake” for individuals in everyday life. This will give access to understanding the experiential status of suffering.

“Local moral worlds” are constitutive of experience—and of suffering—, insofar as they form the space of social transactions, contestations and political negotiations in the situation of limited access to survival resources. It is through social and political transactions that existential priorities, what is existentially relevant, are constituted. Their coherence is insured by symbolic forms depending on cultural traditions but, at the same time, it is subject to transformations within the local worlds. Symbolic forms then construct experience, starting with the very individual and collective engagement in local actions, in social interactions permanently referred to what is relevant for interpersonal relations situated in a certain time and space (Kleinman and Kleinman, “Suffering and Its Professional Transformation”; Kleinman, “Pain and Resistance”).

Inhabiting a world of encounters and transactions with others activates the points of *resistance* to existential projects, the boundaries imposed by the shared human condition and in particular, socially and culturally formed structures of relevance. It is in this world, through its social and interpersonal elaborations, that the limitative experience of suffering emerges. A central concept for this approach is “somatization,” the embodied illness and suffering experience translating and reproducing forms of political actions against individuals or traumatic interactions. Suffering then becomes a form of critique, of delegitimation and political resistance. Simultaneously, one can observe that pain will be transposed in cultural metaphors of personal embodied pain, moral suffering or social body suffering (Kleinman and Kleinman, “Suffering and Its Professional Transformation”; Kleinman, “Pain and

Resistance”). At different levels engaged in experience, somatic processes are loaded with common cultural and social significances. Somatic memory activates and retells, with every illness story, the social suffering memory, the general stories of suffering, the biography and social history (Kleinman, “Pain and Resistance”). Pain cannot be reduced to biological aspects, but is translated in the experience of suffering. It becomes a “biological object culturally constituted [and] a biological heritage which constrains cultural sense” (Kleinman, “Pain and Resistance” 125; Kleinman, *The Illness Narratives*) crossing the personal, local, and eventually societal boundaries.

A few comments are necessary following this review.

First, it is difficult to account for the lived, alienated experience of suffering, while still maintaining the social and cultural construction of the suffering experience. If I carefully consider the interpretation of Good from the phenomenological perspective of Schütz (“On Multiple Realities”), I will also note the dissonance, or at least the lack of a clear description of the relation, between “cognitive style” (230) and the experience of embodiment affected by pain and suffering.

For Schütz, each “sub-universe of reality”—and the reality of common sense is one such sub-universe, if not the most important one—, is organized in “*finite provinces of meaning*” (230) (italics in the original). Our experiences are regrouped in different provinces of meaning and we engage in one or another province that we take for “real” at a certain moment, we “attribute” it a certain “accent of reality” (230) to it. The “accent of reality” that we attribute depends on the maintenance of our experiences in the reference frame of a specific “cognitive style” that characterizes each of these “finite province of meaning.” For instance, we engage in the world of

work (the everyday life) following our pragmatic interest to answer the fundamental necessities of our life and our everyday experiences, whether they are valid or not, confirm its unity and coherence as a meaningful framework to formulate and check hypotheses about its reality. The particular “cognitive style” of the everyday world is constituted by: “full attention to life” that guides our consciousness; the suspension of doubt in the “appearances” of the everyday world; work as a form of spontaneity based on a projected purpose and the intention to accomplish it through an externalized movement of the body; the experience of self as unity; sociality and a specific temporal order.

Then, if the traits of each “finite province of meaning,” of the reality of common sense too, are defined in terms of “cognitive style,” what will be the status of the body in this context? So far, it would appear to be defined itself in terms of “cognitive style,” a blatant countersense to the definition of embodiment.⁸ On the contrary, it is the attention to the body that chronic pain requests and imposes with insistence which becomes an incentive for the quest for meaning: “Physiological aspects of chronic illness shape explanatory models and the meanings they encapsulate” (Kleinman, *The Illness Narratives* 45). The solution to linking the socio-cultural constitution of suffering and the physiological experience finally resides for Kleinman in their interrelation and reciprocal determination to which the “human dialectic” is submitted.

Second, the process of intersubjectivity, the way others are involved as subjective presences in the suffering experience, is still undetermined. How is

⁸ The same question could be addressed with respect to sociality: can sociality be reduced to a trait of “cognitive style?”

intersubjectivity carried out, what are its relations and moments that will articulate symbolic mediations set off by the orientation towards what is at stake in life? Eventually, what are the mechanisms by means of which intersubjectivity channels the psychophysiology of experience towards a “symbolic physiology” (Kleinman and Kleinman, “Suffering and Its Professional Transformation” 118)? What does it mean to be in the presence of the suffering Other?

As I have already noticed, the phenomenological description of suffering follows a path whose fundamentals are anchored in the embodied experience of suffering and pain. It is the very definition of how one can intersubjectively relate to the embodied presence of the sufferer that has not been addressed by previous approaches, and that could clarify the link between an embodied foundation of the suffering experience and its socio-cultural significances. Otherwise, the meaning of intersubjectivity is reduced to a socio-cultural constructivism, refutable from the paradigm of the embodiment perspective.

For instance, Margot L. Lyon criticizes the attempts of cultural constructivism to approach emotions, as it eludes the social praxis and the context of experiencing, expressing and conveying emotions. Cultural constructivism grasps emotions through symbolism, which simultaneously applies to cognition. Symbolism refers to non-rational (cultural models and taken-for-granted interpretations) as well as rational domains (conceptualization, verbal and nonverbal expression). Defining emotions and cognition in terms of symbols and culture conveys the ambiguity between them, as they can pertain to both the rational and non-rational domains of culture and symbolism, hence, the occultation of a problem that has to be raised: the conventional

distinction between emotion/cognition, between rational/irrational, as the symbolic constitution of emotion risks perpetuating the “non-rational” label convention of emotion and, consequently, interpreting emotion as mental process. Thus, the embodied and material dimensions are eliminated.

Consequently, I intend to clarify the way one relates to the suffering Other. The question to be answered and that orients my research is: can intersubjectivity be constituted at the level of the embodied experience of pain, of the embodied memory of our personal life and self-narrative? The challenge will be to define intersubjectivity in terms of embodiment, to formulate an integrative definition of intersubjectivity that comprises the existential domains of suffering, its embodied condition, the discursive and social space that emerges through the dialectical interplay between the subjectivity and objectivity of the suffering experience.

The Limits of Phenomenology. The Ethical Stance, Embodied Narratives,
And the Time of Suffering

The possible answer to Schütz’s difficulties seemed to come from Merleau-Ponty’s viewpoint. But the problem that has to be brought forward concerning this view relates to what I have identified as an “aporetical” experience of pain where embodiment implies pain objectification. How could the community of the embodied subjectivities be concordant with the objectified experience of pain?

Following Merleau-Ponty’s framework, Leder posits the formula of “*mutual*

embodiment,” of the “communicative sociality” (Leder, *The Absent Body* 94). The common and unitary phenomenon that is constituted is defined as “the natural empathy [through which] a body retakes the affective responses of the other” (Leder, *The Absent Body* 94). However, even if pain is deep-rooted in the body, Leder interprets pain as a disruption of intersubjectivity. The *mutual embodiment* is then lived as its refusal, as “social dys-appearance” (Leder, *The Absent Body* 96), as objectification under the other’s gaze. The body is at his/her disposal and dys-appears either as dissonance with respect to the socially constructed body (the handicapping physiological manifestation), or as the submitted body (in patient-physician, prisoner-guard relations). Alternatively, more brutally, the body can be deserted of its subjectivity under the action of force inflicting pain (torture), or by regimentation.

In Leder’s interpretation, pain, a mode of the body’s dys-appearance, would correspond then to its social dys-appearance, a negative mode of intersubjectivity. This perspective, hence, denies any possibility for a dys-appearing body to partake in an intersubjective relation, the situation of embodied co-presence. Nonetheless, one can identify “places” where the body’s dys-appearance can be present in mutual intersubjectivity. Care giving relationships between sufferers and physicians or nurses, between sufferers and close others like family members are just a few I can identify. As Cassell points out, they are centered on suffering and pain recognition.

Still, how does suffering and pain recognition occur and what are its consequences when facing a suffering Other?

Contesting the position maintaining the incommunicability of pain, van Hooft (“Pain and Communication”) tackles the problem of intersubjectivity from the point of

view of Levinas's ethics. The immediate subjective experience of pain, of its adversity and negativity is fundamentally anchored in the sufferer's subjectivity and cannot be lived by anybody else. Nonetheless, the impossibility of sharing pain does not preclude its communication. Van Hooft suggests that pain metaphors and other socially acquired linguistic designations identify the Other or the self as a sufferer, and may operate as media for communication. But the possibility of communicating about pain is based on the referential function of language. Another function of language is to establish intersubjective relations. However pain undermines this function. Severe pain isolates the sufferer from the social world and binds him/her to his/her body. Thus, linguistic forms of intersubjectivity are deconstructed and inoperable. Another mode of intersubjectivity has to be implemented, founded this time on empathy. Its definition is developed from the metaphysical perspective of Levinas (*Totalité et infini*). The Other, a profoundly mysterious subjectivity cannot be seized through a comprehensive or perceptive relation; he/she demands that one take an engaged, ethical attitude in front of the sufferer. In this encounter, one offers the Other the freedom to manifest itself in the infinity of his/her mystery. Hence, the Other's pain, a mysterious domain, cannot be formulated by an act of knowledge or classification. It claims through its embodied expressivity an intersubjective encounter between two subjectivities, through empathy and compassion. This will break the sufferer's isolation circle and pain communication becomes effective.

Nevertheless, I cannot agree with van Hooft's reduction of pain metaphors and other linguistic descriptors to indicators of a referent, nor with his assertion that language and discursive forms have no place in establishing any intersubjective

relation in the context of pain experience. In the following section, I will uncover the embodied character of discourse and the way discourse implies the intersubjective relation. I will show that suffering and illness narratives are embodied discursive modes of pain and suffering, functioning as fundamental “operators” of intersubjectivity, of sharing suffering and pain. Finally, illness narratives as narratives give access to disrupted self-memory; they are far from being a mere vehicle for linguistic reference to objects.

Phenomenological perspectives on language demonstrated that language has an embodied basis, and at the same time, the body is invested with linguistic meaning (Merleau-Ponty, *Phénoménologie de la perception*; Csordas, “Embodiment as a Paradigm for Anthropology”): “The word is a veritable gesture, and it contains its sense as the gesture contains his” (Merleau-Ponty, *Phénoménologie de la perception* 214; see also Csordas, “Embodiment as a Paradigm for Anthropology”). It does not refer to a world of thinking exterior to its actualization as a “phonetic gesture” (Merleau-Ponty, *Phénoménologie de la perception* 211). Through “phonetic gesture,” the body is existentially situated in a world of sense and language. At the same time, language is rooted in “natural life as an embodied act” (Csordas, “Embodiment as a Paradigm for Anthropology” 25).

Considering the bodily basis of conceptual metaphors, cognitive linguistic scholars (Lakoff and Johnson; Johnson) have argued for the embodied foundation of language and conceptual thinking. Concepts have a metaphorical structure translating the spatial orientation of the body, its experience of the world of physical objects and substances; they also pointed to the socio-cultural dimensions of metaphors (Lakoff

and Johnson). The coherence of this experience depends on its organization in “image schemes” (Johnson xix) or experience gestalts transposed in and structuring in a figurative way the sense and reasoning domain.

For Cassell (*The Nature of Suffering*), the bare “physicality” and bodily experiences call for interpretation and are constitutive parts of meaning. They are transposed into conscious content through the medium of meaning, as meaning forms the horizon through which symptoms can affect us, can be interpreted as a foretaste of the future on the basis of pre-existing understandings. Meaning is ultimately the locus where body and thought meet in reciprocal determination:

Elements of the body are part of all meanings—for example, the inherent physicality of many words (e.g., “push”), sensory perceptions, feelings with their inherent physiological concomitants [...] when meanings arise or are assigned in thought, they are necessarily accompanied by the bodily dimensions of those meanings. On the other hand what happens in the person’s body ... are bodily experiences. As experiences they also give rise to meaning. Bodily experiences thus elicit the ideas or concepts that generate meaning. Meaning-ideas, or concepts—include bodily effects.... *meaning is the medium through which thought flows into body and the body flows into thought.* (222-223; italics in the original)

Studying pain metaphors, Laurence J. Kirmayer (“The Body’s Insistence on Meaning”) interrogates the relationship between painful body and text (language, sense, discourse). The body intervenes and questions thinking:

Through the pain and suffering (...), the body drives us to seek meaning, to take our words as seriously as our deeds. Ultimately, the body insists that we

finalize our temporary mental constructions, committing ourselves to some view of reality. Any theory of meaning that hopes to address the experience of illness must give weight to the primacy of the body not only as an object of thought, but as itself a vehicle of thinking, feeling and acting. The body cannot be contained by a theory of representation—for the body is not the same as the body-image. The body’s influence on thought is more presentation than representation... (325)

Kirmayer explores the ways the body is imbricated in the patients’ and physicians’ mental life and demonstrates the embodied and social foundations of metaphor. Similarities and equivalences marked in synesthesia and nonverbal metaphors are indicators of the bodily presence in thought. So, metaphors have sensorial and motor roots. They can also be set up on affective dimensions. Consequently, Kirmayer advocates that sense, words and gesture be anchored in the bodily experience. Through metaphors, the body transforms and acts on concepts and representations: “Metaphor provides ways of acting on our representations or of making presentations to others...” (335). For our approach, it is also important to underscore that metaphors account for the immediacy between body and words: “Talk of flesh and blood makes our words immediate” (335).

Even if pain resists objectification and communication attempts, through a descriptive language of the everyday world, it is not devoid of meaning; but it is a metaphorical meaning referring to the meaning of the body, and it can be communicated through an “embodied communication” (Jackson, “Chronic Pain” 214; “*Camp Pain*”). But in spite of her concordant assertions with an embodied perspective on intersubjectivity and pain, Jean E. Jackson explains neither the way

embodied metaphors are constituted, nor the process of “embodied communication” of pain. However, she observes the conscious communicative intentions of the sufferers and their feeling of shared identity.

By trying to explain the metaphorical meaning and the intersubjective mechanisms involved in “the embodied communication,” Elaine Scarry speaks about the essay of “inventing” linguistic structures (pain stories, memoirs and accounts) capable of objectivizing an inexpressible lived pain. On the one hand, her work has in view the referential distance with respect to pain that is imposed by discourse. Pain attributes may or may not be associated with the body as referent. Consequently, attributes, as elements of the lived experience of pain, will be attached to other referents. This makes their ideological utilization or their appropriation by power possible. On the other hand, she points to the emergent moment of language, the cries of the wounded when he/she struggles to articulate language, and to the invention of a referent of pain while the real referent is absent, unmade by pain.

The invention is realized through metaphorical imagination where imagination becomes an intentional *object* for pain and pain the intentional *state* for imagination. It is only through imagination that pain can transcend its passivity and modify, objectify itself. The relationship between pain and imagination is that between two extremities of a continuum; “perceptions, somatic, and emotional events” (Scarry 165), the territory of the psyche unfolds within its limits. Imagination can then function as the reconstruction of a world undone by pain.

Scarry’s comments allow us to maintain not just the idea of the language embodiment in pain experience, of its embodied emergence, but also that of the

objectification of pain (through imagination) as a moment of the pain embodied experience.

However, “embodied metaphors” do not only express the embodied character of pain language. Metaphorical meaning extends to the discursive level. Formulating the basis of a “discursive theory of metaphor,” Paul Ricoeur studies the “metaphoric utterance” (*La métaphore vive* 87). Hence, it is at the level of narrative discourse, in our case illness narratives, that one has to be situated in order to grasp the whole significance of the embodied language of pain and suffering.

An ethical based view on illness and suffering is central to Frank’s (*The Wounded Storyteller*) insight that can be translated into a valuable alternative for a constructivist definition of intersubjectivity and exploration of the embodied character of illness stories. The relation to others is discussed as a “body problem” of action to which ideally “the communicative body” corresponds as an ethical choice on a continuum between “monadic body” and “dyadic body” (Frank, *The Wounded Storyteller* 29). Acting as a “dyadic body” means to situate oneself towards others within the common space of the same embodied being, as “a body *for* other bodies [...] placing one’s self and body within the ‘community of pain’ ” (Frank, *The Wounded Storyteller* 37). It is the condition of sharing the suffering experience in an empathic way. Suffering and illness storytelling is one mode of assuming the “communicative body” situation. It is fundamentally an act of responsibility emerging from and “through suffering bodies” (24), a testimony and a guide—in a pedagogical sense—“*for* an other” and *for* oneself (17; see also Frank, *At the Will of the Body*) where teller and listener are sharing the dialogue of the effective experience of telling.

Audiences can also share the narrative space where a disrupted self-memory and fractured subjective time are restored. The ill person who writes or tells his/her story (Frank refers exclusively to self-narratives written or told by the sufferer himself/herself) offers his/her witnessing to be witnessed by a whole community of listeners that might share a similar suffering condition.

Frank offers viable paths of access to an embodied definition of intersubjectivity in the space of shared body condition, storytelling, and storytelling reception. However, one can observe that embodiment, the embodied condition of pain described above, and the storytelling relation still remain undetermined. While Frank mentions the “call for stories” (Frank, *The Wounded Storyteller* 53) elicited by illness experience, the construction and reconstruction of illness and suffering experience through telling and its reception, the way the body addresses this call, the way it shifts into storytelling are not clarified. There is a gap to be explained and transcended, namely that of the passage between lived embodiment, lived suffering and storytelling.

Furthermore, Frank’s embodied perspective risks being restricted exclusively to the immediacy of the sufferer’s presence, and leaves out the temporal dimensions of being with the sufferer (see the temporal aspects of intersubjectivity in Schütz, *The Phenomenology of the Social World*). These are not approached, in spite of his recognition of time (and memory) as existential dimensions affected by pain and suffering.

So far, time, as a way of apprehending the Other’s suffering, has been neglected. And yet, if placed in the narrative domain, plots, and narrative structure in

general (pathographies specifically) have already been the terrain of numerous debates about their temporal and intersubjective dimensions.⁹ The focus of contemporary pathographies “both upon the lived body and upon the lived body’s relatedness in time” can hardly be ignored (Wiltshire, “The Patient Writes Back”). Regarding suffering from a narrative stand, is it not legitimate to claim that narrating the Other’s illness is already an act of temporally positioning oneself in relationship to the Other’s suffering?

How does one stand in front of a suffering memory and disarticulated time, symptoms of a disarticulated self?

The problem of “recognizing suffering” has been explicitly tackled by Cassell (“Recognizing Suffering”), while he related it to the temporal dimensions of suffering and self. I have already glimpsed at Cassell’s view on suffering and pain. In the following section I shall detail it, emphasizing the way it determines the intersubjective relationship to the suffering Other.

Cassell suggests that it is possible to acknowledge others’ suffering, to be aware of it through knowing, understanding the natural facts perceived about the sufferer, knowing the purposes, goals of the sufferer, his/her values (desires, interests, concerns, fears, beliefs) as they developed over time, finally through an “aesthetic knowledge” that grasps the consonance/dissonance of events with “the living-through time individual” (Cassell, “Recognizing Suffering” 29), with the cohesiveness and harmony of a personal life organized around central life purposes. It is possible to reach such an understanding on the basis of the shared commonsense knowledge, the

⁹ See Elinor Ochs and Lisa Capps for a synthesis of studies referring to the temporal dimension in personal narratives.

proximity of community, of a “we-ness” in a shared space, the “universe of facts, values, ... aesthetics [and] our similarities with other persons” (Cassell, “Recognizing Suffering” 29). One recognizes that in similar disruptive conditions, one can experience suffering; our consciousness is hence provided with “categories of recognition” (Cassell, “Recognizing Suffering” 31).

It is the very tragic experience of suffering that obliges us to encounter suffering as an unavoidable reality and can thus “awaken us to ... the brute fact that we and others suffer” (van Hooft, “The Meanings of Suffering” 18). Bearing our own suffering opens the path towards the other’s suffering, towards compassion and efforts to relieve suffering. The ultimate meaning suffering can have resides in the compassionate act itself, which binds persons within “the community of suffering” (van Hooft, “The Meanings of Suffering” 18).

But the emphasis Cassell puts on “the intelligence that enter into our knowledge of others ... as they know themselves” (“Recognizing Suffering” 30) eludes the embodied relation to the Other, and to his/her expressive discourse, to his/her embodied tale. With a more attentive regard, Cassell seems to echo Schütz’s problematic definition of intersubjectivity centered on the meaningful configuration of self-explanation, on the content of consciousness. Moreover, though concerned with temporal aspects of identity, with a suffering self-memory, the play of time in relating to the Other’s suffering is neglected.

Based on the transcendence and radical heterogeneity between the Other and the Same, Levinas’ metaphysics implies an asymmetric ethical relation to the Other. If the Other cannot be given through the objectifying, totalizing regard, nor through

comprehension acts rendering him intelligible and reducing him to intelligibility, he is the *presence* of a face, the Desired. The Desired asks for, calls forth, the metaphysical Desire for the transcendent, Infinite, for the absolute Other, radically strange, disinterested Desire, humaneness in the Same. Through Desire, the Same receives the Other. The Other's presence calls out the Same's transcendence towards what constantly eludes him. The relation to the Other is then necessarily an ethical relationship interrogating the self-sufficiency of the Same. The latter engages in passing through an infinite distance towards the Other under the imperative of the Other's presence. First, the Other's way of being present is in his expression, in his revelation through discourse (*dire*) because the Other's infinity would go beyond any attempt at manifesting it through an objectifying thematization. Opening towards the encounter with the Other would mean consequently opening towards his expressiveness through discourse. This is realized by the interpellation addressed to the Other in a face-to face discourse that maintains the distance and radical difference, the plurality between the Same and the Other. To talk means to keep recognising the Other as an interlocutor, "the beginning of his own discourse" (Levinas, *Totalité et infini* 75), impossible expression to be integrated into a system that equalizes the status of its terms or elements by means of an overarching, generalizing intelligibility. Through discourse, the Same is displaced out of his sameness and experiences an absolute estrangement, "the *trauma of astonishment*" (Levinas, *Éthique et infini* 46; italics in the original). Language maintains the Other's autonomy and sovereignty. Under the imperative of the Other's presence which requests his recognition, the opening act towards the Other's discourse signifies not only an ethical commitment,

but at the same time recognizing the majesty of the Other and of his discourse, his pedagogical power—as it functions as a critical referral of objectifying knowledge.

In this context, being in front of the suffering Other means bearing responsibility for his/her absurd suffering—the pure passivity that imposes itself to consciousness as refusal of significance, that cannot be synthesized into a meaningful content. It means non-indifference, attention towards the Other's useless suffering, generosity that does not subsume his/her otherness to a general category, nor awaits for reciprocity, and thus becomes meaningful “suffering ... for another's suffering ... the nexus of the very human subjectivity” (Levinas, “La Souffrance Inutile” 104).

In *Le temps et l'autre*, Levinas defines time as the transcendence opportunity towards the Other. He emphasizes the future orientation of the diachronic relationship to the Other, to the unpredictable difference that cannot be apprehended through, or reduced neither to a simultaneous formal coincidence, nor to what one could anticipate in the present about future acts (see also Levinas, *Éthique et infini*). And, significant for my approach, time as such is a function of suffering (physical suffering, pain, and not anxiety in front of nothingness). While pain imposes an inescapable confinement to it, from which no refuge seems possible, it implies, as its essence, an inevitable persistence of being. While suffering, one cannot elude being; suffering “is the fact of being backed onto life, onto being. [it] is the impossibility of nothingness” (Levinas, *Le temps et l'autre* 56). But at the same time, pain, through its very paroxistical adherence to being, alerts us to an imminent event, completely different, mysterious, infinite Other, that can be grasped neither by the subject's intentional acts, nor through reflexivity, that denies the possibility of any project: death. The suffering

subject's solitude is hence disrupted by the event of the absolute otherness that has to come, and that prepares the terrain for his/her transcendence towards the Other. Nonetheless, the ultimate significance of otherness does not reside in its future value; on the contrary, future depends on the very structure of its very otherness: "The future, is the other" (Levinas, *Le temps et l'autre* 64).

Still, the future does not constitute time yet. Any connection between present and future seems to be out of the question due to their very radical difference. If one were to grasp the future through anticipations, there would be an inauthentic representation of time, "le présent de l'avenir" (64). What could then account for the difference between the present and the future, and at the same time for their temporal order and relation, for being situated in the present, and yet being able to transcend the present instant towards a radically different, unpredictable event? It is only in the face-to-face immediate relation with the Other that present can transcend itself towards future, as the intersubjective relationship implies the transcendence moment towards the Other. Intersubjectivity, taking an ethical stance in front of the Other, ultimately orders temporality; it is the very condition of the temporal interval between the present and the future. The intersubjective moment instantiates time as the immediate face-to-face relation exposes the subject to the difference of the Other in a unexpected way that cannot be represented, contained or seized in the present. Hence, time cannot be dissociated from relating to the Other's suffering.

The significance of considering this aspect is capital for any attempt to understand intersubjectivity in illness narratives as time is not only a function of the suffering experience, but also modulated by personal biography. Illness narratives are

temporal constructions of the meaning of illness experience, of the self-image in the horizon of the personal story, representations and reflections upon the experience of illness in the everyday life (Hydén). They are efforts to confer meaning to the experience of suffering, to articulate it in a coherent world of significances, to fix the temporal and spatial landmarks of a biography disrupted by suffering and pain, to tie up again its temporal plot as a way of countering the dismantling of the world (Good, “The Body, Illness Experience, and the Lifeworld”; Hydén; Charmaz, “Stories of Suffering”; see also the emergence of a new survival discourse in Saillant).

Narrative Self-Memory: Intersubjective and Ethical Relation

Scholars in the social sciences have already pointed towards memory, particularly self-memory, as an intersubjective, social and cultural construction (Halbwachs; Connerton;¹⁰ Kirmayer, “Landscapes of Memory”; Culbertson; Leibing). And the commonsensical meaning of identity in modernity, the social, folk understanding, attributes the self-identity coherence and persistence to the continuity of memory (Leibing)—the recollection “folk view” on memory mentioned by Kirmayer (“Landscapes of Memory”). Self-identity is defined by individuals in everyday life in function of the social meaning of memory, which has a significant impact on their life, acts and gestures. Memory, the marker of identity, can become

¹⁰ Paul Connerton discusses social memory in ritual commemorative performances sustained by enacted “master narratives.” He specifically opposes them to personal autobiographies and diaries, of mere cognitive and reflexive value. My intent is to show, on the contrary, that personal diaries go far beyond a reflexive content, and are anchored in the very life of the sufferer who experiences loss of memory as an embodied condition.

then a mode of suffering, but also the victory upon it, the loss of memory meaning the loss of identity while remembrance equates reliving at least fragments of the past, “bring[ing] back people and events that have vanished eternities earlier; ... say[ing] no to the sand of time covering the landscape of our being, ... saying no to forgetfulness, no to death” (Wiesel 15); it “defines the fragility, the vulnerability but also the invincibility of the human condition” (13).

One path of approaching the relationship between suffering and self is Kathy Charmaz’s (“Stories of Suffering”) symbolic interactionist and conceptual analysis of the self as a continuous process, and as a consistent self-concept organized around specific attributes, values, feelings that help individuals to define themselves. Crises moments like illness episodes bring into question and discredit the taken for granted self-definitions. They affect the “moral status” of individuals, the meanings of self-worth and moral values in the context of social settings where individuals interact with others. Hence suffering is etched by moral significance. One way of maintaining, retrieving the lost moral status or gaining a renewed one is the storytelling of one’s suffering, contouring the history of self.

However, her comprehensive effort to grasp in one overall view what “loss of self” means in chronic illness, risks obliterating what might be the particularly affected domain of the self in a specific illness. Hence, a whole absent territory in Charmaz’ approach: the loss of the self’s memory so relevant for a brain cancer or Alzheimer’s disease sufferer.

But when I talk about the loss of self’s memory and suffering loss of memory as “loss of self,” I go beyond a hermeneutic understanding of memory, where memory

functions as an operator of the coherence of self (Frank, *The Wounded Storyteller*). I argue that the most critical meaning of the loss of memory resides less in the inability to reconstruct the landmarks of identity—though I consider this as a highly important dimension of suffering—than in the loss of the memory’s remembering capacity, the lived experience not of a lack in temporal structure, in the text of memory, but in its retrieval capacity, in its going towards past and back again to the present.

Hence, memory and its retrieving power cannot be reduced to a mere intentional, imaginative act of consciousness. On the contrary, as put by Cavarero, memory is a spontaneous act of telling the self’s story:

the work of memory ... in a totally involuntary way, continues to tell us our own personal story. Every human being, without even wanting to know it, is aware of being a *narratable self*—immersed in the spontaneous auto-narration of memory ... in the spontaneous narrating structure of memory itself. (33-34)

that does not depend on a conscious, intentional effort of remembering. Even the distinction between the *I* as the subject who narrates and the narrated *self* as the object of the narrative becomes questionable. Finally, Cavarero’s view situates against a constructionist perspective where the self is seen merely as a product of a narrative text and a narrative performance, or the product of memory. The self is not a narrated, reconstructed textual object; his/her identity emerges out of “the familiar experience of a narratability of the self” (34), of a constitutive, irrepressible desire for story, the *natural* “narrative attitude of memory ... the uncontrollable work of memory” (35). The primary experience is that of the “the self-sensing [*assaporarsi*] of the self as narratable” (35), an immediate relationship expressing the temporal

unfolding of our life story.

