

# Construction of the Sick Body: A Reading of Susan Sontag's "The Way We Live Now"

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This article is intended to analyse the short story "The Way We Live Now," written by Susan Sontag with the objective of elaborating the social and political implications of the construction of illness and sick bodies. Illness provides with ample opportunity to produce and control the life of the sick with the larger aim of regulating the whole population. The production of the sick body is analysed within the purview of the concepts suggested by Michael Foucault and others while theorizing the modern obsession with disease. The analysis is particularly indebted to Marlen Klawitter's use of the concept "disease regimes," in her *The Biopolitics of Breast Cancer: Changing Cultures of Disease and Activism* (xxvi). Klawitter uses this concept to explore the biopolitical construction of the disease and the management of life in the context of breast cancer. The core of "disease regimes" is constituted by what Foucault calls as "medical gaze" in his *The Birth of the Clinic* (9). "Disease regimes" incorporate diverse sites such as a well-structured field of knowledge, doctors, patients, biomedicine, and a disciplined social order. It is assumed that the reading of the above mentioned short story will reveal that the central character in the story is discursively constructed as a sick body. The construction is facilitated by various factors such as the conversations, gossips, and fears of his friends; notions about the insti-

tution of family, hospital, and medicine; and the description of the patient physique and emotions.

"The Way We Live Now," published in *The New Yorker* in 1986, is considered as one of the best short stories about AIDS. Jerome Boyd Maunsell accounts the origin of the short story to Sontag's own experience of her gay liberation friends surrendering to disease and death. The central character is an AIDS patient as one may arrive at as per the suggestions in the narrative. His friends surround him with care and love while he moves in and out of the hospital for treatment. His friends air a hope that he will survive the disease. The publication of the story happens at a time when the whole world was rallying against the menace of AIDS as a new form of fear and death. The decade witnessed the popular imagination flooded with the images and stories of AIDS infection. The parameters of human life were debated by people with religious vigour. The diagnosed was imagined as a moral lapse and hence guilty. "The Way We Live Now" marks the popular and medical imagination of the AIDS patient as a discursive construction.

The names of the central character and his disease are never uttered. Instead, characters use phrases like "this thing," "illness," "disease," "it," and

so on to denote AIDS, and "he" to refer to the patient. Maunsell says that the narrative voices are "threaded into a continuous stream of neurotic, perfectly inflected, chatty New York prose, as if tapping into a series of telephone conversation" (141). There are as many as twenty six characters who report the events as they talk very casually, and they talk at almost all places, and over the phone. Sharon Oard Warner says that Sontag's story does not have a main character, and, "what it has, instead is, a subject of conversation, at worst, grist for the gossip mill" (493). He also suggests that the technique of the story reminds us of the children's game called "telephone." The game is about distorting messages whispered into one's ear by the child sitting near. When the narrative of the story moves forward, it manifests the emergence of the sick body and the social interactions around it through metaphors, binaries, and myths about the disease. As the central character has only a virtual presence, the conversations are built up around an unresponsive subject. The narrative expounds that the sick body is fabricated into a suitable and systematic order of disease. All aspects of the patient physic and emotions are somehow touched upon by the reports of the friends. The patient has to conform to the stories told about him. Once he is reported as asking his visitors to tell a story, and Kate says, "*you're the story*" (614). Italics in the original points out emphatically that the sick body has become the marker of an already-designed plot. The narrative voice fixes the patient with anonymity. Like the central character, or the name of the disease, the narrative voice also creates a feel of uncertainty. Here, the existence of the patient, his life, and his sickness are tied up to the reports of the friends. He has no voice. He exists only in the imagination of his friends. Many discourses cross, refute, reiterate, and reconstruct his physique and emotions. The discursive construction is obvious from many angles, like the authoritative medical tests and diagnosis of the disease, on the one hand; and fantasies and reactions of his social circle, which determine what might be the flow of his thoughts and actions, on the other. These praxes invent and order his life to a new locale of hospitals and medicine. Admission to the hospi-

tal, discharge, getting him into protocol, his body responding to the antibiotics, and the role of the morale of the patient in recovering from illness are some of the medical forms of interventions to regulate his life. His friends take care of him, they deal with his daily routine, and they always watch him reporting all events to his other friends. His friends consent in general that he should not be left alone, and they should always visit him. His room is choked with flowers. They bring him chocolates, as he is not able to taste usual meals. He is reported to have asked Quentine, "Am I going crazy, or what? Is it all the attention and coddling I'm getting from everybody, like a child's dream of being loved? Is it the Drugs?" (613). What one perceives is a systematic erasure of the subjectivity of the patient. When he is in the hospital, he starts to keep a diary for the first time in his life "because he wanted to record the course of his mental reactions to this astonishing turn of events" (605). He wrote in it about "the terror and amazement that this was happening to him" (605). The diary is symbolic of the impregnation of past for future time, which reliably stores ones subjectivity as the ashes of the dead in an urn. However, at the end of the narrative, Greg rightly reports that Tanya happened to see his handwriting as "becoming spidery, less legible, and some lines of the script wandered and tilted about the page" (615). The story is woven around the oblivion of the agency of the AIDS patient as an individual. The endless discursive activities construct the patient only in relation with the field of knowledge that defines the limits of life and death.

