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## A LITERARY MEDICAL HISTORY: AGING, ILLNESS AND DEATH IN PHILIP ROTH'S *EVERYMAN*

This article discusses Philip Roth's 2006 fictional illness narrative *Everyman* in the context of Rita Charon's close reading drill developed for her workshops in narrative medicine. In her study *Narrative Medicine: Honoring the Stories of Illness*, Charon argues that "narrative training in reading and writing contributes to clinical effectiveness. By developing narrative competence, health care professionals can become more attentive to patients, more attuned to patients' experiences, more reflective in their own practice, and more accurate in interpreting the stories patients tell of illness" (R. Charon 2008: 107). Charon distinguishes "five narrative features of medicine: temporality, singularity, causality/contingency, intersubjectivity, and ethicality" (R. Charon 2008: 39) and mobilizes them by examining "five aspects of the narrative text – frame, form, time, plot, and desire" (R. Charon 2008: 114). I argue that *Everyman* is a particularly apt text to close read from the standpoint of medicine because, apart from its aesthetic values, it provides clinicians with medically relevant issues such as the character's poignant meditations on health, aging and the inevitability of death.

In *Narrative Medicine: Honoring the Stories of Illness*, Rita Charon argues that "narrative training in reading and writing contributes to clinical effectiveness. By developing narrative competence, health care professionals can become more attentive to patients, more attuned to patients' experiences, more reflective in their own practice, and more accurate in interpreting the stories patients tell of illness" (R. Charon 2008: 107). Charon distinguishes "five narrative features of medicine: temporality, singularity, causality/contingency, intersubjectivity, and ethicality" (R. Charon 2008: 39), which the author clarifies by giving multiple examples from narrative studies. These features become "mobilized" through the drill Charon developed for medical students "in which the reader examines five aspects of the narrative text – frame, form, time, plot, and desire" (R. Charon 2008: 114). Some of the texts Charon uses to explicate how literature can help health care professionals do their job more efficiently are James Joyce's "The Dead," Henry James' *The Wings of the Dove*, Thomas Mann's *The Magic Mountain*, William Faulkner's *The Sound and the Fury* and Leo Tolstoy's *The Death of Ivan Ilyich*. While not all of Charon's choices feature characters who tackle an illness or ponder mortality, the story she refers to most regularly is *The Death of Ivan Ilyich*, possibly because it looks death full in the face (Cf. R. Charon

2008: 126) and, thus, provides clinicians with an opportunity to re-examine their own perspective on illness and death vis-à-vis that of Tolstoy's main character. *The Death of Ivan Ilyich* is also one of few fictional literary works which devotes most of its narrative time to illness, its symptoms and the patient's gradual decline toward death. In her essay *On Being Ill*, Virginia Woolf observes that, "[c]onsidering how common illness is" and "how tremendous the spiritual change that it brings," it is "strange" that "illness has not taken its place with love and battle and jealousy among the prime themes of literature" (V. Woolf 1930, 2002: 3-4). Although since the mid-20<sup>th</sup> century more and more illness narratives have been written, most of them take the form of biographies, journals and memoirs and are crafted by the authors/patients themselves or by their relatives (e.g. Audre Lorde's *The Cancer Journals*, 1990; John Diamond's *C: Because Cowards Get Cancer Too*, 1998; Philip Gould's *When I Die: Lessons from the Death Zone*, 2012), many of whom are or were not writers by trade. In consequence, there are still few examples of fictional characters who, like Tolstoy's Ivan, descend down the alley of illness and death and whose journey, informed predominantly by health problems, constitutes "the prime theme" of a literary work. This essay utilizes Rita Charon's narrative features of medicine and her close reading drill to analyze Philip Roth's 2006 fictional illness narrative *Everyman*, which tells the story of a 71-year-old triple-divorced man who has been subject to frequent hospitalizations and who puts his trust in modern medicine and faces his physical decay and death without the aid of religion. Like *The Death of Ivan Ilyich*, *Everyman* is a particularly apt text to close read from the standpoint of medicine because it provides clinicians not only with the multiple aesthetic values of an accomplished literary work but also with medically relevant issues such as the character's poignant meditations on health, aging and the inevitability of death.