Moreover, for Cavarero, experiencing the self as narratable enables us to relate to others, to perceive in others a correspondent “narratable self” with his/her own life story. This is possible as an effect of Aristotle’s cathartic mechanism through which one can identify as audience with the tragic experience of the Other, with his/her fear and plot of suffering. Narrative is the medium through which one is situated in front of ourselves and in front of the Other, it “measures” the tragic gap between our goals, projects, and factual situation, and those of the Other,

It is pivotal in creating at one and the same time self-awareness and awareness of others ... Stories of illness evoke a ‘me too’ response. They speak to us because in recognizing the vulnerability of others we recognize our own: we must face illness and death.” (Skultans 8)

While grounding their approach on a narrative definition of identity, numerous scholars have explored relating to the Other as a narrative self. Still, the emphasis has been put on configurative narrative models, and not on narratability as the natural attitude of memory. The meaning and unity of self is constructed around a life history structured around a beginning-middle-and-end or birth-life-death equation in Alasdair MacIntyre’s terms, the biographical, consequential, plot (MacIntyre; Polkinghorne, “Narrative Configuration,” *Narrative Knowing*; Taylor; Ricoeur, *Soi-même comme un autre*; MacAdams; Baumeister; Charmaz, “Stories of Suffering”; Charon, *Narrative Medicine* etc.). As our actions are connected to the Other’s actions, to what has been before we can become the “author” of our deeds, narrativity also confers “social” and “cultural” settings and contexts to the interpretation of the self (MacIntyre; see also Taylor). We are plunged into a “dramatic narrative” (MacIntyre 215) of playing roles

constructed since childhood through character stories from our lifeworld (MacIntyre; Bruner, *Acts of Meaning*). Hence the self has the unity of a character in a narrative, he/she is the *subject* of a personal history, and at the same time is called upon, in the narrative drama of social settings, to be accountable for his/her actions, happenings, to be witness to himself/herself, to others, and correlatively, to ask for the others' account, to "put others to the question. I am part of their story, as they are part of mine. The narrative of any one life is part of an interlocking set of narratives." (MacIntyre 218). The same, while telling his/her story, the suffering storyteller claims an identity portrait in front of the others (audience) (Charmaz, "Stories of Suffering").

Through stories we encounter the Other, his/her actions and our own life story. Stories enact intersubjective relations of disclosing one's self and meaningfully receiving the Other's sense: "narrative situations always join one human being with another," the teller and listener, the writer and the reader (Charon, *Narrative Medicine* 52). But narrative structure not only implies an intersubjective relationship (see also Carr), the very intersubjective relationship unfolds as a narrative act, which therefore obliges both the writer-teller and the reader-listener to engage in an ethical attitude towards each other:

The receiver of another's narrative owes something to the teller by virtue, now, of knowing it.... The act of reading or hearing an author's work confers upon the receiver an uncanny intimacy, as if learning a new private language. The learner of such a personal language incurs duties toward the originator of it; once one is fluent in the language of another, one harbours toward him or her a great and sacred trust. (Charon, *Narrative Medicine* 55)

From an ethical point of view Elie Wiesel emphasizes the active effect that

memory has upon future, in Levinas' terms its going beyond the same movement, its capacity to engage a dialogue between different life-worlds, ultimately its intersubjective and ethical condition, the "*ethical memory*" (Loureiro 167; italics in the original), through which the individual transcends himself towards the Other:

To remember is to allow the past to move into the future and shape its course. To remember is to acknowledge the postulate that time does leave traces and scars on the surface of history, that all events are intertwined, all gates open to the same truth.... Memory means to live in more than one world and in more than one time, to be tolerant and understanding with one another, to accept the mystery inherent in questions and the suspicion linked to answers.... To remember is to open oneself to someone else's image of himself. It is to accept his or her right to remember ... (Wiesel 15-16)

At the same time "memory is both cognitive and experiential" (Whitfield 17), it is framed not only by images and representations, but anchored in our embodied condition, in our spontaneous, habitual bodily skills that one only reflects upon in cases of disability: "In habitual memory the past is, as it were, sedimented in the body" (Connerton 72). The wounded body contains the memory of the inflicted pain and suffering, the tale of the suffering to be told, even when the experience of suffering is unconscious. The "imaginal body," meaningfully related to the world it inhabits (Merleau-Ponty, *Phénoménologie de la perception*), is the medium through which soma and psyche are connected, making possible the embodied remembering of the body's tales (Slattery).

Conclusion

Throughout my review of literature I have followed first the embodied definitions of intersubjectivity, pain and suffering with the aim at retrieving their intersubjective dimensions in the context of illness experience. I pointed to the limits of phenomenology—the paradox of an embodied objectification of the body in pain, and the unaddressed intersubjective communication in care-giving situations—and to the necessity to integrate phenomenological advances into an ethical understanding of intersubjectivity and of the suffering experience. The value of the ethical approach resides in re-centering the attention on the discourse problem, on the *expressive* discourse actualizing a presence—distinct from the mere indication of a reflexive or consciousness content—, which becomes a way of accomplishing the intersubjective relation. This demonstrates that pain and suffering discourses, pain and suffering stories, are embodied discourses witnessing to the subjective experience of pain and suffering, expressing it in its phenomenological complexity.

A neglected aspect of intersubjectivity has been identified: the temporal dimension and its remembering facet. I have shown that memory is founded on the immediate and spontaneous experience of the self as narratable. The narrative self also governs intersubjective relations as we perceive the Other as a “narratable self” too. Furthermore, narrative memory has an ethical value because it makes possible the relation to the Other in an active way. At the same time, from the perspective of the paradigm of embodiment, a non-constructivist approach, I uncovered the embodied character of memory, the memory of experienced wounds, pain, and suffering.

Moreover, I indicated a neglected existential domain of the experience of suffering: the loss of memory and remembering as “loss of self,” as loss of identity.

Thus I am able now to indicate the whole range of existential domains-themes affected by suffering and pain that emerged throughout the whole analysis. Pain and suffering affect human beings at the locus where embodied condition, temporal and spatial lived situation, relations with others, language, memory, self and self-narratives as expressive discourses meet. It is through analyzing the illness narrative written about Alzheimer’s disease and brain cancer sufferers that I shall try to retrieve these existential domains and uncover the mechanisms that constitute the intersubjective relationship to the suffering Other. I identified illness narratives as expressive discourses performing an intersubjective relationship. In the following section I shall uncover the narrative mechanisms that actualize the ethical relation to the suffering Other.

I shall study the narrative mechanisms following two main problems: the definition of “pathographies” as sub-genre of life narratives, and the functions of voice (narrative instance) and mood (narrative perspective or focalization).

CHAPTER 3

ENCOUNTERING THE OTHER'S SUFFERING IN ILLNESS DIARIES

As I demonstrated in the preceding chapter, what characterizes writing about the suffering and pain experience, in the social sciences or philosophy, is the impossibility to escape their paradoxical indeterminacy. They are viewed as profound subjective and/or intersubjective experiences, destroying language and/or, on the contrary, eliciting language, pain and suffering metaphors and stories.

An ethical perspective following Levinas offered a pertinent starting point to integrate the embodied condition of suffering and its intersubjective dimension (Frank, *The Wounded Storyteller*; van Hooft, "Pain and Communication") as the sufferer's condition becomes an embodied call for the other's testimony in co-presence, or through the act of writing and reading illness narratives. Illness memoirs are particular cases of pathographies in which the self-writing is replaced by pathographies recounted by individuals close to the sufferers. Thomas G. Couser (*Recovering Bodies*) argues that illness memoirs do not give access to the subjective experience of illness. My purpose is to challenge this view, which restricts the access to the subjective experience of the sufferer, and to uncover the intersubjective possibilities opened by writing about the other's suffering.¹¹ Writing is both a means

¹¹ The selection of the corpus, the texts of two highly literate authors, might seem problematic. One could read them as exceptional vs. typical illness narratives. Nonetheless, the distinction is difficult to maintain as any published text is filtered through the professional editing work and, as in the as-told-to

by which the embodied self asks for the listener's ethical response, and a dialogical performance of the answer itself.

This will imply reconsidering the limits of generic definitions of self-writing (mainly autobiography and diary), and their ethical implications, the relations between narrative discourse and ethical presence.

Illness Life Writing: Genre Definition and the

Narrative-Ethic Relation Dilemma

In the context of the contemporary trend countering the objectifying biomedical definitions of personhood and suffering or body-mind dichotomisations, pathographies, as emphasized by Anne Hunsaker Hawkins, are a means of rendering coherent or negotiable the illness experience, of bridging “the suffering self and the outside world by an overt act of communication” (25). They answer the urge to express one's illness experience, to tell it to another, to read about another's experience, and offer socio-cultural rhetorical (metaphors, images), and mythical devices to constitute or transform the models of its understanding.

When referring to autobiography, biography, memoir, essay, and diary as writings that gravitate around a life account, one is situated in the domain of “life

autobiography for instance, it is so difficult to distinguish the limits between the voices of the text (the voice of the narrator and the voice of the interviewer or editor). Moreover, it might also be problematic to exclude such texts from the ethical right to be recognized as texts about suffering, just because they belong to intellectuals. The right to suffering does not belong to a specific social class; see the fundamental work of Paul Celan, Primo Levi, Viktor Frankl, Elie Wiesel, Alexandr Soljhenitzyn, Varlam Shalamov, to name just a few. Their work emerged from the experience of suffering.

writing” (Frank, “Moral Non-fiction”), “life writing genres” (Couser, *Recovering Bodies*; see also Smith and Watson, *Reading Autobiography*). More narrowly, “life narratives” are restrained to the “self-referential writing”—especially autobiography (Couser, *Recovering Bodies*).¹² They may function as “counterstories” (Nelson) or “counterdiscourses” (Couser, “Signifying Bodies”)¹³ reconstituting and reinstating the moral identity and right for agency of marginalized individuals.

The term *pathography* has been recently revived from Hippocratic medicine by Oliver Sacks, but, from its basic meaning—the description of the illness case—, the author shifts towards an experiential significance of the term that refers to the suffering subject, the person confronting his/her illness and body in illness. For Sacks this meant reorienting the focus point from the *case* history to a *story* of illness. *Pathography* in this last sense refers to personal illness narratives, subgenres of life writing, concentrating on illness episodes and life experiences.

Anne Hunsaker Hawkins records under the term of *pathography* autobiographical illness writings, collaborative autobiographies, illness journals, and biographies about the illness and death of a close other. However the latter can be considered also as “autobiographical accounts of the author’s experience as witness ... thus they override the conventional boundaries of self and other or biographer and subject” (Hunsaker 3). Hence, the significance of *pathographies* is extended to the account of grieving and suffering loss.

¹² Some theorists have insisted on differences between personal/intimate writing, depending on whether they are public oriented, published /non-published writing. For the purpose of my dissertation, the distinction is irrelevant as I approach exclusively published work.

¹³ For an analysis of the counter-discursive value of life writing and its importance for the claim and restitution of social and political identities, see Frank (*At the Will of the Body*; “Moral Non-fiction”), and Couser (*Recovering Bodies*; *Vulnerable Subjects*).

For Frank the use of the term *pathography* would mean prolonging the bio-medical gaze on the sufferers, as the term belongs to a bio-medical jargon, and does not seem to express the sufferer's definition of his/her own writing; so he resolves to use the phrases "life writing about illness" or "personal narratives of illness" ("Moral Non-fiction" 175-176). However, if we go back to the roots of the term, *pathography* is one of the most appropriate to signify the continuity between the experience of suffering and the experience of writing, as it is composed by the Greek *pathos*, meaning 'suffering,' 'passion,' 'experience,' 'emotion,' " and " [the] Greek *graphein*, [meaning] 'writing or representation' ";¹⁴ it expresses suffering as the motor of writing, the writing intention and performance anchored in the suffering experience. The hand that writes participates in and communicates the suffering condition: "writing goes right to the place that hurts, and writing heals" (Klauser x).

Couser is specifically concerned with "*autopathograph[ies]*– autobiographical narrative[s] of illness or disability" (Couser, *Recovering Bodies* 5)–and illness memoirs. If initially he contrasts autobiography, or illness self narrative, with illness memoirs written by significant others (family members or friends) about the sufferer, and in which the narrator is a witness to the ill, later he displaces the authorial emphasis of autobiographical writing by taking into account the presence of the close other in *autobiography*:¹⁵ "all *autobiography* is necessarily *heterobiography* as well because one can rarely if ever represent one's self without representing others." (Couser, *Vulnerable Subjects* x; italics in the original). However, technically,

¹⁴ "graphy." *Encyclopædia Britannica* from Encyclopædia Britannica Online. <<http://search.eb.com/dictionary?va=graphy&query=graphy>>.

¹⁵ He uses the term "auto/biography" to refer specifically to "life writing that focuses on the relation between the writer and a significant other" (Couser, *Vulnerable Subjects* ix)

autobiography is still defined by Couser through the identity between writer-author, narrator, and subject.

Moreover, authoring or not the autobiographical narrative (especially in auto/biography), expressing or not one's own voice seems to decide between an ethical / nonethical representation. Hence he disqualifies one-voice narratives, or as-told-to autobiographies, with a clear distinction between writer-author and character-narrator, as "simulations" of the other's voice: in

"as-told-to autobiography, in which the writer is one person but the narrator and subject are someone else.... Although the process by which the text is produced is dialogical, the product is monological; the single narrative voice—a simulation by one person of the voice of another—is always in danger of breaking, exposing conflicts not manifest in solo autobiography. The two voices are permitted to engage in dialogue only in supplementary texts—forewords and afterwards—and even there, the dialogue is managed and presented by one party, the nominal author." (Couser, *Vulnerable Subjects* 35)

Couser's reasoning can be translated in the following way: one voice can just simulate another's voice because in fact one voice is equal to (belongs to) the *person* who speaks. The confusions between the writer as person and the narrator (voice) inside the text would mean automatically that the voice inside the text represents the writer and can only simulate the Other's voice, even if he is also a narrator, but a narrator outside the text. The Other outside the text risks being ethically misrepresented if he/she does not speak in the text. One of the problematic points is that the relation between the outside text narrative and the inside text narrative is undetermined.

This leaves the place for a reconsideration of the autobiographical genre, which is also relevant to the life writing genre (including diaries, memoirs).

The monument of self-confessional autobiography, Saint Augustine's *Confessions*, opens with the narrator's incapacity to remember his early infancy, and with the appeal to others' memory (what he was told about it by close others), or examples seen later by the author (other children in his own life-world). Self-confessional memory seems paradoxically to be anchored in the memory of the social world, inextricably linked to the Other's voice and perspective cast upon one's own life.

It will be then necessary to clarify the relation between narrative voices and ethical presence and relation to the Other. What do narrative instances express in the *autobiographical* discourse, but also life writing in general, from an ethical point of view? How do grammatical persons relate to ethical persons if, in the words of Paul John Eakin, "the subject of autobiography to which the pronoun 'I' refers is neither singular nor first ... that the first person of autobiography is truly plural in its origins and subsequent formation" (*True Relations* 63)? The same question can be asked regarding the diary, which would imply normally a similar author-narrator-subject identity. How is non-fictional genre expressive of an *ethical genre*, and what are the consequences of this relation for illness life writing? All these questions pinpoint to a necessary analysis and elucidation of the connection between narrative and ethical presence in life writing.

Many critics have been alarmed at the real dangers of ethical misrepresentation of the Other through one-voice discourses, or through the insertion of a distorting

external gaze in the *I*'s autobiographical discourse; and disability is a state most prone to asymmetrical power relations between interviewer and interviewee (Rosen; H-Dirksen L. Bauman; Couser, *Vulnerable Subjects*). Nonetheless, even in this case, limits are permeable: "Deaf persons are clearly aware that the interpreter is an extension of them. Where one body ends and another begins is, at best, difficult to discern" (H-Dirksen L. Bauman 57), and a rigid position risks denying intersubjective encounters in what would appear to be eliding the Other's voice and presence.

The "*I* – Other" Genre

In what follows I will focus on sorting out the generic structure of the illness diary, which, as we will see, goes beyond the limits of the autonomous, soliloquial *I*. Though I shall focus my analysis on a diary and two memoirs, for theoretical reasons I shall also refer to autobiography. Scholars have included diary and autobiography in the domain of life writing, and, from a generic perspective, they have focused their attention on autobiographical writing. Comparing both up to a certain point can lead to valuable observations in each field. The discussion of autobiographical writing is also motivated by the structure of John Bayley's memoirs that include autobiographical narratives. I shall tackle the restricted inclusion of illness life writing in the "arch genre" of the *I* (Hubier) and its different figures, but also its *You* oriented definition (Frank, *The Wounded Storyteller*).

What is then the correspondence, or divergence, between the personal life narrative—their narrative re-presentations, and the ethical otherness, the *I-Other* relation? What is the ethical grammar of encountering the suffering Other through the life writing act?

1. The “Arch Genre” of the *I*

Until recently, discussions about “self-writing” (Hall 2) or the “arch genre” of the *I* designating life writing and fictional writing in the first person, concerned emphatically the referent of the *I*, hypostasised as the author identical with the narrator recounting the author’s life; its “hypogenres” would be autobiography, memoir, and diary (Hubier). The self-writing genre, centred on self-exploration, seems to become the mode of embodying the experience of the self, implying the presence to one’s own self, the adherence to one’s own being (Gusdorf, *Les écritures du moi*), not just a representation of the self and body, but its vivid presentation; the embodied self is written, writes itself, accomplishing the continuity between self, body, and text (Hall). Still, while affirming the *I*, self-writing performs a relational act with oneself as an other (the *I* who reads himself/herself), with other readers (Gusdorf, *Les écritures du moi*). It opens towards a dialog with a whole community, and stands for a means of witnessing for others (Frank, *The Wounded Storyteller*; Goulet).

In the fields of diary and autobiography, two main theoretical positions are hence at odds. On the one hand, in a *centripetal* movement, diaries have been defined as an *I* centred, “autarchic” genre, where the *I* tends to be configured as isolated (the

imprisoned *I*, the ill *I*) (Girard; Aronson; Simonet-Tenant), profoundly inclined towards auto-analysis (Metzger; Amen), and revealing the genesis of self (Lejeune, *Les brouillons de soi*); autobiographical writing by the pretensions to individual autonomy and the capacity of the writing self to render past life coherent through the work of memory (Gusdorf, “Conditions and Limits of Autobiography”; *Les écritures du moi*, and Lejeune, *Le pacte autobiographique*). The autobiographical act is a means of interpretively construing and constructing personal life on the basis of cultural and social codes available to the individual (Bruner, “The Autobiographical Process”).

On the other hand, in a centrifugal *movement*, diary is ontologically grounded in the dialogical space opened by the presence of the Other; it is only when the other ruptures the autonomous self that diary becomes a necessity:

The diary becomes possible, and perhaps necessary, with the appearance of the Other, who disrupted the established mental order. Because of the Other and the questions he never stops asking me, I become my own interlocutor, in order to react to those disturbing influences that come from this absolutely separate partner apart, whose attitudes and behaviour are unpredictable. Such an encounter creates a need to settle accounts, not merely with the other, but with oneself. (Gusdorf, “Scripture of the Self” 116)

The Other has also infiltrated as subject or look at the diary. From a secret auto-analysis, through conversations and encounters with others mentioned by the diarist, one acknowledges the status change of the Other in diaries which affects the attitude, perspective of the diarist (Gusdorf, “Scripture of the Self” 124; see also Girard, for the other as “judge” of the diary).

Still, until recently, one can observe that in the end the Other is bracketed as the diary strives for recovering the self's integrity, reducing multiplicity "to sameness to which all selves conform" (Aronson 64), or, at best, becomes a reflecting mirror for the self: "Scriptures of the self are glosses on the *I*" (Gusdorf, "Scripture of the Self" 127; Rousset; Aronson). The most expressive figure of this movement is "autohospitality," the process through which a reflected-upon-self, separated, estranged, is re-assumed, received as otherness of the self (Montandon). The *I* is the only moral authority that seems to back the writing of a diary, as recognized by Felicity A. Nussbaum—a position that I intend to contest as it is menaced by the discontinuity between the past and present *I* in the absence of a daily record of time that would compensate for the fragility of memory, or, on the contrary, that would convey the very expressions of the *I*'s temporal fragmentation. Hence the diarist *I* seems to be in a perpetual crisis and battle for determination: "change may be the only constant in the daily depiction of self" (Nussbaum 134).

Consequently some theorists have considered the Other's presence as less consistent than that of a novel character. In spite of recognizing at a certain point of her study the openness towards the other, Béatrice Didier concludes by claiming that in diaries, "... the other does not exist.... has neither a face nor a body, nor a name" (178). At the same time the insertion of the Other as reader remains fugitive or, as Didier writes, "tolerated:" "We are far from the 'pact' that binds author and reader in autobiography The reader has infiltrated [diary] by fraud..." (167). Thus, the diary still remains a privileged place for the writing *I*.

Autobiographical writing, however, starting with feminist critiques¹⁶, has been the battlefield for the contesting view that claims a relational perspective not only for the autobiographical self, but also for autobiographical writing as such.

The main phases of this argument concern a pervasive problem in self-writing in general (especially autobiography and diary), the limits, status, and identity of the *I*.

What appears to ground a self-oriented autobiographical genre is the identity between the real author, narrator, and main character throughout an autodiegetical narrative (Lejeune, *Le pacte autobiographique*). The consequence for Philippe Lejeune is that the autobiographical overlap between author, narrator and main character seems to settle a non-problematic differentiation from biography (in which the author and narrator are distinct from the main character):

Here [in autobiography], there is neither transition, nor latitude. An identity is or is not. There is no possible degree, and any doubt triggers off a negative conclusion.” (Lejeune, *Le pacte autobiographique* 15)

The distinction between autobiography on the one hand, and diary on the other hand (non-retrospective narrative account), personal essay (non-retrospective, non-narrative account), and memoir (the other’s story) is, however, blurred by the genre “hybridization” whereby diary, memoir and essay fragments can be inserted in autobiography, and also by an extension of autobiographical writing as representative of life writing. The identity rule formulated for autobiographical writing seems

¹⁶ In female autobiographical writing the *I* is consistently related to the other, the male reader, reviewer, presence, or reference point for the female identity. For a comprehensive analysis of the main theoretical steps of the feminist approach towards recognizing autobiographical writing as the expression of a “relational identity” see Eakin (“Relational Selves, Relational Lives”) and his critique of the radical dichotomisation of life writing by gender studies, S. Stanford Friedman, James Olney (“Autobiography and the Cultural Moment”). As it is too far from the scope of my dissertation, I shall not tackle directly feminist studies of autobiography. However, throughout the analysis of the texts, I shall refer to several gendered aspects that might intervene in the relation to the suffering Other.

encompassing enough to be extended to intimate literature in general, and to constitute the “arch genre of the *I*”: “To have autobiography (and more generally intimate literature), there has to be identity of *author, narrator, and character*” (Lejeune, *Le pacte autobiographique* 15; see also Vitoux). Still, the question arises: how far can the *I* encompass the life writing genre?

The linguistic paradox unveiled by numerous scholars is that the *I* can refer to himself/herself as the main character and the narrator of the story but is expressed and addressed by all the personal pronouns “I/we,” “you,”¹⁷ “he/she/they” (Lejeune *Le pacte autobiographique*; *Je est un autre*; Didier; Hubier). Moreover, the first-person expression can throw doubts on the identity of the *I*.¹⁸

Ochs and Capps, Sidonie Smith and Julia Watson (*Reading Autobiography*), Peter T. F. Raggatt, and John Barresi talk about the heteroglossical narrating self, referring to the social polyphony that underwrites the narrative instance, the multiple voiced narrator analyzed by Mikhaïl M. Bakhtin (*Esthétique et théorie du roman*). The realm of the *I* is anything but homogenous and limited to the contours of an autarchic subject (Charon, *Narrative Medicine*). Appealing to postmodern theories of the subject’s deconstruction, some scholars have already pointed towards the de-centering, fragmented, fluid, and multiple autobiographical and confessant self (Loureiro; Halse; Gill; Charon, *Narrative Medicine*). The *I* unfolds in autobiographical writing in a polymorphous manner as the past narrated *I* and the present narrating *I* made up of heterogeneous figures and voices, the outside-

¹⁷ Lejeune (*Le pacte autobiographique*) has identified this type of writing especially in fictional literature; still he notes that autobiographical references to the *I* through the second person is at least fragmentarily present in predominantly first person accounts.

¹⁸ Lejeune (*Le pacte autobiographique*) refers to the problematic identity of the *I* in quotations, long distance talks with low or no checking possibilities of the identity of the speaker, and finally to writing.

text/inside-text *I* (Lejeune, *Le pacte autobiographique*), the historical, concrete *I*/narrating and narrated *I* (subject of enunciation/subject of utterance), the “‘ideological I,’ ” itself a multiple *I* articulated by continuously transforming and conflicting ideologies of identity (Smith, qtd in Smith, *Subjectivity, Identity and the Body*). Thus narrative voice in autobiographical accounts might sound as a confusion of the voices of *I* (Lejeune, *Je est un autre*). Autobiographical identities, as “self-interpretations,” are rooted in the cultural and social rhetoric of self and human nature; autobiographers are addressed by and address the reader through a public discourse about self, strategically handling their “presentations of self” ’ for the reading other (Bjorklund). The basic dimensions of autobiographical writing—i.e. memory, identity, experience, and embodiment—manifest an intersubjective relating to the other (Smith and Watson, *Reading Autobiography*; Watson and Smith, Introduction). As far as it is grounded on self-memory, identity is intersubjectively formed. Hence, autobiographical identity cannot be anything else than dialogical, collaborative, an intertextual fabric of the self-story that narrates himself/herself through reference to cultural and social discourses, models of subjectivity and identity, to

textual others ... historical others, the identifiable figures of a collective past
 ... contingent others who populate the text as actors in the narrator’s script of
 meaning ... significant others, those whose stories are deeply implicated in
 the narrator’s and through whom the narrator understands her or his own self-
 formation. (Smith and Watson, *Reading Autobiography* 65; see also Smith
 and Watson, Introduction; Lejeune, *Les brouillons de soi*)

Ultimately autobiography is *relational*, as far as identity itself is relational; the very fact that autobiography is embedded in a certain cultural discourse of what

personhood is, obliges individuals to continuously negotiate their selfhood definitions, which starts with the narrative formulas learned by children in their families (Eakin, “Relational Selves, Relational Lives”; 1998b). “Relational lives” (Eakin, “Relational Selves, Relational Lives”; “The Unseemly Profession”) or, for Couser (*Vulnerable Subjects*) collaborative auto/biographies written about close-others or *proximate* others, and “as-told-to” autobiographies, disconcert the reader. They are instruments for exerting power, but at the same time may constitute the privileged display mode of the Other’s story–, sometimes in an explicit deterministic way: “the space of autobiography, the space of the self, is literally occupied by the autobiography and self of the other” (Eakin, “Relational Selves, Relational Lives” 71). The extreme case of “relationality” is literal “autobiocopy,” where one’s own biography is, as a matter of fact, the copy, imitation of another’s life, not just one element of a conventional, codified series of the life narrative model (Lejeune, *Les brouillons de soi* 14, see also “L’Autobiocopie”).

Scholars converge thus towards highlighting the definition of autobiography as “heterography” located at the discursive nexus of referentiality, address, rhetoric, and ethical stances (Loureiro). The reflected self becomes eventually an-other: the e-stranged self. From this stage, the door is opened to transcending oneself towards another *I*, a different subject from the authorial *I*. It is the interstices of the self’s disruptions, questionings, fragmentation that create the space for the Other’s insertion, the insertion of the Other’s autobiography and biography in one’s own autobiography (Eakin, “The Unseemly Profession”; Gudmundsdottir).

Writing one's own experience in an autobiographical account implies relating to the Other. Illness and disability autobiographies are among the most indicative of this aspect that may enable the narrating *I* to relate to the "community of sufferers" (Juárez 133; see also Frank, *The Wounded Storyteller*) through using the pronoun *we* instead of *I*.

In a reversed movement then, if references to the *I* are possibly expressed through all grammatical persons, one can legitimately ask whether references to the Other could not be implied in the grammatical and narrative expression of the *I*. Furthermore, one is confronted with a variegated linguistic and narrative presence of the Other, the same way as the *I* can be expressed through all the grammatical persons and through different structures that usually would be associated with the Other's identity. Gertrude Stein's *The Autobiography of Alice Toklas* has been considered the reference for "the work of otherness" (Watson, "Shadowed Presence" 185) where the first person account tells the story of Alice Toklas written by Stein, a seemingly disguised biography of Alice Toklas written in the first person instead of the third one, but where, in fact, Toklas, the explicit narrator, recounts Gertrude Stein's life authored by Gertrude Stein (Cavarero). What puzzles the reader is an implicit process of "making it [Gertrude Stein's life-story] told by another; by Alice, her friend and partner, her lover," by another's voice, of staging Gertrude's self desiring for a narration that cannot be accomplished without the Other, the "necessary other ... who watches Gertrude and tells her story" (Cavarero 82-83).

The domain of the writing *I* is multifaceted and polyphonic, hence opening the horizon towards an ethical dialog with the Other.

2. I-Other in Pathographies

My intention is to uncover the modes of this ethical dialog with the Other in illness narratives. So far, narrative scholars have been concerned especially with the writer-reader (teller-listener) meeting in the text (Keniston; Zoloth and Charon, 2002; Radley, “Illness Narratives”). Through the medium of “vicarious imagination” readers can experience the lives textured in illness narratives (Marshall).

Thus non-fiction personal writings have been considered as moral attitudes, as “acts of *remoralization*” (Frank, “Moral Non-fiction” 176). It is a dialogical test of one’s own moral free stance that requires the response of the Other—the reader. Still, this very moral stance engaging the reader implies a deeper relation to those whom the writing is about. Frank (“Moral Non-fiction”) shows that narrative is a technique which avoids formulating any conclusion about lives, and keeps open the horizon of the future. Writing becomes a medium of performing morality. Narrative-experience relationship is that of homology: narrated intimate gestures of caring—like washing a disabled child—sensitize the parental narrator to his own experience as compassionately attending to the Other, and the world to the experience of the child; experience inflects in a narrative way following what Cheryl Mattingly (*Healing Dramas and Clinical Plots*) defined as the narrative structure of social action. As she showed in her analysis of clinical encounters, the narrative plots emerge from interactions between occupational therapists and patients, from dramatic negotiations and interchanges between clinicians and patients within the temporal frame of the therapeutic session.

Hence, what writing performs is an invariable reiteration of speech (*dire*), of language expressing an ethical stance. In one of his interviews, Levinas identifies the fundamental ethics with writing, for writing functions as an invariable form of speech (*dire*) “already verse, already texture of the text, already citation, already solicitude, already revelation” (“Entretien avec Emmanuel Lévinas” 19), already call for attentiveness to the Other. Not only the verbal, sacred utterance, menaced by the ending of its breath, is materialized in a scriptural memorabilia (Gusdorf, “Scripture of the Self”), but, as in Marguerite Duras’ work, “the sacred is in the writing which extends the body, feeds on its suffering” (Danou 4). Language is able to convey experiences that point to our vulnerability, fragility, often situated at the prelingual level, like pain, unspeakable fears, bearing so much of the heaviness of our being that they spill over into linguistic expression (Charon and Spiegel).