The narrative starts by saying that "at first he was losing weight" (600). When his friends suggest that he should see a doctor, he first refuses. However, he gets frightened and consults the doctor. After diagnosis, he determines to fight against the disease. The general myth of medicine as the accomplice of life, always at the side of life fighting against death, is shown by the suggestion that he is "mobilizing his strength to fight for his life" (601). When the patient suggests that he "had a metallic taste of panic in his mouth," the same field of fight between life and death is suggested. In this fight

one can only wait, “wait and start being careful, be careful and hope” for the favourable outcome (600). The story hangs on the evaluation of his past life by his friends, calling him the “prince of debauchery,” and elaborating the way he would see his past and future if he survives. Ira reports that it would be the “end of bravado, the end of folly, the end of trusting life, the end of taking life for granted, and of treating life as something that, samurai-like, he thought himself ready to throw away lightly” (611). Though Dr Elisabeth Kübler Ross’s five stages of grief, which details the stages of a dying person’s emotional responses to death, tacitly grooves into the narrative’s veins, it lacks the quality to become a subjective response by the patient. It becomes only the interpretation of his friends about his feelings and emotions. His friends construe his readiness to fight, his complaints about the untasted meals in the hospital, and his seeming detachment from life tintured with hope as the subject’s experience. The patient never speaks directly of his emotions. The concerns of his friends about different stages of his disease reflect the social gloss about the “constitution of pathological anatomy” (Foucault 196). Even the death of Susan Sontag herself is equated with the stages of dying by her son David Reiff in his *Swimming in a Sea of Death*, which is the best memoir available about her life and death. Medical and psychological expectations in palliative care as well as in dealing with those who are terminally ill are forces to boost the differentiation between “the kingdom of the well and the kingdom of the sick” (Sontag *Illness*, 1)

As we see in the descriptions by his friends, he is discursively constructed as an object both transparent and opaque. He becomes a transparent object when the medical gaze authoritatively orchestrates him into protocol, and mapping each moment in the motion of his blood and cells. As Foucault suggests in his *The Birth of the Clinic*,

[D]isease, which can be mapped out in the picture, becomes apparent in the body. There it meets a space with a quite different configuration: the concrete laws of perception. Its laws define the visible forms assumed by disease in a sick or-

ganism: the way in which disease is distributed in the organism, manifests its presence there, progress by altering solids, movements, or functions, causes lesions that become visible under autopsy, triggers off, at one point or another, the interplay of symptoms, causes reactions, and thus moves toward a fatal, and for it favourable, outcome. (9-10)

But, he is amazed of this all-bizarre treatment farce. He feels alone, he is gripped with terror and fear. As an individual he cannot fully comprehend the ironical turn of events. He is opaque as an individual to himself. His attempts to show the subjectivity of his person ridiculously fails. Victor reports that the patient once said that he is “playing leapfrog with himself” (612). He is afraid to sleep. He feels “as if falling down a black hole” (613). The terror of the unknown is well portrayed in the remark that “the fear rips through me, it tears me open” (613). Becoming sick means that the living is exposed to fear. “Fear gives everything its hue, its high” (613). The tone of terror described above obviously strikes a personal note, as Sontag herself was a victim of radical mastectomy. Maunsell quotes from her diaries to show her predicament after the surgery that she felt “opaque” to herself “hovering at the threshold between life and death” (119). Maunsell further relates, “[l]ying at her bed in the hospital in New York, she suffered not only severe pain but acute anxiety and fear as, half knocked out by her treatment, she entered the ghostly nightmarish hinterlands of the unwell” (119). Dominant images of illness evoked in the society are that of the unknown as suggested by Sontag in her *Illness as Metaphor*:

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place. (3)

The sick person is differentiated by this unknown land of opaqueness, where the only eye to see through his body is that of the doctor. The sick

plunges into a dip of uncertain present and future. The features of his/her pathological body are mapped by the existing knowledge developed for better life and better chance for survival.