The first aspect of Charon's close reading drill is Frame. To unlock the text for further discussion, the reader first locates it "in the world" by considering such questions as, for instance, "where does this text come from? How did it appear? What does it answer? . . . How does it change the meaning of other texts? . . . Who is gathered to hear this tale? . . . [and] [W]hat is left out of this text" (R. Charon 2008: 114). "A paper published in the *New England Journal of Medicine*," clarifies Charon, "has a different sort of authority than does a paper published in a clinical throwaway journal" (R. Charon 2008: 114). Originally published by Houghton Mifflin in 2006, *Everyman* is one of Philip Roth's shorter and simpler novels, which, nevertheless, won the 2007 PEN/Faulkner Award for Fiction and became an international bestseller. Though a gripping story, one wonders whether the book would have gained so much critical and public acclaim had it been written by a less accomplished American writer, especially since *Everyman* deals at length with topics which do not guarantee the highest selling rates in the fiction category. The medieval morality play from which the novel takes its title is an allegory designed not only to show people the universality of their fate but

also to instill religious values in them. Jewish by birth, the main character, however, puts no trust in religion and the afterlife and moves through life and illness toward death in the company of frequent hospitalizations, women and art. Roth has repeated on many occasions that he is not an American-Jewish but American writer. His utter detest for all kinds of religious practices is also widely known. Cultural, national or religious “clichés,” claims Roth, “say nothing about human beings” and “identity labels have nothing to do with how anyone actually experiences life” (P. Roth 2005: Interview with Krasnik). Consequently, to emphasize the condition of how human beings actually experience life, *Everyman* tells the life story of an unnamed male character through the story of his bodily deterioration. Roth says that his purpose was “to write a book formulated out of a medical history” because “for so many people, especially as they age in our society today, their medical biography is their biography” and “the task of a writer is to look at this stuff that is not pretty” (P. Roth 2006: Interview with Gross). By alluding to the 15<sup>th</sup> century morality play and its message that death comes for every man, yet leaving out the religious, moralizing element and stressing the physical and medical aspects of human life, Roth’s *Everyman* broadens its potential audience. The novel, however, might appeal much more to those readers who, regardless of age, have experienced health problems and loss and dare to ponder mortality.

The ability to frame the text corresponds to intersubjectivity – the narrative feature that medicine shares with literary studies. “Like medicine,” says Charon, “narrative situations always join one human being with another, . . . emphasizing narrative’s requirement for a teller and a listener, a writer and a reader” (R. Charon 2008: 52), a doctor and a patient. Although in medicine more formal aspects of narratology are of less importance, “its focus on the obligatory locatedness of any act of telling reminds [doctors] to attend to the consequences of *how* and *from whom* [they] hear the narratives of patients – the demented woman’s unrecognized daughter? the ER face sheet?” (R. Charon 2008: 52) or maybe from a highly acclaimed American writer who, like his character, was born in 1933, turned 71 at the moment of writing/telling the story, holds the utmost contempt for religious comfort and is acutely aware of the cruelty of aging and death (Cf. P. Roth 2005: Interview with Krasnik). While *Everyman* is not Roth’s personal medical history, his protagonist’s most intimate physical and psychological fears connected with the deterioration of his health lock the writer and the reader in the room called the human condition where “the awareness of the inevitability of death and the wish to continue to be” reside as the main existential dynamic conflict that, to a smaller or greater extent, goes on in every man (Cf. I. Yalom 1980: 8-9). The existential anxiety and health concerns remind us about “what a remarkable obligation toward another human being is enclosed in the act of [writing], reading or listening” (R. Charon 2008: 53). The initial process of framing Roth’s narrative leaves no illusions that the primary “terrain of this savagely sad short novel is the human body, and its subject is the common experience that terrifies us all” (“*Everyman*”

2007). According to Charon, literary studies and literary works provide medicine with the heightened realization that most of the “intimate medical relationships” also “occur in words” (R. Charon 2008: 53). The process of framing a text makes one more aware of the “delicate pact” between the patient and the doctor, parallel to the pact between a dedicated writer and a dedicated reader (Cf. R. Charon 2008: 53). As a result, clinicians who develop the ability of carefully framing a text and searching for background information “are all the more capable of decoding its meaning” as well as of learning “medically salient facts about the lives and health of their patients” (R. Charon 2008: 116).

Form is the next aspect in Charon’s drill. Here, the reader examines “genre, visible structure, narrator, metaphor, allusion, and diction” (R. Charon 2008: 116). As stated earlier, *Everyman* deserves particular attention in genre assessment because there are still rather few works of fiction in which health problems and a closer look at death constitute the main narrative line. Roth classifies his novel as a “medical biography,” that is a story which presents the progress of the main character through life in terms of his medical history. And yet, as Charon points out, “much like diseases, genres are not static entities” and “new genres arise from old ones, old ones are revitalized, [and] combinations of several genres appear and take the reading world by storm” (R. Charon 2008: 116). The book’s title refers back to the medieval morality play of the same title and hints at its premise that death comes to everyone. While it is hard to find any overt didacticism in the story, frequent references to the human body, its desires, weaknesses and deterioration classify *Everyman* as a modern example of secular memento mori literature. As along with his ailments the main character recounts his love affairs, failed marriages and carnal pleasures, the novel also includes elements of romance (albeit a bitter one), soft pornographic fiction, memoir, and a rather unhappy love/lust story. At one point, concluding a flow of insightful and rather rough observations on illness, religion and death, the protagonist indirectly provides his own definition of the narrative stating that “[s]hould he ever write an autobiography, he’d call it *The Life and Death of a Male Body*” (P. Roth 2007: 52). For clinicians, *Everyman* may be most productively read as just such an existential, medical, fictional autobiography which diligently exposes nuanced human worries about the vulnerability of the body. Following Charon’s argument, the ability to search for other underlying genres within this or any other text can additionally sensitize the medical audience when it comes to identifying less obvious symptoms of an illness or less prominent aspects of a patient’s life that might exacerbate or improve his/her condition. The medical history of Roth’s *Everyman* reveals that under his progressing and at times overwhelming health problems there is still a life-hungry human being whose carnal passions and intellect struggle not to yield to his worsening state.