Hence, discourse and writing are primeval modes of expressing the intersubjective relation. They are means of witnessing not only for oneself, but also for the Other, for a whole community, where the self-story becomes a metonymy for a social life-world (see the case of testimonial writing, *testimonio*, in Beverley; Tierney). And I have already seen with Frank that illness, and suffering narratives accomplish an embodied communicative act that binds the writing *I* and the reader in an ethical community; illness narratives cannot be reduced to social and cultural constructs, but convey and share an embodied suffering condition.

But so far, the temporal aspect of the ethical relation to the other has been a relatively rare topic in life narratives studies. To be mentioned here is Ángel Loureiro who invokes the address of the autobiographical *I* to the Other as reader or witness to

a remembered event. However, the Other's role is not limited to a certification of one's own memory, it is the Other's responsibility that is called upon, and so memory itself performs a responsible act towards the Other: "Memory ... is not simply marked or haunted by the other, but it is also addressed to the other, it is for the other" (97-98). Still, the analysis proposed Loureiro concerns the responsibility of the reader addressed to take a position (the political responsibility). What I intend to elicit is the work of memory and temporality in illness memoirs *ordered* by the other's suffering, by his/her authoritative presence that asks to be written and remembered, for an ethical stance. I shall approach memory in its capacity to restore dignity (Hacking).

What in fact triggers writing pathographies? One of the *incipit* mechanisms of autobiographical writing is "coaxing," a compelling act that solicits autobiographical writing, the request for life writing addressed by authoritative instances or individuals ("the coaxers") to possible narrators (Plummer qtd. in Smith and Watson, *Reading Autobiography*).

If one takes on the position of the reader outside the text, pathographies call upon our questions on caring in real life situations:

when such a person is in a so-called persistent vegetative state ... should family members be encouraged or not try to communicate or worry about pain? Can such individuals still hurt, hope, dream? If neurological substrates are destroyed, are there any grounds for hopes or for talk? Are there any similarities to someone who is 'locked in' yet alert and still quite alive? (Zaner 193)

Illness and suffering narratives act upon us, responsive and responsible readers, as authoritative instances; they are our "coaxers" to witnessing illness and

suffering, “coaxers” at a second degree, however. The primordial authoritative instance to compel illness and suffering narratives is the sufferer and his/her embodied tale that marks the rhythms of his/her self-memory and remembering, an expressive call for attentive listening. In the presence of the suffering Other we are asked to be attentive listeners of the here and now unvoiced tales of the body-selves, their plight and necessities (Charon, *Narrative Medicine*), their memory, an expressiveness that verges on the interval where the untold shifts into the told. Through his/her very expressive presence of life, the sufferer obliges us to an answer that can take the form of writing: writing the Other’s suffering, an experience bestowed upon *par excellence* with the authority of “real life” as the source of any story (Benjamin). The Other’s experience constitutes not only an experiential moment in the written narrative, integrated in the author’s narrative, but triggers an encounter in the horizon opened by what can be narratable (Mattingly, *Healing Dramas*; Frank, “Moral Non-fiction”). Experience is narratable because our life itself, and others’ lives are narratively lived out and understood in a storied manner; narratives are not post-experiential forms of understanding, but constitutive of our life: “Stories are lived before they are told...” (MacIntyre 212).

I intend to show that it is the narratability condition of any body-self, the embodied narrative memory untold yet, that *constitutes* the expressive story, “‘locked in’ yet alert and still quite alive” (Zaner 193), that asks for a telling (writing) to witness its very narratability, for listening to a silent story and telling it for the Other.

CHAPTER 4

WHAT METHOD FOR THE ETHICS OF ILLNESS NARRATIVES?

The recent growth of illness life writing has been considered to constitute a new genre articulating the “previously unmet need among the public to know about illness experience” (Radley, “The Aesthetics of Illness” 779). Illness narratives have been linked to the general concern with health and illness as an expression of the self-control of and responsibility for one’s own body: in this context, bodily impairment disrupts the managed body and asks for either an active reconquest or an artful form of translating its anxiety (Couser, *Recovering Bodies*). Illness life writing is then a mode of reasserting life significance and identities (see also Hunsaker; Frank, “Moral Non-fiction”). It is one form of the narrative constitution and restitution, through the narrative memory, of identity, of self. Moreover, the very act of writing and remembering a life narrative performs the preservation and restoration of a disrupted self; it is a means of countering the debilitating effects of trauma and illness (Henke; Mills). Finally, narrative writing adjourns an anticipated death, “writing works against death” (Danou 114).

However, as I have seen in the preceding chapter, a pervasive concern that emerges as an explicit or implicit theme of illness narratives is the ethical stakes as mode of the intersubjective relations, that is the meaning illness experience has not only for the suffering self, but for the close others, or for the community of readers.

Moreover, the problem of authorship has developed in an ethical turn of the so-called “narrative turn” in social sciences. Until recently scholars have seen authors as subjects empowered with a “given authority over the life that is written about... an authority that is given by the very conventions that structure the writing or telling of the story in the first place” (Denzin 42). Consequently, the clear-cut problem one has pointed at was the risk of misrepresentation when someone else tells a story for another who had told his/her own story.

No doubt, this problematic point had to be indicated. But so far, scholars have been quite limited, not to say oblivious, in offering the instruments to discern between what might be a relevant or authentic representation of the other, or his/her misrepresentation. The very problem of voicing the other floated in a methodological vacuum.

It is in order to compensate this void that I suggest the use of narrative voice, as a way out of a methodological dead-end, as the most appropriate way to reveal the ethical stance in illness narratives.

Narrative Voice, Telling the Other’s Illness: The Forgotten Stories of Illness Narratives

As pointed out by Lars-Christer Hydén studies of illness narratives have been mainly concerned with either understanding the “reality ‘behind’ the narrative [with] ‘*what*’ is said” (50; italics in the original), or with “*how* people talk and present” (50)

the experience of illness. However Hydén suggests a path towards transcending this distinction: formal aspects of narratives articulate the illness experience at the personal and social level (see also Radley, “The Aesthetics of Illness”). It is this view that I will adopt throughout my effort to uncover narrative mechanisms that perform an ethical intersubjective relation to the suffering Other.

One of the most important concepts in medical sociology has been chronic illness as “biographical disruption” launched by Michael Bury in 1982. His analysis puts forward the disruptive effect of chronic illness on individuals’ everyday lives, their meaning structures, their biographies, self-concepts, and, if we pay attention to the “narrative quality of lives” (Gubrium and Holstein 163), on personal narratives. Thus, from a narrative point of view, “biographical disruption” would correspond to the “turning points,” transformation moments or “*epiphanies*,” critical or “significant events” which radically change individuals’ lives and which govern autobiographical and biographical texts about lives (Denzin 22). With chronic illness, pain, suffering, and death emerge as factual possibilities. Chronic illness interrogates common sense, the taken-for-granted social relationships and statuses, individual autonomy, and life-projects. Disease causation from a medical perspective finally conflates with the interpretation of meanings from a personal life view (regarding what event or action from the past could be related to the onset of the disease), and often, from a moral perspective (Bury).

But, as Simon J. Williams observes, the theme of “biographical disruption” does not go without saying. The onset of illness does not necessarily mean disruption. If seen through the lense of a whole life trajectory of disability (starting from early

childhood and birth), illness episodes are elements of biographical continuity and “*confirmation or reinforcement*” (Williams 50; italics in the original). Moreover, if one pays attention to the age, class, gender, and ethnic differences, illness may have the connotations of “ ‘normal’ crises” (50) events, something to be expected, anticipated, in the context of life-long difficulties, hard work, or social definitions of the “life clock”: “*timing, and context, norms and expectations, alongside our commitments* to events, anticipated or otherwise, are crucial to the experience of our lives, healthy or sick, and the meanings with which we endow it” (51-52).

In a radical way, Williams finally interprets “biographical disruption” as a *cause* of illness genesis: life narratives retrospectively construe life events (accidents, work conditions, social and power relations) as “causal factors” (50) in the aetiology of illness. Drawing on the arguments of the sociology of body and emotions, Williams focuses on the “emotional expressive body” (55), a catalyst of emotions as responses to radical changes in the course of life (in the day-to-day routinised activities or in intentional projects and plans). From this perspective, situated in “embodied biographies” (54), emotions have a profound “pathogenic effect” (54), which, however, can be shaped through the social medium of social support, social conditions and structure. When placed in the context of late modernity, biographies are subject to continuous reflexive revisions and re-evaluations depending on the multitude of available lifestyles and the plurality of values and choices.

One cannot help asking then, what could be a possible answer available to the sufferer confronted with the onset of illness, with suffering, with bearing illness in its disruptive or predictable, normalized aspects? Situating illness genesis in the horizon

of one's life history and life narrative is suggested by Williams, a solution that has been largely explored by scholars of illness narratives, and that I intend to follow. As put by Trisha Greenhalgh and Brian Hurwitz, "the onset of ... disease is inextricably embedded in a narrative structure" (49).

In the first chapter I showed that scholars have located the experience of suffering at the nexus of existential domains—themes affected by suffering and pain, namely embodied condition, temporal and spatial lived situations, language, memory, self and self-narratives, expressive discourses.

However, if I turn specifically to the relationship between narrative and suffering, narratives are not just one existential domain of suffering among others. Pain and suffering paradoxically obstruct objectification through language, but at the same time dominate verbal expression (Scarry; Good, "A Body in Pain"). Following the arguments of Hannah Arendt—see also Mattingly ("The Concept of Therapeutic Emplotment") and Jackson ("The Rashomon Approach")—, suffering is a necessary condition of narratives. Starting a new action means disclosing oneself through speech as an actor-subject ("who" we are), inserting one's initiative into an already existing web of social relationships, confronting obstacles and resistance, beginning a unique life story that intersects others' life stories, becoming actor and sufferer of one's life story: "Somebody began it and is its subject in the twofold sense of the word, namely its actor and sufferer..." (Arendt 184).

Thus suffering and pain trigger the narrative search for making sense of illness experience, the interpretation of its ruptures, transformations or continuities throughout biographical trajectories, an already significant history that casts meaning

upon illness episodes (Kleinman, *The Illness Narratives*). Conversely, illness narrative “does not merely reflect illness experience, but rather it contributes to the experience of symptoms and suffering” (Kleinman, *The Illness Narratives* 49; see also Good and Del Vecchio Good, “In the Subjunctive Mode”). For Good, the very experience of illness is endowed with “narrative qualities” (“The Narrative Representation” 164). He enumerates five narrative features of illness. First, knowledge about illness is conveyed by storied experiences of other sufferers, by accounts of medical staff or healers, hence illness is structured around stories. Second, stories shape experience and stock it in a corpus of stories that remembering and storytelling acts revive; they make “past experience available to sufferers themselves” (164). Memory rediscovers past experience. However, I argue that the narratable remembering not only unveils past, but also transforms the very experience of present illness. Third, the open endings of narratives and the sufferer’s multiple interpretations are expressions of the human teleological orientation towards the future, of the human trait of engaging in life projects: “Narratives are organized as predicament and striving and as an unfolding of human desire” (164). Fourth, the sufferer is involved in the illness experience as the reader of an ongoing story, confronting the unknown, awaiting outcomes, hoping, judging, reinterpreting events and actions, striving for a comprehensive meaning that would explain discrete episodes. Fifth, illness and story refigure reality; both make the mysterious, non-ordinary irrupt through the rifts of conventional thinking, unlocking the creative interpretation of the “reading” sufferer, offering him/her the instruments to tame the accidental. The sufferer is reading his/her own experiential text.

Since I have pointed out the specificity of illness narratives and their relation to the suffering experience, it is time to ask which are the appropriate instruments to analyse and interpret illness narratives, while keeping in mind that our ultimate purpose is to identify the narrative mechanisms that constitute the intersubjective relation to the suffering other.

Configurative definitions of illness narratives are modeled on narrative studies that argue for the coherence of a plot constructed around a beginning, middle and end. Plot is defined as a “thematic thread” organizing the events of the narrative in a causal, temporal totality in function of an ending (Polkinghorne, “Narrative Configuration” 5; see also Mattingly, “The Concept of Therapeutic Emplotment”; Charon, *Narrative Medicine*). Emplotment sets in motion human actions within a temporal frame and along a “temporal sequence, human motivation, chance happenings, and changing interpersonal and environmental contexts” (Polkinghorne, “Narrative Configuration” 7). From this perspective, illness narratives are means of reframing a disrupted time (Hydén). Particular events and episodes are interpreted from the perspective of the whole story (Mattingly, “The Concept of Therapeutic Emplotment”).

Therefore, the dramatic and temporal structure of the plot has been one of the main topics scholars approached in illness narratives studies.

For Kenneth J. Gergen and Mary M. Gergen, individuals construct “self-narratives” (“Narratives of the Self” 255) through the attempts at retrieving coherent sequences among life events. Directionality towards a goal is one of the basic means

of structuring accounts of actions and life experience along the positive-negative evaluation of the episodes of accounts:

To succeed as a narrative the account must first *establish a goal state* or valued endpoint ... establishing the value of a protagonist's well-being, the destruction of an evil condition, the victory of a favored group, the discovery of something precious, or the like. With the creation of a goal condition, the successful narrative must then *select and arrange events in such a way that the goal state is rendered more or less probable*. (Gergen and Gergen, "Narrative Form" 25-26; italics in the original)

Depending on the progression/nonprogression towards a goal, three basic narrative forms have been identified: the "*stability narrative*" in which the trajectory of protagonists, their self-images and concepts remain relatively unchanged as far as the evaluative considerations are concerned; the "*progressive narrative*" where "one steadily progresses toward a goal" (Gergen and Gergen, "Narrative Form" 27), and the "*regressive narrative*" in which "one is continuously moving away from the valued state" (27). Alternations between progressive-regressive-stability punctuate each case: progression followed by regression render a tragic outcome, regression followed by progression render the comedy-melodrama case, the progressive followed by stability narrative figure the "happily-ever-after myth" (260), and successive alternations between regressive-progressive stages constitute the romantic narrative.

If one considers the relations among events, the expressive dimension of narrative comes to the fore, namely the ability to induce dramatic tensions, emotions and feelings, "*dramatic engagement*" (Gergen and Gergen, "Narratives of the Self" 261). Its components are: "the *acceleration of the narrative slope*" (Gergen and

Gergen, “Narrative Form” 28), and “the *alteration in the direction of narrative slope*” (30; from a high position falling down to a very low one in tragedy). Suspense is created when the protagonist is pursuing an intended end, but is threatened by setbacks endangering the anticipated outcome.

Drawing upon both Seymour Chatman’s concept of “narrative macrostructure and typology” of plot (Robinson 1175), and on Gergen and Gergen’s (“Narrative Form”) temporal frame, Ian Robinson identifies a threefold temporal macrostructure (*stable, progressive, regressive*) in illness accounts of people suffering from multiple sclerosis. His aim is to identify the temporal juncture/disjuncture points among the biomedical trajectories of disease, the personal accounts (life stories, autobiographies) of illness and the social career of sickness.

In her analysis of “therapeutic emplotment,” Cheryl Mattingly (“The Concept of Therapeutic Emplotment” 811; see also *Healing Dramas*) argues for the narrative constitution of experience and social—and therapeutic—action, following Paul Ricœur’s view on the correspondence between the temporal structure of life and the temporal order of narratives, noting that both are based on the plot structure. This does not mean imposing a controlled coherence upon lived life: various plots and subplots can be lived at the same time, leaving the door open to “possibilities, rather than certainties” (“Performance Narratives” 75). Engaging in an action means, for Mattingly, to strive for an intended direction, goal, ending, “to make certain things happen” (“The Concept of Therapeutic Emplotment” 813), to make others participate in one’s actions. Six features of narrative time are developed in her approach and considered in the context of occupational therapy sessions: 1) events unfold and

become meaningful as parts of a temporal whole, the integral figure of plot with beginning, middle, and end, while at the same time they maintain their particularity, their “vividness” (“The Concept of Therapeutic Emplotment” 813); 2) narrative time is triggered by human actions and motives, by interactions among actors; 3) the discrepancy between a present state and a desired one prompts the actor-protagonist to pursue an ending that would fill in the “gap” between present and the desired project (813); 4) narrative time is riddled with changes, “tricks and reversals” (814) in a non-linear way; 5) conflicts, obstacles, enemies, difficulties, interpose between actor and his/her goals, cause the suffering of the actor eliciting a multitude of perspectives, conveying the dramatic tension of the narrative; 6) therefore, uncertainty, doubt, suspense, surprise about the outcome are expressive of the temporal fragility of lived life and its meanings, suspended between a possible, unknown future, and its interpretive reflections upon present and past.

The main focus in Good (“The Narrative Representation”) and Byron J. Good and Mary Jo del Vecchio Good is precisely on the “subjunctivizing tactics” (Good and Good, “In the Subjunctive Mode” 839) that epileptic sufferers and their caregivers use in their narratives legitimizing hope for cure and sustained search for care. Endings are “hypothetical; outcomes which were feared were juxtaposed against those desperately hoped for. Beginnings and previous experiences were subject to re-evaluation...” (“In the Subjunctive Mode” 837). Based on Wolfgang Iser’s reader response theory, the authors identify the suffering teller of the illness story with its own reader, striving for actualizing the potential meaning of a story, his/her own illness story, “synthesizing” (838) the elements of the story (perspectives, actions, past

and unfolding events), filling in the gaps in meaning, understanding and transforming himself/herself through the act of reading (see also Good, “The Narrative Representation”). The uncertainty about the ending of illness supports the definition of the teller-reader of illness narratives as reader of a “ ‘virtual text’ ” (838). The authors underscore however that comprehensive aspects of illness narratives do not exhaust their complexity; tellers are engaged in “subjunctivizing reality” (838), the reality of seeking cure in spite of unsuccessful treatments, and keeping an open horizon towards desired outcomes, towards any possibility of healing, even a mysterious one in an undetermined future. Two techniques are specifically illustrated in the study: 1) maintaining the plurality of sometimes conflicting perspectives and readings of illness episodes (the narrator, the religious healer or the physician’s point of view juxtaposed in the same account of the sufferer); 2) representing “encounters with the ‘mysterious’ ” (840).

Nonetheless, “subjunctivizing” is not the only means of construing, eventually “coping” with endings. Oncological practice and the condition of terminally ill patients are among the most problematic contexts from this point of view.

Comparing two local cultural dominant models of managing endings (the American and Japanese), del Vecchio Good et al. highlight the differences between two therapeutic narratives among oncologists. The American model is concentrated on the immediate experience in a step-by-step framing of time and close future, while long-term horizons are blurred. Specific metaphors reinforce the significance of the immediacy of the struggle with illness. In the Japanese context, concealing diagnosis

is the most frequent tactic until an aggravated stage. Here too, multiple perspectives adapted to different audiences, explicit or silent narratives, frame the narrative plot.

Based on the same reader response theory mentioned above, Hydén shows how the ill person's story is voiced from an inner perspective, from the vantage point of the ongoing suffering. The sufferer's voice contrasts with "the voice of the healthy" (62) who looks at illness either as a strange entity that threatens to invade personal life, or as an unfortunate past event. However, both voices can be intermingled in the sufferer's story, leading to a double-voiced narrative.

Insisting on the meaning-endowing value of narrative endings, Catherine Belling shows how the sufferer becomes the author of his/her final chapter through writing terminal illness stories. Following Gérard Genette's (*Figures III*) analysis of narrative discourse, Belling suggests that the "strategy of *proleptic narrating*" (151) can be a possible way. Modes of temporal dissonance that intervene in the "present," "the moment of the story where the narrative discourse has been interrupted to make place" (Genette, *Figures III* 89) for a more or less remote moment in the past or in the future, *analepsis* and *prolepsis*, refer to the ulterior account of a prior event, and to the anticipating account of a subsequent event with respect to the present moment of the story where one is situated.¹⁹ So, in order to transcend one's own ending, and become its author, Belling claims that it is possible to go beyond the moment where "the narrator stops narrating" (151) and asserts that "the advance directive and the living will are verbal acts that can be narrative and are always proleptic" (151). The

¹⁹ It is important to note the distinction that Genette makes between story, *diegesis*, the unfolding of events accounted for, and narrative discourse or narrative text accounting the story.

injunction addressed to a close other to write the end, as the sufferer would, actively determines the conditions of the end.

Drawing attention to the limits of the emplotted structure of illness narratives, Alan Radley (“Illness Narratives”) signals the breaks, gaps in narrative discourse, that appear in accounts of illness. Illness narratives do not only consist of first person accounts of suffering and pain. Third-party accounts break through the silence of suffering to reach the reader or listener, but only if suffering and pain can be “shown again” (254), portrayed, re-presented, and recognized as the suffering and pain experience of the person in pain, which is displayed, showed in an other, initial moment. For Radley, “the world of suffering” can be presented, “*figured*,” “alluded to through their effects and through the way that people deal with their consequence,” but not explained (255). Fragments of the pain and suffering world displayed in illness narratives become “exemplars” of this world (256); they make the world which sufferers bear appear for readers or listeners. Hence, what is communicated through suffering accounts is not merely a meaning, nor just the “how” of the experience, but, in an aesthetic way, from horror to healing, the fact “ ‘that it is what it is’ ” (256). Such appearances can be seized in a witnessing act to the other’s suffering and presence, when suffering is recognized for what it is and the very act of witnessing made apparent. Then, the narrative order is interrupted by essential brief descriptions that give us a glimpse into the witnessing act. The narrative devices that can portray, or re-present suffering in this way are metaphors, allusive words, the display of contradictions, silences, and evocations. In spite of their “intruding” character in the narrative configuration, such “non-narrative” (260) devices are complementary to the

sequencing of actions, motives, and endings: “Representations of actions and events presume description, because even the simplest sentence involves some statement of thing or attribute” (260).

As I have seen throughout my presentation, a plurality of perspectives intervenes in the narrative configuration of experience. But the multiplicity of viewpoints refers not only to the multitude of actors implied in the plot, but also to the dialog-conflict between inner perspectives of the same actor. Jackson refers to the “shifting-persona narrative” (“The Rashomon Approach” 824) in the narrator’s attempt at construing intractable chronic pain that seems to elude any meaning. Pain narratives are devices meant to reconfigure not only textual stories, but also the illness experience itself, to render it acceptable, to “tame” the pain. Conflicting positions can be assumed by the narrator-protagonist in the effort to understand pain, reflecting in an “experimental narrative ... the currently confused lived world of this particular chronic sufferer” (Jackson, “The Rashomon Approach” 830). Nevertheless, I would ask, does the problem of perspective elucidate the narrator’s stance, the narrative persona? And how is perspective narratively “conveyed” in the context of an embodied pain narrative? What would be the discourse of “perspective”? How much does it depend on the reading effect (Fludernik, “New Wine in Old Bottles?”) on the reader, on the sufferer as reader?

Few scholars have explicitly approached the problem of narrative perspective, however. Moreover, they still lack the appropriate narrative concepts to address its pertinence. The play of perspectives and different readings is viewed as a mode of “subjunctivizing reality” (Bruner, 1986 26; qtd. in Good, “The Narrative

Representation” 153) through competing stories and interpretations, and not as a specific, “autonomous” category of narrative analysis. The shift in perspective-persona, is analyzed by Jackson at the level of logic contradictions throughout an open-ended interview with a chronic pain sufferer. At the same time, neither Mattingly, nor Good and del Vecchio Good et al. identify the narrative devices that must be studied when approaching this topic. As for the problem of narrative voice in illness narratives, it has recently become a capital matter with respect to the authentic re-presentation/misrepresentation of the sufferer. Who can claim, except the sufferer himself/herself, to voice suffering from the inside (see the above presentation of Hydén)? Here lays, in fact, the problematic point that necessitates the clarification between the category of voice and perspective and the examination of their pertinence for the study of illness narratives. For Hydén for instance the inner perspective (the “vantage point”) amounts to the inner voice, and the outside perspective to the outside voice (61-62). Moreover, he approaches illness narratives as being exclusively told by the sufferer himself/herself. What about illness narratives told about the sufferer by someone else?

Though Alan Radley finds an elegant solution to the problem of re-presentation of suffering in illness narratives, the very solution illustrates the lack of concern related to the problem of narrative voice: who is talking throughout the account; who expresses the account of suffering and pain, and whose voice tells the suffering story, or disconcerts the reader-listener through picturing suffering? Whose voice witnesses the sufferer’s experience and how does the witnesses’ voice relate to the sufferer’s voice? How does one become transparent for another?

Moreover, as I have already indicated, suffering is the necessary condition of narratives and affects the very storytelling capacity of a subject. While impinging on the narrative dimension of human being, suffering also disrupts the self-memory narrative, leading to the “loss of self.” Therefore it may be difficult to accept that suffering as “loss of self,” as loss of self-memory narrative might be portrayed, figured through non-narrative means. How is it possible then to make “appear” the witnessing act to the loss of memory, to the loss of the narratable self as it is? What are the narrative means to accomplish witnessing? I argue that narrative voice articulate the intersubjective relation to the other suffering the loss of remembering, the dissolution of his/her narratable self. Therefore, the analysis I will undertake aims at revealing how narrative voice performs this relation.

Rita Charon is the only one to have explicitly referred—though very briefly—to the problem of narrative voice in clinical encounters and fictional narratives (*Narrative Medicine* 118). However, she does not undertake any analysis based on this category. She discusses both focalization and narrative voice from Genette’s (*Figures III*) point of view and includes both topics in the same section dedicated to the “narrator,” which contravenes the distinction that Genette established between the question concerning “*who sees*” in a narrative text and questions concerning “*who is the narrator*” and “*who talks*” (*Figures III* 203; italics in the original). As I intend to show further, this distinction is problematic and demands further examination.

In what follows I shall take up the task of uncovering the complexity of narrative mood and narrative voice and demonstrating their limits if maintained in a structuralist frame (see Genette, *Figures III*). I shall examine whether the discussion

of narrative perspective from an ethical stance is relevant for the study of illness narratives.

The texts I intend to analyze are Frank Davey's diary *How Linda Died* and John Bayley's memoirs *Iris: A Memoir of Iris Murdoch*, and *Iris and her Friends: A Memoir of Memory and Desire*. The main subject (protagonist) of Davey's diary is Linda, Frank Davey's wife, who suffers from brain cancer. This eventually fatal illness affected Linda, and as I shall show Frank too, at the level of all existential domains mentioned above. In Bayley's memoir *Iris: A Memoir of Iris Murdoch*, though the title announces the "memoir of Iris," the text recomposes also fragments of the relation between John and Iris (his wife, the writer Iris Murdoch), before Iris' diagnosis with Alzheimer's disease and during the first stages of illness. The second memoir, *Iris and her Friends: A Memoir of Memory and Desire* is written during the last stages of Iris' illness until her death. Nonetheless, the memoir conflates the present illness episodes with John's autobiographical retrospection.

The inclusion of diaries within narrative literature might be questionable. This is so because, following the more or less systematic daily records, diaries are far from taking on an emplotted structure. However, Shlomith Rimmon-Kenan argues for the inclusion of the diary in the narrative form since it respects the basic definition of narration, i.e. verbal communication between an addresser (narrator) and addressee (narratee), of a succession of events (happenings): "The writing of a diary or a letter is thus a form of narration, although the one who writes it may not intend to or be conscious of narrating" (*Narrative Fiction* 90). Though she applies this definition to narrative fiction, Rimmon-Kenan affirms that "some of the procedures used in the

analysis of fiction may be applied to texts conventionally defined as ‘non-fiction’ ” (3), in this case, Davey’s diary.

In order to grasp the mechanisms through which Linda’s and Iris’ illness stories can articulate an intersubjective relation to the suffering Other, I intend to formulate my analysis in the context of an ethical approach²⁰ based on Emmanuel Levinas and Paul Ricœur. The main argument will be constructed around the redefinition of narrative voice from an ethical perspective. Thus, I shall uncover the way narrative voice is a means of ethically responding, witnessing, the Other’s suffering as loss of narratable self-memory and identity; writing the diary or memoir of the other is viewed as a means of ethically facing the Other’s suffering, of intersubjectively compensating for her “loss of self.”

Still, as the aim of my analysis is to explore narrative voice, the starting point of my discussion is Genette’s approach to narrative discourse, a fundamental narratological study that caused tense debates around the categories of narrative mood (especially focalization) and narrative voice (*Figures III*).

²⁰ Though common in the social sciences, I shall not use thematic techniques that do not reflect temporal aspects of narratives and that decontextualize fragments of accounts (Mishler). Neither shall I situate my analysis within an interpretive model, seeking “structural-objective factors that have shaped” the individual’s life (Denzin 56).

Analytical steps

1. The Descriptive Step

Using Hydén's typology of illness narratives, I shall identify the type to which the texts of my corpus belong.

2. The Interpretive Step

I can affirm for the moment that the originality of my approach consists in considering elements of narrative voice as fundamental for the study of illness narratives, but most importantly, for the possibility of telling the suffering Other's story, for intersubjectively relating to his/her suffering experience.

Typology

From a formal point of view, following "the relationship between narrator, narrative and illness," Hydén (54) identifies three main "*types* of illness narratives: illness *as* narrative, narrative *about* illness and narrative *as* illness" (54; italics in the original).

The first one can be based on the identity between narrative, narrator and illness. Narrative has the function of expressing and articulating illness; narrative is

the medium through which illness affects life, “illness *is* the narrative” (54; italics in the original). It represents illness episodes and formulates the issues illness poses to the ill. Thus the narrative construes the emerging problems and offers paths towards coping with or solving them.

The second type refers to narratives conveying knowledge about illness. Hydén discusses the case of medical knowledge. However, I consider that “narrative *about* illness” is manifested in different forms, from the common sense narratives circulating in the universe of everyday life to cultural narratives about illness (Good, “The Narrative Representation”), para-medical universes and layers of knowledge. As I will see in my analysis, different types of knowledge are engaged throughout the effort to understand illness symptoms, to find possible solutions, to maintain hope.