The construction of the sick body is achieved through many metaphors and myths. The patient has to present his/her body for the gaze, not just for the treatment but for the larger society in order to underline the need of a better life. Sontag in her *Aids and its Metaphors* says that “fantasies about a disease” is a “marker of both individual and social vulnerabilities” (65). The society is calculated by the well-being of the individual. Many metaphors are associated with AIDS. According to Sontag, the body of the society is considered as an extension of the body of the individual, a “kind of body, a well disciplined body ruled by a head” (6). Hence, the society is seen as a field, and diseases are described with “military metaphors.” “Disease is seen as an invasion of alien organisms, to which the body responds by its own military operations” (9). The society deals with AIDS in a very systematic way by identifying the risk groups, by classification and a very fashionable management of the patient physique. Metaphors and myths are helpful to successfully manage the disease. It compels the population to acquire measures for immunity from disease. An unhealthy population will ultimately dissolve into the extinction of human beings. According to Sontag, “the language of political paranoia” is used to describe AIDS (Sontag, *AIDS* 18). The existence of the society is at stake. As the narrative shows:

But you know you're not going to come down with the disease, Quentine said, to which Ellen replied, on her behalf, that's not the point, and possibly untrue, my gynaecologist says that everyone is at risk, everyone who has sexual life, because sexuality is a chain that links each of us to many others, unknown others, and now the greatest chain of being has become a chain of death as well. (608)

As Sontag relates, the image of the great chain of death directly makes use of the sexuality for biopolitical interventions. The protagonist's

friends discuss the risks involved in living in the modern world. The whole population may very soon become polluted with the disease. Hilda says that she knows the man who died of the disease in Paris, who specialised in Polish music, and adds that “I know every life is equally scared” (612). Greg says that “if you have a conscience, that you can never make love... ” (612). According to Sontag, “fear of sexuality is the new, disease-sponsored register of the universe of fear in which everyone now lives” (*AIDS* 73). Foucault also claims in his *History of Sexuality* that sexuality is used as the most convenient tool to regulate the life of the individual and manage the population. Thus, AIDS becomes the most effective way of regulating the sexual life of the society.

The central character in the story becomes a connecting link among the friends. His friends visit him often. But, there is an attempt to differentiate between life and death; as Quentine observes, visiting the patient is a way of “trying to define ourselves more firmly and irrevocably as the well, those who aren't ill, who aren't going to fall ill” (606). Identification of the sick body as a form of otherness harnesses the society's conception of disease. Sontag refutes this metaphor of seeing disease as an invader by saying that “We are not invaded. The body is not a battlefield” (*AIDS* 95). The segregation of the patient with AIDS is similarly critically engaged in the narrative. It shows that “no one is shunning him,” and that “no one's afraid to hug him or kiss him lightly on the mouth” in comparison with earlier times that even the people who are not at risk are terrified about the disease (608). The story offers a negotiation with the biopolitical interventions by showing a possible rearrangement of the society in the event of AIDS diagnosis. The traditional family system with parents and children consoling and taking care of the patient is done away with. Quentine manages to keep the patient's mother from flying to New York from Mississippi. The friends become his family. In a way, the perception of his friends about themselves and about friendships has changed after the diagnosis. They decide that the patient should not be left with the feel of loneliness. They

even keep a visitor's register to track the turn of each visiting friend. Yvonne calls this "utopia of friendship" (608). They all are connected with this disease. Its occurrence is unpredictable. All of them are at risk, as they are his friends and ex-lovers. Their "biosocial" bonding is a new way of successfully marking the presence of the people with AIDS (Rabinow 186). The images of chocolate and flowers brought by the friends recurs in the narrative, and as Donny points out, while visiting him in the hospital, there is no role conflict, no confusion about "how we should be, collective, funny, distracting, undemanding, light, it's important to be light, for in all this dread there is gaiety..." (614). Thus, the collective of the patient's friends becomes a highly political event reciprocating the ways of the biopolitical management of the society, and by reiterating that AIDS is just a disease like other common diseases. This collective is suggestive of the "camp" mood that Sontag describes in her "Notes on 'Camp'" and other essays. Sontag implores that the spurious solemnity of the social may be rearranged to the farce. For instance, in "What is Happening to America," she rails against the ideological inventions that are malignant to the life of the people in America as well as the world. The remedy she offers is the youth of the country who are light, not serious, and always celebrating life. In fact, she finds it a solace to see the young people of America with their life style of bars, abandoning the old ways of family and traditional knowledge, and using drugs, as symptomatic of the future of America. She praises the way "they dance, dress, wear their hair, wrist, make love" (55). The effort of the youth as a political form sometimes "induces vertigo" and seems like "an invitation to suicide" (57). The narrative "The Way We Live Now" shows such a sensibility by its sharp, ironical, and chatty way of multivocal narration as a form of engaging with the biopolitical construction of the sick body.

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