In the visible structure section of form evaluation, the reader parses “the meaning of breaks, the impact of the tempo, and the message of the rhythm

of the work” (R. Charon 2008: 117). *Everyman* is divided into sections of different length that are set off from one another by a double return. As already mentioned, the novel’s main narrative line is a medical history, and, as a result, many of the sections not only describe but also begin with sentences referring to the leading character’s age and health problems. The novel opens with the funeral of its 71-year-old nameless protagonist and traces different stages of his life through flashbacks until his final operation and cardiac arrest after which “[h]e was no more, freed from being, entering into nowhere without even knowing it. Just as he’d feared from the start” (P. Roth 2007: 182). The chronology of the main character’s medical history helps to structure his other recollections, almost as if medicine was a miracle worker capable of imposing order onto the chaos of life and death, which seems to be one of the novel’s ironies. Although *Everyman* features fairly positive portrayals of doctors, this particular structural arrangement hints at the modern medicalization of everyday life, which, as Charon observes, often leads to “impersonal, calculating treatment from revolving sets of specialists who, because they are consumed with the scientific elements in health care, seem divided from the ordinary human experiences that surround pain, suffering, and dying” (R. Charon 2008: 6). Apart from the main character’s hospitalizations and medical procedures, *Everyman* is also interspersed with the health problems of other people as well as with three cemetery scenes, reminding the reader that we actually have to face death more than once during our lifetime. At the funeral of the protagonist’s father, the following observation is made: “He had watched his father’s disappearance from the world inch by inch. He had been forced to follow it right to the end. It was like a second death, one no less awful than the first” (P. Roth 2007: 61). For a clinician, such and similar observations, which regularly appear in *Everyman*, provide an opportunity to become more sensitive to the fact how profoundly illness and death can disrupt, structure and re-organize a patient’s life.

The ability to identify key aspects of the narrator is the next form assessment element addressed by Charon and, in fact, a crucial skill in any close reading practice. Charon points out that “[t]he practice one accumulates in identifying narrators . . . is of enormous benefit when one then reads such clinical texts as progress notes or admission write-ups. Who speaks? is often the pivotal question when trying, for example, to understand a patient’s decision about end-of-life care or, less dramatically, about whether or not the time has come to stop smoking” (R. Charon 2008: 118). Roth decided on the third-person limited narrator for his novel, which helps make this story of illness intimate yet universal, because it reads as if the main character was narrating the events in his life, while the third-person mode creates a semblance of objectivity. The moments defining *Everyman*’s narrator best are those when his stoic, factual voice suddenly breaks into despair, anger or bitter envy while he ponders his and other people’s health and fate:

He hated [his brother] Howie because of his robust good health. He hated Howie because he'd never in his life been a patient in a hospital, because disease was unknown to him, because nowhere was his body scarred from the surgical knife, nor were there six metal stents lodged in his arteries along with a cardiac alarm system tucked into the wall of his chest that was called a defibrillator, a word that when he first heard it pronounced by his cardiologist was unknown to him and sounded, innocuously enough, as if it had something to do with the gear system of a bicycle. (P. Roth 2007: 99)

The dead were the two women in his class who'd had cancer and who'd died within a week of each other . . . There was a short, plump elderly woman at both the funerals who wept so uncontrollably that she seemed more than a mere friend of the dead . . . At the second funeral, she stood and sobbed only a few feet from him . . . [I]n the midst of the funeral, . . . the husband turned unbidden and impatiently asked, "You know why she's carrying on like that?" "I believe I do," he whispered back, meaning by this, It's because it is for her as it's been for me ever since I was a boy. It's because it is for her as it is for everyone. It's because life's most disturbing intensity is death. It's because death is so unjust. It's because once one has tasted life, death does not even seem natural. I had thought – *secretly I was certain* – that life goes on and on. (P. Roth 2007: 167, 168 – 169)