The third type, the most relevant for our study, is constituted by cases “in which a narrative, or an insufficient narrative, generates the illness” (Hydén 55). Brain injury for instance “impedes [the sufferer’s] ability to use the medium of the narrative to connect experiences with particular events” (55), or simply annihilates the very “narrational means” (55) for temporally organizing experiences and events, “the ability to formulate narratives.... it is this lack that is the basis for the suffering” (55).

Interpreting Voice

Starting with Genette’s narrative devices in *Figures III*, Mieke Bal’s (*On Story-Telling; Narratology*), and Rimmon-Kenan’s (*Narrative Fiction*) studies, I will

attempt to reveal aspects of the grammar of an ethical relation to the Other's suffering in the texts I propose for analysis. Before taking up the analysis, I will proceed to the overview of the following concepts: narrative voice,²¹ narrative mood, distance, narrative perspective (focalization) since narratological debates around the problem of narrative voice started with the battle to distinguish it from the problem of narrative perspective.

The term "*narrative mood*" (Genette, *Figures III* 183; italics in the original) indicates the way of asserting narrative facts, of rendering a piece of information, in a narrative discourse: telling more or less about the facts in "a more or less direct way" (183), and telling from different perspectives. Variable *distance*, hiding or disclosing details, and assuming one *point of view* or another, depending on the characters' knowledge and perspectives upon the events, inform the reader.

Regarding the effect of *distance*, Genette makes the distinction between the "account of events" and the "account of words" (186). The account of events strives to convey the illusion of mimesis, which should imply maximizing the amount of information about narrated facts and minimizing "the degree of presence of the narrative instance" (187) in the narrative discourse. But, as the analysis unfolds, Genette reveals the Proustian case where the extreme of "*showing*" parallels the extreme of "*telling*" through the interplay of memory. Eventually, the point is not telling the story of events, but telling the story of memory, the "*traces*" the story leaves behind, their effects on memory which, however, do not obliterate the quality

²¹ It is necessary here to mention the differentiation between *diegesis*, narrative discourse, and the act of narrative enunciation established by Genette: "the discourse or the narrative text" (72) signifies a series of events, the *story*, or *diégèse*, the "signified or narrative content" (72) of the text enounced through an enunciation act, the *narration* that regards the narrator and the person addressed, "and, by extension, the whole real or fictional situation in which it takes place" (72). I shall use hence "narrative discourse" for the French *récit*, and "story" for *diegesis* and "*histoire*."

of being in the present of the story: “But this trace, so belated, so remote, so indirect, is also the very presence.... Extreme mediation, and, at the same time height of immediacy” (188-189). Normally, the account of events should follow the third person account rule, the “focalized account” (189), where the narrator, though not being among characters, takes the perspective of one of them, so that the reader is present to the immediate effect of events on the characters’ consciousness, without the mediation of memory.

The account of words is articulated upon the mimesis of pronounced or inner words of characters, and, depending on the mimetic degree it can reach, it involves three discursive forms: the reported discourse, the *narratized* or recounted discourse, and the transposed discourse.

At the highest level of mimesis, the reported discourse consists of *recopying* the words of characters, as they pronounce them, or as they think. The inner monologue, or “*immediate discourse*” (193) epitomizes the reported discourse. The reader is able to follow up in an immediate way the thoughts, happenings, and actions of the character, as they emerge at the surface of consciousness, “freed from any narrative patronage” (193) or narrative distance between a narrator and character, where a narrator would account for what is in the mind of the character.

The “*narratized discourse*” (190) implies the reduction of pronounced words to telling an account about them, so that pronouncing words is transformed into accomplishing an act among others. One of the examples given by Genette is from Marcel Proust’s *Remembrance of Things Past*. Instead of Marcel who tells his mother in a dialogue: “ ‘I absolutely have to marry Albertine,’ ” we will have in a narratized

discourse: “ ‘I informed my mother of my decision to marry Albertine’ ” (190-191). If one wanted to report the inner thinking about such a decision, one would have the *analysis* of an inner reflection, the “account of thoughts, an inner narratized discourse” (191).

The “*transposed* discourse in indirect style” (191) implies the conversion of direct speech or inner discourse, into an indirect discourse through the medium of a “declarative verb” (192): “ ‘I *told* my mother *that* I absolutely had to marry Albertine,’ ” and “ ‘I *thought that* I absolutely had to marry Albertine’ ” (191-192; added emphasis). While condensing the syntax of the direct discourse, the narrator intervenes here with his own interpretive perspective and style upon words. A second form of indirect discourse is the “ ‘free indirect style’ ” (192) that one can identify through the “absence of a declarative verb” (192), but where the narrator intervenes in the discourse by “assuming the discourse of the character, or ... the character talks through the voice of the narrator, and the two instances are then *confounded*” (194; italics in the original). Hence we will have the following transformation in the text: “ ‘I went to find my mother: I absolutely had to marry Albertine’ ” (192), which conveys a double indeterminacy in the second clause: between the thoughts of Marcel and the words he might have uttered, and between the pronounced or inner discourse of the character and the discourse of the narrator.²² The narrator lends his voice to the expression of the inner discourse of the character.

²² See also the following excerpt quoted by Genette: “ ‘Ah! Si le destin *avait permis* qu’*il pût* n’avoir qu’une seule demeure avec Odette et que chez elle *il fût* chez lui, si en demandant au domestique ce qu’il avait à déjeuner, c’eût été le menu d’Odette qu’*il eût* reçu en réponse, si quand Odette voulait aller le matin se promener avenue du Bois-de-Boulogne, son devoir de bon mari *l’avait* obligé, n’eût-il pas envie de sortir, à l’accompagner... alors, combien tous les riens de la vie de Swann qui lui semblaient si tristes ... auraient pris, même les plus familiers ... une sorte de douceur surabondante et de densité mystérieuse!’ ” (195).

As for the narrative perspective, it concerns “the choice (or not) of a restricting ‘point of view’ ” (203); the questions to be asked are: “*who is the character whose point of view orients the narrative perspective ... who sees*” (203; italics in the original), different from the “*who is the narrator?*” and “*who talks?*” (203; italics in the original) questions. The restriction of point of view implies a restriction of knowledge, “field” or “vision” (206). Three cases have been identified by Genette: 1) the “*zero focalized narrative,*” or “*non-focalized narrative*” (the case of the omniscient narrator) where “the narrator knows more than the character or, more precisely, *tells* more than any of the characters knows ” (206); 2) the “*internally focalized narrative*” where “the narrator only tells what the character knows” (206); 3) the “*external focalization*” (207), the “ ‘objective’ narrative,” where “the narrator tells less than what the character knows” (206), so that the actions of the characters are presented from an exterior point of view that gives no access to their inner life: “the hero is described at length and followed as a stranger with a *problematic identity*” (207-208, my emphasis; see the presentation of Philéas Fogg referred to by Genette).

But this typology is not a rigid one, and narrative discourse plays a lot with the ambiguity of perspectives. The internal focalization normally supposes the strict limitation of the perspective to what the character sees.²³ If internal focalization supposes that no external, objective description be made, one might find cases, however, where an external narrator’s view construes inner experiences, and parallels the view of the character. The purest form of internal focalization can be retrieved in

²³ Compare Genette’s quotations from Stendhal’s *La Chartreuse de Parme* for the “impure” internal focalization: “ ‘Sans hésiter, quoique prêt à rendre l’âme de dégoût, Fabrice se jeta à bas de son cheval et prit la main du cadavre qu’il secoua ferme; puis il resta comme anéanti; il sentait qu’il n’avait pas la force de remonter à cheval. Ce qui lui faisait horreur surtout c’était cet œil ouvert.’ ” (209); and the pure internal focalization: “ ‘Une balle, entrée à côté du nez, était sortie par la tempe opposée, et défigurait ce cadavre d’une façon hideuse; il était resté avec un œil ouvert’ ” (209).

the case of interior monologue. At the same time, it is also important to note that for Genette, a first-person account (except the interior monologue), can also convey elements of zero focalization, but that one could not identify properly with a true omniscient narrator (first person accounts can never claim to possess complete knowledge of the world they are in). If one considers the autobiographical account, where the narrator is identical with the hero, the temporal distance between his younger hypostasis and the present narrator, gives to the narrator the advantage of a surplus of knowledge: “The narrator almost always knows more than the hero, even if the hero is him...” (210). Hence, we will have an internal focalization on the narrator. If, as in the case of diary, interior monologue or correspondence, “the narration is contemporaneous with the history ... the internal focalization on the narrator is reduced to a focalization on the hero” (214).

But it is important to note the ambiguity of an external focalization on one character, which can be understood as internal focalization upon another and the reverse, and that focalization would depend on the verbal modes of expression. Edmiston shows that modal expressions like *maybe*, *it seems that*, *as if* can be used by a first-person narrator to express “his ignorance of others” and to justify an external focalization: “Internal focalization by one character logically implies an external view of the others who inhabit the same world” (732).

Narrative voice refers to the narrative instance producing the narrative discourse with respect to “*the time of the narration*, the *narrative level* and the ‘*person*’ (the relations between the narrator—and possibly his narratar(s) [addressee of the discourse]—and the story he recounts” [Genette, *Figures III* 227]).

The temporal aspect of the narrative voice can be grasped through a four dimensional typology (229): the “*anterior narration*” (predictive narrative); the “*ulterior narration*” (a post happening narrative); the “*simultaneous*” narration (the narration unfolds as the action progresses); and the “*inserted* narration (between the moments of the action.” In the case of the diary, one can observe the dispersion of narrative discourse into an extended monologue that blurs the temporal landmarks: “la forme du journal se desserre pour aboutir à une sorte de monologue après coup à position temporelle indéterminée, voire incohérente” (229). Moreover, the diary verges on an extreme temporal proximity, however indelible distance between the account of just happened events, the story of what happened to the hero-narrator the selfsame day, and the immediate discourse of his/her thoughts, what he/she thinks about what happened. Hence, the immediate narrator, though transformed in the aftermath of the events, is still the hero, and the focalization on the narrator is at the same time a focalization on the hero. The ulterior narration (a past oriented narration) can also be “fragmented so that it [is] inserted in between the diverse moments of the story” (229), until it is bordering the simultaneous account.

The way narrative levels inflect narrative instances can be identified through the shifting between diegetic universes, the crossing of diegetic borders: “*tout évènement raconté par un récit est à un niveau diégétique immédiatement supérieur à celui où se situe l’acte narratif producteur de ce récit*” (238; italics in the original). The first narrative instance producing the original account is hence an “*extradiegetic*” narrative instance; a character situated inside the original account and telling a story is

an “*intradiegetic*” or “*diegetic*” instance; and the character situated in the intradiegetic story, and telling another story is a “*metadiegetic*” instance (238-241).

If one considers its relation to the diegetic narrative, the “metadiegetic narrative” (238) has three main functions:

- 1) The “*explicative* function” (242): the metadiegetic narrative answers to causal questions about the events which led to certain events in the diegetic narrative
- 2) The “*thematic* function” (242): the metadiegetic narrative works as analogy, contrast or similarity with respect to the diegetic narrative
- 3) As Genette gives no specific name to the third function, I will appeal to Rimmon-Kenan’s (*Narrative Fiction*) term, “the *actional* function” (93; italics in the original), as it implies the same meaning as for Genette: through the very fact of being narrated, metadiegetic narrative insures the progression or maintenance of the action in the diegetic narrative.

The category of “person” refers to the “narrative attitudes” (Genette, *Figures III* 252) the author chooses: letting a narrator tell a story from which he/she is absent – the “*heterodiegetic*” (252) narrator–, or making a narrator tell the story in which he/she is a character, hence the narrator is identical to the character– the “*homodiegetic*” (252) narrator. Two types appear in the homodiegetic case: the “*autodiegetic*” (253) narrator, where the narrator is the main character, the hero of the story, and the “weak” type where the narrator is just a witness, a spectator, observer of the events and hero.

However, Genette’s theory of “narrating” is not exempt from inconsistencies.

Bal (*Narratologie; On Story-Telling*) criticized Genette's confusion between the quantitative (degree) and qualitative criteria when he discussed the types of speech (distance), his subject-oriented definition of focalization, and ambiguous status between the internal and external focalization. Bal puts forward the idea of "the tension ... between subject-orientedness and the pluralization of the subject" (*On Story-Telling* 73).

When Genette defines the distance between events or the uttered discourse and the way informers communicate them, he makes the distinction between the account of events and the account of words. He argues that both can be more or less mimetic or diegetic, depending on the conveyed quantity of information and the quantity of the informer's presence. Bal observes that he "uses a quantitative criterion ('more or less') to distinguish *ways* (mimetic or diegetic) of affirming, that his reasoning slides from degree, via quantity, to manner" (*On Story-Telling* 80). At the same time, both the account of events and the account of words are defined in function of the quantity of information and the quantity of informer (narrative instance, the manifestations of the narrator), which blurs the claimed distinction between focalization (and consequently *mood*) and *voice*. If one maintains Genette's criterion, the consequences are ultimately the reduction of his distinctions. The narratized discourse, at the diegetical pole, becomes an integrated event into the narrative of the narrator, "indistinguishable from the narrative of events ... narratized speech is not speech" (*On Story-Telling* 81). The reported, direct discourse, at the absolute pole of mimetism, is inserted in the narrative text and becomes a metanarrative, at a lower narrative level than the narrative that contains it. The transposed discourse, while

tending towards a maximum of mimetism, is situated at the same narrative level as the narrator's discourse. Hence, both the narratized and transposed discourse belong to the same narrative level as the narrator's discourse, and finally are indistinguishable from a narrative of events. They are narratives of events at the diegetic, respectively mimetic pole of a narrative of events. As for the "metanarrative" discourse, it is simply another "virtual account" (Bal, *Narratologie* 27) in another account. Consequently, Bal concludes that the distinction between the narrative of events and the narrative of words, and hence, the very category of distance, are superfluous.

Focalization itself, as defined by Genette, is highly problematic for Bal. First, in order to define focalization, Genette uses three different terms, *vision*, *point of view*, and *field* which imply different meanings: sight, the object of sight and opinion. Though she recognizes that all should be integrated into a theory of focalization, Bal suggests that it is necessary to distinguish these dimensions, but also proposes the term "centre of interest" (Bal, *Narratologie* 249), as a more comprehensive one, which complicates the scheme as it designates at the same time *selection*, *vision*, and *presentation*.

She also notices that Genette uses a slippery criterion to distinguish between internal, external focalization and the restriction of field. Genette shifts from the "knowledge" of the "seeing" agent, to the "seen" object. When he makes the distinction between non-focalized narrative and internal focalization, he evaluates who is the focalizing agent, " 'who sees' " (Bal, *On Story-Telling* 83), in which case, either the narrator is omniscient and sees more than the character, or the narrator sees " 'with' the character, sees as much as s/he does" (83). But the external focalization is

defined in function of who “*is seen*”. The difference this time is not between the ‘seeing’ agents, but between the objects of that seeing” (83). The character in this case is seen from without, observed throughout his/her objective manifestations.

Moreover, if Genette’s typology implies three ways of relating what the narrator *tells* and *knows*, and what the character *knows*, again, the distinction between focalization and voice is questionable. Bal will eliminate the “knowledge” aspect of focalization, considering it “figurative” (Bal, “The Narrating and the Focalizing” 249).

But problems do not stop here. Theoretical flaws threaten narrative voice too. When Genette analyzes the three possible temporal orders between story and narrating, he does not seem to realize that it is possible to do that only if the narrator is manifest, which means that the “problem of the temporal relationship cannot be separated from the problem of the status of the narrator.” (Bal, *On Story-Telling* 85; see also *Narratologie*). One can seize the narrator’s presence throughout the narrating only in the first person narrative. As for the third person narrative, the narrator is “absent or invisible” (Bal, *On Story-Telling* 85), hence one cannot determine whether he/she knows about the events or not, which makes impossible any indication about the time of the narrating: before, after or simultaneously with the events.

The absence or invisibility of the narrator also undermines the difference between narrative levels: it is impossible to retrieve the narrative level in the case of a narrator who cannot be detected.

In Genette’s analysis of voice, the difference between homodiegetic/heterodiegetic narrators, the presence/absence from the narrated story, seems to be the only valid criterion to classify narrative instances. But here, Bal observes that there is

no difference in level between homodiegetic and heterodiegetic narrators because in so far as narrators are concerned, they can never be present as narrators in the narrated story, but only as characters: “The narrator as narrator is always at the higher diegetic level; at the very most, s/he can as person be identified with a character” (Bal, *On Story-Telling* 86). The narrator is just an agent of narrating, not a person.

And yet, if one follows closer her argument, problems might appear in Bal’s own reasoning. She states that:

No difference of level exists between the narrator who narrates in the third person (the absent narrator) and the narrator who tells in the first person a story from which s/he is absent: but neither does any difference of level exist between the latter and the narrator who tells his own story—for in that story the narrator is present not as the narrator but only as a character. (Bal, *On Story-Telling* 86)

So, due to the distinction between the narrative agent and character, there is no difference of level between a heterodiegetic first-person and third-person narrative, and finally no difference of level between heterodiegetic first-person narrative and homodiegetic first-person narrative. In fact, a narrator will always be absent, as narrator, from the story he/she tells. Though Bal does not explicitly say so, the ultimate logical consequence would be that in fact, no difference exists between heterodiegetic and homodiegetic narrators. Unfortunately the final outcome of her argument is left in suspense, so that at page 89 and sq., when discussing the status of the narrator, she maintains Genette’s distinction between homodiegetic/heterodiegetic narrators. In fact, Bal cannot avoid herself the identity criteria when she tries to determine the status of the narrator. In her later *Narratology*, when she defines the

“character-bound narrator” (22), though sustaining two distinct functions, the narrator as agent and the character, she arrives basically at the same relation of identity as the relation posited by the homodiegetic narrator: “the ‘I’ speaks about itself... if the ‘I’ is to be identified with a character in the fabula it itself narrates, we speak of a character-bound narrator, a CN” (22). As for the heterodiegetic narrator, the term Bal suggests is “external narrator” (22): the narrating ‘I’ refers in this case to someone else.

It is also difficult to grasp the applicability limits of her definition of the “external narrator”: “When in a *text* the narrator *never* refers explicitly to itself as a character, we may, again, speak of an external narrator (EN)” (22; added emphasis). To say that a narrator “never” refers to someone else, one has to know precisely what are the limits of the text considered, and for that, what are the criteria to define those limits. A text can be minimally constituted by a phrase, and expand to a whole novel. In the last case it would be difficult to retrieve a “never” happened situation. However, Bal does not explain what are the limits of a text, so it would be difficult to apply her “never” happened rule.

As a way out of Genette’s difficulties, Bal proposes a hierarchical model of the narrative agents who assume specific narrative functions in relation to a specific object: the actor acts and “creates the story,” “the object of the acting,” the focalizer focalizes a focalized object, “chooses the angle from which” he/she presents the story, the narrator narrates the narrated, “puts the narrative into words: with the narrative he creates the narrative text” (Bal, “The Narrating and the Focalizing” 244-245). Hence, it appears to be necessary to distinguish between the subject/object of narrating and

focalization, namely between narrator (subject)–the “narrating agent” (Bal, *On Story-Telling* 87)–and the narrated (object) of narration; between focalizer (subject)–“the agent that sees” (87)–and the focalized (object) of focalization.

Creating the story, the narrative and the text, each agent realizes the transition from one plane to another. However, she sustains that “theoretically, each agent addresses a receiver located on the *same plane*: the actor addresses another actor, the focalizer addresses a ‘spectator’–the indirect object of the focalizing–and the narrator addresses a hypothetical reader” (“The Narrating and the Focalizing” 245, emphasis added).

As we have already seen, for Bal only the first person narrator exists (see also Bal, *Narratology*). It can be visible, present “*inside* the narrative” (Bal, *On Story-Telling* 89, italics in the original), or invisible, absent from the story he/she tells. She maintains thus the difference between homodiegetic/heterodiegetic narrator. But, it is clear that whether visible or invisible, no narrator can escape the status of a subject “I” narrating, uttering the narrative.

The narrated, the uttered, is subordinated to the narrating subject, so the narrated is redefined by Bal as “hypo-,” “hyponarrative” instead of the genettian “metadiegetical narrative” (Genette, *Figures III* 240). In the case of reported speech, for instance, a change of narrative level takes place. The character of a narrative becomes the narrator of an inserted narrative: “the intradiegetic narrator becomes extradiegetic with respect to the new, hypodiegetic narrative formed by the direct discourse that the character-subject becomes narrator of” (Bal, *On Story-Telling* 90). As for the inserted discourse that does not constitute a narrative, Bal defines it as the

“ ‘dramatic’ intrusion in the narrative,” a “hypo-discourse” (Bal, “The Narrating and the Focalizing” 247). It is always situated at an immediately lower narrative level than the narrator who, at the very moment of his narration, is situated at an extradiegetical level with respect to the narrated.

The focalizer/focalized distinction also allows to refine, at the level of the focalized object, the distinction between the “perceptible”/“imperceptible” (Bal, “The Narrating and the Focalizing” 250) focalized, between what can be perceived through senses from the outside (external focalization), and what is accessible only to the internal consciousness (internal focalization).

This detailed presentation has put forward the important place the narrative level has in Bal’s attempt at clarifying the problems of focalization and voice.

However, this very central place is questionable. As I mentioned she affirms that, theoretically, narrative communication (narrative address) takes place between agents who belong to the same plane. But are these planes so “theoretically” impervious to what agents communicate at a different plane? At the same time, Bal ambiguously states that transitions take place between planes through transfer *connoters* (253) that would mark the passage from one narrative level to another (from narrator to character for instance). Nonetheless, in her functional model, it is not clear how acting creates the story so that it shifts to the following plane of focalization, how focalization creates a narrative that shifts to the story level (a similar observation has been made by William Nelles (373). Moreover, in her essay “The Laughing Mice: Or: On Focalization,” Bal also uses focalization as the common mediator between different planes represented by characters which pertain to the fabula, and the

spectator who is situated outside the fabula, a position that contradicts the specific “location” of narrative functions:

The relation between the sign (the relief) and its contents (the fabula) can only be established by mediation of an interjacent layer, the view of the events. The cat sees Arjuna. The mice see the cat. The spectator sees the mice who see the cat who has seen Arjuna. And the spectator sees that the mice are right. Every verb of perception (to see) in this report indicates an activity of focalization. Every verb of action indicates an event. (203)

Narrative planes are far from being isolated. Rhetorical elements pass through boundaries addressing *at the same time* characters, the implied narratee, and the implied reader (Phelan). Also, from an enunciative perspective, as one can see in testimonial narratives, “voice” can be modulated by, mediated through discursive, cultural hybridizations (Chanady) that blur borders.

Moreover, it is difficult to rigorously apply her distinction between “perceptible” and “imperceptible” focalized. For instance, in her analysis of Colette’s *La chatte*, in the phrase: “ ‘She watched him drink and felt a sudden pang of desire at the sight of his mouth pressing against the rim of the glass.’ ” (“The Narrating and the Focalizing” 252), Bal considers the focalized “watched,” designating a perceptible action, and “felt a sudden pang of desire” to belong to the same “perceptible” category, just because “felt” is preceded by “watched.” Still, we consider it is difficult to define “felt a sudden pang of desire” as “perceptible” from outside.

In a similar vein, targeting the narrative level problem, Pierre Vitoux observes the genettian ambiguity (264) of the term “diegetical” in the extra/intradiegetical and hetero/homodiegetical oppositions. “Diegetical” refers to the “succession of events”

(Vitoux 264) that Genette proposed only in the second opposition, while in the first one it is related to the narrative act, and designates the story as discursive product. In the first case, the narrator is situated outside or inside the narrative discourse, in the second one, it participates or not in the history of events he/she narrates. This distinction allows Vitoux to clarify the status of the narrator as producer of a narrative: the narrator is always external to the story he tells, even if he acts inside the story.

As for the very definition of focalization, he equates it with the concept of “champ” and uses the quantitative and qualitative restrictions of focalization as criteria of classification: when he has in view the object of focalization, he distinguishes between the external focalization restricted to the perceptive access to objects, and internal focalization restricted to the consciousness contents of individuals; when referring to the focalizing subject, he opposes the unrestricted (non-delegated) focalization of the narrator and the restricted (delegated) focalization of a character-narrator.

Nonetheless, Vitoux is confronted with the ambiguity of the autobiographical novel where *paraleptical* and *paralipitical* incursions in the narrative discourse²⁴ document the ambiguity of the heterodiegetical narrator who recounts events that he/she could have learnt only by taking part in the “diegetical universe” (270) he narrates. It is the case of the narrator as editor of documents (letters) he/she could get only by participating in the narrated diegesis. Thus, he/she becomes a situated character-narrator in the “diegesis” he/she recounts, with a restricted, “delegated”

²⁴ *Paralepsis* designates “abusive interpretations” (Vitoux 268) authorized by the prospective knowledge of the autobiographer who narrates known events, and “hypothetical projections” (268) based on “perceived signs” (268). *Paralipsis* designates aspects that cannot be clarified by the narrator.

“champ.” Vitoux tries to solve the problem replacing the “delegation” criteria with the “diegetisation”/“non-diegetisation” distinction, without explaining the terms. We consider his manoeuvre leaves the problem unsolved and only replaces one terminology with another one.

Another critic of Genette is Shlomith Rimmon-Kenan (*Narrative Fiction*). Though her critique integrates some of Bal’s observations, the Genettian relation between mimesis and diegesis remains theoretically unchanged; her main aim is to complete it with McHale’s scale of forms of speech presentation.

However she explores facets of focalization that had been neglected by Genette, namely its optical, cognitive, emotive, and ideological dimensions. What is important to note is that Rimmon-Kenan examines the same Genettian distinction between narration and focalization: “in so-called ‘third-person center of consciousness’ ... the center of consciousness (or ‘reflector’) is the focalizer, while the user of the third person is the narrator” (*Narrative Fiction* 74); even in first-person retrospective narratives, narration and focalization are distinct; there are however situations where focalization and narration conflate, but without losing their functional distinctiveness. Nonetheless, following Bal, she distinguishes between the subject of focalization, the focalizer, and the object of focalization, the focalized, and adds another criterion to be considered throughout the attempt at discerning different types of focalization: the “degree of persistence” (75), the constancy or variability of focalization throughout a narrative. The “position relative to the story” (75) has the same heuristic value as for Bal, determining the internal/external opposition.

External focalization is, in Rimmon-Kenan's terms, "felt closer to the narrating agent, and its vehicle is therefore called 'narrator-focalizer'" (75). It can appear in third person narratives, but also "in first-person narratives when the temporal and psychological distance between narrator and character is minimal ... or when the perception through which the story is rendered is that of the narrating self rather than that of the experiencing self" (75). The internal focalization is generally centered on the character as focalizer and is situated inside the represented events.

However, Rimmon-Kenan does not explain how we can "feel" and appreciate the closeness to the narrating agent. Thus, I consider it is difficult to apply her analytical criteria with respect to the focalizer.

If one considers the focalized object (person or thing), the external/internal opposition applies equally. Thus one has four possible combinations between an external or internal focalizer perceiving an object "from without or from within" (77). If one perceives the object from without, the records will refer to external aspects of the object, if one perceives the object from within, the focus will be on inner thoughts, feelings. In the case of an internal focalizer presenting an object from within, the focalizer and the focalized object might coincide.

Once the different types of focalization settled, Rimmon-Kenan explores how they articulate throughout the dimensions of focalization: perceptual, psychological, ideological.

When referring to the spatial dimension, the external/internal focalizer opposition translates either into a panoramic or simultaneous view on events, the "narrator-focalizer" position, or a restricted perspective whose reference point is the

viewing character, “the character-focalizer,” or the “unpersonified position internal to the stor” (79).

The temporal dimension modulates the viewpoint either as a “panchronic” focalization in the case of an external unpersonified focalizer, or as a retrospective regard if the character grasps his/her own past. On the other hand, “internal focalization is synchronous with the information regulated by the focalizer” (79), and follows up the present of the characters.

The psychological dimension is doubly faceted, comprising “the cognitive and the emotive orientation of the focalizer towards the focalized” (80).

The elements of cognitive orientation are “knowledge, conjecture, belief; memory” (80) so that internal/external focalization is defined by the limits imposed on the focalizer’s knowledge of the focalized:

the external focalizer (or narrator-focalizer) knows everything about the represented world, and when he restricts his knowledge, he does so out of rhetorical considerations.... The knowledge of an internal focalizer, on the other hand, is restricted by definition: being a part of the represented world, he cannot know everything about it. (80)

The emotive component is viewed as an opposition between “ ‘objective’ (neutral, uninvolved) vs. ‘subjective’ (coloured, involved) focalization” (81) that parallels the external/internal opposition, and refers both to the focalizer and focalized (if the focalized is a human subject). The focalizer can perceive in an objective/subjective way, and the focalized can be perceived either from without, restricting perception just to “external manifestations, leaving the emotions to be inferred from them” (82) or from within, revealing subjective, inner aspects of the

focalized. In this latter case, the focalized is either his/her own focalizer (as in interior monologue), or, an external focalizer scrutinizes his/her consciousness.

The ideological component refers to the general norms that govern the evaluation of characters and events in a story and that can be constituted around a single dominating view, of a single narrator-focalizer, or fragmented among multiple narrator-focalizers.

However, in spite of their classificatory rigour and attempt at theoretically refining Genette's theory, in so far as still rooted in the Genettian model, both Bal and Rimmon-Kenan's approaches are vulnerable to criticism, either from those scholars who tried to save the categories of "focalization" and "voice" through clarifying its ambiguities and filling in its gaps (Nelles;²⁵ Nieragden) or from those scholars who tend to eliminate focalization and voice as consistent categories. My next step will be to examine these last ones as they radically scrutinize the necessity and foundation of both focalization and voice. They have argued that in spite of their logico-terminological or typological refinements, structuralist narratological interpretations of focalization and narrative voice, are confronted with problems related to their practical usefulness for the interpretation of texts and the theoretical questions about the ability to produce new interpretations, instead of simply arguing for the extant ones (Gibson, *Towards a Postmodern Theory of Narrative*; Fludernik, "Histories of Narrative Theory").

²⁵ It is at least surprising, that, even if William Nelles recognizes how unnecessary the difference between focalizer as agent and narrator or characters is, he still suggests "modifications" to Genette's theory to maintain it. He calls focalization as a "*relation* between the narrator's report and the character's thoughts, to which the narrator either has no access, or has (and is limited to) access, or has (but is not limited to) access" (368). But why should one privilege the cognitive relation between narrator and character? The cognitive relation, as one has seen with Rimmon-Kenan, is not the only possible one. Should one coin a new term for each relation?

An advocate of formulating specific terms for each discursive function implied by the term “point of view” and focalization,²⁶ Seymour Chatman makes a clear distinction between story and discourse, arguing that only characters *within* the story are able to *see* events, while the narrator is confined strictly to the discursive plane, to voicing either the events, or the character’s perceptions of the events:

One is the narrator’s use of a character as a primary medium ... through which the events, other characters, and setting of the story are rendered, but rendered always in the words or ‘voice’ of the narrator.” (193)

From a cognitivist view, Monika Fludernik (“New Wine in Old Bottles?”) completely denies the pertinence of the categories of voice and focalization. She argues that the communicational model implied in the genettian approach cannot be applied in the case of recent narratives. Genette based his definition of voice and focalization on a grammatical model (the verbal diathesis and mood) identifying an agent who speaks about an action and the attitude of his speaking. But, as Fludernik shows, he discusses matters of temporal order under the “voice” section, and, hence, as narrating instance, the “voice” category extends beyond matters related to the “who speaks?” question, namely to the time, but also place problem. Therefore, the “voice” category “cannot be simply reduced to the question ‘who speaks,’ or to the subcategory person” (Fludernik, “New Wine in Old Bottles?” 620). The presence of a personal narrator is taken for granted in the Genettian approach. Nonetheless, recent narratives that do not linguistically manifest a speaker undermine such assumptions that are in fact just reflections of the reading process, the reading effect of assuming

²⁶ Following Brooks and Warren, he mentions the “focus of Interest” that captures the reader’s attention, “centrality” of a character, and perception (Chatman 192-193).

that someone has to tell the narrative one is reading; “to impute existence to a fact of diction” (622) is theoretically spurious.

Genette’s concepts of voice and focalization cannot explain “non-natural” (624) narratives on which the reader projects real-life narrative schemes, or the conventionalization of non-natural narrative schemes that finally are not felt anymore as disruptions of natural schemes. For instance, in “quasi autobiographical fiction” (624), readers interpret the pretense to authentic first-hand experience and reliability of the telling addressed to a narratee in function of the real-life conversational schema. The “historical writing” (624) schema would follow the diachronic evolution and explanation of events. However, in omniscient narratives, a “historiographical” narrator can present both the historical facts, and inner life traits of the main protagonists. In modernist “reflectoral narratives” (624), the reading practice has formed a quasi “natural” expectation to get immediate access to the consciousness of characters through which the fictional world is perceived and known throughout the narrative text. We could say that this “VIEWING” schema, as Fludernik calls it (624), has been naturalized through the act of reading; it “has become a staple of narrative fiction, and it now feels quite ‘natural’ to readers who have come to expect direct access to characters’ minds” (625). Hence, the “neutral,” “objective” narrative in the third person and “first-person neutral narrative” disrupt the familiarized reading expectations. The same happens with second-person narratives; however, in the end its very functioning eliminates throughout the text its oddity.

Fludernik’s analysis is centered on recent “nonnatural narration [on] the use of omniscient third-person narrative that is both consistently authorial and focalized

through the mind of the current protagonist” (626). The case combines an internal focalization from the inner consciousness of the protagonist, but without the immediacy trait that usually is attributed to internal focalization, and a “teller figure” (628) that normally would not focalize from the inner life of the character. For instance George Garrett’s narrative unfolds “the nonnatural schema of a ‘speaker’ who has the ability to describe the world through his characters’ consciousness” (627). However, no stylistic difference would allow distinguishing between the teller’s “narrative idiom” (629) that mediate the reader’s access to the character’s thoughts, and what would be the character’s own idiom if he was the speaker. Normally the distinction between the speaker’s and the character’s voice should be marked by stylistic differences. Hence, the category of “voice” is not relevant in this case. Moreover, the focalization, from an external focus on the character’s mind deviates towards a “consonant [one] sympathetic to his plight, not critical” (629). Thus, heterodiegetic narrative plunges from a global perspective and conflates with the limited subjective experience of the main character.

The analysis proposed by Fludernik reveals the difficulties and the dead-end the application of the categories of voice and focalization reaches. The main problem lies in the derivation of both voice and focalization from the same linguistic markers (deictic or expressive).

In an even more critical twist, Andrew Gibson (*Towards a Postmodern Theory of Narrative*; “And the Wind Wheezing”; “Commentary”) argues that, by putting forward “voice” as analytical tool, narratological studies cannot detach themselves from the humanistic project that roots the narrative in human presence. But the

ontological assumption of the narrative's ability to convey spontaneously human experience is highly problematic. From a Derridean point of view Gibson contests the idealism of a coherent, meaningful, totality, "the theological privilege of the *phōnē*—and, together with it, a particular valuation of reason, the conscious will, the self-identity of consciousness, the certitude and unity of inner existence" (Gibson, "And the Wind Wheezing" 642). As voice can never be present to itself in its immediacy, Gibson argues, following Jacques Derrida, for a differential definition of voice in which writing becomes the very "differential principle" (*Towards a Postmodern Theory of Narrative* 169), "interior to voice" ("And the Wind Wheezing" 642), altering, disrupting voice. He calls for a "*materialism* of voice": "narrative voice may be thought of precisely in terms of this play of the materiality of writing within it." ("And the Wind Wheezing" 642). Drawing this time upon Jacques Rancière's work, he shows that writing displaces the very source of enunciation, the reference to an original point, thus making incongruous any pretension to a legitimate authority. Hence narrative works in a paradoxical way: it never achieves completeness, because opened to further reading, and, at the same time, strives for totality. The paradox is expressed through the *figurative/figural* modes of narrative continuously transforming into one another. The figurative mode would correspond to the re-presentational order of narrative, the figural to the "prophetic mode" of writing, the baffling play of the text that calls for a future embodiment, and whose *showing* is the measure of secrecy and concealment:

Narrative is both itself a mode of embodiment, and a call to a future which will give it body in determining its truth.... By the same token, in narrative,

writing finds a voice, but a voice that is ceaselessly traversed by writing and remains a *parole muette*.” (“And the Wind Wheezing” 646)

However, as I shall discuss in the next chapter, “le Dire” opposed to “le dit” plays a capital role in Levinas’ questioning of established, totalizing knowledge and identities, in the ethics of dislocating the subject, the Same’s limits, by exposing it to the Other. Thus, can one evacuate the ethical significance of “le Dire” and displace it on the terrain of writing, as the voice *of* writing? Moreover, my literature review in chapter 1 and 2 pointed to the disrupted voice in pain and suffering, deeply rooted in an embodied, suffering dys-appearance. Far from being just a totalizing effect of self-identity, voice witnesses its lack of coherence, ambiguity, hereby affirming itself as “voice” in its very ripping, and calling out for an ethical response to prolong or restore voice. It is because voice itself carries out its disruption, that writing can insert as a “differential principle” in the broken voice, in its interstices; but interstices that intertwine.

Explaining the predominance of the oral linguistic structures (enunciation) over the logic syntax in Céline’s work, Julia Kristeva argues that intonation - the segmentation of the phrase, the projections or relegations at the level of the phrase structure between the determined term and the determining term with emphatic, emotive effects over the syntax—has profound psychological meanings (*Pouvoirs de l’horreur*). Intonation modulates the syntactic order through manifesting fundamental psychic dynamics: emphatic speech both affirms the autonomous subject, his/her identity with regard to the other, and confronts with the other. At the same time it asserts the subject following the pleasure principle through “emotive signal[s] close to the drives” (232) and is opposed to negativity, rejection, following the reality

principle. Thus, the subject explains, has to retell himself/herself in front of the other: “ ‘je dis en présupposant’ et ‘je dis ce qui m’importe’ et ‘je dis pour être clair,’ ou encore: je dis ce qui me plaît’ et ‘je dis pour toi, pour nous, pour qu’on s’entende’ ” (231-232). The discourse shifts from the *I* to the other as addressee of the message. Writing performs thus a memorial return upon itself up to an original point where voice and writing conflate in an “écriture parlée” (232).

And yet, insofar as illness narratives about a significant other are concerned, I would rather argue that “l’écriture parlée” enacts a fundamental ethical situation of the self towards the suffering other. I would suggest a twofold answer to the question “what method for the ethics of illness narratives,” one that pays attention to the ethical stance of illness narratives and to the intersubjective dimension of life-narratives discussed in the former chapter. First, drawing on Levinas and Ricœur’s ethics I shall argue that the ethical stance modulates narrative voice. Second, I shall define voice in function of the life-narratives’ particular rules of social accountability.

As I have already pointed to, for Levinas the only way one can relate to the Other without subsuming it under an interpretive grasp that would annihilate his/her difference, without reducing his/her absoluteness to a relative term, is to be exposed to his/her expression, to his/her discourse (*Totalité et infini*). It is only through verbal expressivity, through speech, that the Other coincides with his/her presentation and thus announces his/her manifestation, independently, and not through another term that would explain the Other and thus, reduce it to the terms of the explanation. Through discourse, the Other exposes his/her exteriority and is signifying himself/herself. The discourse produces meaning without having to refer to an

interpretive system that would translate and betray the Other's difference. In the relation constituted by discursive expressivity both the Same and the Other are interpellated interlocutors, a plurality of differences. Hence language signifies insofar as it can be articulated in the vocative or accusative mode (the injunction to the responsibility towards the other). In this sense I understand voice as the very expressive address, relying fundamentally on the Same–Other discursive encounter. Voice addresses and responds to an ethical call in the emergency of immediacy.

Against the primacy of the accusative injunction to an ethical stance towards the other, Ricœur argues that if one were to “listen to” and “receive” the call to responsibility, one should be able to offer in exchange an answer to the other's call. Hence he equilibrates a primary asymmetrical, imperative relation in levinasian terms, with the capacity to offer, the initiative to respond, with solicitude rooted in *goodness*, “la qualité éthique des buts de l'action et de l'orientation de la personne vers autrui ... par *égard* pour lui” (*Soi-même comme un autre* 222). The self acts with a “*spontanéité bienveillante*” (222) according to the acknowledgement of the superior authority of the just action, not following the obedience to a moral command. Hence, reversing the ethical command in Levinas' view, solicitude is the sym-pathical initiative the self takes towards the suffering other, powerless, with reduced or even vanished capacities to act or affirm himself/herself as integral being, but at the same time it empowers the sufferer with the possibility of offering and hence playing a reciprocal role. In the “suffering-with” relation (223), the sufferer not only receives the ethical answer, but through his/her very fragility and vulnerability uncovers in the other his/her own power of affection, of being affected, the reminding of his/her own vulnerability: “Ce

que la souffrance de l'autre, autant que l'injonction morale issue de l'autre, descelle dans le soi, ce sont des sentiments spontanément dirigés vers autrui" (224). Finally, the suffering other teaches the self about his/her own mortality and irreplaceability.

Voice covers thus the whole spectrum of ethical stances with respect to the relation to the suffering other and one has to consider it as a mode of assuming and performing ethical stances. It can take the modes of authoritative claim to responsibility recognized by the self ("l'assignation à responsabilité par la voix de l'autre" 223), sollicitude, annihilated powers to act and at the same time re-empowering through the very fragility of voice, "suffering-with" in the reciprocal murmurings, vulnerability of the self and the other:

C'est peut-être là l'épreuve suprême de la sollicitude, que l'inégalité de puissance vienne à être compensée par une authentique réciprocité dans l'échange, laquelle, à l'heure de l'agonie, se réfugie dans le murmure partagé des voix ou l'étreinte débile de mains qui se serrent." (223)

In his studies, Lejeune has argued that the rules of self-narration establish the terms of a contract between narrator and reader (listener). For Paul John Eakin, they concern mainly the respect for referential truth, the respect for privacy, and the display of "normative models of personhood" (*Living Autobiographically* 32). Infringing these rules calls into question the validity of self-narratives and life-narratives in general. As already pointed out, misrepresentation of factual truth, and subsequently the questions concerning the subject (voice) telling the narrative and being told about, have been thorny issues in scholarly studies. The second target of my analysis is to define the modes of voice following the contractual rules considered by Eakin. To this end, I shall analyze the way the rules of telling the truth, of respecting one's own and

others' privacy and rendering personhood normalcy in self-narratives (life-narratives) inform, modulate voice in life-narratives, and what are their consequences for the self-suffering other relations in illness narratives. Hence, the Genettian narrative instance is challenged as the modes of voice go beyond enunciative instances, and neither can voice be reduced to mere reading effects, as in Fludernik's critique. One has to consider voice in its indissoluble relation to the truth it tells, to what it means to tell this truth, to the limits of privacy, personhood, and identity. Though telling the truth is the imperative for an ethical call to talk about oneself or another, for testimony, how much truth, and how can one tell this truth without transgressing the norms of what is acceptable following the two other rules? Wouldn't it be, telling the truth, an ambiguous way of concealing another one, or of impermissible violation? In spite of post-humanist claims, voice could hardly be neutral or impersonal; to the contrary, it carries the gravity of initiative (the ethical solicitude as we saw in Ricœur's analysis), it is intentional, manifest, or conveys ambivalent, surreptitious meanings through its very explicit stance, tendentious, coherent or abrupt, interrupted, undetermined. This renders the definition of narrative voice in terms of its effects of distance irrelevant (for instance, a minimum of the narrator's narrative presence, hence a maximum of mimetism of the narrative discourse does not imply a maximum of truth as direct speech can be obliterated, cut, or deleted, neither does it imply respecting the other's privacy). Fundamentally, the opposition between mimetic/diegetic orders is irrelevant. Lejeune acknowledged the ambiguities, ambivalences of autobiographical discourse, but he situates his analysis at the level of the narrative enunciation, approaching narrative "voice" in the Genettian framework (*Je est un autre*). In the end, he reaches

a dead end as he recognizes that the reader never has the immediate experience of an analytical unfolding of the autobiographical discourse, but is “situated in front of a constantly changing and ambiguous enunciation” (24; my translation). Would this mean, however, that the reader does not realize that he/she is reading an ambiguous or ironic text? To say so would discredit the reader’s ability to discern ambivalence, indeterminacy, or ethically dubious texts if he/she lacks such analytical tools. I would contend then that the effect of “ventriloquism” seized by the reader originates somewhere else, namely in the referential constitution of the life narrative text on which the intention and performance of enunciation depend. It is thus necessary to replace the discussion of voice in the specific context of life-narratives and examine it in the broader referential domain life-narratives imply.

CHAPTER 5

THE DISTENSION OF VOICE

Frank Davey, *How Linda Died*

At a first glance, if taking the cues from the daily notations of dates at the beginning of each entry, one could say that *How Linda Died* is Frank Davey's diary. The first chapter's title announces the *I* as writer: "What I Began to Try Writing." However, the diary's thematic, proleptic title (Genette, *Seuils*) refers to Linda and her announced *way* towards death as the subject of the text. And subsequently, in the incipit of the diary the subject of the diary appears to be at least double. It is a disconcerting diary that anticipates from its title and incipit the Other, "Linda," "she," "their mom" as its subject. The narrator, which, if one were to respect the generic definition of diary, should be identical with the hero, appears to be the reflected and reflecting shadow of Linda:

March 9, 1999. Linda's reluctant to drive. She's not eager to go out, even just to shop for groceries. I've been delaying writing this. She's been asking me to make phone calls for her. To answer letters. Once she used to slap at my hand if I dared touch her phone while it was ringing. Now she's not even eager to argue, one of our old pleasures. I remember a couple of weeks ago telling Mike and Sara that their mom is not just mellowing, she's becoming less self-confident.... A registered letter from the Law Society arrived today.... Over

the last few months there've been numerous letters from the society ... but I don't think she's opened any." (13)

In the first phrase, Linda appears as subject of the utterance, while the subject of the enunciation is "he," Frank, the narrator; "she" is splitting thus the self-narratives' "myth of the full subject" (Lejeune, *Je est un autre* 7) and the corresponding self-sufficiency of its enunciation. Immediately after, the narrative *I* tells about his reluctance to write. Hence, the reader is faced with the ambiguity of determining who is in fact the subject of the diary.

However, the process of reading the text up to the end allows to suggest in a first stance that the subject as protagonist of the diary is Linda, Frank's wife who suffers of brain cancer, and who will die at the end of the narrative; it also appears that Frank writes the narrative. One can affirm then that *How Linda Died* is a narrative type of "illness *as* narrative," which follows the progression of Linda's illness. But Linda suffers from brain cancer, which deteriorates her physical condition up to the point where she loses autonomy, and which progressively impedes her linguistic abilities, distorts and finally destroys her memory, her remembering capacity, ultimately her "narrational means." Thus, one can say that the diary also belongs to the second narrative type: "narrative *as* illness." Moreover, the daily entries scatter fragments of clinical conversations with physicians or nurses, accounts of looking for information on the Internet. Hence, the diary would also belong to the third type of "narrative *about* illness." Frank Davey's diary combines the three narrative types, but the dominant narrative structures belong to the first and second type.

Instead of the writing, "authorial" *I*, Linda is a problematic subject divided between the deictical "now" and the relative "once" (in Catherine Kerbrat-

Orrechioni's terms), though, as we shall see further, the divide is not clear. The writing *I* is confused now, himself problematic, trying to understand, to grasp ("watching," "spying," "making notes on her") the Other's difference; "exterior," at an infinite distance from the Other, struggling with an impossibly totalizing writing, but at the same time writing to witness, responding to the authoritative presence of the Other's dissemblance—a witnessing narrator. The *I* that refers to Linda, "she." The "logical" focus of diary should be on the narrator who recounts the moments of his everyday life, and this is the case when the narrator recounts moments of his/her present life, choices or decisions. But *How Linda Died* disconcerts the reader with the incertitude of the narrating *I* before the Other: "I didn't know what to make of this, I still don't" (15-16); "I need a secluded place to continue thinking about her and to remember what I've been thinking" (23). Through the direct effect of questions, uncertainties, and ambiguities of the narrator, the indeterminacy of the narrating *I* functions as the signifier of the Other.

The fragment starts with recording puzzling facts about Linda that place her immediately as the subject–protagonist of a narrative where the narrator writes as an affected, hesitating *I*. Writing or not, narrating or not is itself a function of Linda: "I've been delaying writing this.... It feels bizarre to be watching her, to be almost spying, to be making these notes on her, but I don't know what else to do" (13-14). The immediate present of the narrator's account has here the reflexive function of mirroring Linda's transformations, her changed behavior, to record what happens with Linda, the difference between the past, active Linda and a present, seemingly self-indulging Linda, to record her story. At the same time it denounces the intrusive,

surreptitious, observing gaze of the *I*:

Occasionally one of her old Toronto clients will phone. What I've overheard her say makes me think that she's trying to deflect them, or that she doesn't want to hear what they're telling.... but she's responding with platitudes, polite impatience. I don't understand. (13); she is spending more and more time playing repetitive computer games—various solitaires, mah-jongg, jigsaw puzzles. Five or six hours a day. I wonder if she is depressed, but she doesn't otherwise act depressed. (13-14); She's supposed to be leaving for North Carolina tomorrow ... But Linda's being strange about it. Keeps saying she doesn't want to go. That she's getting too old for drives, that she's been feeling tired.... I'm perplexed. Linda's usually been an adventurous and resourceful driver. (16); Strong like Linda used to be. (17)

Nonetheless, progressively the blurred vision clears up, though still casting doubts upon any explanation; names, words, the place of things, directions, and addresses are forgotten: “I think I've started this because Linda's memory seems even worse” (23). And Frank's writing develops step by step as the struggle to make sense of the “obdurate reality” (Blumer) of Linda's progressive loss of memory, of the obdurate incoherence:

If that makes any sense.... today I wonder if maybe she's having trouble remembering what food she has around.... Sometimes, when the tomatoes have begun to develop mould, I've joked to her that they appear to be ripe. She hasn't seemed to get the joke.... Perhaps she's just getting older and eccentric. Yesterday Mike asked me if I'd noticed that Linda's been reading the same book for the past five weeks. I have.... But have I noticed that she's been on the same page?... I didn't know what to make of this, I still don't.

Over the past twenty years she has read an average of three or four mostly inconsequential books a week... But maybe she's bored with this one. Maybe she's been interrupted many times. (14-16)

Doubts, uncertainties, questions (“maybe,” “perhaps,” “she hasn’t seemed...”) mark his writing as the echo of his own untold voice, a voice that resonates repetitively in his mind. As long as voice and thinking remain untold, unexplained, they haunt with an undetermined proliferation of words and memories, with excessive, obsessive proximity that would eventually turn into a limitless forgetting:

I know I worry that I may forget something. And hope that things’ll look clearer, or make more sense, if I write them down—like they might if I could talk about them. (16)

I need a secluded place to continue thinking about her and to remember what I’ve been thinking. To explain to myself what I’ve been thinking. (23)

Writing equates interrupting silence as the extreme of memory and word: “Écrire chaque jour, sous la garantie de ce jour et pour le rappeler à lui-même, est une manière commode d’échapper au silence, comme à ce qu’il y a d’extrême dans la parole” (Blanchot, *Le livre à venir* 254-255). It is through the landmarks of writing that voice emerges from a continuous metamorphosis, from a continuous transition of one word into another flowing as multiple, juxtaposed, repetitive sounds. Thus text becomes the rhythm and texture of voice, a “textured” voice that cannot be completely unraveled: faults, points of suture, suture line failures, and rips distort and render the texture uneven. Thus writing can collapse in its own disruption and fragmentation, a silenced voice that opens up the chasm of a wound: “il n’y a silence qu’écrit, réserve déchirée, entaille qui rend impossible le détail” (Blanchot, *L’écriture du désastre* 19).

Text displays both the grain of the texture and its scars and vulnerability, the syntax of an ordered voice, the voice that overflows, and the silenced voice. In the end, I would suggest to consider text as an *interface* of voice,²⁷ a resonating interface that both modulates voice and is modulated by the rhythm of voice, its past, present and forward flow, or is torn up by the silences and disruptions of voice. Thus textual interface is polyphonic not only as a plurivocal (understood as multiple voiced) discourse in Bakhtin's terms, but as it echoes the distension of voice. Present voice can convey simultaneously what is said, what was said and what will be said; it resonates as the echoing effect and opens up the breach for further echoing through the interstices of voice. My argument is based on the Augustinian triple definition of time²⁸ and on the relation between the uttering and reciting voice and the structure of time that he proposes and that I shall detail in my text analysis. Watson and Smith identify four modes of interfacing between the textual and visual: *relational* "through parallel or interrogatory juxtaposition of word and image"; *contextual* "through documentary or ethnographic juxtaposition of word and image"; *spatial* "through palimpsestic or paratextual juxtaposition of word and image"; and *temporal* "through telescoped or serial juxtaposition of word and image" (Introduction 21). At the level of the textual interface, I would suggest that text deploys the distension modes of voice. Voice interrogates itself, juxtaposing uncertainty, contradictions with its very expression. Voice is textured as palimpsest, as erased trace. However, its own echoing does not efface voice completely. Voice is relayed, delayed, repeated, interrupted, and suspended. And most of all, as I showed in the former chapter, in a specific way for

²⁷ For the analysis of the textual/visual interface see Watson and Smith, Introduction.

²⁸ "There are three times, a present of things past, a present of things present, a present of things to come" (Saint Augustine 235).

life narratives, voice is referentially contextualized and documented, calling for social accountability. Voice affects and is affected by other voices, not only through a polyphonic genre construction, but as an ethical response to the Other's suffering (see my discussion of Ricœur, *Soi-même comme un autre* at pp. 119-120). The life narrative texture (diary, autobiography or memoir) is not just a dialogue, intertext, between signifier and signified, an encounter of languages that "contradict and put into perspective each other" (Kristeva, "Word, Dialogue, and Novel" 49), but a "performative interface" (Watson and Smith, Introduction 12) between a distended, echoing voice and text, between self, voice and text, between the self and the Other, between their voices through its referential, material and embodied specificity.

Davey's writing is addressed by the Other's call and addresses the Other: "I'm still not sure why I'm writing all this, or even who I'm writing it for. Maybe Linda? Maybe Mike, Sahra?" (16). Writing is not the effect of a decision, of a will to write; on the contrary, as stated by Blanchot, "écrire, c'est la déchéance du vouloir, comme la perte du pouvoir, la chute de la cadence, le désastre encore" (*L'écriture du désastre* 24). It is incumbent upon us as responsibility, as address. The specter of a possible illness slowly looms in the discursive unfolding of days. Illness infiltrates the diary as an unavoidable immediacy to which writing is summoned to respond:

She has confided to Judy that she was having trouble reading, having trouble focusing her eyes, and also having trouble with her balance—things she's never confided to Mike or me. Judy wonders if Linda is ill—or perhaps severely depressed. She says I must persuade her to seek help. I don't know what to think.... I wish I could figure out how to get Linda to discuss this with me. Part of my problem is that Linda has been such a strong person for

so long that I can't believe these difficulties won't go away. Or that she won't be able to *will* them away.... I don't want her difficulties to be real—don't want her to confirm that they are real. Even though if I'm writing about them here I must know that they are.” (25-26)

Directly reported words of Linda are markers of a disrupted language and Frank's protective attitude pretending that nothing changed cannot pass them over: “She sometimes seems unable to remember the names for really common things, like oven mitts or French toast or broccoli: ‘Can you find that thing for me,’ she's said to me, impatiently. You know that *thing!*’ ” (27). Hence, one could say, Frank's writing follows the “grammar” of Linda's loss of memory as the unnamable trace, her confused voice, her confused memory. Paradoxically, Linda's confusion elicits and breaks, interrupts Frank's own writing. A compensatory communication emerges eventually from the silenced voice and the diary evolves within thirteen days (between the 10th of April and the 23rd of April records) from Frank's attempts to deny problems to the certitude that Linda herself is aware of them: “Just as abruptly as her language has begun faltering, an oddly tacit understanding has emerged between us. Hard to remember how quickly it happened. She knows that I know that she knows that she's in trouble” (28). The use of the plural “us,” the mirroring effect between “she knows”—“I know” avoid thus the dispersal of writing. Linda's disrupted voice prompts Frank's remembering efforts towards retrieving and reconstructing fragments of past as a way of countering silence, not just Linda's silence, but the threat of unvoicing that affects Frank himself. The relation to the different, remote Other is reversed. Thus the same becomes the Other, is ousted from the privileged first person

status, threatened himself by an overwhelming proximity to the Other, by silence and identity loss (Blanchot, *L'écriture du désastre*):

Instead of diminishing my need to remember things, these changes seem to be making me want to write down even more. It's as if I fear that Linda's increasingly uncompleted sentences are silencing me. As if the less she and I can speak the more I need to write. As if our talking was a part of how I made up and understood and kept my memories. I also wish I'd begun this journal earlier so I had a better record of her symptoms. I've started trying to reconstruct the last few months, going back over our dog-show calendar, through my e-mail records, trying to force them to bring back events and conversations. (28)

Ricœur talks about the “*inénarrable*” (“*La souffrance n'est pas la douleur*” 63) to describe how suffering disturbs temporality, the narrative order, and the narrative capacity to recount oneself. It impedes the “will to tell” (63) and addresses the interlocutor through cries and complaint. Moreover, as one's own story is set in others' stories (see also Arendt), suffering affects the “internarrative fabric” (Ricœur, “*La souffrance n'est pas la douleur*” 63; see also *Soi-même comme un autre*) that binds the teller and the listener, it affects thus the listener at the level of interpersonal relation. The Other's silence, the Other as impossible narrator both calls for telling and risks condemning the addressee to silence. Writing intervenes then as a prosthetic interface between fragmented voices that supplies an “internarrative fabric” and sustains memory. It marks the rhythm of the memory of events, words, and conversations and at the same time it records the process through which memory gets

distorted: “ ‘I’ve been having problems remembering things. Remembering words,’ she said. ‘There’s something wrong with my head,’ she told them” (Davey 29).