*Everyman's* title protagonist/narrator translates personal experiences into more universal reflections and emotions. He is both an everyman who resents the injustice of existence when his health naturally deteriorates as he is getting older and an individual who happens to undergo particularly frequent and complex medical procedures and is jealous of his brother's "robust good health"; an average husband and father who loves his family and a triple-divorced, philandering man who ends up almost alone at the Jersey Shore after his retirement; a hard-working person supporting his dearest and a successful advertising expert from New York who can afford trips to Paris with a model half his age; a sick man who, like many sick people, deals with his health problems as they come because "[t]here's no other way" (P. Roth 2007: 79) and a scared and worried patient awaiting his "seventh annual hospitalization that [is] crushing his confidence" (P. Roth 2007: 162). Medicine is also concerned with the singular and the universal, both of which should be acknowledged at the same time. "The diagnostic act entails two contradictory impulses at once: the effort to register the unique features of that which is observed and the simultaneous effort to categorize it so as to make it 'readable'" (R. Charon 2008: 46). And yet, as Charon observes, "the medical impulse toward replicability and universality has muted doctors' realization of the singularity and creativity of their acts of observation and description" (R. Charon 2008: 46). Doctors often forget that the willingness to recognize and comprehend the singularity of both the disease and "the patient's plight" does not have to "cancel out the usefulness of the diagnostician" (R. Charon 2008: 46) and does not compromise his or her professional skills to locate symptoms in the general field of memorized medical knowledge. Patients tell singular stories and resent the fact that "doctors or hospitals treat them like numbers or like items on an assembly line" (R. Charon 2008: 47). According to Charon, "[w]hat distinguishes narrative knowledge from universal or scientific knowledge is its ability

to capture the singular, irreplicable, or incommensurable” (R. Charon 2008: 45). Doctors need to exercise the ability to switch fluently from the universal to the singular and back because their professionalism and diagnostic skills depend on how carefully they listen to, write down and interpret the individual tales and symptoms of their patients/narrators. While trying to pick up a young, sexy girl, Roth’s 71-year-old character/narrator confesses he feels “that sharp sense of individualization, of sublime singularity, that marks a fresh sexual encounter or love affair and that is the opposite of the deadening depersonalization of serious illness” (P. Roth 2007: 134). Clinicians should keep in mind more often that diseases alone tend to make patients feel lost and degraded from the position of someone who has control over his/her singular life to someone who becomes just one of many vulnerable and sick human beings and is left at the mercy of medicine. “Along with recognizing patients’ singularity, doctors seem more willing to recognize their own” and, consequently, “to examine their own experiences and to make sense of their own journeys, not for solipsistic reasons but for the sake of improving the care they can deliver” (R. Charon 2008: 47).

The other three elements in Charon’s form category are metaphor, allusion, and diction. Throughout the novel Roth’s protagonist suffers from at least three diagnosed diseases: a groin hernia, a burst appendix and multiple artery occlusions. Neither of them, however, seems to serve a particular metaphorical or, keeping in mind the novel’s titular allusion to the medieval play, allegorical purpose other than to highlight the fact that humankind lives in the close company of illness and death. In *Illness as Metaphor*, Susan Sontag discusses how various social and cultural metaphors contribute “to the stigmatizing of certain illnesses and, by extension, of those who are ill” (S. Sontag 1989: 11). Analogies such as Stalinism is “a cholera, a syphilis, and a cancer” or “Israel is ‘the cancer of the Middle East’” “liken a political event or situation to an illness . . . to impute guilt [and] to prescribe punishment” (S. Sontag 1978: 82, 84, 83). It is not, however, only political discourse that associates serious or terminal diseases with military conflicts, violence and evil. “The grosser metaphor [also] survives in public health education, where disease is regularly described as invading the society, and efforts to reduce mortality from a given disease are called a fight, a struggle, a war” (S. Sontag 1989: 10). Sontag explains that her purpose in *Illness as Metaphor* was “to calm the imagination, not to incite it. Not to confer meaning, which is the traditional purpose of literary endeavor, but to deprive something of meaning” (S. Sontag 1989: 14). As a cancer patient herself, she realized that “the metaphoric trappings that deform the experience of having cancer have very real consequences: they inhibit people from seeking treatment early enough, or from making a greater effort to get competent treatment” (S. Sontag 1989: 14). In other words, “metaphors and myths [might] kill” (S. Sontag 1989: 14). The purpose of Roth’s book appears to be similar – to deprive illness and medical procedures of too many metaphoric connotations which could either tone down