Progressively, as Linda’s memory seems to worsen, the diary goes further into probing the past, whether into her common life with Frank or her life before meeting Frank. But writing does not perform a univocal telling. Frank’s telling and remembering reconstruct stories that were once told by Linda herself and in which she acted as the protagonist, stories that in the context of the diary both display this vulnerability, re-empower Linda against her vulnerability in front of illness, and witness her deeds:

I start reminiscing, thinking about Linda and about how she started all this—going to dog shows.... It’s a bit bizarre to be remembering this story. It used to be one of Linda’s stories—one she told people to demonstrate how much the dogs were *hers* and not mine.... I don’t think she could tell such a story right now. (33-35)

As the diary unfolds, we learn through Linda’s efforts to convey explicitly and directly her diagnosis that she suffers from brain cancer. She has an inoperable brain tumor that impairs her speech, sight, movement, and that would be fatal eventually:

Today she says abruptly that she hasn’t yet told me everything about her visit to the neurologist. There was a diagnosis. ‘You need to know,’ she says.... ‘I have an inoperable brain tumor,’ she says. ‘I may have less than a year to live.’ She speaks all this very matter-of-factly, as if what she’s most aware of is the need to tell me as directly and precisely as possible.... All of this conversation seems both surreal and reasonable. Except that she and I are inside it. Exact speech is a struggle for her. It is all she can do to control denotation. (38)

From this stage illness becomes the landmark of writing, the keynote of the simultaneous desire to talk and at the same time what makes talk difficult as illness hinders the linguistic means and talking about illness would display vulnerability. Illness slots into everyday life affecting day-to-day actions, reorganizing life in function of a medical calendar, distorting taken-for-granted abilities of the self. Instead of a self-reflexive, repetitive daily record of the flowing time, the notes of the diary witness the departures from the usual, the interruptions of speech, and the infiltration of the clinical discourse into writing:

It's been a quiet day. Neither Mike nor I say much to Linda about her illness, and she doesn't seem to want to talk. She got up, played mah-jongg, cooked supper, almost as usual. She's spending quite a bit of time trying to write a speech she's supposed to give at the annual Partners in Research banquet next Sunday night.... I can't believe she's planning to do it. And with her biopsy scheduled for Thursday. But she's taking the speech seriously ... And she's passionate about the cause ... But she's having trouble with every sentence. I've helped her increase the font size so it's easier for her to see the screen. I offer to type for her too, but she says, no, that she wants to do it. She seems annoyed that I've offered. She says that it's going to be a popular speech—very short. The few sentences she's completed are clichéd, terse, pedestrian. (40-41)

It is the moment in the diary, when Frank juxtaposes Linda's diagnosis with the struggle of the wife of one of his best friends,' Angela, who is treated for cervical cancer. Thus, Linda's diagnosis transforms the way Frank looks at and understands the life world, orienting his attention towards a world whose structure and contour are

defined by illness and counterpointed with “before” illness episodes, with the “old Linda,” the Linda of shared stories and conversations. Illness takes its toll on Linda’s lived time which is reduced now to the present instant, to impenetrable passivity and lack of projects, of “life plans” to follow, to initiate actions (Ricœur, *Soi-même comme un autre* 186):

I’m finding it really hard without the old Linda. Miss being able to talk about things with her, joke, reminisce, or plan. Or reminisce in order to plan. I wish she could help me understand what has happened to her. But all she wants to do is watch her television or her computer. If she talks it’s only about the present moment, her present moment.” (44)

Ricœur suggests that identity is constituted as a dialectical movement between the sameness dimension of an individual and “*selfhood*” (*Soi-même comme un autre* 140), or *ipse*, the self maintenance: on the one hand the sameness of character, the settled sediments of the character’s identifications and acquired dispositions, the traits of character that constitute the portrait of an individual, retrievable throughout time, and on the other hand, the maintenance of a responsible and responding self in her relation to the Other, in what she recognizes and evaluates herself, and is evaluated by the Other, the respect of a promise. Narrative identity is the mediator between these poles. It involves the developing dynamic of the character, its temporal constitution, innovation and formative sedimentation, and the character’s actions and orientation towards a valuable “life plan” that make her recognizable and subject her to ethical judgment. Narrative identity evolves as an “internal dialectic” (175) between the temporal unity of the whole, unique life of the character, the concordant totality of a life, and the discordant events, accidents that disrupt this unity. The “concordant-

discordant synthesis” (175) of the life narrative integrates the accidental as the necessary event, the destiny that constitutes the unique life unity, the character’s identity. Through “*imaginative variations*” the story can explore the identity possibilities that spread out on the continuum between the poles of sameness and *ipse*. Thus, at one end one can find the identifiable, same character, at the other end the character loses her sameness, the qualitative substratum of her identity, which questions the status of the character as such and affects the coherence of the narrative plot. In this last case, identity is maintained as variation “*around*” (178) one’s lived corporeal situation in the world, around embodiment which constitutes a dimension of the self as *ipse*.

At this stage of Linda’s illness, five months after the first troubling signs, the difficulty resides in discerning among the variations of Linda’s self that elude a “concordant-discordant synthesis.” Illness provokes questions about Linda’s identity as it absorbs her identity in its vertigo and at the same time displaces Frank’s own identity. It is impossible to understand her identity from the total perspective of a life unity as life plans are bracketed by illness and, in a retrospective glance illness partly reveals and confirms an already puzzling self that disconcerted a totalizing understanding even before the illness episode. The discordant self, continuously shifting between decisive actions, periods of enthusiasm and passivity or retreat, seems to be the very trait of Linda’s character as perceived by Frank, thus coinciding partly with the effects of illness on her identity. The “sameness” of her character appears to rely on its very discordance. At the same time, Linda’s selfhood is threatened with disintegration both at the narrative level, as Linda will soon not be

able to “voice” her own narrative, and at the level of the engagement to keep the promise of a moral stance in relation to another self. The question that Ricœur asks in order to save the *ipse* from its disappearance implies that *ipse*, through its very fracture and annihilation, is embedded in its relation to the Other, that *ipse* makes herself available for the Other that bursts into the closure of the self: “Qui suis-je moi, si versatile pour que, *néanmoins*, tu comptes pour moi?” (*Soi-même comme un autre* 198). I would suggest to further reformulate this question from the perspective of the “internarrative” that binds the self to the Other: “Qui est-elle, si versatile pour que, *néanmoins*, elle compte pour moi?” and “Qui est-elle, si versatile, pour que, *néanmoins*, je compte pour elle?” I would argue that what governs the writing of the diary is the question about “Who is Linda, so changeable?” that Frank is yet compelled to write about her, “Who is Linda, so changeable?” that Frank is yet so bound to her through the confession of a fatal illness. Both these questions reverse the question that Ricœur asks. They articulate the double relation to the different Other as defined by Blanchot (*L'écriture du désastre*), from the self (same) to the Other and from the Other to the self (same), with debilitating consequences on everyone’s identities:

Mike [the son] and I keep talking about what we could have done differently. Could Linda have had a quicker diagnosis? If not for us? We don’t seem to conclude too much. Maybe we were both too wrapped up in the drama of her identity to be sure it was changing. Too implicated in imagining and responding to who she was. I’m starting to think now that one huge problem we had in interpreting Linda’s behavior over the past five months was that it was both consistent and inconsistent with the person we thought we knew.

Neither Mike, Sara, nor I have ever been able to get enough of Linda, enough time with her—enough of her grace, kindness, intelligence, enthusiasm, her gourmet view of what the world has to offer. That enthusiastic Linda would be there and then suddenly switch off. Sometimes I thought it was the insatiability of my delight in her that caused her to switch off. At other times I wondered whether my delight was insatiable because she so often switched off. Hard to know. She would say she needed time for herself. Would pick up a book and look away. Or go to her room.... Who is Linda? How far back does one go in imagining her? The Linda we thought we knew had for the past thirty years displayed intense bursts of energy interspersed with equally intense periods of passivity, relative inactivity, seeming depression. The periods of energy could last for months, even years, as could the periods of inaction. During one period of energy she went to law school, graduated, completed the bar admission course, and began a law career. During another she ... journeyed alone to the Mayan ruins of Uxmal, Chichén Izá, Palenque, Sayil, Labna, Tikal, and Altun Ha.... Yet her life has also had periods marked by numerous unfinished projects.... Yet ... I hadn't found these abrupt shifts in her interests extraordinarily strange. There had been numerous things she'd completed.... It was as if in each new enthusiasm she glimpsed some wonderful, utopian possibility, some amazing happiness. Perhaps even the mythic romance, I've sometimes thought, of her father's ancestry. A happiness that would then prove illusory, ordinary, disappointing. She would retreat, regroup, and dream again." (44-46)

The difficulty to talk about illness surrounds Linda's illness with silence. Read from the perspective of the recent diagnosis, the "normal," ordinary course of the days are

shadowed by uncertainty. But at the same time the illness narrative can lead to insight and growth. The portrayal of suffering evokes a dignified self who, in spite of the debilitating effects of illness inspires love. Moreover, going on with everyday tasks as long as possible becomes a means of maintaining the valued face (Goffman) and the daily actions that might support the integrity of Linda as she understood it; as if the only escape from nothingness would seem to be continuing the daily house chores, and accepting the very nothingness as part of everyday life. The minute actions and gestures might get the value of decomposing the very principle of destruction: “Linda goes about preparing supper cheerfully, as if she’s decided that this new development is all part of the expected course of things and not worth fretting about” (101).

Hence, the diary becomes the witness to the “intrusive illness” (Charmaz, *Good Days, Bad Days*), to the struggle to counter the invasion of illness in the territory of everyday life, the territory of self-identity (Frank, *The Wounded Storyteller*), and the distortion of social relations. This interpretation of illness and its effects might be viewed as wholly negative. Though scholars defined illness as one of the epiphanic moments in one’s biographical story (Denzin), as the motor of personal transformation, growth, and redefinition of values, a turning point in one’s life charged with moral significance, one can ask whether the discourse advocating this definition can avoid the “in spite of difficulties” argument: in spite of the adversity of suffering, the sufferer has been able to cope with illness. From a contextual point of view, I would say that the coherence of any interpretation depends on the whole life-story of the affected person: has illness been the congenital condition; is illness chronic; does it affect an adult or a child? Thus, it is important to note that both Linda,

and, as we shall see later, Iris Murdoch were adults, women who would have to depend on their husbands. They were both autonomous persons, deeply affected by illness. Especially in Iris' case, a public case that shocked a wide international audience, illness meant the interruption of her career as a world-renowned writer. If one were to examine the role socially attributed to women as caregivers, one cannot observe that illness reverses it at the expense of their own definition of independency and autonomy. Moreover, illness affected the embodied autonomy of both Linda and Iris. Weakness and disability may be exploited as breaches that allow infringements of personal integrity, the use of power relations between the medical staff and Linda, or an engendered view upon her during clinical conversations: "[The physician] keeps lapsing into addressing me rather than speaking to Linda" (50). Yet the diary documents Linda's efforts to voice her own personhood in spite of her vulnerable condition. In the context of the contemporary emphasis on individual autonomy as a normative dimension of personhood, displaying vulnerability and pain might be understood as a losing face as a lapse in autonomy. However, the record of voicing pain has the value of asserting a lived body that cannot be reduced to the medical body; it is a call for an ethical response addressed to the Other:

Linda hates her neurosurgeon. She has said over and over how rough he was with her, brutally clamping the frame to her head that was to guide his surgery. She had asked him to tell her when it would hurt and he didn't and, taken by surprise by the pain, she had broken into tears. (49)

From this point of view, it is significant to note how the narrative opposes fragments pertaining to a biomedical vocabulary to a vocabulary of the personal realm ("biopsy"/"she's passionate about the cause"). Frank nullifies the pretension at any

medical certitude and unveils, in a retrospective reading, the void of the medical rhetoric confronted with the lived experience of illness: “She also gives her a prescription for a steroid—dexamethesone, also known as decadron—that she assures us will ... relieve some of her symptoms. Back home Linda looks at the pamphlets but can’t read them” (55-56). In order to distance himself from the bio-medical view, Frank uses the ironic commentary, “as if reciting a script,” the assertion of his own medical knowledge which confers him the authority to interrupt the physician’s discourse, to oppose its generalizing cast, “I keep interrupting him, making him speak more specifically about Linda’s case” (50), and lends his own voice to convey Linda’s feelings, her discontent with the prefabricated questions of the occupational therapist: “I can see Linda feeling she’s being talked down to, and becoming more and more contemptuous” (54). He takes an ironic distance from the language of ideologies—in this case the bio-medical ideology: “I wonder if I could make a poem about the woman’s checklists ... Most of my poems these days are about language and the ideologies—such as those of this strange, well-meaning woman—that language habits convey” (54). To the medical rhetoric he opposes the power of creative language casting doubts on the medical authority.

But Frank’s diary contests any kind of rhetoric, not just the medical one. It transgresses the daily rhetoric of self-reflection and the record of insignificance that avoids “le désespoir de n’avoir rien à dire” (Blanchot, *Le livre à venir* 255). He writes on the verge of Linda’s disruption of voice and memory as solicitude that responds to or translates the Other’s suffering:

Linda’s language ability has deteriorated even more the past few days. She gropes for almost every noun, some of which I try to supply for her.

Sometimes she gets lost in sentences, seeming to forget what she has begun to say, and I attempt to translate for her.” (53-54)

The progression of her memory loss and her disability corresponds with Frank’s remembering fragments of her past life, either as they were once remembered and told by Linda, and which he tries to restore along with the diary, or as his own memory of Linda, of their life together.

The discovery of an old silver berry spoon in the kitchen, “engraved ‘M’Cartney’—possibly the last remnant of Linda’s grandfather’s household” (56) triggers Linda’s family story in which her own story is entangled. In Frank’s retelling of her memory, Linda appears both as the empowered author and heroine of a quasi-fictional story she enacted as a child, projecting herself on a utopian family past, or as a character in movies or ballets. From the perspective of Linda’s past story Frank reinterprets the present experience of her illness, a different story with its own characters (herself, the medical staff, and the close others), the plot of her diagnosis, its spatio-temporal references (the hospital wards, corridors, the waiting time), and counterpoints the ‘now’ of Linda, a silenced storyteller. Thus her life-narrative, and one could extend this assertion to life-narratives in general, does not unfold as a total story where accidents are reintegrated through a dialectical move. Linda’s life-narrative is composed of multiple, interconnected stories: her own series of short stories, told and retold, that projected, expected a certain ending, whether fictional or real, and others’ stories that were and still “are” related with her own story at a variable distance. No story could be said to be independent of the others’ stories and as nobody could grasp the totality of others’ stories, none could be said to get to a definite closure. At best, one could say that closure is provisional:

I've often thought that Linda, the child, created herself by identifying not with her immediate world of shabby streets and quarreling parents but with those utopian McCartney family memories—with the sparkle of the movies and ballets she watched from a stool in her father's projection booth, or with the shine of this single berry spoon.... She too became a ballerina, a child prodigy, and, like her sister Irene, she might have danced in Europe. And she learned contempt for bad taste and stupidity. For her indolent mother, who began calling her 'the Duchess.' Contempt such as she has now for her occupational therapist, for the chaos of Dr. Megyesi's waiting room, for my confusion that day in guiding her to the Cancer Center. She's quiet right now. Dozing in bed, half-watching the British *Antiques Roadshow* on her television." (57)

The provisional character of Linda's life-narrative marks the temporal structure of the diary. In generic terms scholars defined the diary genre as a text with a tendency towards simultaneity between action and writing (Rimmon-Kenan, *Narrative Fiction*). However, seized by the immediacy of the temporal flux of his/her own existence and the aging body, the diarist is writing his/her own temporal passage in a paradoxical attempt at distancing himself from and at once immersing himself in the time where being and writing coincide (Braud; see also Simonet-Tenant). Diaries are then among the most prone to unfold as "body writing" given the performing character of the diaristic writing: "diary [is] the elaboration of a text, a text that seems to set free, much easier than others, its functioning, because it is not resolute, but evolutive; it is *not* the *finite text*, but the text in the making" (Didier 46; emphasis added). But, as Jean Rousset points out, the attempt at seizing the immediacy of life in

a narrative simultaneity remains an exceptional accomplishment. Most frequently, the immediate past is conveyed through a discourse that comes in between actions and events. Here diaries contrast with a global autobiographical “retrospective and reconstructive” story (Simonet-Tenant 21). If references to past events and fragments of stories emerge in the text, they are interspersed with the present of the writing (Didier). Thus no preliminary plan orients the writing; basically, it follows the flow of days, thus giving the impression of immobility, repetitiveness, retellings, slow motion and gestation (Didier). Enumerations, brackets and digressions, nominal phrases or omissions of the subject punctuate the temporal sequencing (Didier; see also Gusdorf, *Les écritures du moi*; Couser, *Recovering Bodies*; Simonet-Tenant). Discontinuity, fragmentation, ruptures disturb the day-to-day rhythm of the diary record. They mark the pending uncertainty of the next moment, of the next day, of an indefinite future, but also the refusal of a definite end, either of writing or of existence: “The diarist evades the idea of death by that of succession” (Simonet-Tenant 112).

One could say that *How Linda Died* follows the temporal characteristics of the diary if the temporal framing specific for memoirs and autobiographies did not take such a precedence over Frank’s daily record. But paradoxically, retelling Linda’s past stories, though an effort to re-identify Linda and restore her self’s integrity, deepens the provisional, indefinite character of her life-narrative (with destabilizing effects on Frank’s narrative too).

Hence the diary becomes an echoing voice doubling a hypothetical remembrance, Linda’s differing in time voice and memory: “At eleven Linda became the only stable ‘woman’ in the house, doing the cooking, shopping, keeping an eye on

her baby sister. Or so she remembers” (60). The diary functions as a means of countering Linda’s suffering as loss of herself and identity, of reconstructing the identity figure from the puzzle of her life story as once told by Linda or by her sister Susie. Yet any definitive assertion that might conclude about Linda’s identity remains questionable, translates into an obsessive incertitude about “who is Linda?” that pervades the whole writing and resonates as a multiple voice. In the end, recognizing the limits of one’s discourse about the Other amounts to an ethical stance towards the Other, to sustaining her integrity.

Linda’s autobiographical stories and memories, once told in the past are retold in the present of the writing as the diarist’s own memory in the first person: what Frank remembers of Linda’s remembering and telling. As suggested by James Olney, the autobiographical narrator “tells the story of himself telling the story of himself telling the story of his life” (*Memory and Narrative* 8). In Frank Davey’s writing, there is a multiple distension of telling, voices and memories where the voice of the *I* tells at least a double story, of the *I* and the Other. One could be inclined to consider that Frank’s voice telling what he remembers of Linda’s stories, settles his own memory. However, his voice neither annihilates Linda’s voice and memory, nor pretends to subsume them under its own narrating. Reformulating the Augustinian stance, I argue that Frank’s voice conveys both his own voice and Linda’s, as the present voice of voice past, as the present voice of voice present, as the present memory of memory past, where the voice and memory of the *I* and the Other meet up in a textured palimpsest:

Linda several times told me that the McCartneys believed they had come to Scotland from Ireland to help ‘the Bruce.’ That when she was a child she

puzzled over who ‘the Bruce’ was.... I remember thinking then of her grandfather McCartney, his birth in the Bahamas, his death in Vancouver some thirty years before Linda was born. Remember thinking that she’d never seen his photograph or known the house or address where he lived. Linda was the first child of her father’s second marriage.... she can remember sitting in the projection booth with him, watching *Gone with the Wind*; or sitting in the lighting booth while Margot Fonteyn or Violet Elvin helped him light a performance of the Royal Ballet.... Special moments, although her little sister, Susie, has often told me the family house was a pigsty even then. Their chronically unhappy mother didn’t like cooking or housework.... Susie’s said ... After their dad’s retirement came poverty, which their mother couldn’t or wouldn’t attempt to manage. Linda’s mother, Jackie, had grown up in 1920s Vancouver as a kind of street kid—or so Linda’s accounts make her seem.... A plausible narrative.... Says her mother couldn’t budget ... Linda thought her mother did this so she’d run out of money and people would feel sorry for her. Maybe that’s why *Gone with the Wind* became Linda’s favorite movie. She told me she identified intensely with Scarlett, especially when Scarlett came back to Tara, found the house in ruins, her family passive and despairing, and took charge, like little Linda, of everyone.... But past grandeur might be restored. A young girl could imagine that. You dream, you die a little, but you can dream again. As her mom became more needy, Linda became more contemptuous. When she was twelve, her mother told her she and her dad were separating.... When Linda was fourteen she earned her certificate to teach ballet.... And there’s the second big reason Linda wants secrecy. She doesn’t want people’s pity. For Linda, pity is in bad taste. She doesn’t want people feeling sorry for her, or people like her mother having the power to

withhold affection. Doesn't want her mom to know and be able to pretend to be motherly." (60-61)

Following closer the narrative of retelling and remembering the Other's autobiographical narrative and memory, one can identify a particular mode of remembering that could be well understood if one situates it in the perspective of the Augustinian interpretation of time and voice, of memory and recounting memory. For my purpose, the Augustinian analysis is particularly significant as it equates terms that are fundamental for my own analysis: time, voice, memory, and life-narrative.

In his understanding of time, Saint Augustine strives to overtake the aporias of the definition of time under the common notions of "present," "past" and "future." The main aporias over which Augustine stumbles concern the "being and non-being of time" (Ricoeur, *Temps et récit* 24) and the problem of measuring time. The first aporia confronts the ontological difficulty to define the status of "past," "future," and "present" since "past" would imply that it does not exist anymore, "future" that it does not exist yet, and "present" that it cannot be seized since it is reduced to an instant that has no extension. From this difficulty the second aporia ensues: how can one measure time, if one cannot seize its ontological status? However, as an answer to the first aporia and seemingly contradicting his observation about the ontological impossibility of present, Augustine situates time in the present: in order to exist, past and future have to be present. But as emphasized by Ricoeur, Augustine refers to a present "prêt à accueillir une multiplicité interne" (*Temps et récit* 31). It is the present of the soul²⁹

²⁹ Though in the English translation I refer to Henry Chadwick translates *anima*, -ae with "mind" instead of "soul," I shall use Ricoeur's (*Temps et récit*) translation of "soul"; see for instance the context where Augustine discusses the images imprinted on the soul: "ex memoria proferuntur non res ipsae, quae praeterierunt, sed verba concepta ex imaginibus earum, quae in animo velut vestigia per sensus praetereundo fixerunt" (Augustini *Confessiones*). Ricoeur refers to "mind" too when he translates

that Augustine considers now, the soul that stores the images that actual events had imprinted on the soul—and Augustine reformulates thus his earlier discussion of memory as the “storehouse” of the images of perceptions (Augustine 185-186; X, viii). In the present of the soul are also located the “premeditations” and expectations of future actions that will come to existence only when the effective actions will take place:

... I know that wherever they are, they are not there as future or past, but as present. For if there also they are future, they will not yet be there. If there also they are past, they are no longer there. Therefore, wherever they are, whatever they are, they do not exist except in the present. When a true narrative of the past is related, the memory produces not the actual events which have passed away, but words conceived from images of them, which they fixed in the mind like imprints as they passed through the senses. Thus my boyhood, which is no longer, lies in past time which is no longer. But when I am recollecting and telling my story, I am looking on its image in present time, since it is still in my memory. Whether a similar cause is operative in predictions of the future, in the sense that images of realities which do not yet exist are presented as already in existence, I confess, my God, I do not know. At least I know this much: we frequently think out in advance our future actions, and that premeditation is in the present; but the action which we premeditate is not yet in being because it lies in the future.”

(Augustine 233-234; XI, xviii)

“anima” with “esprit,” which, I think, is however partly equivalent with “mind.” My preference for “soul” is also motivated by the meaning of “breathing,” “breath” that “anima” signifies, which is closer to the equation time-word-voice suggested by Augustine.

The three temporal modes appear in his well-known formula of the triple modes of the present:

there are three times, a present of things past, a present of things present, a present of things to come.... The present considering the past is memory, the present considering the present is immediate awareness, the present considering the future is expectation." (Augustine 235; XI, xx)

For my analysis it is important to note that the present mode is defined as "immediate awareness" and further as "attention." I consider them not just as a one dimension of the "triple present" (Ricœur, *Temps et récit* 34), but, following Levinas' discussion of time, as the breach through which the Other addresses the Same. Here, I would suggest, Augustine meets Levinas who defines time in terms of the relation to the Other (see my former discussion of Levinas on p. 46). As we shall further see in the Augustinian discussion of measuring time, this might appear discordant with the intentional activity of attentiveness, the orientation towards future, and of memory. However, it is worth noting that Augustine's comment on the aporias of measuring time is mainly based on the example of reciting a known psalm, and he acknowledges this at the end of the XIth Book of his *Confessions*. My reflection will explore the consequences of this limit in Augustine's interpretation, considering both their implications at the level of the relation to the Other, and at the level of life-narratives.

The second aporia Augustine confronts derives from the first one: given the ontological status of time what one can measure is only the present. However, we have seen that the present has no extension to be measured; one can measure the present only as it passes: "how do we measure present time when it has no extension? It is measured when it passes, but not when it has passed, because then there will be

nothing there to measure” (Augustine 236; XI, xxi). But in this case, to measure time means to measure its passage that originates in the future, goes through the present and terminates in the past. In the end, Augustin stumbles on a circular aporia: the passage of time signifies an extension, “a space of time” (Augustine 240; XI, xxiii) that cannot be seized in the present: “I am not measuring the future which does not yet exist, nor the present which has no extension, nor the past which is no longer in being. What then am I measuring? Time as it passes but not time past?” (240; XI, xxiii). Searching a way out of the difficulty, Augustine appeals to the comparison between the sounds of two voices: one that starts and ends at a certain point, and the other one that flows uninterruptedly. He realizes that one can measure only the voice that came to an end, not a continuous sound. Still, once the voice ended, how is it possible to measure a voice that does not exist anymore? He concludes: “So the times we measure are not future nor past nor present nor those in process of passing away” (241; XI, xxvii). The problem becomes more complicated, but at the same time will turn into its solution, when he compares the lengths between a short syllable and a long one that sound one after another. How could one grasp their lengths since they will end, become non-existent, the moment one tries to compare them—and one can compare them only as they ended? Augustine argues now that in order to compare them, one has to be able to “fix” them in one’s memory, in one’s mind, thus time can be measured in mind as “the impression which passing events make upon [mind].... present consciousness is what I am measuring, the stream of past events which have caused it” (242; XI, xxvii). It is consciousness which orients towards a certain duration of the sounds to be uttered, which plans the interval of their duration and

keeps this “plan” in memory. The following question Augustine has to answer now concerns the way mind realizes the passage from the future, through the present, into the past. He argues that the passage of time depends on the active, “present attention” of mind which “transfers the future” (243; XI, xxvii-xviii), through the present, into the past. It is the notion of *distentio animi* that defines the three processes of the present mind which de-multiplies the present into the present of things future, the present of things present and the present of things past, and realizes the transfer, extension from one time to the other. Namely, mind is the “active agent” (243; XI, xviii) that is tensed between the expectation of future, the attention towards the present and the storing memory and thus accomplishes the passage, extension of time, and at the same time maintains the passage “present”:

For the mind expects and attends and remembers, so that what it expects passes through what has its attention to what it remembers. Who therefore can deny that the future does not yet exist? Yet already on the mind there is an expectation of the future. Who can deny that the past does not now exist? Yet there is still in the mind a memory of the past. None can deny that present time lacks any extension because it passes in a flash. Yet attention is continuous, and it is through this that what will be present progresses towards being absent. So the future, which does not exist, is not a long period of time. A long future is a long expectation of the future. And the past, which has no existence, is not a long period of time. A long past is a long memory of the past!” (243; XI, xxviii)

As emphasized by Ricœur, there is a continuous play between passivity, *affectio*, understood as “impressions”–“images” of the past and “signs” of the future–

imprinted on the soul, and the active aspect of attention through which the “present intention” effectively accomplishes the transfer from the future into the past (*Temps et récit*). The contrast appears with acuity in the present which conflates the present instant lacking extension and the continuous attention-intention. The most expressive example that Augustine uses to illustrate his reflection is the reciting of a psalm. Here, Ricœur interprets, the passive-active play is founded on the definition of expectation, attention, and memory as a triple intentional act (not limited to the “present attention”) that “interact” (*Temps et récit* 47). They are “tensed” towards seizing the verses and make them pass into memory, and thus distend the passage (cessation) of time as the counterbalance between the shrinking of expectation and the extension of memory through the present flow.³⁰ As Ricœur observes, “quelque chose demeure (*manet*) dans la mesure même où nous ‘traversons (*peragimus*) en pensée poème, vers et discours’ ” (47; italics in the original). The passive aspect of *affectio* as impression on the soul constitutes the reverse side of the three discordant intentions:

Suppose I am about to recite a psalm which I know. Before I begin, my expectation is directed towards the whole. But when I have begun, the verses from it which I take into the past become the object of my memory. The life of this act of mine is stretched two ways into my memory because of the words I have already said and into my expectation because of those which I am about to say. But my attention is on what is present: by that the future is transferred to become the past. As the action advances further and further, the shorter the expectation and the longer the memory, until all expectation is consumed, the entire action is finished, and it has passed into the memory.

³⁰ “La théorie du triple présent, reformulée en termes de triple intention, fait jaillir la *distentio* de l’*intentio* éclatée” (Ricœur, *Temps et récit* 46).

What occurs in the psalm as a whole occurs in its particular pieces and its individual syllables. The same is true of a longer action in which perhaps that psalm is a part. It is also valid of the entire life of an individual person, where all actions are parts of a whole, and of the total history of ‘the sons of men’ (Ps. 30: 20) where all human lives are but parts.” (Augustine, 243; XI, xviii)

In this context the *distentio* has the meaning of a “breach, non-coincidence of the three modalities of action” (Ricoeur, *Temps et récit* 47) that, read from the perspective of the whole psalm to be recited, or less, the words, the syllables, or more, the whole life of a person, even the human history, is finally integrated into a concordant totality.³¹

However, as I have already pointed to, Augustine’s main discussion develops around what allows him “to plan” expectation, attention and memory and this culminates in the example of reciting “a psalm which I know.” He also “selects” sequential voices or sounds (one long syllable after a short one, a continuous voice, whether terminated or not). And yet, his attention to specify that he refers to a known psalm is not gratuitous. Thus, at the end of the XXIth book of the *Confessions*, one encounters with little surprise the lament, and one could say passion, over the disorder of the multiple distensions of his life, over the disruption of the times he lives in that definitely do not cohere in any worldly concordance:

my life is a distension in several directions. (243; XI, xxix)

us the many, who live in a multiplicity of distractions by many things... (244; XI, xxix)

³¹ See also Olney for the ordered circularity in Augustine’s reciting (*Memory and Narrative*).

I am scattered in times whose order I do not understand. The storms of incoherent events tear to pieces my thoughts, the inmost entrails of my soul, until that day when purified and molten by the fire of your love, I flow together to merge into you. (244; XI, xxix)

Augustine cannot escape from the torment of his own soul which eludes any comprehensive perspective. In spite of its proximity to itself, the soul cannot grasp its own totality. At the end of the book on time he returns to the dilemma on the self's memory to which Augustine pointed in the XXth book on memory:

I myself cannot grasp the totality of what I am. Is the mind, then, too restricted to compass itself, so that we have to ask what is that element of itself which it fails to grasp? Surely that cannot be external to itself; it must be within the mind. How then can it fail to grasp it? ... Amazement grips me." (187; X, viii).

And how could the self be seized in its totality since it is affected by the multiple "distractions," displacements that it cannot subsume through any intentional act? It is important to note here that the self's dilemma is discussed in the context where time–voice–memory–telling the self's story are the main terms of the equation where time is understood on the basis of the voice's sequence, reciting, the storytelling of one's life-narrative, and attentive consciousness (expectation, attention, memory). Turning back to the storytelling subject in Arendt, to the subject as the actor and sufferer of a story and to my earlier discussion of one's life-narrative as an indefinite interconnected story with the others' stories, I would rather suggest that the self's temporal distension, the self's story is exposed to Others' temporality and stories, to Others' voice and memory. I would argue that the fundamental discordance

that realizes the temporal distension is not the one between intention and distension, neither between the modalities of intention, but the breach between the Same and the Other, the breach of the Other's voice in one's own, which does not allow retrieving a temporal concordance.³² At best, it would be a provisional concordance that indeed, relies on an intentional act. As I have already shown with Levinas, it is the Other's proximity that instantiates time (see p. 46), the Other with his/her indefinite story, with his/her indefinite voice or silences. In front of the Other, attention and "immediate awareness" cannot plan the circular retrieval of the future from the past (memory); "immediate awareness" is "spontanéité bienveillante," solicitude the Other calls upon. Fundamentally, attention is the response to a call, attention to something because already attention to someone exterior to the self and that provokes the tension of the self (Levinas, *Totalité et infini*). Though Ricœur re-equilibrates the Levinasian imperative through an act of acknowledgement that recognizes the ethical value of taking the initiative to respond to the Other, the answer already implies the Other's proximity, being exposed and vulnerable to his/her otherness (Levinas, *Autrement qu'être*). The Other's proximity displaces the Same through the immediacy of its contact: "l'immédiateté de l'autre, plus immédiate que l'immédiate identité dans sa quiétude de nature, l'immédiateté de la proximité" (Levinas, *Autrement qu'être* 134).

"Immediate awareness" situates the self in the immediacy of the Other, creates a breach of identity, "disjonction de l'identité" (88), and disrupts the Same's

³² This claim has no pretence of generalizing the interpretation to the whole domain of illness narratives which, in the end, would mean to claim that it is specific to illness narratives. In fact, the present argument is based on the autobiographical, first-person text of *Confessions*. My interest in drawing on Saint Augustine and Levinas resides in the relation between time, memory, voice, and intersubjectivity that their discussions can display. I consider it is significant to address these relations in the context of a disrupted, suffering voice. I understand my analysis not as a reduction to illness narratives, but as a possible opening towards the study of other texts focused on the experience of suffering (see trauma narratives).

synchronicity; it scatters the soul in Augustinian words. Thus, the temporal break-up Ricœur mentions when interpreting Augustine, is the effect of the dia-chronic difference between the Same and the Other that cannot be subsumed into a common present. The immediacy of being exposed to the Other shatters time as dia-chrony between the Same and the Other (Levinas, *Autrement qu'être*). The temporal distension signifies dia-chrony. The Augustinian definition of time as the “present of things past, [the] present of things present, [the] present of things to come” expresses the difficulty to grasp the serial passage of time through the present. The present splits itself into a triple modality,³³ “passes” as disruption.

But then, if the temporal distension means the disjunction between the temporal modalities, how could voice tell the story of a shattered time if it were not itself a shattered voice, distended through its own disruption? How could voice tell the story of a “distracted,” displaced self if it were not voicing its own multiplicity? It is in this sense that I mentioned the distension modes of voice at the beginning of this chapter: the present voice of voice past, the present voice of voice present. Levinas defines “Dire” as the “pré-originel” (17) language that bears the responsibility towards the Other: “*dire, c'est répondre d'autrui*” (80). It signifies the response to the Other which is incumbent on the self and constitutes subjectivity as the self cannot evade responsibility. The self is accountable for the Other in spite of himself/herself and significance itself is constituted as the self's accountability *for* another. “Dire” is opposed to “le dit”: language as a system of signs, as phrasing that thematizes the Other. My understanding of voice as distention is predicated on its capacity to express

³³ One could say that Augustine announces the derridean impossibility to conceive the “presence of the present” (Derrida, *Marges de la philosophie* 24).

“le Dire,” the breached voice that expresses suffering and displaces the Same, the voice that conveys the shattering and distention of time through its utterance. In uttering an utterance, the voice is doubled by the voicing of its own disruptions which paradoxically articulate the distention of voice. Voice conveys thus the discordance between its own past and memory, present, and future. At this point I depart from a Levinasian interpretation. For Levinas, recollecting the past, the remembering effort means the attempt to retrieve in a re-presentational, historical order, or diachrony. Memory is reconstructed by an intentional act through “le Dit” which summarizes, synchronizes the passage of time. In the same way, imagination can anticipate the future and render time present, simultaneous. But the in-spite-of-itself responsibility that is incumbent on the self does not depend on a free, deliberate act or engagement, thus does not situate itself as a starting point in an “actual or represented present” (87). It is bared as passivity, exceeds representation and has no original, emerging point in time that one could recollect. The temporal passivity concerns the self as ageing, the lost time that could not be recollect through the synthesis of representation. It signifies “la disjonction de l’identité où le même ne rejoint pas le même: non-synthèse, lassitude” (88). The irretrievable passage of time is independent of any initiative or finality.

And yet, as we have seen with Frank Davey’s diary, memory, through an effort to restore the passage of time, a past present, conveys its own disruptions, or, in a more appropriate formula, is conveyed by its own disruptions. Linda’s memory loss compels Frank to a remembering act. The breach of memory, of the Other’s memory, traces the path for remembering forgetfulness as in Augustine’s puzzle: how can one

realize that one is forgetting if one did not recognize, remember forgetting? It is Linda and Frank's drama to realize, and thus remember "the effects of forgetfulness." (Davey 69), the impossibility of "Dire":

Most of what Linda has in her life these days is television. When she is groping for a word to designate an electrical device, like our kettle or microwave or toaster, the only one she can reliably find is 'VCR.' For the past five years she has been taping programs on the downstairs VCR and taking them up to her own VCR in her bedroom to watch at her leisure, fast-forwarding past commercials.... Now she watches TV through her VCR twenty-four hours a day. (76)

From a Levinasian perspective, designating things would belong to the linguistic domain of "le dit," coded and decoded communication of signs, and exchange of information. And yet, I would rather suggest that the effort to remember designation, the failure of designation, the remembering of the failure becomes a mode of "le Dire," helplessness, a shattered voice that calls forth the self's response. The voice as "Dire" and memory are indissociable—an obsessive, repetitive memory of forgetfulness that pervades the days, and Frank's writing. The impossibility of remembering and remembering this impossibility signifies the "fall" of memory from the status of an intentional act—retrieving in a sequential backward movement the passage of time—to unfolding silence, the indefinite, extreme overflow of words. As Felman suggests, the wound probes deep in the "darkness that language had to go through and traverse ... that the language had precisely to *pass through*..." (34; italics in the original). Frank's writing distends the wounded voice and memory, Linda's and

his own, following the *passage* of language through forgetting, measuring the passing time of forgetting:

Increasingly, she is having difficulty completing sentences again, or remembering what she had been going to say when she began the sentence. This morning, for instance, she began asking ‘What time...’ and then stopped ... In some ways it seems like I am losing part of my own memory—she used to remember so many things for me. I once joked to George that she was a kind of McLuhanesque extension of my nervous system—helping me sort out books I was writing, reminding me of my mother’s birthday, remembering that I was planning to propose a paper to a conference in Paris.... Now I am pleased if she remembers her own pills.” (107-108)

As Linda’s voice fractures and memory gets obscure, the diary turns into the extension of forgetting, unravelling simultaneously in a double temporal sense the memorial past and future—the uncertain certitude. Voicing the present illness, the incompleteness of words and sentences means at the same time the distension of the present into the past and the future: the gulf of memory in which both Linda and Frank are entangled and lost, and the consumption of future, as an effect of the passing voicing itself and of reading the diary towards its end. If one were to consider the role women played in tracking the family story, and women’s memory work for the husband, Linda’s loss also signifies the vanishing of the couple’s memory, an abyss that eventually absorbs Frank’s individual memory. Moreover, from the title, the diary already imposes a double reading. As the writing progresses, it unfolds in the future, approaching the announced death of Linda that orients the reading through a

perfect future perspective.³⁴ But at the same time, the diary was written quasi-simultaneously with the illness development, thus it displays the temporal disruption of futurity that the very illness experience imposes. Time is conjectured from the anterior future of the progress of illness; it is “subjunctivized” under the constraint of the day-to-day indeterminacy.

At the textual interface of the diary language is seized in its whole capacity to relate to otherness, where the conceptual content, “le dit” in Levinas’ terms, is transcended, and transfigured into an expressive address that elicits the ethical response, le “dire,” “talked” beyond the limits of a comprehensive understanding: “Maybe the word for her now is ‘chthonic,’ or ‘enigmatic.’ Maybe she’s become more muselike, more inscrutable, more Delphic, as in oracular. Maybe her condition only illustrates how painful it would be to be an oracle” (276). Voice does not unveil itself at a textual surface; the text does not “territorialize” Linda’s voice. Voice expresses its difference, incompleteness, uncertainty through interfering with other voices. The textual interface is produced through the voices’ interference, otherness and occultation. The very effort to restore voice and memory emerges in the breaches of voice. The text is not the space of adjustments between the Same and the Other, but the displaced moment of their tension and attention, “déphasage,” “immediate awareness” of an embodied shattered voice. Here, the expressivity of voice signifies the exposing of embodied discourse where the suffering voice coincides with the painful mode of the body: “Today at breakfast Linda is very weak and shaky. Her right hand trembles as she sips her coffee, as she counts out eight milk of magnesia

³⁴ Couser discussed the similar case of the reading experience of a diary where the reader knows about the death of the author (*Recovering Bodies*).

pills” (107). Voice does not represent the painful body, but exposes it. The body talks; not through “word-presentations ... residues of memory” that might be retrieved at the level of a conscious “surface” (Freud 20, 19), but through carving out its own vulnerability—the talk of vulnerability.

Thus, insofar as life-narratives are concerned, one could not consider text as an autonomous production. It emerges as the “in-between” face, face between the self and the Other, between voices, interface between the temporal distensions of voice. Text inflects through the tension of voice, and it cannot be dissociated from voice. It does not re-present voice because it is riveted to voice and its disruptions. If voice rushes into the abyss of remembering forgetting, text follows this movement as the present of voice present, the present of voice past, the present of voice future.

There are two main observations that one could make at this point. First, *How Linda Died* blurs the genre definition of diary. From an ethical perspective it de-centers a soliloquial *I*-oriented discourse. The diary is sprinkled with biographical notes about Linda. If they are Linda’s “as told to” autobiographical fragments, one could say that the diary becomes the medium of a second-degree autobiography. However, Frank’s writing runs across narrative levels, or better, voicing the suffering memory, voicing the disruptions of voice runs across the narrative through expressive embodied talk that irrupts writing, that constitutes the tension of writing. Thus, it is difficult to maintain narrative levels, “planes” or degrees. On the contrary, interpreting voice through narrative levels would hinder reading the dynamics of the text, the intonation of its tension points.

Second, the very ethical stance that governs the writing of the diary articulates the memorial work of Frank Davey, the restoration of a memory and the expressivity of a presence, of a menaced life and self, the testimony to its fragility and mystery. As put by Shoshana Felman, “A ‘life-testimony’ is not simply a testimony to a private life, but a point of conflation between text and life, a textual testimony which can *penetrate us like an actual life* (14); “speech as such is unwittingly testimonial; and ... the speaking subject constantly bears witness to a truth that nonetheless continues to escape him, a truth that is essentially, not available to its own speaker” (Felman 24). The narrator is called to speak, voluntarily or involuntarily, consciously or unwittingly, not only for himself, for his own experience, but “*for others and to others*” (Felman 15). Thus Frank is compelled to write for Linda, to witness her illness, an overwhelming event for both Frank and Linda that cannot be grasped, assimilated through a cohesive, conclusive account.

Davey’s writing, through its very restitutorial character, does not pretend to a re-configuring power, which would be equivalent to assuming from his own perspective Linda’s life—something that would be a countersense to his narrative position. The truth of his narrative witnessing consists in manifesting the latent narrative essence of an embodied suffering proximity, not in the stated, truth assertion. The testimonial narrative has to be understood as “*truth’s realization*” (Felman 24). And truth is realized in Frank Davey’s diary as the voice’s distension that responds to the Other’s call.

CHAPTER 6

REMEMBERING FORGETTING

John Bayley, *Iris: A Memoir of Iris Murdoch* and
Iris and her Friends: A Memoir of Memory and Desire

1. Memoir as genre

In the field of life-narratives scholars have usually distinguished between first-person illness narratives and illness memoirs, “third-person illness accounts” written by close others that take care of the suffering person, though they have also recognized their intersection with confessional first-person modes (Wiltshire, “Biography, Pathography”; Diaz). In studies that specifically approached memoirs, one included them in the category of “écrits consacrés à l’effectif” (Jeannelle, *Écrire ses Mémoires* 280), writings with a referential trait. As their authors strongly claim responsibility for their writing, Jean-Louis Jeannelle suggested that the category of “narrator” be reserved exclusively to the domain of fictional texts (“L’acheminement vers le réel”). He considered that the “uttering instance” (“instance énonciatrice,” “L’acheminement vers le réel” 289) was more pertinent for memoirs as they are anchored in the “interdiscursivity” of multiple social discourses (292) and in the historical condition of their authors (see also Jeannelle, *Écrire ses Mémoires*).

Nevertheless, John Bayley's texts, *Iris: A Memoir of Iris Murdoch* and *Iris and her Friends: A Memoir of Memory and Desire*, announce from the beginning the intention of crossing genre boundaries. The title, "A Memoir of Iris Murdoch" already suggests multiple meanings: the significance of memoir as genre, of memory and the remembering process. At the same time, the possessive "of Iris Murdoch" displaces the usual emphasis in memoirs on the author's memories, although the one who remembers is the author. Bayley remembers "of" Iris and for Iris. The text bears biographical marks, and John Wiltshire regards it as such ("Biography, Pathography"). Nonetheless, though biographical notes are dispersed throughout the memoir (accounts, landmarks of their relationship and life together), one could not define Bayley's work as a biography. *A Memoir of Iris Murdoch* is fraught with perplexities and assumed limitations of knowledge of important parts in Iris' life. For this same reason, I prefer to maintain the "narrator" category throughout the analysis in order to discuss different effects of voicing with respect to the Alzheimer's disease sufferer. Despite the effort to put together, in a coherent whole, the narrative of remembrance as a mode of retrieving Iris' lost remembering self, the inscription of the narratorial voice in the present and the presence of Iris' illness bears the traces of forgetting in the form of uncertainties, ambiguities, gaps.

In the same vein, the second memoir written by John Bayley follows the final stage of Iris' illness, until her death. Illness seems to enter a new phase, which corresponds with a "de-facement" (de Man) of Iris. As illness progresses Iris seems to lose any communicational means, becomes more and more restless, anxious, refusing to be fed, departing suddenly from home, piling up clothes, disappearing, wandering

like a ghost around the house and uttering meaningless words. Writing this memoir is thus both a witnessing of Iris' slow, though sometimes aggressive, stubborn de-facement, and an escape for John as the memoir alternates records of Iris' disturbance with his own large autobiographical recalls that no longer refer to the common past of Iris and John, as in the first memoir.

2. The traces of memory and forgetting

Wiltshire reads Bayley's texts as a blurring, transgressing, and transmuting the distinctions between the self and the other ("Biography, Pathography"). He pays attention especially to Bayley's second work about Iris's illness, *Iris and Her Friends: A Memoir of Memory and Desire* emphasizing the author's psychology as caregiver and the expansion of his own autobiographical memory while Iris's illness entered the last, most destructive phase. Wiltshire interprets the affective response and coping modes of the narrator (writing, remembering his own past, fantasizing), as the introjection of Iris' pain, anxiety and their remodelling, conversion into a coherent content that can be communicated to the sufferer and rendered bearable: "The pathography takes up the disturbing and meaning-denying aspects of illness experience and attempts to make them into something that can be thought" ("Biography, Pathography" 418). He follows the model of infant-mother and analysand-analyst relation in psychoanalysis.

However, I suggest that this interpretation is problematic since the communication of a coherent, interpretable content is blocked for an Alzheimer's

disease sufferer. As recognized in fact by Wiltshire himself when he discusses the compensatory strategies developed by the narrator: “his self-fuelling activity is not replenished by any hope of amendment in the patient” (421). At the same time, he is still caught in a dual mode of thinking when he distinguishes between pain and suffering not only in a radical way, but also in an unethical one: “Iris feels the pain but does not suffer it; Bayley discovers it, for Iris” (422). His affirmation is questionable if we consider that in the first stages of illness, one of the most disturbing lived experiences of the Alzheimer’s sufferer is the loss of self: “the loss of self happens before the very eyes of the person whose self is vanishing.” (Ronch 24). To claim that an Alzheimer’s patient does not suffer pain would mean to reduce pain to its physical aspects and limit the experience of suffering to its conscious contents.³⁵

Thus, in so far as Bayley’s first memoir is concerned, intersubjectivity lies somewhere else, maybe in the very asymmetry between Iris and John, which, at least in the economy of the text, was, since John has met Iris, the very paradigm of their relation. He calls it “sympathy in apartness” (Bayley, *Iris: A Memoir* 39), “apartness” meaning separateness, solitude, distance, difference, inability to grasp the Other, the remains of incomprehensibility that cannot be elucidated.

This sympathy for what was or might be going on in Iris’s mind, together with my inability to understand or enter into it, must have developed quite early on.... Already we were beginning that strange and beneficent process in marriage by which a couple can, in the words of A.D. Hope the Australian poet, ‘move closer and closer apart.’ The apartness is a part of the closeness,

³⁵ Wiltshire’s affirmation is not a far cry from the common sense discourse which states that infants do not suffer physical pain, as if physical pain would have no effect on the later psychological development of the child.

perhaps a recognition of it: a pledge of complete understanding.... The more I got to 'know' Iris, in the normal sense, during the early days of our relationship, the less I understood her. Indeed I soon began not to want to understand her. (Bayley, *Iris: A Memoir* 38-39)

Hence, against Wiltshire's understanding of intersubjectivity as the taming of incomprehensibility, of anxiety, of pain in a meaningful totality that "can be thought" and re-assumed by the sufferer, the oxymoron "sympathy in apartness" discloses the faults of one's interpretation of the Other as the very basis of relating to the Other. Bayley's writing is not an attempt at solving the puzzle of the Other. It sets free both her distinction, the unique Iris, as "Iris was Iris" (Bayley, *Iris: A Memoir* 42), and her indeterminable past, present and future traits that threaten and are threatened by disappearance.

I consider "sympathy in apartness" as one of the emblematic metaphors of the memoir as it allows the journey between "then" and "now" announced in the division of chapters but that pervades the entire text. It condensates, and beautifully expresses both the condition for the ethical relation to the Other in Levinas' terms (*Totalité et infini*), namely the separateness, the difference of interiorities, and the transcendent movement towards the infinite Other. One could say that the outbreak of Iris' illness, her suffering and vulnerability, radicalizes the difference and at the same time deepens the closeness.

From the first chapters of the memoir, Iris takes the faces of a protean, elusive, "escapist" (Bayley, *Iris: A Memoir* 40) hero: the loved maiden in fairytales who can disappear any time into an unknown place, comes back, but will definitively vanish after a fatal mistake of her lover. Past uncertainties about Iris' "sameness" and

“reality,” about her “visits” to her friends, ambiguities about her feelings fuel a dubitative discourse that opens onto alternative possibilities that, however, are never named, only hinted at. In this context, narrating ambiguity and uncertainties signifies letting free, skirting the Other’s alternative being, as it appears in the parallel between the fairy-tale maiden and the present memory (“I can now feel that I was giving Iris....”) of their relation:

The happy child-like girl or woman she had now turned into when she was with me was delightful, but also ... fundamentally unreal, like the girl in the fairy story. This could not be the real Iris. But with the hindsight that also saw a parallel with the fairy story I can now feel that I was giving Iris without knowing it the alternative being that she required: the irresponsible, even escapist persona ... which she had no idea that she wanted or needed. Neither did I have any idea that I was supplying it. I felt I was in love. Indeed I was sure of it; and I was innocently sure, too, that it must be the most important thing for both of us, although Iris never gave any indication that she thought so too. The Iris with whom I talked nonsense and gambolled about ... was delightful; and yet I could not but feel that she was not the same woman I had first seen and marked out; nor was she the ‘real’ Iris Murdoch, the serious hard-working responsible being observed and admired by other people. (Bayley, *Iris: A Memoir* 40)

Iris’s “present” illness carves even further the narrative of indeterminacy: “I never asked Iris how I had come to be included in that party ... Now, of course, it is too late” (Bayley, *Iris: A Memoir* 41). It is in the very faults of the broken voice of forgetting, Iris’ stumbled, repetitive voice that the narrator’s own voice of remembering arises, hypothesizing about the existence of a possible principle of

identification that survives Alzheimer's devastation: "And yet I think she would recognize Maurice Charlton or other friends.... Memory may have wholly lost its mind function, but it retains some hidden principle of identification, even after the Alzheimer's has long taken hold" (Bayley, *Iris: A Memoir* 41). The narrator seems to look for Iris' affective memory traces that, as suggested by Ricœur's essay (*La Mémoire, l'histoire, l'oubli*), are not to be confounded with the cortical traces. From this point of view recognition is the fundamental link between a first psychic impression and its retrieval from its oblivious persistence, latency in our spirit. Recognition thus renders present an absence, a disappearance that however remains anchored in the past that has been. Bayley's text emerges in the very process of Iris' forgetting as the textual interface between Iris' forgetting and his remembering, echoing a tacit question that one feels compelled to ask in front of the loss provoked by Alzheimer's disease: is identity, "is a 'self' possible when the ability to construct narrative is broken?" (Basting 88), when loss of memory seems to equate "loss of self." As demonstrated by Gunnthórunn Gudmundsdóttir in the case of autobiographies, writing one's memories might reside to a certain extent in the very loss of memory: "Not only can forgetting influence the whole structure of the text, it can also be the very reason for starting to write, as an attempt to retrieve what has been lost" (35). Even more, I would argue that memory retraces the process of forgetting, that memory is a distension of forgetting. Ricœur talks about the fundamental form of forgetting, the unconscious, latent state where the traces of virtual memories of already-happened affective impressions remain available for recognition: "le noyau de la mémoire profonde consiste en une masse de marques

désignant ce que d'une manière ou d'une autre nous avons vu, entendu, senti, appris, acquis" (*La Mémoire, l'histoire, l'oubli* 571). Thus forgetting is not only what memory strives to counter—if one considers it under its “erasing,” destructive trait—, but also what preserves traces throughout time (“duration” in Henri Bergson’s terms and used by Ricœur) so that one can perform the retrieving effort of remembering.

Still, between the two poles of fundamental forgetting and forgetting as erasing, Bayley’s notes another mode of forgetting, particular to Iris. Forgetting as effacement seems to characterize Alzheimer’s sufferers, and it affects Iris too. Thus, the narrator, even if reluctantly, compares Iris with other patients. Though refusing to see Iris through the lenses of a common social metaphor for Alzheimer’s patients (“the corpse”), and refusing to see himself as “chained” to that corpse, he is haunted by this image. He also acknowledges the effects of the disease upon Iris as a patient among others:

We had known our partners as equals over many years, told and listened and communed together, until communication had dwindled and faltered and all but ceased. No more letters, no more words. An Alzheimer’s sufferer begins many sentences, usually with an anxious repetitive query, but they remain unfinished, the want unexpressed, usually it is predictable and easily satisfied.... (Bayley, *Iris: A Memoir* 43)

However, immediately, the narrator evokes a peculiar trait of Iris that, I would suggest, points to a different forgetting:

...usually it is predictable and easily satisfied, but Iris produces every day many such queries, involving ‘you know, that person,’ or simply ‘that,’ which take time and effort to unravel. Often they remain totally enigmatic, related to

some unidentifiable man or woman in the past who has swum up to the surface of her mind as if encountered yesterday. At such times I feel my own mind and memory faltering, as if required to perform a function too far outside their own beat and practice. (Bayley, *Iris: A Memoir* 43)

Wouldn't the persistent, repetitive query, the undetermined, enigmatic questions voice the trace of forgetting? The trace not of effaced memory, but of blocked remembering, of the displaced or derailed memory; not a complete disappearance or erasing, but the agent of displacement. The trace of forgetting carves hence different paths, different imprints in the past to be unravelled in the future, and, if one were to take Plato's metaphor in *Theaitetos*, to which no sensation would correspond.³⁶ Still, the trace of forgetting is as demanding as the effort of remembering memory's traces, the work of *anamnēsis* as defined by Aristotle (qtd. in Ricœur, *La Mémoire, l'histoire, l'oubli*), the active quest for memories: "la capacité de parcourir, de remonter le temps" (116). The forgetting voice, "take[s] time and effort to unravel." And both memory and forgetting unfold in a double orientation towards past and future (see Ricœur's analysis of Augustinian memory: *Temps et récit; La Mémoire, l'histoire, l'oubli*).

The Augustinian paradox of forgetfulness will support my argument for the definition of forgetting as an "agent of displacement." At the same time, Augustine's interpretation of time through its correlation to voice (see my former analysis in chapter 5) and my own discussion of the distension of voice will sustain my view on voice as the trace of forgetting.

³⁶ Interpreting Plato's metaphor, Ricœur equates forgetting and the memory's mistakes as either an effacement or a non-correspondence between the marks left by the initial act of imprinting onto the wax block contained by the soul and the present sensation (*La Mémoire, l'histoire, l'oubli*).

In Book X of his *Confessions*, after having developed the problem of memory as recognition, Augustine stumbles across the problem of forgetfulness. Since, when talking about forgetfulness one has to recognize the significance of the word as forgetfulness, and since recognition means to remember, Augustine is confronted with the aporia of remembering forgetfulness, and thus remembering loss of memory: “But when I remember forgetfulness, both memory and forgetfulness are present—memory by means of which I could remember, forgetfulness which I did remember. But what is forgetfulness other than loss of memory?” (193; X, xvi). The paradox of forgetfulness announces in a certain way the later difficulties in Book XI where Augustine has to solve the problem of time, of the present which does not have any extension. Thus, he asks, how can forgetfulness be present since its presence would mean precisely not to remember? Nonetheless, forgetting is not considered as an absence, as a void, but a qualitative lack of a power, which disturbs consciousness and puzzles with the necessary recall of this lack:

How then is it present for me to remember when, if it is present, I have no power of remembering. What we remember, we retain by memory. But unless we could recall forgetfulness, we could never hear the word and recognize the thing, which the word signifies. Therefore memory retains forgetfulness. So, it is there lest we forget what, when present, makes us forget.” (193; X, xvi)

To solve the difficulty Augustine suggests in a first moment that, since it is the *I* who remembers, recalling forgetfulness would not be situated in the *I*'s memory or that the sense of forgetfulness is to counter forgetting (not to forget), solutions that he rejects as absurd. He points towards the solution of remembering the images of forgetting imprinted on the memory, instead of the presence of forgetfulness. But the

argument fails since, in order to inscribe its images on memory, forgetfulness should have been present and the argument is lost in a u-turn to the impossibility of retaining forgetfulness since “by its very presence, forgetfulness deletes whatever it finds already there ... and ... forgetfulness destroys what we remember” (194; X, xvi). The only solution Augustine can offer is finally the distinction between the complete forgetfulness, which does not allow one to remember, and the partial forgetfulness that leaves one the possibility to remember at least the meaning of forgetfulness.

And yet, following the idea of forgetfulness as a qualitative lack of power, I would argue that it would be possible to understand the paradox of remembering forgetfulness. For this, I suggest that forgetfulness parallels the passivity of suffering as defined by Levinas (“Une éthique de la souffrance”) and that what one remembers is the suffering of forgetfulness. I understand forgetfulness as suffering, which through its very passivity tears apart consciousness as an “agent of displacement.” Forgetfulness carves in the present the recognizable traces of its displacements, not to be found where one thinks they are.

In Levinas’s interpretation, suffering is a qualitative, adversative mode of disrupting and opposing consciousness and cannot be assimilated through knowledge and interpretation:

c’est un malgré-la-conscience.... apparaît comme un trou permanent dans le vécu; elle se refuse au vécu; la douleur est en quelque sorte la modalité de ce refus. Ce vécu est vécu comme adverbe, comme un comment du vécu, c’est en quelque sorte une interrogation permanente et sans réponse posée sur le vécu. (Levinas, “Une éthique de la souffrance” 127)

Suffering expresses itself as negativity through its very refusal to be contained by the acts of consciousness. It is the suffered unbearable that consciousness cannot bear, cannot comprehend, the disordering, dismantling passivity. Nonetheless, I would argue that it is through its very negative passivity and refusal that suffering turns into the agent of disruption and displacement; it becomes trial, ordeal, enduring as Levinas himself comments: “Ce mal qu’est la souffrance est manifestement une épreuve” (“Une éthique de la souffrance”132). In the same way, forgetfulness refuses itself to be contained by remembering. Through its very effort, remembering is subjected to forgetfulness that transforms itself into refusal, adversity—an unbearable passivity that displaces, rips memory. It is in this sense that one can understand the Augustinian paradox. Forgetting is remembered as the suffered dismantling of memory that traces labyrinthine lost paths and discordances.

This is Iris’ suffering, Iris’ repetitive query about the time of forgetfulness that has to be unravelled following displaced paths, a wandering quest, questions without answers: “What is left is the terrible expectancy. ‘When?’ and ‘I want...’ is she still saying inside herself, like the blind man in Faulkner’s novel, ‘When are they going to let me out?’ *Escape*. The word hovers, though she never utters it” (Bayley, *Iris: A Memoir* 172). “Iris’s ‘Well’ relapses into something about ‘when he comes’ and ‘Must for other person do it now.’ ‘Dropping good to borrow when...’ ” (175). Iris’ voice expresses the suffering of forgetfulness, the dissonance, the distension between a present query, the indefinite waiting for an answer and the refusal of the answer. It conveys at the same time forgetting and the memory of its suffering. The indeterminate “expectancy” does not “plan” the time to be unfolded. “Expectancy”—in

Augustinian terms it signifies the orientation toward the future—means here being exposed to the lack of any project, being suspended between a continuously elusive past and the impossibility of its reframing through the present telling. Eventually, voicing pronounces its own silences, “the extreme of words” that can multiply indefinitely and thus annihilate each other, beginning phrases and abandoning them: being staggered, mute before the words without borders, before one word.... To tell the word ... which one? In Iris’ own words, the metaphor for forgetfulness is a “‘sailing into the darkness’ ” (Bayley, *Iris: A Memoir* 179), and John understands it as the “terrible lucidity about what is going on” (179) that disconcerts one with the abrupt fracture of its very consciousness: “But can one be lucid in such a way without possessing the consciousness that can produce such language? And if consciousness can go on producing such words, why not many more, equally lucid?” (179). The paradox of remembering forgetfulness is doubled thus by the paradox of tracing indiscernible paths of suffering, “the terrible lucidity” that one does not know where one is going and which imposes itself on the consciousness as its own pathos—the impossibility to escape navigating into nowhere. In Augustine’s terms, “memory is present to itself through itself” (192; X, xv), and forgetfulness puzzles with its “pretense” to being present. Iris’ suffering points to very paradox of forgetfulness since her consciousness is subjected to the distension of memory that is present through its forgetting.