or overlay the protagonist's situation. Unlike its medieval precursor, *Everyman* does not allegorize and moralize the themes it explores, and Roth successfully restrains himself from making any of his character's illnesses overtly insidious or symbolic. Of course, it is also the very straightforwardness of sentences such as "He had discovered the swelling in his left groin a few months earlier and had told no one but just tried pressing it down with his fingers to make it go away" (P. Roth 2007: 18), "Well, it's your appendix. You need an operation" (P. Roth 2007: 35), "He knew from the ordeal with appendicitis and peritonitis that he was as liable as anyone else to falling seriously ill" and "his EKG showed radical changes that indicated severe occlusion of his major coronary arteries" (P. Roth 2007: 42) that makes one uncomfortably aware of how provisional human life is. Such unequivocal rhetoric shapes *Everyman's* diction, openly addressing the protagonist's fears which he learns to deal with just as he deals with his consecutive hospitalizations and medical procedures. Although Roth portrays his protagonist's plight without adding unnecessary drama through too many elaborate figures of speech, there is one particular image in the novel that, by extension, works as a chilling memento mori. The main character's father owned a jewelry store and he often emphasized to his sons the durability of diamonds: "'It's a big deal for working people to buy a diamond, . . . no matter how small . . . Because beyond the beauty and the status and the value, the diamond is imperishable. A piece of the earth that is imperishable, and a mere mortal is wearing it on her hand!'" (P. Roth 2007: 57). This particular memory is evoked in the middle of a section describing the funeral of the protagonist's father, who, as his son observes, "would remain [in his coffin] for even more hours than he'd spent selling jewelry, and that was in itself no number to sneer at" (P. Roth 2007: 55). The contrast between a diamond's imperishability and the infirmity of the human body is one of the novel's many reminders that we are all going to die, most of which, however, are less figurative. Charon reminds us that various linguists and anthropologists stress "the primacy of metaphorical thinking in not just literary acts but also all our acts of thinking and living" (R. Charon 2008: 119). By learning how to decipher and assess metaphors, allusions and diction, clinicians may be able to look more efficiently for additional information in their patients' medical histories and they might be more conscious of the rhetoric they use while making a patient come to terms with a disease or dying. What *Everyman* offers to health care professionals is both the possibility to master explicating various images that might add more meaning to the overall message of the novel and a chance to realize that candid diction and unadorned imagery may often be more effective and beneficial than elaborate metaphors when one deals with illness and death.

Delving into the issue of time and the text's temporal structure is the next step in Charon's drill, which she seems to consider particularly crucial in her medical workshops. Clinical practitioners often struggle with the power of time

when it comes to making a proper diagnosis and need to effectively map out the symptoms of a disease according to their chronology and duration. Teaching “medical readers” how to be “attuned to narrative time is to train them to be attuned to illness time” (R. Charon 2008: 121). *Everyman* begins and ends with events set in 2004, the year of the main character’s death. In between, the time span of 71 years is covered through flashbacks. Unlike several other time periods, including the year of the protagonist’s birth, the year of his death is never openly mentioned. It is, however, clearly defined as “the end” in the opening funeral scene and in the novel’s final paragraph describing the main character’s thoughts during his fatal operation. In both cases, additional references to time and temporality are made:

That was the end. No special point had been made . . . Up and down the state that day, there’d been five hundred funerals like his, routine, ordinary, and except for the thirty wayward seconds furnished by the sons – and Howie’s resurrecting . . . the world as it innocently existed before the invention of death . . . – no more or less interesting than any of the others. But then it’s the commonness that’s most wrenching, the registering once more of the fact of death that overwhelms everything. (P. Roth 2007: 14-15)

Daylight, he thought, penetrating everywhere, day after summer day of that daylight blazing off a living sea . . . He went under feeling far from felled, anything but doomed, eager yet again to be fulfilled, but nonetheless, he never woke up. Cardiac arrest. He was no more, freed from being, entering into nowhere without even knowing it. Just as he’d feared from the start. (P. Roth 2007: 182)

The last sentence confirms both the speculations made about death’s finality during the introductory funeral scene as well as the main character’s general assumptions about death which, being an anti-religious individual, he foresees as total oblivion. Moreover, “from the start,” the reader knows what end this unnamed hero is going to meet, which, in this case, is also the end of every man. The funeral scene and the moment of death clasp the other events of the protagonist’s life in between, updating such religious clichés as “in the midst of life we are in death” and “man that is born of a woman hath but a short time to live” (*Book of Common Prayer* 1662, 2012). The main temporal story line opens with the 71-year-old protagonist, “in his bed the night before the surgery” (P. Roth 2007: 15), as he starts remembering “each of the women” who accompanied him during his previous operations (P. Roth 2007: 15). Yet, suddenly, or as he claims “a lifetime later” (P. Roth 2007: 16), the character switches to the recollections of his first hospitalization at nine and progresses through his other chronologically lined-up medical procedures which are interspersed with unchronologically arranged memories of select events from his childhood, married life, workplace and retirement. What *Everyman*’s temporal structure achieves to evoke in the reader is, to use Charon’s words, “a mournful awareness of our embeddedness in our past and a humble acceptance of the inevitability of our fate” (R. Charon 2008: 121). It also reminds one that the sick and aging frequently experience

time differently than the well or doctors do. “Clinical work,” Charon observes, “unfolds in a highly regulated temporal frame – clinicians are anxious to nail down the chronology and duration of symptoms . . . . Because temporality is a signature for disease, diagnosticians cannot dwell in a Woolfian or Joycean simultaneity. Nonetheless, the doctor’s regimented diachrony may be at odds with the patient’s expressive synchrony” (R. Charon 2008: 121), which, in turn, may result in unnecessary frustrations for both and a less informative medical history. For many patients, “the experience of pain or suffering [is] indivisible into ‘then’ and ‘now.’ . . . These states are neither willed nor controllable, but are merely to be endured” (R. Charon 2008: 122). *Everyman*’s temporal scaffolding meticulously exposes this “unfathomable distinction between living within and outside of time, between diachrony and synchrony” (R. Charon 2008: 44). This timeless enduring rather than progressing in time is also repeatedly and poignantly verbalized in Roth’s novel:

[N]ow not a year went by when he wasn’t hospitalized . . . . [H]e was still only in his sixties when his health began giving way and his body seemed threatened all the time. He’d married three times, had mistresses and children and an interesting job where he’d been a success, but now eluding death seemed to have become the central business of his life and bodily decay his entire story. (P. Roth 2007: 71)

But how much time could a man spend remembering the best of boyhood? What about enjoying the best of old age? Or was the best of old age just that – the longing for the best of boyhood . . . . (P. Roth 2007: 126)

A sense of otherness had overtaken him . . . . Nothing any longer kindled his curiosity or answered his needs . . . . My God, he thought, the man I once was! The life that surrounded me! . . . . No “otherness” to be felt anywhere! Once upon a time I was a full human being. (P. Roth 2007: 129-130)

In his study *The Illness Narratives*, Arthur Kleinman observes how “the chronically ill are somewhat like revisionist historians, refiguring past events in light of recent changes” (A. Kleinman 1988: 48). Roth’s ailing protagonist revisits the past and scrupulously maps the changes in his physicality, which brings him to a conclusion that, in the end, our fate is sealed in “our bodies, born to live and die on terms decided by the bodies that had lived and died before us” (P. Roth 2007: 51). Both through its time shifts and insightful observations, *Everyman* narrates the bodily dimension of temporality which Charon considers as an important aspect of narrative medicine: “Our bodies age, but they also exist simultaneously in all times. We don’t lose the organs we had when we were children. They merely see us through or fail us . . . . Everything that has happened to our bodies is with us still . . . . Our bodies are texts . . . clerking the records of what we have been through” (R. Charon 2008: 122). Based on temporal dislocations and filled with meditations on time, aging, suffering and mortality, Roth’s novel provides a full-bodied literary work for clinicians to analyze.

Commenting on temporality as one of the prominent narrative features of medicine, Charon observes:

Time is medicine's necessary axis – in diagnosis, prevention, palliation, or cure. Time is, as well, the irreplaceable ingredient in the healing relationship: time to listen, time to recognize, time to care. Medicine becomes transformed if it is practiced with a real respect for time and timeliness. Doctors equipped with temporal sense might not make patients wait through a weekend for the result of a biopsy, realizing that the fear of an illness is almost as painful as the reality of it. The skirmish about waiting room time might be taken seriously – we doctors are never on time, and our assumption that patients do not mind being kept waiting is a pervasive and powerful message about differential worth . . . Teaching medical readers to attend to temporality in fictional or poetic texts can equip them with hardy tools for empathy . . . If schooled in this attention to other people's temporality, the doctor or nurse or social worker has gained access to a powerful and often unsaid aspect of patienthood and is better able to imagine the day or the hour of the life of the sick person for whom she cares. (R. Charon 2008: 44, 122)

In *Everyman*, time becomes the main character's companion and leads him through consecutive hospitalizations to the moment when he starts filling time either with the recollections of the past or, like the rest of the sick people in the painting class supervised by him, ponders his life in the light of his deteriorating physicality: "All but two were older than he, and though they assembled each week in a mood of comradely good cheer, the conversation invariably turned to matters of sickness and health, their personal biographies having by this time become identical with their medical biographies and the swapping of medical data crowding out nearly everything else" (P. Roth 2007: 80). Such observations might sensitize medical practitioners to the fact that for the sick and aged time can actually gain a new, non-progressive dimension.

Only after Charon's clinical readers have struggled with "the exacting intellectual tasks of parsing a text's formal elements of frame, diction, metaphor, and time" does she invite them to pay more attention to plot (R. Charon 2008: 122). Most experienced readers do not need to recount a story step by step to know what matters in it; yet, in order to attend to the previously discussed, more challenging elements of a text in detail, they do need to take into account what happens in it and how it happens. For example, to a large extent, time and the play on its diachronical versus synchronical aspects addressing the changeability and simultaneity of the body also become the plot of *Everyman*. The story is fairly uncomplicated and its basic message is that every man heads toward "the inevitable onslaught that is the end of life" and, on the way, is often accompanied by "mortal suffering," "regret and loss and stoicism, . . . fear and panic and isolation and dread" and the "massacre" that is "old age" (P. Roth 2007: 155-156). The novel's plot, however, like its time shifts, is more complex and revolves around events that have their causes, such as, for instance, the character's divorces which result from his affairs and lies, and those which might be considered as involuntary, uncontrollable or unpremeditated, such as the character's

unexpected heart problems. Unlike his medieval predecessor, this Everyman is not a believer and, consequently, he never considers his health problems, bodily deterioration and gradual summoning to death as punishment for his less than morally praiseworthy deeds:

He knew from the ordeal with appendicitis and peritonitis that he was as liable as anyone else to falling seriously ill, but that he, with a lifelong regimen of healthful living, would end up as a candidate for cardiac surgery seemed preposterous. It was simply not how things were going to turn out. (P. Roth 2007: 42)

Religion was a lie that he had recognized early in life, and he found all religions offensive, considered their superstitious folderol meaningless, childish . . . No hocus-pocus about death and God or obsolete fantasies of heaven for him. There was only our bodies, born to live and die on terms decided by the bodies that had lived and died before us. (P. Roth 2007: 51)

And yet, as each of his hospitalizations evokes memories of his affairs and as each love story leads to another medical procedure and stories about other people's health problems, deaths and funerals, it becomes clear that the sheer fact of being alive and human is the ultimate cause for everything that takes place in *Everyman*. Roth's Everyman summons and leads us through his life's meanders toward his death without any purpose other than to show how, in spite of morbidity and pain, one can still continue living step by step because this is what we all do every day. Discussing causality and contingency as the narrative features of medicine corresponding to plot in literary studies, Charon points out that "the emplotments of epic, myth, and the novel are, like the emplotments of astronomy or genetics, impulses to address the unknown, to tame danger, to conquer fear, to brave, full in the face, any predicament in which a human being finds himself or herself" (R. Charon 2008: 49). We all have our daily and life stories and we all work them into plots, even though "we all know that many events are random, unpredictable, unexplainable, and unknowable" (R. Charon 2008: 49). "Clinical practice," Charon observes, "is [also] consumed with emplotment. Diagnosis itself is the effort to impose a plot onto seemingly disconnected events or states of affairs . . . The clinician endowed with the gift of plot . . . will search out with great inventiveness . . . multiple possible causal relationships among the disparate symptoms and situations that the patient presents" (R. Charon 2008: 50).

At one point in *Everyman*, the main protagonist remembers Millicent Kramer, a woman in his painting class suffering from unbearable back pains. During one of her attacks she desperately complains about being "pathetic" and recalls how her husband kept her "agile" by making her travel with him all around the world but now she "can't even take a bus to New York" because the pain and painkillers drive her crazy (P. Roth 2007: 88). After this emotional confession she apologizes: "Oh, I'm sorry about this. I'm terribly sorry. Everybody here has their ordeal. There's nothing special about my story and I'm sorry to burden you with it. You probably have a story of your own" (P. Roth 2007: 88). In fact,

however, Millicent's story, which stretches over approximately ten pages of the novel, is "special" for the plot because, set exactly in the middle of the main narrative, it brings into focus other acute observations about life, aging and pain that the main character offers throughout the novel. Although it is hard to pinpoint a single crucial climax in *Everyman*, Millicent also provides one of the most cathartic moments in the story, when, with poignant honesty, she describes how her pain "overrides everything" and how she reasons with it to no avail because, in the end, "it's in charge" and "the utter otherness of it" makes you helpless, "humiliated," "frightened of yourself" and, most of all, "so alone" (P. Roth 2007: 89, 91). Charon argues that the ability to dig for such details under "the obvious or the evident story line" helps a clinician "construct a wide and deep and varied differential diagnosis" (R. Charon 2008: 50). On the other hand, Charon observes, "unlike other impulses with which to face the unknown, . . . the narrative impulse does not excavate the unknown beyond recognition. It does not sanitize it of danger; . . . [N]arrative practices enable the observer or the participant to live in the face of contingency without trying to eradicate it" (R. Charon 2008: 49-50). Reading for a plot may help accept that not everything can be detangled at once, that sometimes things cannot be entirely explained, that "something happens in stories – quite beyond the language used and the style adopted" (R. Charon 2008: 123). This, in turn, "equips clinicians to wait, patiently, for a diagnosis to declare itself, confident that eventually the fog will rise and the contours of meaning will become clear" (R. Charon 2008: 124). And even if they do not crystallize entirely, the very act of trying to read their patients' stories more carefully will hopefully make doctors more attentive to patients' fate and basic needs and, as a result, might help direct medical treatment toward a more favorable, even if not always happy, ending.