With Augustine, memory, and time have become the fundamental dimensions of interiority. However, as argued in the chapter that formulated the problem of the research, the Levinasian interpretation of our relation to the future transgresses the

limits of interiority towards intersubjectivity. Thus, memory, doubly oriented towards past and future, already comprises an orientation towards otherness; not only towards otherness as absence (as in Aristotle's definition of the design as both copy, *eikōn*, referring to an absent model of the design, and the design as object, support itself), but to the Other as a different interiority—with her own absences... In the same chapter (pp. 32-33) I have also pointed towards the social and cultural construction of memory; Ricœur uses the term *mondanéité* (*La Mémoire, l'histoire, l'oubli* 44) to open the meaning of memory towards the horizon of the world where one had experienced the initial psychic impressions of our memories. Founding the idea of the traces retrieved in the future by remembering on Levinas' perspective, on the transcending towards otherness as the other, offers however the basis for understanding intersubjectivity in the context of caring for the Alzheimer's sufferer. Namely, the traces of forgetting, their differing, deviating paths affect not only the sufferer, but the care-giver too. One could say that Bayley's own discourse, "... at such times I feel my own mind and memory faltering, as if required to perform a function too far outside their own beat and practice" (*Iris: A Memoir* 43), at the same time voices Iris' forgetting traces, and performs the insertion of his own remembering effort in the forgetting traces voiced by Iris' unfinished discourse: as a continuing remembering effort in an undetermined future, as the un-correspondent quest to an unrecognized image? ... Both alternatives point to the "closer apart" oxymoron, to its implied asymmetry.

Retrieving the traces of the Other's forgetting and memory, means in the case of Alzheimer's, retrieving suffering, vulnerability, remembering in any case

forgetfulness—as in the Augustinian paradox of acknowledging—, remembering that one is forgetting, remembering the fatal “closer apart.” I would suggest that the whole memoir performs the paradox of remembering Iris’ forgetting, of retracing forgetting, a paradox that is experienced in a painful way by John: he “sees,” as in front of his eyes that Iris is losing her memory (a very common experience for many Alzheimer’s sufferers themselves who forget and realize that they are forgetting). The structure of memory and forgetting that I identified following Augustine and Levinas’ ethics also allows understanding the bounds of vulnerability between the sufferer and the caring other, the caregiver’s traces of suffering in his effort to respond to a broken voice: “no tears, none of those broken sentences whose only meaning is the dread in her voice and the demand for reassurance” (Bayley, *Iris: A Memoir* 189).

As shown by medical scholars, one of the main side effects in Alzheimer’s disease is the deterioration of the defence system individuals normally use to reduce anxiety (Ronch). But “unmeaningness,” chaos, incoherence, are conditions faced (though with differences) both by the caregiver and by the sufferer (Wiltshire, “Biography, Pathography”):

Once, if there had been little river traffic about, we would have swum at once the hundred yards or so across the river and back. Now it is too much trouble, and a possible producer of that endless omnipresent anxiety of Alzheimer’s, which spreads to the one who looks after the sufferer. Not that it would be dangerous; Iris still swims as naturally as a fish.... It was being in the water she loved. Twice she came quite close to drowning. I thought of that, with the anxiety that had now invaded both our lives, as we approached the bank again, to scramble out.... I pulled myself out first and turned to help Iris. As

she took my hands her face contracted into that look of child-like dread which so often came over it now, filling me too with worry and fear.” (Bayley, *Iris: A Memoir* 34-35)

Facing the decline of the short-term memory, Alzheimer’s disease sufferers tend to compensate the impossible remembering with past memories, which become “the reference point for orientation to time, place and person. The past, in essence, is where the person with AD finds him or herself” (Ronch 26). If one refers to the struggle to retrieve long-term memory, the text rarely records in a direct speech Iris’ own remembering discourse. It is constituted more as the reported repository, the lasting hindsight of the narrator that can perceive the difference between “once” and the forgetting “now,” retrieving the past as the confirmation of who one was, and hence confirming who one is (Basting). Nonetheless, through the very act of remembering, it traces forgetting. John’s efforts lie in identifying landmarks of the common past between Iris and him, like bathing in the river. But the former common pleasure (“once”) and its remembering is interrupted by the “now” incapacities. In the case of the Alzheimer’s disease, one of the most baffling effects on the sufferer’s embodiment is the gap between an apparently normal physical state of the affected person, and the distorted meaning-making activity that contradicts the self’s portrait (Wilthshire, “Biography, Pathography”). Personal style, behavioral patterns, language vanish with the vanishing memory and with cognitive impairment (Ronch). Hence, the disruption of embodiment does not lie in a diseased body, in its abjection, and pollutedness, as in the case of cancer sufferers (Waskul and van der Riet), but in its incomprehensive, disturbed intentionality as “being in the world” in the terms of M. Merleau-Ponty (*Phénoménologie de la perception*). It is the whole embodied

condition of the individual that is affected by memory loss, as the domain of memory comprises the entire spectrum of “savoir faire” (see Ricœur’s analysis of Bergson’s habitual memory in *La Mémoire, l'histoire, l'oubli*):

... once we would have got our clothes off as soon as possible and slid silently into the water, as we had done on that first occasion. Now I had quite a struggle getting Iris’s clothes off.... Her instinct nowadays seems to be to take her clothes off as little as possible.... She protested, gently though vigorously, as I levered off the outer layers. In her shabby old one-piece swimsuit ... she was an awkward and anxious figure, her socks trailing round her ankles. She was obstinate about not taking these off, and I gave up the struggle.” (Bayley, *Iris: A Memoir* 33-34)

Loss of the remembering of “that first occasion,” a landmark of the relation between Iris and John, loss of self means loss of significance and translates in disoriented, grotesque gestures that, in Merleau-Ponty’s words, do not inhabit the world anymore. However, in spite of its grotesqueness, the demented body-self is able to preserve its negotiating power and hence, its dignity, which cannot be understood as meaning-making, but as expressiveness: “she protested, gently, though vigorously.”

Recording suffering allows hence recording and witnessing Iris’ uniqueness, her preserved, continuous dignity and character, her self, beyond the lost remembering, and hence beyond her impossibility to constitute her own self-narrative:

Alzheimer sufferers are not always gentle: I know that. But Iris remains her old self in many ways. The power of concentration has gone, along with the ability to form coherent sentences, and to remember where she is, or has been. She does not know she has written twenty-seven remarkable novels, as well as her books on philosophy; received honorary doctorates from major

universities; become a Dame of the British Empire ... She is always anxious to oblige. And the old gentleness remains.” (34)

But it is a risky play to hover between dignifying the memory of things disappeared and recording the trace of their disappearance. The difference between the “once” reader of ancient Greek and the “now” demented Iris performs the effective reminder of suffering loss. The effort of recognition, supposed by the remembering process becomes a painful going back following partial or interrupted traces as the temporal duration of latent memory has been severely affected. In his own efforts to restore the figure of Iris as passionate reader or as author, Bayley takes the role of her reader, reading aloud from her favourite books, but he realizes the irrelevance of the mere struggle to record clusters of words instead of reconstructing fictional worlds: “But the relation of such recognition to true memory is clearly a painful one. Tolkien and Lady Murasaki had been inhabitants of her mind ... to meet them again in this way and awkwardly to recognize them, was an embarrassment” (50). Reading aloud is transformed eventually into a reminder of the loss of identity, of Iris’ authoring powers. Iris cannot construct fictional worlds and thus cannot author herself anymore. Apparently, this would imply that Bayley’s memoir is the medium through which he becomes the author of Iris’ life, the fulfillment of an unconscious wish that empowers the marginal academic husband at the expense of the world-renowned writer. However, Iris’ affliction though affecting her recognizing capacities, still kept the capacity of intimation into a fictional world that she could create together with John (like the insertion of their own jokes in the margins of a text that John was reading). The fragment counterpoints the remembered moment when Iris and John enacted the author–reader–author play of roles. After reading a part of her novel *The*

Bell, John was caught in its character's intimation and expressed his desire to find out more about the character. Iris asked him to write a fragment about the character. As long as the remembering recognition is not implied, performed communication through jokes seems to find a way between Iris and John:

A burst of laughter, snatches of doggerel, song, teasing nonsense rituals one lovingly exchanged, awake an abruptly happy response, and a sudden beaming smile that must resemble those moments in the past between explorers and savages, when some sort of clowning pantomime on the part of the former seems often to have evoked instant comprehension and amusement. (43)

But even so, though momentarily rendering possible a simultaneous communication, even if a ridiculous one, they deepen the gap between Iris and John, their apartness, and also between the "once" and "now" Iris. And such "success" moments are rare in the present of the illness, when communication seems to be deflected or filtered, obliging to a chasing race after its tracks:

Our mode of communication seems like underwater sonar, each bouncing pulsations off the other, and listening for an echo. The baffling moments at which I cannot understand what Iris is saying, or about whom or what—moments which can produce tears and anxieties, though never ... the raging frustration typical of many Alzheimer sufferers ... Both of us at a loss of words. (44)

The "echo" metaphor is highly suggestive for my understanding of the trace of forgetting, as it epitomizes the effort to retrieve the trace of the very disappearing of Iris' remembering. It disconcerts through its significance as vanishing trace, but also

as vanishing voicing origin, hence aggravating the meaning of loss of memory. The echo does not temporally preserve, as memory does, available memories following the initial psychic impressions. Hence no retrieval, no way back towards the past is possible. Echo is a one-way ticket towards losing words. In a paradoxical way, only the memory of the echo could be retrieved.

But “echo” also suggests the frailty of the voice threatened with effacement. What effacement precisely? One would be tempted to suggest it is the loss of the presence to itself that renders vulnerable the voice, given the fact that, as recorded by John, Iris did not seem to be conscious of her state. Still, Iris did not appear to be affected by the lack of meaning of her utterances, as long as John received the voice as a familiar, recognizable voice, and thus recreating and conveying back to Iris, if not the sense of a meaning, at least the sense of a certain familiarity to her own voice. Apparently, this loved familiarity became the only remaining landmark that Iris could perceive, or, maybe, in which she would have essentially been interested in. As accounted by Bayley, in fact, the problem of identity puzzled her just because she never felt she “possessed” an identity. Hence, one could suggest, Iris’ identity already had the consistency of a vanishing trace, of the echo.

As already mentioned, Iris’ own voice rarely “sounds” in an immediate direct discourse. And if it does so, it only reproduces in the present tense her repetitive interruptions that are echoing the trace of her despair and suffering in front of an oblivious void with no temporal or spatial landmarks. The whole memoir as “memoir” is thus mostly tributary to Bayley’s remembering voice, though his own voice and memory risk being absorbed by Iris’ sailing into the darkness:

...most days are in fact for her a sort of despair, although despair suggests a conscious and positive state and this is a vacancy which frightens her by its lack of dimension. She mutters 'I'm a fool' or 'Why didn't I' or 'I must...' and I try to seem to explain the trouble while rapidly suggesting we must post a letter, walk round the block, go shopping in the car. Something urgent, practical, giving the illusion of sense and routine. (44)

I cannot now imagine Iris any different. Her loss of memory becomes, in a sense, my own. (189)

One of Iris' constant questions is " 'When are we leaving?' " (51) and it appears repetitively in the second memoir too. Even if the answer to it hardly meant anything, the query expresses the desire for journey, one of the most significant narrative elements (the heroine's journey), and also one of the fundamental embodied metaphors ("life is a journey"). The question implies Iris' eagerness to leave for a journey. Nobody could assert anything certain about the meaning of the anxious query for Iris. However, although unstructured as a configured narrative it expresses a spontaneous, uncontrollable desire to enact a journey, an unknown, risky journey, hence, to perform a narrative. One can only suggest that, in a certain form Iris, preserved what Cavarero called "the narratable self"; the spontaneous act of telling one's story corresponds to the experience of the journey of life, unpredictable, fraught with danger. But I argue that in Iris' case, "the narratable self" does not depend on its temporal constitution, but on the time it constitutes: the disappearing time of her forgetting in the story of her memory, translated in the text of the diary as her anxiety to leave. As I showed following Arendt, Mattingly ("The Concept"), and Jackson ("The Rashomon Approach"), narratives are rooted in the experience of suffering.

Initiating an action means a self-presentation through speech as the actor and sufferer of one's own story in the nexus of social relationships and life obstacles. The telling actor-subject tells his/her story through interlacing it with the others' stories. The narrative identity of Iris, her "narratable self" resides precisely in her identity as illness sufferer, as subject confronting obstacles in the life's journey. She expresses the sufferer's voice, the broken or impossible voice that contrasts with "the voice of the healthy" (Hydén 62).

From a formal point of view, the memoirs pertain to the three types of illness narratives formulated by Hydén (see my presentation in chapter 4): "illness *as* narrative, narrative *about* illness and narrative *as* illness." For the present analysis the interplay between "illness *as* narrative" and "narrative *about* illness" is significant.

John Bayley's memoirs voice Iris's suffering and his own suffering. They constitute the textual interface where voices, through disclosing their vulnerability and failure (both Iris' and John's), at the same time display and displace time and a narrative disrupted by illness episodes, and propose a narrative where voice strives to restore personal integrity. As illness progresses, the memoirs turn into a clash of voices, exorbitant truth of incoherence, rage and exhaustion, and it is into the breaches opened by the fractures of voice that the restoration effort emerges. Thus, the question one has to ask in the context of a referential narrative is whether John Bayley's memoirs respect the rules of referential writing proposed by Eakin (*Living Autobiographically*; see my discussion in chapter 4) and what would be the consequences of infringing these rules in Iris' case? The question is even more relevant in the case of the second memoir, *Iris and Her Friends*...where Iris'

aggravated illness seems to decompose her self and renders her even more vulnerable.

I would argue that the memoirs expose both the truth of an impossible narrator, Iris, her mysterious, obsessive queries, unfinished words, crippled intelligence, and the risky expression of an author losing his own face, John, his rage, his own anxiety which, in the second memoir, he struggles to counter through recomposing his autobiography.

Nonetheless, as Roy Henry suggests, “His escape into his memories and desires only underscores the depth of his attachment to Iris Murdoch” (604). We have seen that the first volume ended with the “closer and closer” metaphor of their relation. *Iris and her Friends...* explores further the “closeness of closeness” where the self, as he becomes more and more dependant on the suffering Other, on her overwhelming illness, battles for imaginary separation, through evading into his own memory; John’s memory is taken hostage by Iris’ dementia, it depends on it:

Poor darling. No rest for that head. And I need its agitations now. If there were peace and silence, if she were not here beside me, my fantasy about the Perfect Woman and Gerrards Cross, together with memories of Littlestone and the golf course and the Mixed Room and my ruined cottage—they would all vanish away together. Like that puff of smoke. (Bayley, *Iris and her Friends* 221)

As announced in the title, the memoir is about “Iris and her friends” and through the reading of the memoir one finds out that the figures and characters of John’s own autobiographical memory are Iris’s friends, interlaced with fictional characters that once were residents of Iris’ own imagination and memory.

What disconcerts the reader of the memoir is the double movement of

Bayley's memory: recounting a separate, independent autobiography that does not refer to his life with Iris, and the sense of being possessed by, dependant on the demented Iris in the "closer and closer" relation. Bayley's very dependency on the Other, on Iris, distends his own memory and reinstates his interiority:

This feast of memory seems never to have existed for me before these days when Iris has lost her own memory.... Might she herself be soothed at these times of the day by some obscure knowledge of the compensatory pleasure which memory, let loose now like a horse in a meadow, is bringing me?... Remembering for love of doing it—comfort food—is bound to be selfish. But selfishness can itself help the very person who might seem cut off by it. The comfort I give Iris depends on my ability to lead this inner private life, whose vividness ironically depends on Iris not being present in it. It is all pre-Iris; all done and gone long before our own life together." (Bayley, *Iris and her Friends* 59-60)

What would I do without her? Impossible to imagine any other routine. I certainly cannot imagine enjoying my solitary drink unless Iris were safely in bed and asleep upstairs.... After nearly fifty years, I feel closer to Iris in a way that is different from a parent's for a child. Every day the knowledge that iris and I are one flesh grows more overwhelming. The further the illness takes her away in the spirit, the more she is with me in the flesh.... At the moment she keeps me sane. The final egoism, is it?" (187-188)

In Levinas's view, one cannot take an ethical stance to the different, transcendent Other unless the *I* is separated and constitutes an independent, free interiority, unless the *I* resides in himself. There is a radical difference between what one can say and how one can talk about oneself, and what and how one can talk about

the Other that both imposes separation and establishes the unavoidable intersubjective relation. Separation is produced as inner “psychism” (Levinas, *Totalité et infini* 23), as personal, discontinuous time that cannot be assimilated into historical time, egoism, sensibility and pleasure, a mode of “autohospitality” (Montandon 7). Through memory, “psychism” assumes, receives as subject the original birth whose significance does not depend on a totalizing history which erases particular existences and subsumes them in documentary chronology: “La mémoire comme inversion du temps historique est l’essence de l’intériorité” (26). Memory thus reverses the passivity of the past, its mere passage, historicity, and the already happened that would mean death.³⁷

And yet, the memoir announces explicitly both John’s detachment from Iris and his merging with her, the inseparableness from her, the impossibility of distancing himself from the radically different, lost, hated Other. John’s interior movement seems to depend on a connective tissue (Merleau-Ponty, *Le visible et l’invisible*) with “She,” the externalized, ridiculed Iris, relegated at an infinite distance, but faceless, expressing no discourse:

Shamelessness comes upon me now that Iris herself has gone, or is going. I don’t care what I do write or say about her or about anything else.... I find myself proclaiming to others, and to myself, as well, ‘She seems to want to go to bed about seven,’ or ‘In this new phase, she’s very restless in the night.’ Who is *She* who has made an appearance, and with whom others and myself are so familiar?... She has indeed become a She.... Did I write about Iris last year to stop her becoming such a She?’ (Bayley, *Iris and her Friends* 242)

³⁷ “Memory recaptures and reverses and suspends what is already accomplished in birth-in nature. Fecundity escapes the punctual instant of death” (Levinas, “La Souffrance Inutile” 56).

How can one understand the memory that saves itself, and at the same time, attached to the voiceless companion, recounts the double story of memory itself and of the dissolution of memory? I would argue that in Bayley's second memoir, Iris' loss of memory, forgetting, becomes itself a grotesque agent of disorder, a hyperbolized incomprehensibility that threatens with its ghostly voices, with being absorbed in its abyss, and at the same time expresses helplessness, asks for help, for the self's answer.

Scholars have studied the grotesque with reference to the body. Ambivalence is one of the main traits of the corporeal grotesque, where the subject goes beyond its frontiers, the individual body forces, protrudes its limits, intermingles with and prolongs external objects and bodies (Bakhtine, *L'œuvre de François Rabelais*). The grotesque body is in a permanent movement of construction and also recreates other bodies, annihilates the distinction between the internal / external territories.

I would rather suggest that one could interpret the loss of memory, the hypertrophy of silence through the grotesque image. In Bayley's second memoir forgetfulness cannot be dissociated from voice, and body. The grotesque loss of memory is expressed through the grotesque voice and prolongs into a grotesque body. But a grotesque forgetfulness is suffering, anxious loss through the absence of its own limits and its indeterminacy, an eerie darkness with no landmarks, a hypertrophy of void and it provokes both its rejection, separateness from it, the struggle to contain one's own memory in a coherent whole through the narrative of the self, and, thus, the ability to respond to the Other's call.

Voices, the sound of indeterminate voices, lost query constitute the very incipit

of the memoir that will haunt John's proliferation of memories and fantasies:

One night some months ago ... I had woken up suddenly with the feeling that something was wrong ... For there was a subdued noise somewhere in the house. The sound of voices. Was it burglars? But why should burglars be talking? Did they think the house was empty? I reached over the other side of the bed. There was nothing there. Iris had gone.... And to whom was she talking? Surprising how eerie her voice sounded, in the silence of the night, coming up muffled from somewhere downstairs. No words to recognize. There wouldn't, in any case, be intelligible words. No doubt that's why it sounded like two or three people conversing together, voices merging. Who are these new friends of Iris?... My heart sank inside me as I realized that the disease must have entered another phase.... for a moment, I thought I heard the voice of Macbeth, the most terrifyingly intimate of all Shakespeare's tragic characters. 'Methought I heard a voice cry Sleep no more!' ” (Bayley, *Iris and her Friends* 242)

The memoir unfolds as a distention of Iris' fracture of wandering voices, countered by John's own multiplying self-memories. Iris' voices become the double, the shadow of John's own memory, which seems to be caught in the paradox of Iris' obsessive desire to leave home, to wander, and her wish to remain in the presence of John: “I marveled yet again ... at the contradiction between her instinct to be away—anywhere, anywhere out of our world—and her wish to be my shadow. My water buffalo, interposing her bulk so that I can't vanish away” (Bayley, *Iris and her Friends* 195). As illness progresses, one can observe a gradually de-facing of Iris which translates the grotesque of the proliferation of forgetfulness. Thus Iris metamorphoses into a “water buffalo” which allows John's own abjection of Iris:

Nowadays, I can deliver a volley of obscenities at her and she smiles and nuzzles me as if they constitute the deepest, most loving reassurance. “Damn your eyes. Blast your guts. Bugger off, can’t you!” I shout it with a beaming smile, giving her a not-too-gentle push or a whack on the behind. (195)

Conflicting voices compete through Bayley’s discourse. The memoirs play thus on the verge of ambivalent feelings: love and hate in the prospect of a living death and indefinite mourning. They follow the ambivalent movement of idealizing Iris, the writer, and ironically abjecting her decay, as if Iris’ diminished intellectual capacities were swallowing her entire person in a grotesque mixture of retardation and childish naughtiness. Mental decay becomes the metaphor for a debased reversal of the traditional social feminine role, from caregiver to an infantile care recipient. However, the metaphor resonates at the same time with the socially constructed image of elderly women as dependant persons (Chivers). The terrible mother is reduced to a three-year-old toddler with the de-faced figure of a water buffalo, even if she liked their pictures before illness:

...my rage over the indoor plants.... Unfortunately they had also entered the orbit of Iris’ obsession with her small objects, things that she has picked up in the street and brought into the house. She began to water them compulsively. I was continually finding her with a jug in her hand, and the window-sill and the floor below it slopping over with stagnant water, I urged her repeatedly not to do it ... that day I went suddenly berserk. Astonishing how rage produces another person, who repels one, from whom one turns away in incredulous disgust, at the very moment one has become him and is speaking with his voice. The rage was instant and total, seeming to come out of nowhere. ‘I told you not to! *I told you not to!*’ in those moments of savagery

neither of us has the slightest idea to what I am referring. But the person who is speaking soon becomes more coherent. Cold too, and deadly. ‘You are mad. You’re dotty. You don’t know anything, remember anything, care about anything.’ This accompanied by furious aggressive gestures. Iris trembling violently. ‘Well–’ she says, that banal prelude to an apparently reasoned comment.” (Bayley, *Iris and her Friends* 174-175)

Telling truth equates in this case with exposing loss of voice, loss of face and thus loss of self. It dissolves privacy and “normative models of personhood.” But recounting the story of an Alzheimer’s sufferer, through narrating the narrative as illness, imposes itself a recounting of “illness as narrative” in which illness affects the capacity to recount, to tell one’s “narratable self.” Thus, as a result of the illness’ progress, the discourse of illness as narrative and the narrative as illness seem to collapse in the metaphor of a “closeness of closeness” (Bayley, *Iris: A Memoir* 92), “closer and closer together” (183) movement that seems to leave no choice except of being absorbed by the presence of illness. Discourse is inseparable from illness in Bayley’s memoir, the “narrative as illness” is indistinguishable from the “illness as narrative” and it cannot evade truth as exposure of a decentred (whether it would concern Iris or John), forgetful self and displaced memory. From this perspective, the rules of life-narratives necessitate a review. Telling the story of an Alzheimer’s sufferer without telling the story of his/her suffering as disintegration of the self or covering one’s ambivalence would make no sense. The fundamental trait of an Alzheimer’s sufferer resides in his/her loss of self and narrative means. As I suggested in the analysis of Frank Davey’s writing, the ethical value of his diary resides in the very disclosing of vulnerability, in the call upon one’s own exposure to the Other’s

vulnerability. In Bayley's memoirs Iris is the suffering subject who compels one to write her story. If she cannot use narrative means, she is situated in the ethical position to call upon them in the Other, through the Other's voice. The memoirs emerge in the process of forgetting, inserted in its traces.

CONCLUSION

I started the reflection of my doctoral dissertation with questioning the paradox of the experience of suffering: its subjective foundation and its intersubjective dimension. In the social sciences scholars approached illness narratives as operators of the intersubjective relation to the suffering Other. Though lived time is one of the existential dimensions of the experience of suffering, they emphasized the embodied condition of the sufferer. If the temporal structure of illness narratives has been studied, the tendency was to study it from a configurative perspective: suffering “the disturbance of ‘memory’ ” that affects the construction of the self’s understanding and coherence. My main concern has been with the disruption of memory as lived remembering capacity that affects the self’s ability to articulate memory through linguistic and narrative means, in the context of the last stages of brain cancer and Alzheimer’s disease.

Thus, I focused my research on the telling, voice disruptions in sufferers who experience themselves as “impossible storytellers,” who live on the verge of losing their “narratable self.” As a consequence, I showed that one has to understand illness narratives as embodied discourses that articulate the intersubjective relation to the suffering Other who is losing his/her remembering capacity. The main question to answer concentrated on the narrative mechanisms that could render possible this relation.

This question opened onto the discussion of the relation between suffering and

pain that I addressed through a phenomenological approach and the frame of the embodied paradigm. I concluded that the subjective experience of suffering cannot be dissociated from physical pain.

In the second chapter I reviewed the scholarly literature on the experience of suffering with respect to the problem of intersubjectivity. I proposed an interdisciplinary perspective based mainly on phenomenological studies, the paradigm of embodiment, medical anthropology and sociology. In a first moment, following Kahn and Steeves (“The Significance of Suffering”) I identified the “existential domains” of suffering and pain: “the experience of time, lived human relations, and lived space” and pointed to the necessity to discuss the embodied condition of the sufferer. From a phenomenological point of view, embodiment is understood as an already significant, preobjective and prereflective situation in the world. It is in this context that one has to discuss the problem of intersubjectivity. I was able to trace two main positions with respect to the limits in which intersubjectivity can be integrated or not in the experience of suffering: immanentist positions that deny any possibility of an intersubjective relation to the suffering Other; and anthropological and sociological positions that suggest that suffering and pain are intersubjectively, socially and culturally constructed. Even these, however, do not effectively discuss how intersubjectivity is realized; they explain the embodied lived experience with social and cultural constructivism. At the same time, following studies on suffering and pain, I confronted the aporia of the objectification of pain (the estrangement, thematization of one’s own painful body) and its preobjective status. As a way out of the aporia, I suggested to take up the body’s thematization as a moment of the very subjective

experience which opens up the possibility of interpretation, of the discursive reference to pain and suffering, eventually of the intersubjective relation without leaving the ground of embodiment. Consequently, I had to readdress the problem of intersubjectivity while considering the dialectics between the subjectivity and objectivity of the suffering experience, the disruptive, negative mode of the painful subjectivity that seem to annihilate intersubjectivity.

I found the appropriate solution in an ethical approach drawing mainly on E. Levinas' philosophy and on anthropological and phenomenological studies that took up the problem of the language and narratives of pain and suffering.

In the analyses of Frank Davey's diary, and John Bayley's memoirs, I considered text as an interface between voices, between self and the suffering Other, a permeable interface that displays wounds, interruptions, and ambivalences.

The original contribution of my research resides in the exploration of the intersubjective dimension of suffering through narrative means. I analyzed voice as the narrative mechanism that relates one to the suffering Other. I detected both the limits of sociological and anthropological studies in grasping the narrative mechanisms of intersubjectivity, and the limits of narratological studies of voice. I suggested that, in the context of life-narratives, an ethical definition of voice would allow us to overtake the ambiguities of narratological studies and to explain how one can relate to the suffering Other. Drawing upon Saint Augustine interpretation of time, memory and forgetfulness, and on Levinas' view on the intersubjective foundation of time, I proposed a new definition of narrative voice as distended between the present voice of voice present, the present voice of voice past and the present voice of voice

future. I demonstrated how the textual interface allows grasping interferences: how one voice prolongs the Other's voice without annulling the Other's voice, how the Other's voice breaches the self's voice and thus distends it into a memorial work by obsessively remembering forgetting, the Other's forgetting, and retracing memory through forgetting – whether the Other's memory, the memory of a life in common or the self's personal memory.

As any interdisciplinary research, this study faced the danger of following multiple paths simultaneously. My ambition was to explore the problem of suffering and pain in different fields ranging from ethics and phenomenology to medical anthropology and sociology, narratological and life-narratives studies, and to detect through the narrative analysis of voice, the ethics of the intersubjective relation. In the end it results that the analytical means correspond, overlap with what I identified as the object of this study: the intersubjective dimension of the experience of suffering; namely, through the distension of voice, the Other has breached one's own discourse. Thus, a second epistemological difficulty ensues: the circularity of my argument, with a subsequent concern about ethics' own capacity to effectively engage in an anti-totalizing approach of the Other, of his/her voice. The question is relevant especially in the context of referential life-narratives, where I hoped to identify what escapes from the representation of the Other, and consequently, from the danger of his/her misrepresentation. Fundamentally, the Other, his suffering cannot be represented, but voiced, and through one's own voicing one conveys one's vulnerability too, loss of face (as in John Bayley's case). Voicing equates with being exposed: crying, shouting, insulting, ordering, conveying at the same time ambivalence and what exposes

ambivalence. Voice itself is multiple, distended, before being multiplied. Thus, I see this research as a starting point for further investigation deviating from a narratological approach that could not grasp the effects of voice at the interference between text and the Other, between the self and the Other.

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