Desire is the last stage in Charon's close reading drill. In this category, she poses to her medical students questions such as, for instance, "What was satisfied in you by virtue of reading this text?" or "What seems to be satisfied by the writing of it?" (R. Charon 2008: 124). The desire section is the most intimate part of Charon's workshops because, as she explains, "the reader experiencing his or her desires in response to a text is *living* the penetration and transformation that takes place when incorporating a story into self" (R. Charon 2008: 125). Living depends on writing/telling and reading/listening, even when one considers such mundane activities as paying bills, answering emails or making a shopping list. To a greater or smaller extent, "[w]e nourish ourselves with the stories we hear and read; we metabolize them and incorporate them into our tissues, derive energy from them, become more of who we are by virtue of their fuel" (R. Charon 2008: 125). Like all literature, *Everyman* fulfills different "desires" for different people. In general, however, since the story ponders illness, aging and death in an unveiled fashion, it is safe to assume that Roth's medical biography helps acknowledge, face and possibly mitigate some of the fears concerning the human

body and mortality that many of us harbor. Toward the end of the novel, Roth's protagonist asks more and more questions about how one says goodbye to the world. Thinking about Millicent Kramer's suicide he wonders:

Did she die in tears, mumbling [her husband's] name? . . . Was she resigned and thoughtful, . . . courageous about everything she was leaving behind, perhaps smiling while she wept and remembered all the delights, all that had ever excited her and pleased her . . .? Or had she lost interest in what she was leaving behind? Did she show no fear, thinking only, At last the pain is over, the pain is finally gone, and now I have merely to fall asleep to depart this amazing thing? But how does one voluntarily choose to leave our fullness for that endless nothing? How would he do it? Could he lie there calmly saying goodbye? (P. Roth 2007: 163-164)

Before what turns out to be his last operation, the main character visits the cemetery where his parents are buried and where he is soon to join them. He instinctively and "calmly" says goodbye to this world by talking to an old black gravedigger with whom he strikes up a conversation about the details of his job. The man kindly and informatively answers all the questions, pointing out that "[m]ost folks don't care. With most folks, the less they know the better" (P. Roth 2007: 173). This Everyman wants to know and even pays the gravedigger for sharing his knowledge, remarking prophetically to himself that "the mustached black man . . . might someday soon be digging a hole for him" (P. Roth 2007: 180). Although the questions in the desire section refer mostly to the narrator and the reader rather than to "the flesh-and-blood author behind the work" (R. Charon 2008: 124), Roth's personal observations on mortality, which coincide with those of his character's, provide at least one possible answer to what "desires" his novel might satisfy. In an *NPR* interview, the writer explains that because today, unlike in the 15<sup>th</sup> century, "people live a deeply secular life," he wanted his character "to face death the way . . . most people do, and it is without the consolation or comforts that come from religious belief, . . . with no belief in the divine . . ., no belief in an afterlife. Death is there and it is oblivion" (P. Roth 2006: Interview with Gross). In another interview, just before the book's publication, Roth reveals his own fear of death and gives a candid answer to how he feels about his own mortality at the age of 72:

Q: Are you afraid of dying?

Roth: Yes, I'm afraid. It's horrible . . . What else could I say? It's heartbreaking. It's unthinkable. It's incredible. Impossible.

Q: Do you think a lot about death?

Roth: I was forced to think about it all the time when I wrote this book. I spent two whole days in a cemetery to see how they dig the holes. For years I had decided never to think about death. I have seen people die, of course, my parents, but it wasn't until a good friend of mine died in April that I experienced it as completely devastating. He was a contemporary.

Q: You said that you're afraid of dying. You're 72 years old. What are you afraid of?

Roth: Oblivion. Of not being alive, quite simply, of not feeling life, not smelling it. But the difference between today and the fear of dying I had when I was 12, is that now I have a kind of resignation towards reality. It no longer feels like a great injustice that I have to die. (Roth 2005: Interview with Krasnik)

Whether *Everyman* will help to encourage this “kind of resignation towards reality” for every man qualifies as yet another question in the desire category of Charon’s close reading drill. Clinicians, many of whom deal with death on a daily basis, might find in Roth’s story additional insight into their patients’ struggle to come to terms with aging, illness and mortality and hopefully help them see death as less of “a great injustice.” This, of course, is more easily said than carried out, but medicine is not a field one steps into lightheartedly and those who do know that their lives will never be easy again. Doctors should keep in mind that their job relies not only on facts that can be taken down and dealt with but also on ethicality, which often entails the ability to choose proper words in frequently dramatic situations. In the patient-doctor relationship, both parties are listeners and tellers, readers and writers, and both risk exploitation (R. Charon 2008: 57). Yet, it is the clinician who is in the position of a healer and, thus, has the greater responsibility to appease the desires of the patient by offering credible answers after hours of “questing, asking, probing, forming hypotheses, trying hypotheses, delving into possible interpretations, looking for clues everywhere, [and] listening for the authentic voice” in their patients’ stories (Cf. R. Charon 2008: 58). *Everyman* probes the themes of aging, illness and death, trying to satisfy the human need for the courage to face mortality, which makes this fictional medical biography an ethically enriching reading experience for clinicians as well as for their patients, that is, the rest of us.

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